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AN APPRECIATION

Raymond Gosselin, now in retirement in Connecticut, has this year reached the age of seventy-five. Although the editors of The Psychoanalytic Quarterly know full well that during the greater part of those seventy-five years he has resisted, even forbidden, any celebration in print of his accomplishments, they nevertheless cannot let this milestone pass without comment.

Raymond Gosselin served as Editor of this journal for sixteen of its most difficult, probably its most critical, years. To him the post meant devotion of time and interest to an extraordinary degree. He read every sentence we printed; he thought about it, he revised it when necessary, saw it through the press with the help of Pauline Turkel (they were a perfectly mated editorial pair). To the writings of psychoanalysts, a group not always distinguished for ease of literary expression, he applied the principles of logic and of the English language, and thus he produced a journal clear, concise, and pleasant to read. Other editors have had other virtues, but this is Ray's. He believed in editorial surgery: 'If you can't understand it, strike it out' was a first principle of his editing.

He was associated with The Quarterly from its beginning in 1932, and as Editor from 1943 to 1959 assumed, in effect, its sole direction, a direction under which it prospered and set a standard for editorial excellence. He continues today as an Associate Editor.

Since the days when he was boss we have grown and in many ways progressed. But in the clarity of our contents, in the simplicity and elegance of our message, we have not surpassed his achievement. To him in large degree we owe such status as we enjoy in the world of psychoanalysis. We wish him a happy seventy-fifth year and many more of them to come.

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On the Nature and Development of Affects: A Unified Theory

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ON THE NATURE AND DEVELOPMENT OF AFFECTS: A UNIFIED THEORY

BY CHARLES BRENNER, M.D. (NEW YORK)

The complexities and difficulties inherent in any attempt to arrive at valid and useful generalizations concerning mental phenomena have been very evident in the field of affect theory. Every psychoanalyst who has approached the subject has begun by emphasizing the meager and unsatisfactory state of our theoretical knowledge in spite of the importance of affects both in psychoanalytic theory and in clinical practice.

When one surveys the relevant psychoanalytic literature one gains the impression that two major assumptions are operative in most discussions of affect theory. As would be expected, both derive from what Freud (1915a, 1919) wrote on the subject. One assumption is that affects are constant and identifiable mental phenomena, that they are the same from person to person. Thus it is assumed that each of the many affects listed in any dictionary can be descriptively differentiated from one another and studied as they are observed in each individual; that, for example, fear, terror, anxiety, and horror are separate though related affects and that each is essentially the same, whoever the person may be who experiences it. In other words, it is assumed that basically everyone will agree, that everyone 'knows' what each of these affects is, and that everyone should be expected to differentiate each from the other in the same way.

The second assumption is that affects are an aspect of instinctual discharge. As Freud (1915b) put it, they 'correspond to processes of discharge' (p. 178) and are to be understood primarily in terms of psychic energy. It is assumed, in other words, that any theory of affects must be essentially an economic one. It is probably for this reason that psychoanalytic affect theory has usually been presented with relatively little reference to clinical data, though there have been many references to the importance of affects in clinical practice, and not a few articles devoted to the topic (*e.g.*, Schafer, 1964).

The present paper departs from both these assumptions. With respect to the first, it suggests that it is not possible to differentiate affects from one another as sharply and as definitely as psychoanalysts have tended to do, nor to assume that they are uniform from one person to another. Instead it draws attention to the extremely individual nature of affects and to the degree to which they both vary from and overlap one another. With respect to the second assumption, it adds to the purely economic considerations in affect theory, which have to do with instinctual discharge (gratification), by stressing the importance of the role of ego development with regard to both the nature and the development of affects.

The basis for these departures comes from the clinical data of psychoanalysis. The great importance of affects in psychoanalytic practice and the familiarity with them which every analyst must have as a consequence of his daily clinical work suggest the possibility of using clinical data to a greater degree than has been done hitherto in constructing a more satisfactory theory of affects. The present paper is an attempt in that direction. It should be added that the concepts to be offered have to do with the psychology of affects only. The physiological concomitants of emotion are not considered except for the brief references to them in sections 5 and 6 of the Discussion.

A first attempt in the direction of the present paper had to do with the role of ego development and ego functions with respect to a single affect, the affect of anxiety (Brenner, 1953). It will be recalled that Freud (1926) had called an infant's reaction to traumatic situations 'automatic anxiety', and later reactions to danger, 'signal anxiety'. This definition of anxiety is essentially an economic or quantitative one. It defines anxiety as the reaction to an influx of stimuli which is too great for the mental apparatus to master or discharge. In my 1953 paper I suggested that it is advantageous to reserve the term 'anxiety' for those situations in later life which are associated with danger and to designate simply as 'unpleasure' the response to a traumatic situation. Such a definition of anxiety rests on considerations of ego development and ego

functioning with respect to experiences of unpleasure, rather than primarily on economic considerations. The following is to the point.

> Anxiety is an emotion (affect) which the anticipation of danger evokes in the ego. It is not present as such from birth or very early infancy. In such very early periods the infant is aware only of pleasure or unpleasure as far as emotions are concerned. As experience increases, and other ego functions develop (e.g., memory and sensory perception), the child becomes able to predict or anticipate that a state of unpleasure (a 'traumatic situation') will develop. This dawning ability of the child to react to danger in advance is the beginning of the specific emotion of anxiety, which in the course of further development we may suppose to become increasingly sharply differentiated from other unpleasant emotions [of which depression was offered as an example] (Brenner, 1953, p. 22).

According to this definition, then, anxiety is unpleasure associated with a particular set of ideas, namely, that something bad is going to happen. It is apparent from clinical work that the 'something bad' is different for each patient and may be different from time to time for the same patient. Part of the work of analysis is to discover just what each patient's castration fears, fears of abandonment, etc. are—what the unconscious fantasies are that embody them and with what childhood memories their origins are associated. We are not content to know that a patient is anxious. We wish to know, and we bend our analytic efforts to learn, *what* he is afraid of and *how* it all began. The fact that a patient himself is unconscious of the nature and origins of his fears does not deter us. We proceed on the assumption that anxiety is not merely an unpleasurable sensation, but that it includes ideas as well.

Careful attention to clinical data during the years since 1953 has led me to the conclusion that the formulation which was suggested then for anxiety and related unpleasurable affects can be legitimately broadened still further to include the entire range of affects. I believe that affects, whether pleasurable or

unpleasurable, are complex mental phenomena which include (a) sensations of pleasure, unpleasure, or a mixture of the two, and (b) thoughts, memories, wishes, fears—in a word, ideas. Psychologically an affect is a sensation of pleasure, unpleasure, or both, plus the ideas associated with that sensation. Ideas and sensation together, both conscious and unconscious, constitute an affect.

Moreover, what we know of ego development in general suggests that each affect has its beginning early in life when ideas first become associated with sensations of pleasure and unpleasure. Such sensations are most frequently and most importantly associated with the instinctual drives. They arise in connection with drive tension and drive discharge—that is, in connection with the satisfaction and the lack of satisfaction of instinctual wishes. It is reasonable to assume that, for the most part, sensations of pleasure and unpleasure are not too different in adult life from what they are in childhood, that they undergo no special process of development. This assumption is, however, open to qualification since, for one thing, most individuals do not experience orgasm before puberty. While the physical sensations which are part of the experience of orgasm are certainly special to that experience, it is very difficult to say whether the pleasure in orgasm differs from other and earlier sensations of pleasure except in its extraordinary intensity.

In any event it seems fair to say that at present we have no certain knowledge concerning developmental changes in sensations of pleasure and unpleasure during the course of physical and mental maturation. On the other hand, it is obvious that the *ideas* which are part of an affect are wholly dependent on ego development and ego functioning with respect to their content and their complexity. It follows from this that the evolution of affects and their differentiation from one another depend on ego (and superego) development. It may be said, in fact, that the evolution of affective life is an aspect of ego development, an aspect which can serve as one very important measure of the level of ego functioning. One feeling of pleasure,

or of unpleasure, can be differentiated from another only by its intensity and by the ideas associated with it. Pleasure and unpleasure are, as it were, biological givens in an infant's psychological development. Whenever it is during the first weeks or months after birth that mental life as such may be said to begin, the sensations of pleasure and of unpleasure of that early time are the undifferentiated matrix from which the entire gamut of the affects of later life develop.

As far as I can determine, this concept of the nature and development of affects has not been previously presented. Before proceeding to discuss and illustrate it, the few contributions in the psychoanalytic literature which deal with the relation of affects to ego functions and ego development will be reviewed. As will be seen, Novey (1959) and Lewin (1961, 1965) came close to some of the more important elements here proposed.

The fact that so few psychoanalytic authors have focused on the relation of affects to ego functions and development is probably a consequence of Freud's own approach, which has been thoroughly reviewed by Jacobson (1953, 1971) and Rapaport (1953), among others. Freud's emphasis was on the relation of affects to instinctual discharge, rather than to ego functioning. He made allusions to the relevance of ego development to affect theory, which will be noted below, but it is fair to say that he did not view this relationship as of major importance. His chief emphasis was on the dependence of affects on the flux of mental energies, as well as on the importance of the inheritance of acquired characteristics in determining the form taken by affective expression (Freud, 1915a, 1915b, 1917 [1916-1917]). The following quotations from Freud are pertinent.

> . . . affects and emotions correspond to processes of [instinctual] discharge . . . (1915b, p. 178), [and one vicissitude of] the *quantitative* factor of [an] instinctual representative . . . [is] that it appears as an affect . . . (1915a, p. 153).

This idea is repeated later in the same paragraph and in the Introductory Lectures.

> . . . a further instinctual vicissitude [is] the *transformation* into *affects* . . . of the psychical energies of *instincts* (1915a, p. 153). [And] We seem to see deeper in the case of some affects and to recognize that the core which holds the combination [motor discharge, perception of motor discharge, and feelings of pleasure/unpleasure] . . . we have described together is the repetition of some particular significant experience . . . in the prehistory not of the individual but of the species (1917 [1916-1917], pp. 395-396).

Freud (1926) did, however, refer to the concept that affective life is part of a developmental process when he drew attention to the fact that anxiety, pain, and sorrow are indistinguishable from one another in the reaction of a baby who is separated from his mother in very early life. As he said, 'Certain things seem to be joined together in it [the baby's reaction] which will later on be separated out' (p. 169). One can also see some evidence of a similar reference in his elaboration of the sequence of typical danger situations in infancy and early childhood: object loss, loss of love, castration, and superego condemnation. For the most part, however, he viewed affects as constitutional 'givens' whose form is determined by the prehistory of the species and whose appearance in mental life is a function of instinctual discharge (pp. 138-141).

In 1947 Glover proposed that one useful way in which affects may be classified is into primary affects and secondary ones. He thought of the former as innate, the latter as depending at least in part on psychic development, in particular, on ego and superego development. He also noted that affects can be usefully classified according to whether they are pleasurable or unpleasurable.

Reider (1952) also suggested that emotions are dependent on ego development. He stated that some affects need little

psychic organization and consequently appear quite early in life, while others need more and therefore appear only later. For example, he said, rage appears very early, shame somewhat later, and guilt still later.

Rapaport (1953) was principally concerned with issues in affect theory other than the ones which are being focused on here, but implicit in his elaborate series of propositions is the idea that there are developmental changes in affects which are related to changes that are a necessary part of ego development.

Novey (1959) noted the close relationship between affect and ideas, which of course are an aspect of ego functioning. He concluded that affect and idea overlap and intermingle to such an extent in the data which are derived from clinical psychoanalytic experience that, at least in adults, it is impossible to say which is cause and which is effect.

Alexander (1960, 1968, 1969a, 1969b, 1972, 1973; Alexander and Isaacs, 1963, 1964) has written a number of articles, one on bitterness, one on surprise, one on irony, one on courage, one on horror, one on pathos, and with Isaacs, one on seriousness and one on the function of affect. In each case the author attempted a metapsychological description of whichever affect he was discussing. These descriptions follow the schema of Rapaport and Gill (1959). In consequence they include reference to aspects of ego (and superego) function and development. In his discussions, Alexander took the position, either explicitly or implicitly, that each of the affects under consideration includes certain ideas. In this and in other respects he acknowledged his debt to Novey.

Lewin (1961, 1965) made two contributions to the subject, both of which are of considerable interest since they come close in important respects to the concept of affect which is proposed here. Lewin was concerned with the question, 'Is there such a thing as "pure affect", i.e., affect without any ideational content?' In his 1961 paper he dealt with the question in a limited way, i.e., with respect to the emotion of sadness. His conclusion

was that, though sadness may be felt without any conscious ideational concomitant, it is never without unconscious concomitant ideas. He asserted that the same unconscious conflicts that are at work in the minds of patients who suffer serious depressions are present, though much less in degree of intensity, in the minds of persons who are merely sad. He suggested therefore that sadness is to be thought of as a 'minor' or 'normal' psychosis, just as dreams are. The validity of the comparison between the unconscious determinants or concomitants of sadness and of depression need not concern us at this point. What is important to us is the statement that affect and idea are inseparable, that the former is not to be found without the latter, even though an affect may *seem* to be without ideational content when it is conscious and ideas connected with it are unconscious.

In his 1965 paper Lewin's discussion was more inclusive. He asserted that whatever the emotion, whether sadness or bliss, depression or ecstasy, an affect invariably has ideational content. The apparent exceptions, at least in later childhood and in adult life, are instances in which the ideational content has been repressed and is therefore unconscious. He allowed for certain possible true exceptions which seemed to him to be of little interest or importance: affects in human neonates, in 'epileptic rage', and in 'decorticate animals'.

Schur (1969) seems to have leaned heavily on the views which Lewin expressed in his 1965 paper. An affect according to Schur is a 'cognitive process' plus a response to that cognitive process. The two are inseparable. He believed that the response may be 'feeling', a somatic event or events, or both together. Thus 'feeling', when it occurs, is always inseparably linked with some idea or ideas.

Although Jacobson (1971), like Rapaport (1953), focused primarily on aspects of affect theory which are rather removed from the relation between affects and ego development, she recognized the importance of that relationship in the course

of her discussion. She noted that what is distinctively *human* about affects, i.e., 'the wide range' of feelings in adult life, is a consequence or function of ego development (p. 32).

A. Katan (1972), writing from her many years of experience as a child analyst, expressed the opinion that until a child can think, i.e., until after a certain level of ego development has been reached, one should speak of *distress*, not of *anxiety*. One can properly speak of anxiety, she asserted, only after a certain level of ego development has been attained.

It is interesting to note that each of the authors mentioned above has offered one or more suggestions or conclusions that support the concept of the nature and development of affects proposed here. Taken all together, they may be considered to offer a substantial degree of support to it. In particular, Glover (1947) and Katan (1972) emphasized the developmental aspect of affects, and Novey (1959), Lewin (1961, 1965), and Schur (1969) shared the view that ideas are a part of, indissolubly linked with, or inevitably associated with affects.

At this point it may be convenient to repeat in summary form the ideas concerning the nature and development of affects which have been advanced and which constitute the principal thesis of this paper.

1. Affects are complex mental phenomena which include (a) sensations of pleasure, unpleasure, or both, and (b) ideas. Ideas and pleasure/unpleasure sensations together constitute an affect as a mental or psychological phenomenon.

2. The development of affects and their differentiation from one another depend on ego and, later, superego development. Indeed the development and differentiation of affects is an important aspect of ego development.

3. Affects have their beginning early in life when ideas first become associated with sensations of pleasure and unpleasure. Such sensations are most frequently and most importantly associated with drive tension (lack of gratification) and drive discharge (gratification). They constitute the undifferentiated matrix from which the entire gamut of the affects of later life develop.

DISCUSSION

The unified theory of the nature and development of affects can be supported, amplified, and its usefulness illustrated by a number of points.

1. It is a theory that rests on observable psychoanalytic data. As Lewin (1961, 1965) emphasized, the ideas associated with sadness or with any other affect may be unconscious, i.e., accessible only through the application of the psychoanalytic method. The same idea is implicit, though not as clearly expressed, in almost every clinically based discussion of any particular affect by psychoanalysts. To cite some examples: when Fenichel (1934) and Greenson (1953) emphasized the defensive nature of boredom, they clearly implied that a bored patient is *unconsciously* attempting to convince himself that he does not want to gratify the instinctual wishes that frighten him, that, on the contrary, he has no wish to do anything. When Arlow (1957) related smugness to envy and oral gratification, what was implicit in his formulation is that when a person is smug, he is *unconsciously* saying, 'I have it better than you. I have my mother all for myself.' When Beres (1966) defined depression as related to guilt, there was implicit in his argument the formulation that people who are consciously sad have various *unconscious* ideas which make it possible to separate them into groups, and that only those individuals who are self-accusatory and self-punitive, i.e., who are guilty, whether consciously or unconsciously, should be called depressed. Thus it is only psychoanalytic data that justify the statement that every affect includes both ideas and sensations of pleasure and unpleasure, since either ideas or sensations of pleasure and unpleasure may be unconscious, i.e., may be *apparently* absent from a given affective experience.

2. The theory of affects proposed here, both in its dynamic and its developmental aspects, derives from, depends on, and is thoroughly consistent with the structural theory of psychic development and functioning, as can be seen from both the preceding and subsequent discussion.

3. It is a unified theory of affects because it applies as much to anxiety as it does to other affects. As analysts we recognize that anxiety occupies a special position in mental life. It is the motive for defense. Defenses serve the purpose of minimizing or, if possible, preventing the development of anxiety. Because of its special importance in this regard, anxiety has tended to occupy a special place among affects in psychoanalytic discourse. In fact, however, what our knowledge of the role of anxiety in mental conflict means is simply that—at least after a certain stage of mental development—human beings react powerfully, not only to intense unpleasure but even to the expectation or prospect of it. The mere prospect of the repetition of what was painful in the past is enough to cause unpleasure in the present, just as the prospect of what was pleasurable before is enough to cause pleasure now.

Thus, anxiety, no less than other affects, is a sensation of unpleasure accompanied by specific ideas. Moreover, it is clinically advantageous to bear this point clearly in mind. As was said earlier, when a patient complains of anxiety, we are accustomed to ask ourselves the question: 'What is he unconsciously afraid of?', as well as the question, 'What are the origins of his fears?' The unified theory of affects presented here serves to remind us that anxiety is not an exception among the affects in this respect. *All* affects have ideational content and a developmental history. To analyze any affect means to discover those ideas and that history. Whatever a patient's affect—whether he is happy, excited, sad, or querulous—our interest should go in the same direction that it goes when he is anxious: 'What is he unconsciously happy, etc., about?' and 'What are the origins of those ideas?'

4. This theory of affects offers a rational basis for defining various affects and for distinguishing among them, a statement that can best be justified by some illustrations. For instance, anxiety, as we have just said, is unpleasure accompanied by an expectation that something unpleasurable is going to happen: in other words, unpleasure accompanied by ideas that in one

way or another have to do with danger. Any affect, if it is to be called anxiety, must conform to this definition. Under the broad heading of anxiety, however, different terms are often used to indicate variations in both the intensity of the unpleasure which an anxious individual evidences and in the nature of the conscious and unconscious ideas associated with it. If the danger is perceived to be acute or imminent, we are likely to label the affect 'fear'. If the unpleasure is intense, we use the word 'panic'. If the unpleasure is mild and if the danger is slight, uncertain, or distant, we may well speak of worry or uneasiness. The same considerations apply to other affects. When we call an affect 'sadness', we mean unpleasure which is connected with ideas of something (bad) that has already happened—for instance, object loss or physical injury (*cf.*, Abraham, 1911). If, in such a case, the emphasis is on ideas of longing for a lost object, of wishing it were back, we call that affect 'loneliness'. If, as Darwin (1872) said, '. . . we have no hope of relief', we speak of 'despair'. If the unpleasure is intense in such a case, we call it 'misery' or 'depression'; if the unpleasure is mild, 'discontent' or 'unhappiness'.

To turn to affects that are pleasurable, what we call happiness is a feeling of pleasure in connection with an experience or fantasy of instinctual gratification, no matter whether the gratification is wholly or in part unconscious. If the pleasure is intense, the affect is called 'ecstasy' or 'bliss'. If the ideas have to do with having defeated a rival or rivals, the affect is called 'triumph'. Variants of triumph are called 'omnipotence, self-satisfaction, mild superiority, or smugness', depending on the intensity of the pleasure and the nature of the associated ideas. As one can see, in general any attempt to define affects in psychological terms and to distinguish them from one another can only be done by (a) specifying the experience of pleasure or unpleasure and its intensity, and (b) by some reference to the content and origin of the associated ideas. Since the most significant ideas are often unconscious, it is also important to remember that a patient's own label is by no means

always reliable. It may be or it may not be. Only a successful application of the psychoanalytic method can decide.

It should be added that there are also affects characterized by a mixture of feelings of pleasure and unpleasure as well as by ideas which include various combinations of 'good' and 'bad' experiences and expectations. Such affects are rather the rule than the exception, at least in adult life, and are often to be understood as one aspect of ambivalence. As an example of such a mixed affect, in some experiences of anxiety there is a conscious mixture of pleasure with unpleasure. In fact, in most experiences of anxiety with which we are familiar clinically, there is at least unconscious pleasure (gratification) as part of the experience which we term anxiety. As another example, ideas of overcoming a rival often involve pity or compassion for the rival and an expectation of punishment for having defeated him. In such cases, the winner experiences a mixture of pleasure and unpleasure along with the associated ideas of wanting and fearing to win, of being the loser's rival and of being his ally, of dominating and of being dominated, or of castrating and being castrated.

One is led to the conclusion that the general categories of affect such as anxiety, joy, rage, fear, and so on through all of several hundred words that are listed under the headings of 'affect' or 'emotion' cannot be defined except in approximate terms. They are never precisely the same in any two individuals, and may often be radically different from person to person. It is a familiar clinical finding in other contexts both that the same conscious mental phenomenon may have very different unconscious determinants in two different patients and that very similar unconscious determinants may be associated with very different conscious consequences in thought and behavior. The same can be true of affects. Since affects have so often been named on the basis of their conscious aspect alone, it is important to remember that when this is done it may well lead to ambiguity or, worse, to confusion. The same name may be used for very different constellations of pleasure, unpleasure, and

ideas in different individuals. Even if those constellations are very similar, moreover, they are never quite the same in any two cases, and the differences are often of considerable practical importance. The reverse is also true. Different names may turn out to refer to very similar affective states. As an example of this, we customarily call some affective states euphoria instead of simple joy, precisely in order to emphasize their close kinship with sadness or depression, just as we sometimes call 'courage' a counterphobic reaction in order to emphasize its kinship with anxiety.

5. Another conclusion that follows from this theory is that each affect is unique for each individual. Each person's affective life is his own and is never identical with that of another, since each person's wishes, memories, perceptions, fears, and expectations are never identical with those of another. More than this, an understanding of the connection between affects and ego development and functioning illuminates, at least in part, the question of variations in the manifestations or ways of expressing affects from one person to another. Why should it be that one person screams when frightened, another faints, and a third becomes nauseated? At least part of the answer to this and similar questions must derive from the fact that developmental influences in childhood are capable of such wide variations. Each person's childhood memories, wishes, and fears must greatly influence his particular forms of emotional expression in later life. In this sense one must agree with Freud's (1917 [1916-1917]) comparison between affective expression and a hysterical paroxysm: both are determined by events of the past which unconsciously shape the behavior of the present.

6. In addition to individual variations in the manifestations of affect, there are also variations from culture to culture and from one social group to another. Again one can reach at least a partial understanding of the reasons for such variations by applying a developmental approach. One of the important factors that must be involved has to do with identification.

Children can be expected, first to imitate, later to identify with and become like the significant adults in their environment with respect to manifestations of affect no less than with respect to various other aspects of behavior such as gait, speech, posture, recreational and vocational interests, etc. (Brenner, 1973, p. 216). The manifestations of affect must be unconsciously directed and influenced in their development in this and other similar ways that differ in different societies or cultures, leading to striking differences in the end results. No doubt, many other factors enter into the process. However, an understanding of the connection between affective life and the whole complex sequence of psychic development offers at least a partial answer to the question of societal variations in affective manifestations as well as to the question of individual ones.

7. The concept of affects presented here has significant implications for psychoanalytic technique. In clinical work 'an affect' is a particular constellation of sensations of pleasure and unpleasure together with ideas, both conscious and unconscious, whose content, origins, and functional role must be determined in the usual analytic way from a patient's associations, behavior, and history. Whatever a patient's affect may be, it is important to discover the particular ideas which are part of it and especially unconscious ideas, including their historical determinants and how they function, whether as defenses, as instinctual derivatives, or in a self-punitive way. 'Affects' must be analyzed just like other mental phenomena, such as neurotic symptoms, dreams, fantasies, and the like. This approach to the clinical problems presented by affects is important in every analysis. It may be crucial in those cases in which affective disturbances play a major role in the symptomatology (Brenner, 1974a, 1974b).

8. The following clinical vignettes will give some indication of the usefulness of this concept of affects in understanding and dealing with the vicissitudes of affects which are consequences of ego defenses. The vignettes are merely illustrative. They are not intended to be a survey of the entire range of the vicissitudes of affects, nor even of their full complexity.

Often a patient tells of thoughts or ideas which one would expect to be accompanied by definite feelings of pleasure, unpleasure, or both, though neither is in fact part of his conscious experience. As an example, a patient recalled that once, when he returned home at the end of a college term, he had a daydream in which he imagined his mother and younger sister had both been killed. He had this idea without 'feeling anything' about it. Such phenomena are observed characteristically in patients with obsessional symptoms or an obsessional character structure. They are attributed to 'isolation' or 'repression' of affect, by which is meant that the patient experiences neither pleasure nor unpleasure in connection with ideas that would be expected to evoke one or both. It should be added that such a patient is not only unaware of pleasure or unpleasure. He is also not conscious of any of the thoughts that would be expected to accompany either: of a wish to kill, of joy in revenge, or of horror, sadness, or remorse (guilt) at having, in fantasy, done the deed. That is to say, it is not just the sensations of pleasure or unpleasure that are missing. The entire affect, ideas as well as pleasure and unpleasure, is absent from consciousness.

Analysis makes it possible to understand in some detail the psychological determinants of such an experience. In the case in point, they were in essence as follows. The patient was alone in the house after his return from college. His father had died a few years before, his older brother was about to be married, and his mother and sister were off on a holiday. These and other circumstances forcibly reminded the patient of the time when his sister was born—a time when his mother had gone to the hospital for delivery and when the patient had felt very alone. What had happened after mother's return had been even worse. She had turned from the patient and focused her affection on her new baby, a girl. From that time on, the patient felt unwanted and unloved. But rage was dangerous, since being a 'bad' boy, he learned, would lead all the more to being abandoned by mother, who used to punish him by putting

him in a dark closet when he had an angry outburst or, later on, by refusing to talk to him. Even more, jealousy was terrifying, because to be jealous of his sister meant wanting to be a girl himself, which meant wanting to be castrated, while to be jealous of his father threatened him both with retribution and with loss of the only member of his family who he felt still loved him and cared for him after his sister's birth.

With due allowance for the excessive schematization which such a brief exposition necessarily entails, it can be seen that when the patient came home to an empty house, he reacted with memories of that earlier time when his sister was born and when he was overcome by jealousy, longing, and rage. He could not banish completely all of his frightening and guilt-laden reaction. He did imagine that his mother and sister had been killed. At the same time, however, he denied that it was his own wish to kill them—in his fantasy, the deed had been done by others—and he did ward off any feeling of either pleasure or unpleasure at the idea that they had been killed. There was no conscious trace of either, any more than there was a conscious trace of sexual wishes toward mother, or of memories of such wishes and of the past experiences connected with them.

We are familiar with defenses against wishes, memories, fantasies, and similar ideas. We know that they are warded off by one defense or another in order to avoid or minimize anxiety and guilt. It is therefore not difficult to understand why the patient warded off, in so far as he was able, memories of his sister's birth and of his own sexual and murderous wishes, of his thoughts of longing, rage, and jealousy in connection with those memories. He had to ward them off in order to avoid anxiety and guilt. In this case, as so often happens, they were not entirely warded off. Some disguised traces of them did appear in consciousness in the compromise formation we call a daydream, a daydream with the content that his mother and sister had been killed. What is less familiar, perhaps only because it has less often been explicitly discussed, is the reason why the patient experienced neither pleasure nor unpleasure in con-

nection with his daydream. Why did he not, for example, feel unpleasure, as may often happen when one has such a daydream? Why did he not mourn them, not think how sad he was that they were dead, how much he would prefer to have them alive, or even that he was indignant and outraged by their death and would take revenge on those who had caused it?

One can only speculate about the answers to these questions, but at least two lines of speculation seem promising. One line has to do with instinctual gratification, the other with defense. As to the first, this patient was profoundly ambivalent, as are all obsessional patients. One might say that he was too angry and jealous to be consciously saddened, too frightened and lonely to be consciously gladdened by imagining his mother and sister dead. However, if ambivalence were the factor of principal or exclusive importance, one would expect a mixture of pleasure and unpleasure, a turmoil of feeling, more or less intense. For both pleasure and unpleasure to be absent seems to be principally in the service of defense. It is as though the patient were reassuring himself unconsciously that even his daydream was of little importance to him, just as one may think consciously that something is of no importance, that one need think no more about it. It seems that the absence of pleasure and unpleasure plus the absence of any associated ideas of wishing to kill, of joy in revenge, or of horror, sadness, or remorse at the awful deed were all unconsciously intended to minimize the importance of his daydream, to deny that it expressed any serious intent, and thus to help him avoid thinking further about it, since to do so might lead to the emergence of the unconscious thoughts and memories that had given rise to the daydream and to the development of intolerable anxiety, guilt, or both.

Another vicissitude of affects that is commonly encountered in analytic practice has already been alluded to in connection with the example just given. It is, essentially, an aspect of superego functioning that is closely related to reaction-formation. A young father one day imagined pouring a pot of boil-

ing water over his two-and-a-half-year-old daughter as he removed the pot from the kitchen stove. In fact, as he explained in telling of the incident, he was always specially careful in handling hot water or food to make sure that his daughter was safe, that no accident could occur. He was horrified by his impulse, and by the associated image of his beloved baby screaming in mortal agony. Even to tell about it the next day was painful to him. He was filled with remorse.

The unconscious determinants of this episode were complex and far-reaching, just as in the first example. As far as could be understood on the basis of several years of analysis, the precipitating event was that his daughter had been angry with him the day before, had refused his offer to play with her, and had told him, 'Go away, bad boy!'. The patient's unconscious reaction was to be reminded of some of the consequences of his sister's birth, which had occurred when he was two and a half years old. For a time he had felt displaced by his sister in his mother's affections, and he had been correspondingly jealous and angry at all concerned. An event that occurred three years later, however, was of decisive importance in determining his reaction to being angry for any reason. His oldest brother was sent away to a boarding school because his parents could no longer tolerate his violent and destructive behavior at home. During the years following his brother's removal from home, the patient had many nightmares, was a very 'good' boy, and spent hours imagining how he would get along if, like Robinson Crusoe, he were shipwrecked and alone on a desert island. In addition he was frequently sick-abed, requiring much special attention and concern. There was ample evidence in the course of the patient's analysis that he reacted unconsciously to his daughter as though she were his baby sister, with jealousy, anger, strong reaction-formation, and obvious identification. When she accused him of being bad and told him to go away, his rage became conscious in his impulse to scald her to death at the same time that it was denied by remorse, i.e., by a feeling of intense unpleasure in association with thoughts that em-

phasized how much he wanted *not* to harm her and how much he regretted even thinking of wanting to do so.

In this case, as in the previous one, the difference between the patient's conscious affects (regret and remorse) and his unconscious ones (anger and jealousy) served a defensive function. The difference did not eliminate the patient's unpleasure entirely, but it rendered it less intense than it would otherwise have been. Remorse is painful but not as painful as a nightmare.

Another common vicissitude of affect is displacement. It is often observed, for example, as part of the transference. A patient, who has just before spoken without conscious affect about his analyst's announcement of a change in schedule, breaks into a tirade about the unreliability of passenger train service nowadays. Another, unconsciously offended by a change in office decor, sneers at a friend's new sofa. Still another is aware for the first time that persons who look, or talk, or act in a certain way are attractive, without being conscious of the similarity between such persons and his or her analyst. Instances like these are everyday analytic fare. When they occur we assume that by unconsciously displacing his affect the patient has avoided, or at least reduced, anxiety or guilt in connection with some wishes toward his analyst. In the examples just cited, these wishes involved anger, jealousy, and sexual desire. At the same time the patient's frightening wishes are gratified to some degree at least vis-à-vis the new object. One is reminded by this that all that we feel for persons who are important in our adult lives and all that we wish to do with them or to them, is displaced from what we felt and wished with respect to the significant figures of early childhood.

9. The question whether affects can be unconscious was one which Freud (1923) raised and which has recently come under renewed discussion (Pulver, 1971). Pulver's conclusion that they can be is supported by the considerations advanced in this paper. In addition, it seems clear that when one understands the complexities of development which affects undergo and their complex nature in later life, one is able to give broader

meaning to the question itself. As the various vignettes and illustrations cited above show, affects are subject to many defensive vicissitudes. That repression is one of them, there can be no doubt. The ideas which are part of every affect can be repressed and so can the sensations of pleasure and unpleasure which likewise are part of what we call an affect. But repression is not the only defensive possibility where affects are concerned. The vicissitudes of affects result from a wide variety of defensive operations which remain to be studied in the detail they deserve.

10. It has often been stated, and is generally accepted, that in analysis, as in other forms of psychotherapy, insight is useful only if it is emotional insight, or emotionally significant; in other words, if it is connected somehow with the patient's affective life. This is not the place for an adequate discussion of the many aspects of the problem of the therapeutic effect of insight. All that can be done in this context is to offer a few ideas concerning some relationships between affect and insight which are relevant to the theory of affect advanced here.

Part of the goal of every analysis is to enable the patient to become conscious of his own wishes, of the guilt and fear associated with them, of the conflicts and symptoms to which they give rise, and of the memories of those early experiences from which they took their origin. To become conscious of all of this, or at least a good part of it, is what is meant by the term 'gaining insight'. Since so much of what 'insight' refers to is one's affects—feelings of pleasure and unpleasure, together with the ideas connected with them—it follows as a matter of necessity that the acquisition of any substantial degree of insight must involve an awareness of affects and of memories of affects which had been defended against in various ways: by being inaccessible to consciousness in whole or in part, by being isolated, denied, displaced, etc. This is not to say, however, that to be genuine and effective each new bit of insight in the course of an analysis must be accompanied by an outburst of affect, either immediately or after some time. That this may and

often does happen no one can doubt. However, it need not necessarily happen in order for insight to be genuine and effective (Freud, 1937).

11. A question of some interest is the relation between physical pain and the evolution or development of affects in childhood. Unsatisfied instinctual wishes are not the only sources of unpleasure, after all. Another source is physical pain resulting from injury or illness. This is often intense and in some cases it is long continued or recurrent, or both. A priori one might expect that in some cases at least physical pain would play as important a role in the development of affects as instinctual unpleasure. In fact, however, childhood illnesses and injuries, whether painful or not, are regularly woven into the fabric of instinctual life, as far as thoughts about them are concerned. They are experienced as evidence of mother's malice or of her faithlessness; they are thought to be consequences of incestuous fantasies, or punishments for the wishes giving rise to those fantasies; they symbolize castration, childbirth, or intercourse; they are seen as retribution for murderous and castrative wishes, and so on. Clinical experience demonstrates what one would not have expected—namely, that in childhood, especially in very early childhood, even pain and illness are secondary in their effect on mental development to the instinctual wishes and conflicts which so dominate the whole of mental life during those years.

This fact has some interesting consequences or corollaries. Every analyst knows that what children experience as physical pain when they are in a dentist's chair or are being given an injection in a doctor's office is felt as unbearably painful because of the child's instinctual conflicts, because of what the drilling or the injection unconsciously symbolize to the child and the guilt and anxiety that they arouse thereby. If a child can diminish suffering and conflict over his instinctual wishes, dental and medical procedures cause less, often much less, pain. Even in adult life, physical pain is greatly influenced by unconscious psychological factors. Depending on those factors,

pain may be greatly magnified or wholly extinguished. The former is frequently the case in clinical practice. The latter is less common clinically, but every athlete and every soldier knows that in the excitement of competition, as in the heat of battle, injuries that would otherwise be quite painful go wholly unnoticed. They begin to hurt only after the fray, not during it.

SUMMARY

1. A new theory of affects is advanced:

   Affects are complex mental phenomena which include (a) sensations of pleasure, unpleasure, or both, and (b) ideas. Ideas and pleasure/unpleasure sensations together constitute an affect as a mental or psychological phenomenon.

   The development of affects and their differentiation from one another depend on ego and, later, superego development. Indeed the development and differentiation of affects is an important aspect of ego development.

   Affects have their beginning early in life when ideas first become associated with sensations of pleasure and unpleasure. Such sensations are most frequently and most importantly associated with drive tension (lack of gratification) and drive discharge (gratification). They constitute the undifferentiated matrix from which the entire gamut of the affects of later life develop.
2. This theory of affects is principally based on psychoanalytic data.
3. It is consistent with other features of psychoanalytic theory, i.e., with the structural theory, as currently formulated.
4. It offers a unified theory of affects, embracing anxiety as well as other affects, pleasurable, unpleasurable, and mixed.
5. It offers a clinically verifiable basis for distinguishing among various affects.
6. It offers an explanation for individual and cultural variations in the expression of affects.
7. It enables one to refine the use of analysis as a therapeutic tool in analyzing affects, and by doing so to enlarge its scope,

particularly with respect to those conditions in which affective disturbances play a major role in the symptomatology.

8. It explains more precisely than it has hitherto been possible to do the vicissitudes of affects which are consequences of ego defenses and gives a broader meaning to the observation that affects are often unconscious.
9. It illuminates the relation between affects and insight, as well as the relation between affects and pain.

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EMPATHIC INHIBITION AND PSYCHOANALYTIC TECHNIQUE

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Until recently a large group of patients generally diagnosed as suffering from a narcissistic personality disorder have been excluded as subjects for satisfactory analytic treatment. Much of the core structure and dynamics of this disorder have been poorly understood and, as a result, in most cases have remained inaccessible to the usual psychoanalytic techniques. Increasingly we have sought to clarify the disorder from both the theoretical and technical points of view, reflecting a constant desire in psychoanalysts to extend the boundaries of psychoanalytic technique and theory. The expansion of our evaluative and diagnostic understanding of these patients has allowed us to separate those individuals with strong narcissistic features from the classical psychoneurotic patient on the one hand and from the borderline psychotic patient on the other. The greater understanding of the earliest development of affects, of the ego, and of the early mother-child relationship has been particularly valuable. Here I shall review some of what I consider the major contributions. My own concepts are in partial agreement with others but I am in disagreement as to the core genetic evolution of the problem and the significance of specific ego incapacities, and as a result I advocate specific technical interventions.

Historically, psychoanalytic theory and practice has never been a static body of knowledge. We are all familiar with the changing emphases which have been stressed by the theoreticians and therapists of this science as it has evolved. The shift has been from (1) concentration on the identification of the instincts and their vicissitudes during growth and development,

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to (2) focus on defining the characteristics, synthesis, and functions of the ego, with specific reference to its defense organization, to (3) the significance and origin of object relatedness and, most recently to (4) awarding special attention to the concept of self and the self-organization. More attention is being paid to that aspect of self which conjoins the soma and the psyche, the affective organization of the individual. Each evolutionary phase has been motivated by a sense of frustration with our clinical results and by our desire to extend the boundaries of our therapeutic efficacy.

Freud (1914, 1917a, 1917b, 1923), in developing his psychodynamic formulation of human behavior, touched on all these aspects as he too sought an explanation of the obstacles he encountered in attempting to aid his patients gain insight and control over their unconscious strivings. We find one of his most profound discoveries in his paper, Resistance and Repression (Freud, 1917b) where he says that in a sustained, one-to-one relationship, such as occurs in the psychoanalytic situation, a patient will re-enact toward the analyst every mode of thinking and behavior that is still available to him in an attempt to cope with and alleviate his tension state. The enforced intimate object relatedness which occurs within the analytic situation engenders the same anxiety, whatever its source, that originally mobilized the faulty defense organization and coping mechanisms. The patient finds himself once more in the dangerous position of being in an intimate object relationship and under the pressure of his repressed desires. The phenomena that occur allow the therapist an unprecedented opportunity to hold up before the patient, for the patient's benefit, a mirror of his own fears, the stimuli for these fears, and the modes by which he attempts to alleviate them. Expanding his conscious awareness and control over these stimuli enables him to develop a more selective and age-appropriate response. This process of course rests on the premise that a part of the patient has been able to form a sufficiently trusting relationship with his analyst to suspend action, to tolerate the

tension of the anxiety experienced, and to maintain continual contact. In addition, we assume that the patient may still have a portion of his ego free to attend to his own responses and to evaluate the connections which first his analyst and later both he and his analyst demonstrate between his anxiety, his behavior, and his underlying painful and/or surprising affects.

Let us now turn to those patients who have many positive criteria for analysis. They seem to be well motivated for treatment; reality testing is unimpaired and original contact is made quite readily. Their history and difficulties are recounted in a well-oriented fashion. They clearly define their pain—typically, repetitive episodes of depression and despair—and openly state their desire for help with its implication of faith in the analyst's professional capacities. Nonetheless, these patients are noteworthy, even notorious, for their distrust of the analyst and his intentions. The very intimacy encouraged by the analytic situation, and so necessary for the analytic work, is exactly what is most feared and dreaded. The very promise of a close and intimate therapeutic relationship mobilizes powerful emergency affects: anxiety and rage. These individuals usually appear highly engaged with their environment and in most instances are successful in terms of real attainments, scholastic or vocational, but obtain little satisfaction or pleasure from their accomplishments, remaining bitter and dissatisfied. One might say that as individuals they are not failures in life but are failures in living. A scrutiny of their interpersonal relationships discloses a stream of disappointing 'crushes' or a painful love which can be neither consummated nor relinquished. Despite their boundless energy, they experience little gratification, and that short-lived, and are subject to frequent bouts of despair and depression. Since they seem incapable of being aware of their own participation in their failures, they are injustice collectors par excellence.

In addition, these patients can present almost all of the various neurotic manifestations. They may be primarily hysteric

in their overt character manifestations and Lesser and the author (*cf.*, Easser and Lesser, 1965) attempted to separate them from the more classical hysterical character by labeling them 'hysteroid'. Or they may be primarily obsessive-compulsive in their overt behavioral manifestations, pressing their performance and intellectual attainments to the fore, and perhaps could be appropriately labeled 'obsessoid'. Some appear to be passive/aggressive and present a bland, basically affable but emotionally quite uncommunicative façade. Others utilize a very mixed defensive armamentarium, borrowing from almost any and every diagnostic category. Perverse manifestations are not uncommon. All share a remarkable lack of self-perception, sometimes referred to as the capacity for introspection. There is equal lack of empathic ability. In fact, these individuals would seem unaware that others may react with hurt, with affection, or with pain.

As a result of this mixed picture some of these patients are thought to be, on diagnostic interview, ideal subjects for psychoanalysis but Knapp and his colleagues (*cf.*, Knapp, et al., 1960), in their evaluation of analytic results, have demonstrated the disappointments that have accrued when these patients were so regarded. Others, because of their capacity for somewhat bizarre, often sadistic and quite perverse behavior, have been considered questionable or unanalyzable.

What is characteristic of these patients is their behavior once psychoanalysis is attempted. A massive regression appears with a mounting panic. The regression and panic are by no means always overt; frequently they manifest themselves by totally unrealistic and paranoid outbursts of feelings directed toward the analyst. The outburst is accompanied by a flurry of action: the analysis may be terminated or there may be a massive acting out while the analysis proceeds. One patient immediately took out a large life insurance policy; another planned a prolonged journey; another engaged in a series of heterosexual encounters; still another engaged in a battle with the authorities of her child's school, insisting that the school not promote her

child, that the child was not mature enough to deal with the advancement. The examples are endless but the action is initiated on the first day of the decision to commit themselves to psychoanalysis, if not the day before.

As noted above, this group of patients is receiving increasing interest as reflected in the growing body of literature. There is a sufficient commonality of character traits and a sufficiently similar quality to their mode of interpersonal relatedness to venture at least the assumption that they do merit being classified as sharing a common psychopathological syndrome. While narcissistic character is the most widely applied label, it may not be the most fortuitous since narcissistic characteristics are shared by all of us and the concept of narcissism carries with it different meanings for different people. Despite these difficulties, there does seem to be agreement about the common characteristics of those patients so labeled.

Annie Reich (1960), in her paper Pathological Forms of Self-Esteem Regulation, described this group as suffering wide swings in self-esteem. Dynamically she explained that these patients retained the archaic nature of their ego ideal, which results in a failure in stabilization of self-esteem. She regarded the narcissistic inflation, which is readily observable, as a compensatory move to overcome the threat of dissolution of the body image. Reich explained the inadequate or absent object relationships as a turning away from the object in an attempt to overcome the uncontrolled feeling of helplessness, rage, and anxiety that arises from an early narcissistic injury. Her prognoses were guarded, particularly since she felt that these patients lacked a capacity to respond with guilt. Thus she felt that they were doomed to vacillations between a hypercathexis of the self—i.e., a grandiose self-image and a phase of lowered self-esteem accompanied by anxiety and feelings of annihilation.

Otto Kernberg (1970) in Factors in the Psychoanalytic Treatment of Narcissistic Personalities, postulated that oral rage was the central issue of the pathology. He described these patients as having stable ego boundaries and stable, intact reality test-

ing but he felt that a refusion of the internalized self and object images had occurred, leading to their demonstrating little empathy for others. He described them as having a tendency to be self-referential to an unusual degree, deeply distrustful, prone to be exploitive of others, often parasitic. In conclusion, Kernberg tends to be cautious as to prognosis, suggesting that the ego defect is such that a transference neurosis cannot develop and that the introduction of parameters within the psychoanalysis must be considered.

Heinz Kohut, in a series of papers culminating in his book The Analysis of the Self published in 1971, struck a positive and hopeful chord as to the analyzability of this group of patients. As did Kernberg, he described these patients as having reached a state of stable ego boundaries but suggested that the underlying difficulty lies in a lack of neutralized narcissistic libido and, therefore, in a failure to develop true object relatedness. He ascribed the state of perpetual emergency as an ego reaction to the anxious excitement engendered to ward off the intrusion of archaic images of a fragmented body self. He stated that we should not presume the anxiety to be a fear of castration emanating from repressed œdipal wishes, but as the intrusion of dedifferentiated narcissistic tendencies and their energies. He inferred that the therapeutic relationship must be viewed with the revised understanding that these patients are incapable of a true transference neurosis. Rather, they project either their own narcissistic omnipotence upon the person of the therapist, which Kohut designated as 'mirror transference', or they reenact the relationship to their earliest primitive, overidealized object, a projection of their delegated omnipotence. This second modality he labeled 'idealized transference'. It follows, Kohut concluded, that a therapist, once aware of the nature of the therapeutic relationship, is in a position to accept this projection and delegation and therefore is able to communicate to the patient the patient's disappointment and reasons for this disappointment whenever the analyst fails to live up to the role prescribed for him. According to Kohut, this will enable the

patient to gain a more realistic appraisal of the analyst and, in so doing, will aid him in reaching a more valid self-image.

All of these investigators have emphasized the disturbed self-concept, the resultant fluctuation of self-esteem, and the lack of, or tenuous nature of, their object relations. In addition, these patients seem to have an absence or lack of capacity for empathic awareness; they show little guilt reaction to their behavior; they resort easily to reactions of righteous rage or deep despair and a sense of hopelessness. It is to these latter affective attitudes, both their absence and their presence, to which I address myself.

A capacity for empathy is a prerequisite for object relatedness beyond that necessary to provide fulfilment for the most primitive needs. Most investigators have stressed that this empathic capacity appears to be absent in this group of individuals. I disagree. These patients, rather than lacking the capacity to develop empathy, cannot permit themselves empathic responses. This seeming lack of affect performs the function of a defense against emerging anxiety, anxiety which is subjectively reacted to as a 'traumatic state'. It seems more valid and useful to view this lack of perceptiveness or empathy with the emotionality of others, and the flight away from this emotionality, as a defense against a painful tension state. I define empathy as the ability to sample others' affects, and through this sampling to perceive them and be able to respond in resonance to them. It is a capacity of which these patients are most afraid. Whenever they are threatened by the intimacy of the analytic relationship, inner and outer escape mechanisms are mobilized. Early warning signs of anxiety are evoked by their appreciating their own or their analyst's feelings. Should physical removal be inhibited, they will resort to what one might term a 'buck shot approach'. There is attack, despair, physical reactivity, silence, and even sleep. A brief vignette illustrates this reaction.

Early in treatment, a thirty-year-old man described his typical mode of heterosexual relationship. After initiating a date with a young woman, he would desire to become more intimate and

would invite her to his apartment. At the point when she would begin to respond in an affectionate or more intimate fashion, he would literally seize her, suddenly embrace her, and vigorously seduce her. In so doing, he would lose all interest in her but would also succeed in 'shutting her up'. If the young woman managed to retain some vestige of interest and positive feelings toward him following such an episode, he would become quite brutal in his verbal attack, feel entirely justified, and, if she did not break off the contact, he would.

Without fully understanding his need not to recognize her feelings for him, I had interpreted that his sexual behavior appeared to be motivated by a desire to create a greater distance and not greater intimacy. My comment inspired one and a half years of total abstinence in regard to all women. This man, whose prior history had been of continuous dating from late adolescence, could not permit himself the risk of a date or of placing himself in a potential heterosexual intimacy once his escape mechanism had been intercepted. Indeed, he chose prolonged, painful periods of social isolation to avoid the possibility of a recurrence.

A similar overreaction occurred in a young man when he noticed, as he entered my office, that I had hung a new painting on the wall which depicted a mother cradling a small girl in her arms. He assumed his usual position on the couch and in a choked, barely audible voice said: 'You've pulled one on me this time'. This ended the verbal content for the day; obviously enraged, he remained lying on the couch in a muscularly rigid position without twitching a muscle and waited for the hour to pass.

Egocentricity, the importance placed on feelings directed toward the self with a seeming callousness shown toward the sensitivities of others, is characteristic. There is a typical bravura alternating with an excruciating self-consciousness. The history of patients in this category is noteworthy for its similarity in regard to the description of both their early and their current

relationship to their parents. They complain that the parent of the same sex failed abysmally as a model, as a guide, and proved incapable of viewing his or her progeny with either pleasure or pride. In fact, this parent is accused of avoiding a relationship or of having been denigrating, cruel, or aloof; at times he or she may be described as weak, ineffectual, or downright 'crazy'.

These patients also present a remarkably consistent portrayal of the opposite sex parent. The relationship with this parent is idealized; supposedly this parent is adoring, interested, even ardent. Nonetheless, strikingly, when one learns of the actual existing relationship between the patient and his parent, a divergence emerges. The relationship can be characterized as one of repetitive frustration. Each successive meeting is fraught with disappointment. There is a compulsive need to return and to attempt to relate which results in an experience that leaves the patient angry, bitter, and despairing. But despite this most painful repetitive experience, the portrayal of this parent as an ideal, loving image is clung to with an intensity that borders on illusion. There is a rapturous description of the affectual, highly eroticized tie with much evidence proffered as to the 'special' nature of the relationship, and with a sense of confusion as to why the experience was so unpleasant and why the patient expressed so much irritability in the situation. Not far beneath the surface is the patient's belief that this parent desires an intimate, even sexual liaison and that the patient with fortitude staves off this intimacy; often he will explain his own irritability and aloofness as a way of preventing the parent from realizing this desire.

One twenty-one-year-old man often repeated a memory of an event which occurred when he was eight years old. His mother had expressed marked anger toward him for a misdemeanor and later sought him out to apologize for her overreaction. He took this apology as evidence that she could not resist him and that at that moment, if he had pressed his suit, he could indeed have seduced his mother. This idea remained

with him as a continuing possibility which required his constant vigilance to avoid bringing about its fruition. His belief in his irresistibility in no way conflicted with his current reaction of frustrated despair whenever he encountered his mother. In her presence, he became irritable, caustic or noncommunicative, and, as his analysis progressed, he began to develop painful spasms of his jaw muscles. All of this he related to the frustration he experienced.

This patient, as did many others, maintained a painful relationship with his primary object. He would resist and be suspicious of any new contemporary relationship, viewing it as a threat to his tie to his mother. This factor is at the root or the strong interference with a trusting relationship within the therapeutic situation and may even prevent it for extended periods of time. Any lowering of the vigilant stance, which would permit an empathic awareness of another's responsiveness, threatens to put this illusory œdipal triumph to the test of reality. This closely guarded and secret illusion, i.e., the fixed belief that his mother adores and wants only him, feeds the grandiose and exhibitionistic needs of the patient without his having to give up his primary omnipotent core. No connection may be permitted that would in any way jeopardize his illusion and threaten his more basic omnipotent self-image. By disqualifying the parent of the same sex the danger of competition and of any possible defeat with its concomitant sense of shame and humiliation is avoided.

Is this really œdipal, and can it be regarded as a true triumph? I have already alluded to the fact that I consider this illusion of œdipal triumph defensive. One must attend to earlier developmental factors. The origins of this clinical picture must be sought at a time of development long before the œdipal period. Many analytic investigators, among them Ferenczi (1913), Rado (1956), Melanie Klein (1926) and recently Kohut (1971), have stressed the original omnipotent core that emerges as an intrinsic component of the earliest self-concept. In the

normal course of development this primary omnipotence is delegated to the person of the parent, usually the mother, secondarily, the father. As the child develops a greater capacity for coping, and with it a greater awareness of his own abilities, his need for such an omnipotent extension declines. His parents are no longer required to be all-knowing and all-giving. However, should this be interfered with, a way of regaining this original omnipotent sense of self must be attempted to avoid the shattering experience of helplessness and diffuse anxiety which threatens at all times. There are two major sources of this failure to develop a sense of inner competence.

First I would refer to the parent who seems incapable herself of accurately reading and responding empathically to her child's needs; secondly, to the child who suffers a severe failure in his own body—an accident, a handicap, or a chronic illness—for which the mother is incapable of offering adequate compensation. Whatever the source, there is a dichotomy experienced by the child. The mother declares her love, interest, involvement, and concern. She is responsible in her actual mothering in that she attends conscientiously to the child's bodily needs but the child experiences her as nonresponsive or nonsharing in his own anxieties and excitements. These mothers declare a sensitivity, even a supersensitivity, and yet the children feel their mothers to be obtuse, distracted, or aloof. A confusion ensues. Does one believe what one is told, what one perceives, or what one wishes to perceive? The reality testing of emotional resonance breaks down.

As stated above we define empathy as that capacity to appreciate others' emotional response and as the response of others to one's own feelings. Normally, as the child develops, he becomes aware that feelings are not only experienced by himself but by others. He can begin to validate and label his feelings through the recognition of them in others and by his mother's empathic response to him. The earliest emotions are but vague feeling states. The infant experiences diffuse anxiety states, or diffuse tension rages, or the relaxation that accompanies satis-

faction and satiation. As individuation from the mother occurs, each is aware of what is felt by the other. There is a partial experiencing of the feelings of the other but it is neither identical nor is it of the same intensity. At this point the child becomes capable of moderating his emotional experience. He begins to attain the capacity to see himself as a feeling person yet not at all times completely absorbed in his feelings. On the one hand, he has integrated his mother's mode of perceiving his feelings and on the other, he is able to perceive her feelings apart from his own. A resonance, not an echoing, develops.

If the child experiences his mother as failing to respond to his expressions of feelings, either by not appearing to be aware, or by refuting them, or by superimposing her own seemingly unrelated affect, a frustration results. In an attempt to regain rapport, renewed efforts are made to elicit a shared response or to reverse the mother's negative response. Repeated failure to gain an attuned response from his mother and an unwillingness to sacrifice the position of stated importance assigned to him by his mother, leads to a split. His affective perception is disavowed and an illusory idealization of the relationship with the mother results. Briefly stated, the child rejects the possibility of an affective empathic interpersonal relationship but, to avoid entirely giving up the relationship, converts it into one he wished and longed for.

The heightened phallic urgency of the œdipal period serves to re-enforce this solution. To refute the same sex parent and to win, albeit in an illusory fashion, the parent of the opposite sex reaffirms the child's omnipotent position, allaying the overwhelming anxiety which would threaten if awareness of this lack of affective communication were allowed consciousness. It is a way out of fearful and helpless isolation. This illusion of œdipal triumph breeds its own difficulty. Awareness of the true nature of this relationship to his parents would shatter the illusion. Any entry into the mutuality of feelings between people threatens the mainspring of the patient's defensive system. All object relations are viewed as a projection of his own behavior

or as a projection of a desired response. He has closed off from himself the capacity to perceive the actual response of others and thus the capacity to anticipate and comprehend the behavior of others. It should be no surprise that these patients appear so unaware of the reactions evoked in others by their behavior. It should be no more surprising that disappointment and chagrin are experienced when others appear to behave in an unpredictable fashion. What results is a mutually frustrating experience.

Overt anxiety or widespread evidence of underlying panic becomes evident upon entering the therapeutic situation. Appointments are canceled for one or another spurious reason; impulsive vacations are planned, jobs are terminated or termination is threatened; the life situation of the patient suddenly becomes quite labile. This labile state ensues whatever the degree of stability prior to making the analytic commitment. An air of distrust pervades the atmosphere. The vigilance of the patient is sufficiently palpable to generate a countervigilance in the therapist. With no other type patient does the analyst experience quite the same sensation—of being constantly viewed under a magnifying glass. Every breath, every shift, every comment is scrutinized and responded to by the patient as evidence to weigh before allowing the relationship to continue.

We assume at the start of all analyses that the therapeutic relationship will be attended by a mutual anxiety of the encounter. In the psychoneurotic patient, should the analyst acknowledge the anxiety and apprehension which occurs in consequence of beginning analysis, a relaxation will generally follow. Not so in a narcissistic patient. Even a period of relative relaxation is tenuous and will be shattered by any unanticipated and therefore unpredictable action by the analyst—a phone call, a cancellation, or a comment. This unpredictable event evokes a flood of responses: anger, tears, depression, bizarre behavior, threatened or actual acting out. Since the hypervigilance and excessive scrutiny of the analyst is a basic characteristic of the

patient it becomes as well a central resistance to the formation of an analytic transference.

As noted above, this vigilance arises early and continues as a threat throughout the analytic work. The handling of this problem is of primary importance. If one bears in mind that a major developmental trend in these patients has been the giving up of their own emotional perceptiveness, or one might say, their emotional reactions to their perceptions, and that, instead, they rely on their oversensitivity to ward off any affect which might lead to greater intimacy, one has an avenue to interpretation. An early opportunity for such intervention comes at a time when the patient overreacts and misinterprets a behavior or an utterance of the analyst. This enables the analyst to confront the patient with the divergence between his hyperalertness to the analyst's behavior and his apparent denial of his perception of the analyst's actual attitude and intervention. The analyst is challenging here the presumed lack of empathic capacity.

A female patient flew into a rage and attacked me for having excused myself momentarily to go to the assistance of a new patient whom I had heard and knew was having difficulty finding the waiting room. The gist of the attack was that my leaving was clear evidence that I was disinterested in her, her feelings and her communications, and was displaying my indifference in a blatant and cruel fashion. I commented that, considering her intense alertness to my attitude, I wondered if she truly needed this action of mine to determine my level of attention and interest. She was startled by my comment, pondered it, and then admitted that she had been aware that I was attending and that my comments implied interest but, nonetheless, she felt unable to trust me and had no desire to depend upon me. There followed a period of meaningful communication although this was by no means the end of her suspicious alertness nor was it the last of such expressions of lack of confidence in my interest and concern for her. This patient had periods during which she would remain silent for

a time, comment that she had no desire to communicate her feelings about me, and describe her feeling state as one of hyperalertness. This contrasted to other periods when she was communicating readily but felt acute anxiety.

In this sense one is following the classical analytic technique of starting with an interpretation of defense. Thus empathic lack is viewed as a secondary defensive maneuver rather than a developmental aberration, and, as such, is properly the subject for direct confrontation. This secondary defense does not yield to usual interpretative devices. It must be challenged at the time the reaction occurs.

Following this challenge to the denial of empathy, the patient will frequently appear pained, often silent and uncomfortable. When he is able to communicate he admits, with much embarrassment, a strong urge to reach out and to touch. The vigilance serves as a distancing device against early infantile desires for physical contact. Concomitantly there is a strong expectation of rejection by the analyst and a chain of associations relating to early experiences of similar desires in which frustration resulted.

Another young woman, after the disclosure of her urge to touch me, had the following association. She recalled a similar desire toward her previous analyst and her feeling that his attempt to reassure her, rather than to understand her feelings as an affectionate gesture had been, in her mind, his fear of her impulse to touch. She felt that he had misread her discomfiture as emanating from anxiety rather than from a positive affectionate reaching. Similarly, her associations led toward experiences with her mother whom she said 'went crazy' whenever the patient attempted to reach out and to demonstrate affection; her mother, she said, would become preoccupied and begin to bang pots around the kitchen. This further led to a memory of a repetitive childhood dream which she thought had its origins at a time when she still slept in a crib. The dream was of a large lion crouched under her dresser. In the dream she would call for her father who, instead of picking

her up, would respond by throwing the lion out of the window—he would attend to her anxiety but not to the underlying dominant affect. Interestingly, she finally returned to a positive memory of her mother soothing her in the crib when she was ill, but she stressed 'I had to be sick'.

To repeat, in most cases this challenge to the manifest lack of empathy must be initiated within the analytic situation. It is only when the patient can permit conscious awareness of his ability to accurately discern the affective responsiveness of the analyst that he becomes conscious of repressed positive desires, and thus permit the questioning of his avowed ignorance as to how others respond to him. Overt anxiety replaces irritability and suspiciousness. The patient is now engaged in a relationship.

Within this awareness of the affects and responsiveness of others, several characteristic reactions occur. These serve the purpose of suppressing the transmission of affects from others and, even more importantly, of fending off the evocation of affects within the self. Perhaps the most dramatic of these manifestations of this second line of defense is muscle tension. Such tensions occur and are experienced both within and outside the analytic situation. Here Wilhelm Reich's (1933) concept of the body armor to ward off repressed affect is applicable. This defense through muscular tension probably evolves from that time in the development of the child when awareness of affect was not yet labeled and conceptualized but was still felt purely through muscular and bodily sensations. At this stage these patients express their affects by bodily sensations. Others, with defenses originating at the same stage of development might express these affects through psychosomatic channels. It is impossible to decide at this time whether these muscular expressions should be considered purely as a barrier against affect or, also, as an expression of that very affect. This muscular tension may re-evoke that situation when both affect and the defense against the affect are one and the same. Which-

ever way one wishes to consider them, they do arise once the primary defense against the perception of affects in others and in one's self begins to dissolve. The muscular tension becomes more and more pervasive in interpersonal encounter, in the analytic session, in the presence of parents and whenever engaged in social intimacy with friends or at work. The patient begins to fluctuate between bouts of muscular tension and rage with depression. One young man would suffer extreme spasms in his back, a young woman would develop diffuse muscular tremors.

Another patient, who had an ongoing but frustrating relationship with his girl friend, became aware of an inability to be with her alone without his becoming numb and very restless. He would deliberately provoke an argument and walk out. He became more and more aware that she was demonstrating sensitivity for his feelings and displaying both affection and sexual excitement. With this knowledge he began to experience a painful muscular tension in his jaw, which would remain until he removed himself from her presence and for some time thereafter. One method he used to alleviate the tension was to smash his fist against the wall or to throw something. These actions were accompanied by the feeling that he cared for no one and no one was any good. There followed a sense of relief and he could then relax. The vigilance which had been directed toward others in order to maintain this affective obtuseness was now directed inward.

Other defensive modes to reduce conscious awareness of affect are also employed. Another young man defended himself by repressing all feelings and would feel cold and dead. Some patients seem to avoid awareness of any feeling by dropping off to sleep. Others substitute aggressive feelings for affection. All seek means to avoid and withdraw from any awareness of positive and affectionate emotions. These reactions occur immediately after dawning awareness of a shared emotional response, after an awareness of the desire for contact, or after the stirring of a reciprocal affectionate or exciting situation.

The first time I encountered this was in attempting to understand the difficulty a young man was having when he ventured into his first prolonged heterosexual relationship. He had described his ability to perform sexually but denied any real pleasure. He then became aware that at a certain point during intercourse he had an intense impulse to hurt his partner by either a cutting remark or by an actual physical assault. In the analysis it became apparent that this impulse arose when he became aware that he was becoming excited by her arousal and that his impulse to hurt short-circuited and stopped the entire interaction. He could continue his performance sexually but each partner remained safely in his or her own orbit. This patient clearly demonstrates the split between performance and affect—the emergence of rage to avoid the feelings of desire.

In the analysis it becomes the task of the analyst to trace the origin of the patient's overreaction back to that instant at which the need to repress the positive affect occurred, and to interpret the affect of the intrusion of a feeling state that has been evoked by an empathic response.

For example, the patient referred to above became aware that the painful muscular tension in his jaw resulted from what he referred to as 'a clearing away of the haze'. He stated that if he permitted himself to relax and to see people and their responses more clearly, he would have to give up his previously held myths. He recalled that the first time he had had the idea that his mother was susceptible to seduction by him, he had felt that he could conquer the world. In fact he stated 'I could defy gravity'. He asserted that to relinquish the lies by which he lived would leave him in a state of utter helplessness—'anyone could crush my balls'—a mixture of grandiosity, incest desires, and castration anxiety.

When the patient is faced with the knowledge that what he formerly believed is indeed a myth, the œdipal situation becomes accessible to review. Communication between the parent of the same sex and the patient often begins at this point. The same sex parent may now be viewed in realistic proportions.

The patient is enabled to perceive this parent's sensitivities, preoccupations, and disappointments. One indication of this growing awareness and acceptance is a desire to give to this parent some concrete evidence of his interest by the presentation of a gift, an impulse that is preceded by the same gesture toward the analyst. This gift is not regarded as a stereotyped ritual but is chosen with considerable deliberation and the giving is accompanied by apprehension. In the presentation, a re-enactment of the former hypervigilance, so apparent earlier in the treatment, is visible and the expectation of rejection and the accompanying sense of humiliation is ever present. Again the analyst must confront the patient with the defensive function of this vigilance since, within the analytic material, he has indicated a foreknowledge of the reception he will receive.

The struggle in which such a patient is engaged in his attempt to relinquish his illusion of œdipal triumph is projected upon the analyst. The analyst becomes the target of consistent attack. The analyst is accused of having, as his main aim, the desire to destroy the ideal œdipal relationship. These patients have a compulsion to test the reality of their illusory œdipal relationship and to face their disappointment and disillusionment; thus they repeat their frustrating experiences with the opposite-sex parent. The repetitive frustration is then reacted to by prolonged periods of seeming disinterest in this parent with neither reference to nor contacts with the parent. The content of the sessions focuses on the lack of any current gratification, a growing sense of distance, and a loss of emotional contact with his peers.

One man, who had moved away from his home at the age of eighteen with neither protest nor distress expressed by his mother at the separation, still insisted, at the age of thirty-five, that his mother must be most unhappy because of his absence and very eager for him to return to assist her in the management of the business she had maintained successfully by herself for the twenty years since her husband's death. The patient was himself a successful businessman but he could not face the

fact that during all those years his mother did not discuss business with him or seek his advice, and seemed quite content to have him center his life fifteen hundred miles away. He became embittered when she casually mentioned to him that she had sold the cottage adjacent to her own. He felt that he was justified in expecting her to offer him the option of purchasing it since, as he was quick to point out, she must have been aware that he had made the fifteen hundred mile trip every long weekend for the past ten years in order to visit her. This is a rather clear illustration of his constant seeking out his mother, his insistence of her special interest in him, and his denial of her independence of him.

Another young man, after a year and a half of analysis, was forced to undergo a serious surgical operation. He had attacked me frequently for my seeming lack of appreciation of the intimate mutual adoration and concern which he and his mother felt. He insisted that my lack of appreciation must stem from my jealousy and my desire to destroy his attachment to his mother so that I could bind him to me. Since he lived in a city some distance from his family, I had questioned whether he had informed his family of his impending operation. This question evoked anger and he attacked me, declaring that I was inferring that he was inadequate and immature. He informed me that he was quite capable of handling the operation alone. Nonetheless I had requested that he call me during his hospitalization to inform me as to his progress. Since he delegated a nurse to call me, I subsequently called him and received the usual curt, abrupt response. When he returned to analysis, I commented upon his indirect communication and once more asked whether he allowed his family to enter his life at this time. He then informed me, with great sorrow, that he had contacted his mother and had requested her to be present but that she had declined. He confessed that he had felt that her excuses had been patently shallow. It was painfully clear to him that his mother preferred not to be involved in his life and did not wish to be placed in a situation in which she would be expected to respond to his feelings.

This episode led to a series of memories wherein his 'ideal mother' had surprised, angered, or depressed him by her seeming lack of interest and her inability to empathize with his feelings. His father, whom he had formerly viewed with contempt, now began to be regarded with a more sympathetic eye. He had, since early childhood, repeatedly rejected any overture stemming from his father and had continually berated him for his inadequacies as a man and for his abdication of his paternal function. The patient expressed surprise when he realized that many of his current interests were identical to those of his father, and had, in fact, been initiated by him. A relationship began to germinate and continued to deepen.

This gradual realization by a patient that his own perceptions of a parent are more accurate than what he recalled being told and what he felt he had been promised, evokes much pain. It also forces the patient to accept more realistically his own limitations. This acceptance is accompanied by an upsurge of anxiety but, interestingly, there develops a greater capacity for self-observation. The patient with the jaw tension said: 'If I figure it out and keep it at a distance, I get the jaws. I won't get there by fighting; "there" being my Mom.' And he added sadly: 'I used to feel helpless. Now I feel that I'm beginning to feel equal to my father. . . . I could oust him.' Then he laughed: 'If I tried I'd run into reality pretty damn fast'.

As the illusion of grandiosity which accompanies this œdipal victory is gradually relinquished, a more realistic self-appraisal occurs. There is an expression of interrelatedness with others. As might be expected vestiges of the earlier vigilance and chronic fear of mutual misunderstanding persist. It is difficult for these patients to sustain the expectation of a mutual affective resonance, and this is particularly evident at the start of any intimate relationship. The reverberations of this fear are reflected within the analytic situation but the avenue to greater affective tolerance is open and, with this opening, the possibility of validating the reality of their empathic perception is also available. A developmental route that was curtailed in the service of self-preservation, i.e., to protect the self from being

flooded and overwhelmed with tension, is now open. The resolution of the therapeutic relationship can be entertained.

SUMMARY

Those patients who suffer a narcissistic character disorder have repressed their capacity for empathic response as a defense in the protection of the illusion of œdipal triumph. This illusion of œdipal triumph is essential for the maintenance of their primary omnipotent core. Such a grandiose self-concept, with its roots in early development, protects the patient against the confusing early mother-child relationship which was experienced by the child as threatening because of the irreconcilability of what he perceived and what he was told. The retention of omnipotence preserves the child against a state of overwhelming helplessness and anxiety as he is flooded with tension in the face of the conflicting stimuli which cannot be organized.

Both the hypotheses that these individuals retain their primary omnipotent position and that difficulty arises within the framework of the early mother-child relationship are in essential agreement with others, for example Reich, Kernberg, Kohut. The difference in my hypothesis stems from the dynamic conception that it is the confusion resulting from the contrast between the child's apperception and the mother's input, which leads the child to inhibit his own apperception and to fail to develop, as an extension of this inhibition, an empathic responsiveness. The therapeutic attitude and the therapeutic technique are quite different whether one considers that the empathic capacity has been crippled, as have many investigators, or if one can assume the potential empathic capacity is present but inhibited and defensively blocked.

Analytic treatment, in these cases, follows the usual course of attending to the analysis of defense resistance as a way of uncovering the underlying repressed conflict. In this sense it is closer to classical technique than that advocated, for instance, by Heinz Kohut. Two principles must be borne in mind by the

analyst: first, the defensive utilization by the patient of the lack of empathy and all the outgrowths of defensive maneuver which protect the core defense, and, second, the challenge to the lack of empathy which must be made within the analytic situation itself.

It is to be hoped that more attention will be focused on these earliest defense patterns, more properly regarded as predefense mechanisms, if we follow the definition of Anna Freud's concept of defense. These predefense mechanisms, by their very nature, preclude the development of transference neurosis since they arise soon after the onset of object constancy and markedly influence all subsequent relationships. If we understand and take into consideration these earliest defensive maneuvers which defend against the early conflicts and confusions, we will be able to expand our analytic technique to encompass more of the ego disorders than we have anticipated heretofore.

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Remarks on Spoken Words in the Dream

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REMARKS ON SPOKEN WORDS IN THE DREAM

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I became interested in the problem of the spoken word in the dream as an outgrowth of a Kris Study Group on Validation of Psychoanalytic Hypotheses. Referring to the difficulties in validating psychoanalytic hypotheses, Arlow alluded to the concept, first stated by Isakower (1954), that spoken words in the dream *'are a direct contribution from the superego to the manifest content of the dream'* (p. 3). It was suggested that a 'simple' study be made to try to corroborate this idea. The present paper attempts such a study.

THEORETICAL ASPECTS

To bring together a number of dreams and see whether Isakower's hypothesis can be substantiated raised a number of complex procedural issues. In psychoanalysis substantiation refers to the issue of proof. In the case of lower levels of abstraction, it is possible to 'disprove' a hypothesis if available data contradicts the thesis under study. However, in the case of higher levels of abstraction, the concept of validation depends on the usefulness of the hypothesis—its serviceability in organizing and explaining less abstract clinical data. Isakower's formulation is, of course, at a relatively abstract level; its usefulness hinges on the following questions: Can we use the hypothesis to deepen our clinical grasp of the dream? Do more pieces fit together as a result of its application?

If we look closely at the wording—the spoken word is *'a direct contribution from the superego to the manifest content of the dream'*—, we encounter an immediate stumbling block from the point of view of research. What clinical evidence would we need to confirm the *direct contribution of the superego*? The presence of a guilt conflict could not confirm it as it would not tell

us about a direct contribution. In fact, there is really no clinical data that would do so. Therefore the question arises whether it is an untestable hypothesis. An attempt is made here to set forth some of the meanings of Isakower's statement and to ascertain which of them can be supported by clinical evidence.

Intuitively it is appealing to think that the spoken word represents a crucial confrontation between the ego and the superego, i.e., that the patient has been confronted on some moral, critical ground even if this is not apparent on the surface. As the presence of the superego is ordinarily made evident during some conflict situation, in the absence of conflict there is usually no overt activity which betrays its presence. In The Ego and the Mechanisms of Defence Anna Freud (1937) writes:

> Our picture of the superego always tends to become hazy when harmonious relations exist between it and the ego. We then say that the two coincide, i.e., at such moments the superego is not perceptible as a separate institution either to the subject himself or to an outside observer. Its outlines become clear only when it confronts the ego with hostility or at least with criticism. The superego like the id becomes perceptible in the state which it produces within the ego; for instance, when its criticism evokes a sense of guilt (pp. 5-6).

We might assume then, as Isakower implies, that the dream always arises out of some conflict situation and that at certain points in the dream the superego as an agency will make its voice heard.

My approach makes the following hypothesis. According to our clinical experience, self-observation in the dream often arises because some aspect of the dream becomes threatening to the sleeping ego and the censorship is roused to action. As self-observation is often associated with self-criticism, sometimes secondary to it, one would expect that if we follow Isakower's conception, whenever the superego is invoked at a specific point in the dream, clinical evidence might be found of some conflict situation involving the superego on the one hand and the ego on the other. I emphasize self-observation because at a manifest

level spoken words in the dream often suggest descriptively one part of the self commenting on another part.

We know that clinically an important manifestation of conflict involving the superego is the affect of guilt, demonstrated either directly or indirectly (i.e., by way of a defense against it). Hence, is it possible to demonstrate in the manifest or latent content growing out of the spoken word a central and unique place for some conflicts involving guilt? The absence of such elements would not invalidate Isakower's thesis, but would make it clinically less useful.

In the present paper the focus is shifted from the demonstration of an abstract entity to the demonstration of the functions generally associated with that structure. I also imply that if there is a conflict situation which arouses the censor and forces the ego into an attitude of self-observation, it is likely that there is a conflict around the issue of guilt. This assumption is not clinically unsound. We know that genetically self-observation is tinged with criticism and that the child's reality testing is initially confused with moral right and wrong (as in the instance of the mother who scolds the child about to cross a street at a red light). Since the dream offers us examples of regressive functioning, this genetic connection may easily be revived.

Isakower's 1939 and 1954 papers reveal that his hypothesis is based on a special point of view concerning the nature of the superego and its relation to self-observation and the dream. According to Isakower (1972),[1] the superego affixes its stamp on the dream during the process of secondary revision, not before. A manifestation of this influence is the spoken word which represents descriptively the crossing of the language barrier, accompanied by partial awakening; structurally it signifies the re-establishment of the censorship. The phenomenon is dynamically a first attempt at interpretation of the dream. It is akin to the process of self-observation which Isakower allocates to the superego.

[1] I had an opportunity to discuss the main theses of my paper with Dr. Isakower several years ago.

In nontechnical terms, the superego looks at the dream and in a hypnagogic state sees much more clearly the meaning of the dream than later, when it is reunited with the ego in the waking state. This accounts for the ambiguity almost always found in the spoken word in the dream. Other functions classically included under the superego, such as the punitive function, may also be in evidence, but not necessarily so.

According to this view, then, any spoken words, even those that do not manifestly imply a judgment or evaluation of the dream, are considered to be evidence of the functioning of the superego. The dream takes place on the optical level; the appearance of spoken words implies a shift in level of consciousness toward the waking state.

Isakower did not feel it appropriate to apply the principle of multiple function to the dream, and viewed what might be considered drive or defense contributions to the synthesis as simple extensions of superego activity. He believed that the superego can reflect on some aspect of the drive or defense, and saw the linguistic phenomenon as originating solely in the superego. He felt that dreams with apparent manifest content involving a story suggestive of punishment are probably fantasies taken over by the dream, but not created by it.

The crucial difference between Isakower's view and the one I shall elaborate here is that for him spoken words are *by definition* a superego contribution since they imply self-observation. However, as stated by Freud (1900-1901), the entire dream represents a projection, something observed, at times on a screen. It is thus of little heuristic value to single out the spoken word as having special significance unless other aspects associated with superego functioning can be demonstrated (themes of guilt, punishment, or self-criticism). Hence, this paper and my clinical examples deal primarily with the attempt to identify those elements that can be demonstrated in the analysis, and to show important contributions from other structures to the synthesis of the spoken word.

Contrary to Isakower, I find it helpful to differentiate the stamp of the superego on dream formation (the process) from

that on the content of the dream. It seems to me that the superego is continually active and present, though in altered form, during the entire process, all the way from the formation of the unconscious wish (repression), to the dream work (censorship, distortion), secondary revision, and finally, the forgetting of dreams.

The presence of a conflict involving guilt, or defense against it, might be inferred in the manifest content of the following types of dreams: 1, dreams of punishment, being pursued; 2, dreams where figures ordinarily associated with crime or punishment are present (judge, police, jail, etc.); 3, dreams with inhibited motion; 4, examination dreams; 5, anxiety or distressing dreams; 6, dreams interrupted by sudden awakening; 7, dreams of observation (being watched or looked at).

I am aware the various categories of dreams listed do not have the same quotient of reliability as indicators of superego activity. For example, dreams of punishment or being pursued are certainly more suggestive than anxiety or distressing dreams. However, I have tried to make the list as inclusive as possible to indicate the type of manifest dream that might alert the analyst to the probability of some conflict involving the superego particularly.

In analyzing the manifest content of the dream, we generally depend on the patient's associations to reveal the precise meanings of those elements which pertain to the superego. If we are lucky, we uncover some particular conflict involving the superego and the affect of guilt or some defense against it. This classification of superego excludes the ego ideal. In the dreams of my patients which included spoken words, I found only infrequent participation of this aspect of the superego in a conflict situation.

If the analysis of the spoken word fails to reveal evidence of a conflict involving the superego, it is necessary to find the framework most useful in organizing our data. For this purpose I suggest an extension to the analysis of dreams already implied by Waelder (1936) in a brief section of his paper on multiple function. If this view is correct, any element in the

dream will, upon analysis, have multiple meaning and referents. That is to say, an element in the dream that primarily refers to superego functioning will on analysis have other referents—perhaps to a drive derivative or a defense or, more often, a combination of all three. The converse is also true; that is, any element in the dream could, if the analysis were pursued exhaustively enough, be shown to have some reference to superego activity. However, for purposes of clinical research what we are looking for is the valence or preponderance in the spoken word of the superego contribution, rather than its hypothetical presence of no clinical significance.

The relation between spoken words and self-observation included in Isakower's views is at times strikingly demonstrated in the manifest content of certain dreams. The role of the superego in self-observation was the subject of a paper by Stein (1966) who states: 'self-observation and self-evaluation are inextricably linked and are intimately involved with superego functions' (p. 275). However, Stein also makes the point that reality testing and other manifest operations, including self-observation, may be understood best through the application of the principle of multiple function '. . . as resultants of components of the personality, rather than being treated as if they were a function of one alone' (p. 295).[2]

CLINICAL ASPECTS

I was confronted with a dilemma each time a dream with spoken words came up. My interest being aroused, I had to ask myself whether it was relevant and appropriate to the patient's analysis to inquire about the spoken words should no free association be spontaneously made to them (a common occurrence). All I can say is, I was aware of the problem and of the possible bias in selection. As an independent check, I noted that the incidence in my practice of dreams with spoken words did not significantly change after I became interested in the topic.

[2] It may help the understanding of the mechanism of the function of self-observation if we break it down into a number of auxiliary mechanisms, such as reality testing, observation, and judgment. *Cf.*, Grossman's (1967) *Reflections on the Relationships of Introspection and Psychoanalysis.*

A basic procedural issue, limiting the size of the sample, is that for obvious reasons only dreams which have been associated to, or at least which are understandable, could be included; a difference had to be made between what one understands of a dream and what is interpreted.

The conflicting goals of therapeutic analysis and research were nowhere more emphasized than at this point. It was certainly possible in many instances to guess at the multiple meanings of the spoken words, especially with a patient whose main conflicts were already known. However, in the absence of definite associations, the scientific validity of such reconstructions is more open to question.

Contrary to my expectations, except in very few instances direct questioning of the patient concerning his associations to the spoken words was often disappointing. There were either no associations at all, or none that could be understood or traced back to the central theme of the dream. Only in one instance was a dream speech traced back to a speech spoken by the patient the day before. I am not sure what to make of this particular finding, especially in the light of Freud's initial statements concerning the day residue of spoken words. This was true even in instances where the dream as a whole could be understood. Hence this finding could not be attributed to a generally high level of resistance to the dream.

Because of the small number of dreams I could understand, I decided not to attempt a statistical survey on a large number of dreams, but rather to select from the many dreams available a few to illustrate the analysis of the various types of dreams with spoken words commonly encountered in my practice. I paid particular attention to dreams with spoken words whose manifest content did not show clear superego manifestations.

CLASSIFICATION OF DREAMS WITH SPOKEN WORDS

A problem arose in delimiting spoken words in the dream. Some dreams have direct speech. But what of dreams in which speech is alluded to indirectly—for example, dreams including tele-

phone conversations, or dreams with thought content such as, 'I said to myself', or indirect speech, 'He reproached me for my timidity', or dreams where people were talking but no actual words were spoken?

In a passage in The Interpretation of Dreams, Freud (1900-1901) distinguishes between '. . . speeches in dreams as possess something of the sensory quality of speech, and which are described by the dreamer himself as being speeches' and 'other sorts of speeches, which are not . . . felt by [the dreamer] as having been heard or spoken (that is, which have no acoustic or motor accompaniments in the dream), [and] are merely thoughts such as occur in our waking thought-activity and are often carried over unmodified into our dreams' (pp. 419-420). Does a metapsychological difference underlie this descriptive difference?

In another passage discussing a brief dream, Freud states that a given thought, '"I can't bear the sight of it" . . . in the dream . . . failed to emerge as a speech' (p. 421), perhaps implying some sort of threshold, an intensity of cathexis which if sufficient will allow the element to be experienced as a speech rather than as a thought.

COMMUNICATIVE SPEECH AND SPOKEN WORDS IN DREAMS

It is of interest to contrast the function of speech in the dream and in the waking state. With the patient in the recumbent position, in contact with the analyst mainly through speech, and with the regressive pull favoring the emergence of more archaic functioning in all three spheres of psychic structure, we have the ideal background for the study of primitive superego functioning. Even in the awake patient the analyst's voice, like the oracle, is endowed with all-powerful, all-knowing, critical attitudes. Projection, narcissism, and regression, together with temporary abandonment of reality testing, allow us to study more primitive manifestations. I suspect that the analytic situation itself is much more than is realized a day residue of the spoken word in the dream.

Loewenstein (1956) remarks on the three possible functions of speech described by Bühler as communicative between addressor and addressee: 1, speaking of objects and their relationships (i.e., of representations or cognition); 2, speech serving to express what is in oneself (i.e., the function of expression); and 3, speech serving as an appeal function (the speaker appeals to the addressee to respond in some way). The first aspect is, of course, most closely related to the mode of discharge characteristic of the secondary process, although it too can be used in the service of drive discharge; for example, by the patient who is using highly rational discourse to express very hostile, sarcastic attitudes toward the therapist.

In contrast to the waking state, spoken words in dreams do not have as their purpose *external communication* (though they may appear to do so in the manifest content) but rather *verbalization* expressed in regressive hallucinatory fashion; for instance, speech can be described as verbal imagery. This same process can be seen in the child and sometimes in the adult who will talk to himself instead of just thinking silently, a process of self-communication.

There is an important shift in content between Isakower's two papers which is relevant to the problem of multiple forms of speech in the dream. In his 1939 paper, Isakower alludes to the linguistic phenomenon connected with going to sleep and to the reverse phenomenon in awakening: 'It often happens in this way that a word or short sentence still reaches a dreamer, while he is waking up, like a call, and this call has very often a super-ego tinge, sometimes threatening, sometimes criticizing—words for which the dreamer, as he wakes up, feels an inexplicable respect, although they are very often a quite unintelligible jargon' (p. 348). In his 1954 paper Isakower states: '. . . *speech elements in dreams are a direct contribution from the superego to the manifest content of the dream*' (p. 3).

In my clinical experience, words in the hypnagogic or hypnopompic phase are more likely to have a manifest superego tinge than those words safely tucked away in the beginning or middle part of the dream.

As a secondary issue, I wonder whether screams or grunts should be included under linguistic phenomenon. Such expressions would come under the second heading described by Loewenstein, i.e., speech as serving to express what is in oneself.

Certainly from a genetic point of view a young child will be quick to sense parental anger not so much from the content—which he may not be in a position to grasp either because it is beyond his intellectual understanding or because he is too anxious at the moment—, as from the tone or even the facial expression of the angry or disapproving parent. (We see a similar reaction in analytic patients who constantly harp on their detection of disapproval by our *tone* of voice.) On the other hand, parental approval and loving is also displaced by tone: softness, cooing, caressing.

CLINICAL VIGNETTES

I now present some words in dreams. Since the emphasis of my investigation is on content rather than technique, associations are given; interpretations made to the patient are omitted. I have included as broad a meaning of the dream as possible rather than focusing on the main purpose of the dream. The latter, I found, might be only peripherally relevant to the spoken word. Further, more detailed material about the patient's analysis would be necessary to place the dream in its proper framework; this would unduly lengthen this paper.

My first example of a dream with speech that could be analyzed illustrates the application of the principle of multiple function.

The patient, Mrs. A, a young married woman in her early thirties, had come into treatment complaining that she felt 'lifeless'. Her most pathognomonic relationships occurred in adolescence. She would make herself essential to a boy but when he showed he could not do without her, she would grow cold, distant, and, in the process of leaving him, would want to get pregnant—which resulted in one premarital abortion. In the third year of a tumultuous analysis, the patient wanted to

terminate treatment. She asked, 'What more do you have to give me?' She then said she had had a dream two days before, adding that her period had just come 'quietly'. In the dream she felt angry at her husband, and said, 'Why don't you make me pregnant—it won't stick'.

Associating to the dream, she spontaneously spoke of pregnancy as making her feel whole. Part of her body is now missing but a baby is the opposite: it feeds on you, then leaves you as before. She then recalled a scene at age five. Her mother was telling her how to make babies: 'You just want and want, and it comes'. To her great disappointment, when nothing came, her mother said: 'You didn't want hard enough'. Her period, she continued, started at age ten. Her much older brother, to whom she had been very attached, had married when the patient was nine and his wife had become pregnant right away. Pregnancy gives her the feeling of power over a man.

The spoken words 'it won't stick' embodied reproaches to the husband, the analyst, and herself. The baby, as substitute for a penis, always leaves her. The analyst, like the brother and the husband, disappoints her in the end and she remains as before. The patient also identifies with the intra-uterine/suckling child and wants to repeat actively the passive narcissistic trauma she suffers at the hand of the analyst who, like her mother, blames her for her failures. (I might add that as a little girl she had had the fantasy that all children were born boys and that whether 'it sticks' or not depended solely on the food mother gives—boy food or girl food.)

The dream speech can be conveniently divided into two fragments: 1, 'Why don't you make me pregnant?' 2, 'It won't stick!'.

On a descriptive level the second statement is already a larval interpretation of the first. As Isakower sees it, 'it won't stick' is a reflective statement, already a clear-cut indication of the process of secondary revision and manifestly sufficient to indicate evidence of superego activity. But this second statement, 'it won't stick', is also a reproach to the analyst, as indicated

by the day residue and the wish to leave analysis, and genetically is related to a reproach toward the mother who failed to give her the right food so 'it' would stick.

On another level it is also a self-reproach related to the meaning of another part of the day residue—her period—, symbolically referring to past abortions and, in her childhood, 'not wanting it enough'.

A substantial part of the analytic work had dealt with her wish to defeat me—meaningful to her on many levels, including a masochistic one. For the patient to have a successful analysis meant, among other things, to castrate me and drain me of my strength and then leave me, as she had done with the boys in her adolescence—a repetition of what she would have liked to have done with her brother. Hence the speech illustrates rather clearly components of the drives (aggressive, sexual), the superego (reproaches to self and analyst), the repetition compulsion (repetition of traumatic scenes and childhood failures of pregnancies), and finally, the ego (defensive aspect of the spoken word, i.e., displacement, condensation, and projection).

Likewise, the first statement, 'Why don't you make me pregnant?' may be broken down into various components.

I should like now to explore a possible extension of the concept of the spoken word in the dream to the idea of verbalized communication. In this dream the acoustic motor hallucination was one of screaming, in the context of an open-punishment motif.

The patient, Mrs. B, was a middle-aged married woman in the third year of analysis. Her character structure was basically narcissistic with masochistic features and a tendency toward paranoia. Around the time of the dream she was struggling with highly ambivalent reactions to attempts at becoming pregnant, feeling very guilty because of her hostile attitude toward her husband, his sperm and 'baby'. She had recently expressed fear of secreting a chemical that could kill her husband's sperm. She also distorted her physician's remarks that her gynecologic

disorder either would be cured by pregnancy, or might interfere with her becoming pregnant, to mean that she would either get pregnant or require an operation to remove the growing quasi-cancerous condition.

The day before the dream she reported a slip she had made confusing 'cancer' with 'dandruff', a conversation with her mother about 'the baby' and her own fears that she must be doing something wrong to sabotage it, and fantasies of being in a hospital. She spoke of her dread of anesthesia, 'having something over my face'. The next day she reported a nightmare:

> This woman—*I was watching her,* also a young man—she had something in her head, he wanted it cut—he grabbed her—she screamed—he zipped open part of the head and took out a flesh disc—the screaming got weaker—I thought 'she's losing her strength, going to die'.

The patient awoke very upset. That morning she had had intercourse with her husband. 'There was a lot of pain—I started crying.'

Her associations led to brain operations, someone doing something violent to her (like the treatment), nightmares, and then to a childhood operation on her sinuses. Later in the hour she spoke of fears that a layer of endometrium would prevent her husband from getting to the ovary, about hysterectomy, and of ideas of something growing inside unchecked. She said nightmares were 'pushing into' her days and that she takes pills (a reference to occasional use of tranquilizers) to keep them under control. She is the opposite of her mother who was *dying* to have children and who, according to the story, risked her life to have the patient and was threatened by miscarriage. She continued to talk about ideas of being hurt by sex, and wondered how as a child she got these ideas since she was never raped. She needed to keep her aggressive, dominating side under control and force her husband (who has occasional premature ejaculation) to stay inside her longer. She went on to complain about the treatment: I should do something to force her to change—perhaps hypnosis to prove myself stronger than she.

Among other things, the dream represented graphic retaliatory fantasies for her active castrative wishes toward men, as evidenced by her fears of secreting a spermicidal chemical and related fantasies of her husband's and the therapist's impotence. Her associations to the dream were not differentiated from the complete dream, and in the context of the manifest content were in line with the dream story.

The scream in the manifest dream was followed by a reflective thought: 'I thought she's losing her strength, going to die!'. Then awakening intervened.

Following Bühler, the scream is an appeal and symbolizes strong emotions of terror. The reflection is the work of secondary revision and a commentary on the meaning of the dream. As Stein describes it, this quasi-traumatic dream could be for the purpose of saying to herself, 'This is only a dream', i.e., helping to deny the frightening reality of her fantastic world. The wish to be attacked was of course related to highly charged rape fantasies. The guilt is self-evident.

Many other elements are clear, especially with previous knowledge of the patient: the special emphasis on 'brains' as a compensation for her 'ugliness'; her competitive strivings with men, her sadomasochistic fantasies of intercourse, conception, and birth; the libidinization of anxiety as a defense against overwhelming, painful procedures on her sinuses as a little girl, associated with separation from the mother and rage at her for abandoning her; identification with a dead cousin who had been in the hospital, had been operated on, and had died as an aftermath; and her concept of hospitalization as allowing total regression and being taken care of by doctors who, in her childhood, also played the roles of the absent father and idealized mother. Finally, the patient was well known for her temper and outbursts during which she would scream and frighten those around her into submission.

The introduction of a dream with a scream leads to the topic of nightmares, recently studied by Fisher, et al. (1970). In the context of Fisher's work, the dream presented above is a REM

anxiety dream. Thus the scream can be thought of in the manifest content of the dream as susceptible to analysis, in contrast to a pavor nocturnus attack in Stage IV sleep which represents a 'cataclysmic breakthrough of uncontrolled anxiety' (p. 778). The scream is a concomitant of that state and not generally subject to analysis.

The next example illustrates a type of dream with spoken words frequently met in practice; namely, speech that embodies a *manifest reproach.*

A few weeks after reporting her nightmare, the patient alluded to above (Mrs. B) was dealing with the worries of pregnancy and was in the midst of exploring fantasies around anal birth, loss of control, messiness, and her inability to be strong, self-sufficient, and at the same time get what she wanted from other people (generally referring to being loved, reassured of her perfection, etc.). The day before the dream she described her reaction to having met me with my wife on the street on New Year's Eve; she had thought that this was my girl friend, that I was not married, and that I looked bizarre and sick. She spoke of feeling ashamed to have been seen by me outside of analysis when she had such a nice appearance and was well dressed; she was afraid I would become envious, jealous, and would want to 'take it all away from her'. She dreamed:

> I was defecating in the classroom on a toilet. Another person was telling me, 'You should not let other people see you'—it was messy, all over the seat, but I couldn't help it—they were taking exam—husband too—the teacher asked me about the exam but I didn't know the questions.

Associations led to identification of analysis with classroom situations where she is bright and can demonstrate her brains, and views of analysis as defecation, messy like intercourse—terrified of pregnancy and there being no one to help—, then the sexual stimulation of going to the bathroom, and finally a need to be reassured she is not terrible and weak because she feels ashamed and self-conscious that she has been here so long.

Her problems are still here—she is embarrassed. This is like a classroom where she is failing.

The dream and its associations showed clearly though indirectly the multiple meaning of the spoken words. On the one hand a reproach to herself and also to me—the projection of her bad self who was not confined to the office. The reproach over her enjoyment at having exhibited herself is clear, as is the wish to hide her weak, castrated self. Her main mechanism of defense is denial—the wish not to see. In this patient this is so pronounced in everyday life as to cause many minor accidents; she is always hurting herself by bumping into doors, cupboards, etc.

In the third example from the same patient it is difficult not to confuse the manifest content of the dream with its latent content as the façade of the dream is so self-explanatory.

During an hour the patient reported a conversation on the phone with a woman friend, M, about not wanting to go to the funeral of the latter's father because she (the patient) would be so upset and frightened. That night she had the following dream:

> T was yelling at me, saying: 'Everybody was upset and they are going to the funeral. Why shouldn't you?'.

This dream at first glance seemed to require almost no interpretation. In real life T, a rather critical person, often stands for the patient's conscience by way of projection. During the hour the patient was so involved in berating herself that it was not possible to interpret the dream. Only later were other connections apparent between her own father's and stepfather's demise some years previously, and the secret satisfaction that it was happening to other people too.

The use of T as a displacement for her strong self-reproaches and the multiple meaning of berating herself, generally as a manipulative attempt to obtain reassurance from a benign external source, were dealt with analytically.

There is an interesting connection between spoken words in the dream and sleep-talking. The latter topic has been reviewed by Arkin (1966), who stated that 'There is general agreement that most sleep-talking occurs in association with non-REM sleep and that most sleep-talkers are "non-REM sleep-talkers"' (p. 121). From the genetic point of view, Arkin feels that sleep speech is the result of unresolved psychic conflict that originates in the developmental phase during which the main problem is the acquisition of mastery over sphincter control and motility.

In my own series, only in one instance did an analytic patient report a dream where the speech was actually spoken by her in her sleep, as corroborated by her husband. I quote the dream in full because of its relevance to our topic and because of its special interest, in that the spoken word in the manifest content of the dream coincided with the content of the sleep-talking. (I shall not debate here the issue of whether the spoken words are part of the dream or an appendage to it.)

The young married woman, Mrs. A, mentioned in the first example, had the following dream some nine or ten months after the birth of her second child, a boy:

> I dreamt of the baby falling out of bed and I shouted 'No! No!' as I grabbed onto his thigh. In reality I had grabbed on X's thigh [husband]. We both awoke suddenly. I said to X: 'I thought you were E' [the child]. He told me he had been awakened by hearing me shout 'No! No!'.

The patient went on to state that E is very strong; he rolls over on his stomach so she cannot diaper him; he can stand up in the carriage, and she fears he might throw himself out. To 'No! No!' the patient said, 'That's when I'm overwhelmed or found fault with . . . sometimes when X approaches me to make love and I don't want to'. The patient then went on to talk about her boasting about her children and how good a mother she feels, and finally, that she felt a bit annoyed at being tied down to the nursing situation and had recently toyed with the impulse to stop nursing.

In the recent past many fruitful comparisons had been made between making love, nursing, and the analytic situation where, depending on the state of the transference, she saw herself as either the child blissfully taking it all in, or the one who could never satisfy my needs, and no matter how much she gave, it was never enough. She also felt that in regard to her children, every need of theirs had to be fulfilled, otherwise she would think of herself as a bad mother. The 'No! No!', strongly expressing a prohibition on several levels, broke through into both speech and motility, presumably because the content of the dream was too threatening and could no longer be tolerated by the sleeping ego. It also expressed a turning away from the husband and child: 'I don't want to make love/nurse any more'. In line with Isakower's earlier formulation, it is associated with awakening phenomenon, and implies a clear self-critical judgment dealing with the latent content of the dream.

In the context of sleep speech, the amusing dream of Anna Freud's infancy must be mentioned because of its historical interest. Freud (1900-1901) includes it as a dream, with the proviso, 'if I may include words spoken by children in their sleep under the heading of dreams' (p. 129). It occurred as an aftermath of a stomach upset blamed by her nurse on overeating strawberries. During the period of abstinence that followed, the child was heard to say in her sleep: 'Anna Fweud, Stwawbewwies, wild stwawbewwies, omblet, pudden!' (p. 130). The little girl was probably revenging herself in her sleep, defying her nurse. Although the dream speech is presented in the context of wish-fulfilment, the day residue includes certainly strong reproof (e.g., 'you naughty child who indulged yourself, and now look how you are punished'), and the dream is then a direct rebellion against this.

In the previously cited examples, the presence of superego influence on the spoken words could be easily demonstrated. I would like now to bring forward a number of dreams where it was not as easy in the context of the specific analytic situation to uncover the same predominant influence, at least of the

punitive aspect of the superego, or to demonstrate the presence of a conflict involving guilt as the major contributing factor. The spoken word in these instances has, I believe, other functions to be described shortly.

In some patients (often with obsessional features) whose analytic behavior is marked by strong resistance to regression, I have encountered dreams which seem to consist almost entirely of *conversations*. Although, to be sure, such patients do carry their burden of guilt, I did not feel in such instances, even when the dream could be analyzed, that the superego's contribution was more remarkable than in any other of these patients' dreams lacking spoken words.

The first dream to be presented is mainly in the form of an extended conversation between the patient and several people. Though likely, it is not absolutely certain from the context that the many spoken words achieved hallucinatory intensity in the dream.

A young, unmarried, professional woman, late in her analysis had taken a step requiring considerable courage—giving up a cosmetic device which had protective magical qualities. She was also talking about termination. Her central conflict dealt with her feeling defective, flat chested, 'brain damaged'—neither a woman nor a man. This was expressed in part through hypochondriacal complaints which, when analyzed, related to insatiable oral demands and extreme jealousy toward a three year older brother. She dreamt the following:

> I went to see a specialist associated with the clinic to sign a form. When he saw me he said I had cerebello-pontine angle tumor and should have mastoid studies. I went back and told a colleague I wanted studies that day—to change appointment times. I told the consultant I wanted tomograms. I made an appointment with a woman on the phone—she wasn't there; another technician was not interested in me; the radiologist came out and told me a joke; I went to get a consult on myself. I remember thinking, 'No one else thinks I have a tumor, I have to make sure'.

Relevant associations dealt with a conversation she had had

with her father on the phone: that the last single cousin in the family was engaged and that the patient should visit her sister-in-law who was planning to enter the hospital soon for a major abdominal operation. The latter has two boys. The patient also associated to the specialist—someone impotent and nonthreatening like the analyst—and thought of a penis in connection with the tumor—something growing. She is working with two young boys suspected of having a tumor; X-ray studies are penetrating—reveal what's really inside—tomograms are three-dimensional-like—in depth. The patient also recalled being upset about her sister-in-law's operation—would she make it? She even had had a fantasy of taking care of the latter's children. In addition, other associations led to a reiteration of a longstanding transference complaint of not being taken seriously, i.e., my not going along with her concept of being defective and helpless, this, of course, being heightened by our recent discussion about termination. How can I leave her if she is still so defective, unmarried, etc.?

The dream's major themes—anxiety about being exposed, abandoned, and wishful identification with her sister-in-law, along with retaliatory punishment—are apparent. However, none of the spoken words had the cryptic, oracular quality of the injunctions typical of the single direct expression of superego influence as reported by Isakower.

Within the context of the analysis, the news that the last single cousin was engaged was another narcissistic blow. She had generally reacted in the past to news of this type by an increase in her passive dependent longings. These were often expressed through the wish to be ill or put in the hospital—to show me up, and at the same time to blackmail me and make me visit her, spend time with her away from patients. The news of the cousin's engagement, coupled with talk about possible termination, resulted in a dual reproach—toward the analyst and toward herself, i.e., she 'can't do the analysis', she is to blame for being defective and the analyst is to blame for not doing more. But it seems to me that within the context of

the associations, this last element is only a small part of the entire picture. This particular dream and the associations to it also illustrate the relative paucity of associations to the spoken words, and the rarity with which I am able to identify recent speeches as day residue.

It is my impression that certain dreams with spoken words have a structure similar to waking fantasies or daydreams. The lessened regressive quality might be due either to defensive maneuvers or to external circumstances, such as those prevailing in nap dreams and dreams following a period of wakening. The spoken words express not so much superego content but are closer to the structure of a daydream—a continuation of some presleep preoccupation, with the mental apparatus not as yet being sufficiently regressed to allow visual imagery. An example follows.

The patient alluded to in the second vignette, Mrs. B, eventually became pregnant. One night she was kept half awake by her husband's insomnia and thrashing about. She was terrified when she suddenly felt his presence over her. He finally left for his office at nine o'clock. The patient then went back to sleep and had the following dream:

> I was in a room with C, my cousin. He said, 'You're upset, I can tell'—We had a conversation—He said 'You're the only one I ever had feelings for'; suddenly I initiated making out with him on the floor. He said, 'What happens if we are discovered?' I said, 'Say we are looking for my contact lenses on the floor'.

The patient spoke about a big fight with her mother the day before, and a phone call from another cousin who is very attached to her and idolizes her. At this phase of the analysis she was going through a period of disappointment in her husband and the therapist. Historically she had generally turned to this cousin in the face of any disappointment as a child, primarily in the service of revenge. The story of the dream was a variation on a scene which actually had taken place years be-

fore but could not be carried to fruition because of severe guilt and anxiety. Many fantasies had evolved previously with this scene as a starting point.

To be sure, the words 'What happens if we are discovered' could represent an allusion to some guilt feelings, but the predominant affective need around the time of the dream was a need for revenge and escape from the current reality. As a child, whenever she felt left out by her mother, she would in fantasy or in reality cuddle up to the cousin, imagine he belonged only to her and would rescue her and take her away with him. He represented a combined version of the ideal parent and a projection of her ideal self.

DISCUSSION

Starting from Isakower's premise that the speech content in the manifest dream is a direct contribution of the superego, I have sought to examine the role of the spoken word in the dream in the context of his views concerning the superego. In my clinical examples, the focus was on the presence or absence of conflicts involving guilt rather than on the aspect of self-observation. This approach was necessary because Isakower's hypothesis cannot be proven or disproven clinically as his conclusions are included in his premises by definition.

It seemed worthwhile to investigate clinically the spoken word in the dream based on the principle of multiple function (applied clinically in terms of multiple meanings). From my clinical samples, I concluded that conflicts involving the issue of guilt do not always occur in the analysis of spoken words, and that important elements of drive and defense also contribute to the meaning and form.

Particularly in patients who are not well able to tolerate regression, I noted dreams consisting of conversations as well as a tendency toward thinking without imagery. In such instances, the motive force resulting in speech seemed to be primarily defensive. Stated in the language of dream theory, one might say that dreams made up primarily of conversation are

subject to secondary revision. Freud (1900-1901) wrote: 'We might put it simply by saying that this fourth factor . . . [secondary revision] seeks to mould the material offered to it into something like a daydream' (p. 492).[3]

Although the entire dream is often a communication to the analyst—a comment or addendum to an interpretation given in the previous session—, I was not impressed by any specialized communication expressed in dreams with verbal content in contrast to dreams without spoken words, particularly in the area of superego. The problem of indirect speech has been only partially elucidated. I suspect there may be a whole series of steps intermediary between a thought—a vivid thought with imagery—and spoken words with hallucinatory intensity. Hence, in my opinion it may be wiser at this time to limit the investigation of superego functioning to words actually heard by the dreamer in the manifest content as reported in the analysis.

Direct speech is certainly what Isakower had in mind both from a descriptive and a structural point of view; otherwise it is difficult to avoid the implication that what we are dealing with is not a dream but either a thought or a waking fantasy incorporated in the dream. However, such thoughts expressed as indirect speech are descriptively larval interpretations of the dream, comments on it, and indicate the process of secondary revision which is heavily influenced by the superego.

I had hoped to be able to contrast the 'superego' element of the spoken word with other superego elements of the manifest dream. A colleague suggested that if one considers speech to be a relatively late contribution to superego precursors (being preceded by disapproving tone and angry or scowling face), one might conclude that spoken words in dreams deal more with œdipal rather than preœdipal conflict. My series of dreams with spoken words do not confirm this.

Thus far I have considered only the content of the spoken

[3] Isakower (1972) said that he did not view conversation dreams as true dreams, but rather as daydreams or fantasies. A dream, he stated, is by definition an optical phenomenon.

word—both manifest and latent. I have not addressed myself to the analysis of the form. For instance, what does it mean that a particular reproach is expressed by speech rather than by a dream of being beaten? Following Waelder, we would expect some relationship between form and content. Thus the format of speech could be associated with the wakening function, or, as suggested earlier, with the analyst as a projection of the patient's superego, or even as some vehicle or representation of an oral wish. Stone (1961) in The Psychoanalytic Situation has discussed the meaning of speech in the analytic situation and its peculiar importance. He sees speech as the psychosomatic vehicle for discharge of both libidinal and aggressive energies in addition to being a mode of communication and hence of object relations. Stone mentions Lewin's oral triad in this respect. Is speech in a dream related primarily to regressive mechanisms for expressing a thought in hallucinatory form—a means of representation related to peculiar states of psychic functioning of sleeping persons? I do not believe so since speech is not common in dreams; there are alternate means available to the dreamer for expressing the content (for example, a punishment dream in images).

I suspect that individual dream styles (in comparison with neurotic styles) are more significant as determining factors for both the presence of dream speeches and the use to which they are put. For example, the patient with severe guilt conflicts who had temper tantrums as a child, had an unusually high percentage of dreams with spoken words. I was struck by the extent to which her speech was involved in expressing her unconscious conflicts. She made continual slips both in and out of analysis, using one word for another. She confused the names of her husband and former boy friend, often said father instead of brother, referred to me as her obstetrician, and was constantly making further mistakes as she attempted to undo her verbal confusion.

Finally, a statement about the validity of the application of the principle of multiple function to the clarification of dream

speeches. I would say that developmentally, from the very start, the acquisition of speech in the young child has strong integrative and controlling functions, as well as magical qualities. The spoken word is, after all, the main vehicle for the acquisition of culture, and not only in its prohibitive aspect. It would seem only reasonable that this multiple role of speech be reflected in its multiple meaning in the dream.

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PROBLEMS OF IDENTITY

THEORETICAL AND CLINICAL APPLICATIONS

BY SANDER M. ABEND, M.D. (NEW YORK)

INTRODUCTION

Despite a spate of papers that appeared during the 1950's on the topic, the concept of identity continues to be an elusive one used by different workers to mean different things, invoked in connection with a very diffuse group of clinical conditions, and no author has as yet offered a precise, clear definition that has succeeded in winning general acceptance.

Nevertheless, Erikson's (1956) term for specific postadolescent upheavals, 'identity crisis', has caught the fancy of the educated laity and crept into popular usage to refer to a variety of adult disturbances involving major or minor alterations or uncertainty in regard to conscious self-definition, ideals, and/or life goals. Perhaps in part for this reason, Kohut (1971) recently wrote that identity, like personality, 'Although often serviceable in a general sense . . . is not indigenous to psychoanalytic psychology; it belongs to a different theoretical framework which is more in harmony with the observation of social behavior and the description of the (pre)conscious experience of oneself in the interaction with others than with the observations of depth psychology' (p. xiv).

The very idea of identity seems to contain some intrinsic ambiguity, as can be seen even in its standard English definitions. This quality is reflected in the efforts of most psychoanalytic writers to give it a specific technical meaning. Erikson

The ideas presented in this paper were stimulated by the work of the Kris Study Group on the topic of Identity, under the leadership of Dr. Kenneth Calder. Although the point of view expressed is my own and not shared by the group as a whole, its development reflects the contributions of our mutual efforts. In addition, Drs. Leo Spiegel, Martin Willick, Michael Porder, and, in particular, Charles Brenner, made many valuable suggestions.

(1956), for example, appears intentionally to maintain a certain elusiveness in the following passage: 'At one time, it will appear to refer to a conscious *sense of individual identity*; at another to an unconscious striving for a *continuity of personal character*; at a third, as a criterion for the silent doings of *ego synthesis*; and, finally, as a maintenance of an inner *solidarity* with a group's ideals and identity' (p. 57). A number of writers, however, do not accept Erikson's views and prefer to use the term 'identity' to refer to an individual's unique personal identity, a mental entity which comes into existence as one consequence of the separation-individuation phase of early psychic life.

Naturally, this confusion has led to an increase in the number of clinical problems that different authors present as revealing disturbances of identity. Thus, in addition to the particular symptom complex of young adults described by Erikson, we find various psychotic and borderline syndromes of children and adults, patients with severe narcissistic difficulties, depersonalization, fugue states, and amnesias, the problems of twins, artists, and impostors, and a variety of overt sexual deviations included in this clinical grab bag. In short, the spectrum is now so broad that it appears to defy efforts to isolate common factors that might be of help in constructing a meaningful, inclusive definition. Moreover, the recent upsurge of interest in problems of the self has resulted in still further overlap and confusion in terminology and in clinical theory, making the need for clarification and uniformity even more pressing than before. I propose in this paper to pursue a redefinition of terms, which I hope will make possible clearer delimitations and thereby enhance communication about our case material and our ideas.

I think it will prove useful to reserve the concept of identity and its problems for certain varieties of disturbance involving the characteristic consolidations of young adults, as suggested by Erikson. However, I think it is necessary that we be more precise about what we understand identity to mean, and to clarify the relationship of the concept to the general psychoanalytic theory

of the mental apparatus. The difficulties some workers have connected with developmental problems of early life could be better collected under the rubric of problems of the self, although this, too, is a concept which requires greater precision of definition. Finally, I think a third category, problems of sexual identity, can meaningfully be separated from the others. These proposed distinctions are certainly somewhat arbitrary, but I believe them to be logical in themselves and not contradictory to the accepted tenets of psychoanalytic theory. In matters of definition, arbitrariness alone is not objectionable. The important question is whether the divisions are clear and are useful in their application to clinical material.

HISTORICAL REVIEW

Webster's New Collegiate Dictionary (1959) illustrates the inherent ambiguity of the term identity in the several definitions given. The word is derived from the Latin *idem*, meaning the same, as in the 'sameness of essential character; sameness in all that constitutes the objective reality of a thing; selfsameness; oneness'. Further definitions include: 'unity and persistence of personality; individuality' and 'the condition of being the same with something described or asserted'. Thus, as in mathematics, identity has come to stand for something that is the same as something else, leading to its common usage to highlight a quality (or qualities) of the individual that links him to other individuals or groups, as in, for instance, Freud's 'Jewish identity'. Yet the term also has an inner aspect meaning precisely those special qualities whose 'sameness' over time permits the individual to establish his own unique and consistent sense of himself—a particular individual identity. By extension, it also means those specific features that distinguish one individual from all others; thus one speaks of identity cards and identifying data or characteristics.

Erikson (1956) expressed this polarity most succinctly: 'The term identity . . . connotes both a persistent sameness within oneself . . . and a persistent sharing of some kind of essential

character with others' (p. 57). Although he recognizes the beginnings of the establishment of these qualities in early development, in his view a final identity is not fixed until the close of adolescence. It 'includes all significant identifications, but it also alters them in order to make a unique and a reasonably clear whole of them' (p. 68). He considers identity 'an *evolving configuration* . . . gradually integrating *constitutional givens, idiosyncratic libidinal needs, favored capacities, significant identifications, effective defenses, successful sublimations, and consistent roles*' (p. 71).

Though not limiting his conception to social roles, values, and ideals, Erikson places considerable emphasis upon them. He also includes an extrapsychic dimension in the form of those reciprocating responses from the surrounding society to the individual (such as recognition, expectations, and similar feedback), which he believes contribute importantly to self-definition and hence to the process of identity formation. He looks on the turmoil that often accompanies this postadolescent growth stage as a 'normative crisis'. In his view, pathology lies only in an exaggeration of this upheaval to which some individuals are subject, a syndrome he calls 'identity diffusion'. Through composite case histories he has outlined a rather severe, prolonged regressive and disorganized period, typically marked by a sense of isolation, disintegration of the sense of inner continuity, extreme shame, inability to derive pleasure from activities or relationships, disturbance in time perspective, passivity, anger, and mistrust of others. Probably because his formulations rest so heavily on their social-descriptive aspects, because he has nowhere offered in clear metapsychological terms a statement of his view of identity formation, and because he centers his attention upon processes of late adolescence and early adulthood, others have found his ideas insufficiently explanatory and have preferred to approach the question of identity formation as an aspect of early childhood development.

Greenacre (1958) has also stressed the fact that identity has both an inner and an outer face, but she sees them rather dif-

ferently from the way Erikson does: 'It means, on the one hand, an individual person or object, whose component parts are sufficiently well integrated in the organization of the whole that the effect is of a genuine oneness, a unit. On the other hand, in some situations identity refers to the unique characteristics of an individual person or object whereby it can be distinguished from other somewhat similar persons or objects. In one instance, the emphasis is on likeness, and in the other on specific differences' (p. 612). She goes on to imply that both inner experiences of oneself and perceptions of the outer aspect of one's body or self contribute to identity formation. By identity she is referring to an inner structure of the mind whereas she uses the term 'sense of identity' to imply an awareness of this structure involving comparison and contrast with others. In a most important passage she says that an individual's 'self-image, based . . . on a fusion of implicit, but generally not clearly focused awareness of his own form and functioning with his wishes as to how he would like to appear and to function . . . forms the core on which his sense of his own identity is built' (pp. 613-614).

Greenacre specifically emphasizes the central role of body image in this core of identity. Her interest in early tactile and visual perceptual influences on body image formation leads her to speculate on the significance of the perceptions of one's own and others' face and genitalia in particular, and to postulate that traumata in this area during very early development are important in the pathogenesis of perversions and fetishism. In a summary statement, she says the sense of identity comes into some kind of preliminary working form during the anal phase, but reaches special development with the phallic-œdipal period. By that time the child 'himself existing in a world of outer objects, knows he has thoughts and memory, appreciates relative size, but has knowledge of sexual differences, knows the names of his body parts and of himself. He is . . . aware of himself as a unit in a group' (pp. 625-626). Later developments in and beyond adolescence, she recognizes, generally modify

this sense of identity.

Mahler (1958), too, in a presentation to a panel on Problems of Identity, indicates her view that the self-feelings resulting from the complex psychic differentiation processes in young children are synonymous with the sense of identity. The children with autistic and symbiotic psychoses studied by Mahler can be described as suffering from identity disturbances.

Jacobson (1964) is in general agreement with Greenacre and Mahler in understanding identity as related to self-feeling or self-awareness, qualities which arise in the young individual as a result of the processes of early differentiation of the self from the non-self. She is in partial agreement with Erikson's concept of identity formation, she says, but does not wish to restrict this psychic process to ego synthesis: 'I would prefer to understand by identity formation a process that builds up the ability to preserve the whole psychic organization—despite its growing structuralization, differentiation and complexity—as a highly individualized but coherent entity which has direction and continuity at any stage of human development' (p. 27). She says that from the clinical standpoint '. . . serious identity problems appear to be limited to neurotics with specific narcissistic conflicts, and to borderline and psychotic patients' (p. 29).

Jacobson does approach a more rigorous metapsychological clarity, defining self-representation as 'unconscious, preconscious and conscious endopsychic representations of the bodily and mental self in the system ego' (p. 19). These begin to arise from accumulating memory traces of pleasurable and unpleasurable experiences. Drive investment, of course, is of the self-representations and not of the ego itself. Because of the nature of the primitive mental apparatus, self-representations are highly variable and in tenuous relation to objective reality. This is true of both bodily and mental representations, and of early object representations as well. Advancing development presumably leads to the acquisition of more and more realistic images of the self. In time, Jacobson says, 'some concept of their sum total will (simultaneously) develop, i.e., an aware-

ness of the self as a differentiated but organized entity which has continuity and direction . . .'. She then concludes that this awareness 'will find an emotional expression in the experience of personal identity' (p. 23).

Spiegel (1959) also is interested in persons suffering from identity disturbances, including those with depersonalization and derealization symptoms. While acknowledging the defensive meaning of these feeling states, he seeks an 'ego-psychological' basis for them in the data of perceptual studies. He agrees with the definition of self-representations as mental images of the body and body states, and suggests that self is a collective term for the totality of these body images. Developing interesting analogies from gestalt psychology experiments, he suggests that an ever-growing accumulation of experiences, subjected to 'pooling', comes in time to form a more or less stable inner frame of reference against which new experiences can be compared and evaluated. He states that this constant frame of reference constitutes an important aspect of the self and is the ground on which a continuing personal identity rests.

None of these writers addressed themselves to the distinction between the accumulation of a vast number of self-representations of body parts, feelings, and so forth, which collectively form a self, and ideational representations of the total self. But an interesting paper by Keiser (1958) presents some pertinent clinical material in pursuing a different topic, that of the relation of body image formation to certain disturbances of abstract thinking. Keiser's study suggests that important representations of separate parts of the body, unintegrated into the whole, may be maintained and used for defensive purposes, while at the same time a fully developed sense of the total self—indeed perhaps more than one unified self-concept—is also clinically in evidence. This suggests that it is incorrect to assume that the existence of unintegrated self-images is necessarily to be taken as evidence of developmental arrest or fixation, or explained entirely on economic grounds, as some recent work seems to do.

Eissler (1958), whose paper was also included in the panel on Problems of Identity, based his idea of the sense of identity on 'the ego's capacity to experience itself as a continuum'. He felt that this is not fully established before genital maturity at puberty. He also proposed that the self be understood as a fourth structural differentiation in the mind, coequal with id, ego, and superego, but his ideas did not win general acceptance at the time of presentation. However, Levin (1969), much interested in Kohut's recent work on narcissism and the analysis of the self, also proposes considering the self as a separate entity, suggesting that it is both the seat of most intractable resistances and that it is equivalent to feeling and/or all subjective emotional experience. He attempts to distinguish this concept of the self from that of the ego, which he seems to see as restricted to thinking and other regulatory functions and the more logical, objective responses to and integration of external perceptions. Kohut (1970), although pleased that others share his interest in studying the self, does not agree with Levin's somewhat unique theoretical proposals.

Lichtenstein (1961), in an intricate and highly idiosyncratic line of thought, proposes that man, unlike all other creatures, has to seek identity as an overtheme of his entire life. He suggests that in a fashion analogous to 'imprinting', mothers, through their expectations and needs, implant an early pattern in their children which becomes elaborated into an 'identity theme' that will influence to some degree all subsequent self-other relationships. Partly on philosophic grounds, Lichtenstein places this rather special dyadic view in a superordinate position in regulating human mental activity. His concept, however, has not been found persuasive by most other analysts.

The Kris Study Group, which met in 1961-1963 under the chairmanship of Arlow to consider problems of identity, studied patients with depersonalization, fugue states, and amnesia, as well as impostors, those with perversions, and certain problems of twins, but were able to reach no uniform conclusions. One member of the group, J. Frosch, suggested a

classification of problems according to whether subjective or objective (i.e., externally observable) signs of disorder were present. The only other systematic attempt to organize the material was offered by Margolis (1962). He suggested that the term self-image be restricted to denote only self-representations of body anatomy and body feelings, which come eventually to constitute a body image—a physically derived subclass of self-representations. After making the observation that identifications begin as processes of becoming like an object but, through their assimilation and contribution to ego growth, end in further differentiations of self and object, Margolis turned to the terms which most interest us. He suggested that self, sense of self, and identity are used synonymously and interchangeably to depict the awareness of individuality, uniqueness, differentiation from others, and the integrity of the physical and mental self as a unit. He agreed with this usage and proposed to distinguish from this the sense of identity, which he saw as a broader concept including the idea of likeness to others and hence the aspect of identity problems that has a social dimension and a relation to external reality.

In brief then, different authors use the same term to mean different things; different terms to describe essentially the same thing; or designate as synonymous terms which may imply quite different concepts to other people. When these linguistic complications are grafted onto a conceptual problem that has such inherent ambiguity to begin with, the results are altogether confusing and uneconomical; this is what has emboldened me to propose some revisions.

REDEFINITIONS AND REFORMULATIONS

In re-examining the terms in common use in writings on identity and their relationship to one another, the terms seem to fall naturally into two groups: the first consists of self-representation, self, self-image, and sense of self; the second is com-

posed of ego identity, personal identity, identity, sense of identity, and sexual identity. Among them, *identity* and *self* are the constructs most in need of clear theoretical definitions, although I believe that *sense of identity* and *sense of self* are as useful clinically and that *sexual identity* occupies a special place all its own.

Self-representation, Self, Self-image, and Sense of Self

Self-representations are ideas about oneself, or part of oneself. They may refer to anatomical or other physical qualities, feeling states, or functions and may range over a complete spectrum from objectively realistic to totally unrealistic ideas. They are originally derived, no doubt, from perceptual experiences of the inner and outer world, which become memory traces, and from analogous wishful mental phenomena. Though the integration of perception, memory, and thinking is considered to be in the province of the ego (so that the processing of self-representations is a task of that structure), the content of individual ideas can and, in fact, must inevitably reflect both drive and regulatory features, which we assign to the other great structural entities, as well. It is also easily demonstrated that self-representations can be either conscious, preconscious, or unconscious.

Self is a mental construct composed of self-representations. It has been suggested that the self be defined as the sum of all self-representations, but I feel that there is some advantage in being able to understand certain self-representations as excluded from the concept of the self, as this is in accord with clinical experience. Therefore I think that *self* should instead be taken to mean all of those self-representations which refer to the individual as a whole, including those which seem to focus primarily on a particular part or function, but do so in such a way as to maintain an awareness of its place as a portion of the entire individual.

As Greenacre (1958) has pointed out, ideas about the self are based on fusions of realistic and wishful versions of the individual's form and functioning, and remain so to a greater

or lesser degree throughout life. When one considers in addition that projective and introjective mechanisms introduce distortions into the distinctions between self-representations and object representations—even in well-integrated persons—it becomes easy to understand why the self remains an agglutination of ideas of ever-shifting and inconstant aggregate outline, despite its quality of continuity and sameness. One may consider the 'shape' of the self as analogous to that of a tidal beach whose finite details are continuously changing from moment to moment, yet which gives on the whole an impression of changelessness.

Some writers, like Levin (1969), refer to the self in the sense of the experiencing portion of the mind. This usage seems so well established that it obliges us to attempt to bring it into alignment with the conceptualization under consideration. To experience something means simply to register in consciousness inner and/or outer perceptions, and this function, as previously noted, is assigned to the ego in our structural theory. The fact that it is the self which is undergoing a given experience is available upon conscious introspection (except under pathological circumstances), but unless there are particular reasons for its inclusion in consciousness at any given moment it remains part of the preconscious background. It would invariably be of interest clinically to understand *why* an awareness of self is part of a given experience, just as the reciprocal exclusion would be a phenomenon important to investigate, but for our immediate purpose these are tangential questions. We need to be able to explain *how* it is that one can readily, if necessary, arrive at this judgment. It seems logical to suggest that some system of scanning and comparison with previous experiences must provide the necessary information. We can therefore make use of Spiegel's (1959) formulation that the self is composed of pooled self-representations (former perceptual experiences that become memory traces, more or less consolidated and available for purposes of comparison) which serve to provide a frame of reference for inner experiences.

Another source of confusion about the self is our tendency to use the same word to refer to the entire person, or the entire mind of an individual. When used in the sense of the mind as a whole, the self may be understood to describe the totality of id, ego, and superego as reflected in their interaction. Some analysts do prefer to use the term in this way, while in general usage the self will often refer to the individual as a whole. Despite these consequences of the limitations of our language, one should in scientific discussion attempt to maintain conceptual clarity by indicating precisely how one means the term to be used. I suggest that the self be understood as a mental construct, an idea (or a set of ideas), or as Kohut (1971) has called it, a 'content of the mind' (p. xv).

The self comes into existence as a result of the separation-individuation processes of early life and the maturation of the mental apparatus. It reaches a degree of stability, as Greenacre has said, when a child can conceptualize himself as existing in a world of objects, knows he has a mental life, appreciates relative size and sexual differences, and is aware of his individual specifiers. While this process begins earlier, it reaches special development in the phallic-œdipal phase.

In summary, then, the *self* is a mental construct consisting of a set of ideas known as self-representations—a fusion of what were originally inner and outer perceptual experiences of varied degrees of objective reality with later, more abstract ideas about the individual's physical and mental qualities. These have in common that they depict the whole individual as an entity, separate and distinct from others and continuous in time. The self's boundaries are inconstant because of the capacity for wishful self-representations and projective-introjective mechanisms to distort its realistic qualities, and because certain part representations may or may not be included in the total self at any given moment.

Self-image is a diffuse term used by analysts and nonanalysts alike to allude to ways in which individuals envision themselves. 'Image' implies a close link to actual percepts, particularly

visual ones. This term is related to body image, which is generally understood to refer to more or less concrete anatomical self-representations. Margolis (1962) has suggested that we restrict its use to mean exclusively those self-representations that compose the body image. I believe this would be a worth-while emendation, but I am afraid that self-image is so firmly ensconced in its looser, nontechnical usage as to preclude reclamation and might best be left in the realm of descriptive language.

As here defined, the self is a theoretical abstraction, useful to us in organizing data and in communicating with one another. However, as with other abstractions in our field, it is altogether misleading and incorrect to treat it as if it had an actual psychic existence and to speak as though people can be in touch with or directly aware of any such entity within themselves. That there are self-feelings of many kinds is of course evident, but as Spiegel (1959) specifically cautions, 'The relation of self-feeling to the self is not immediately given but is a subject for investigation . . .' (p. 88). He states that self-feeling does not imply a direct connection with the self as defined.

How then are we to refer to the variety of self-feelings which we hear about from patients in the course of our clinical work? Although other terms have been used, *Sense of Self*, recommended by Spiegel and so used by others as well, seems best suited for this purpose. It implies subjective awareness, which is what we wish to emphasize in this context. The suggestion that self-feelings be investigated should alert us to the danger of permitting our theoretical beliefs about the formation, the integrity, or the functions of the self to lead us to assumptions regarding the meaning of self-feelings as reported by patients. Instead these should be subjected to analytic scrutiny through free association in exactly the same careful fashion with which symptoms, dreams, and all other analytic data are (or should be) treated. Sense of self, then, refers to raw analytic data; that is to say, what patients tell us they experience or believe about themselves as whole, discrete, unique, continuous beings, or to some disturbance thereof.

Ego Identity, Personal Identity, Identity, Sense of Identity, and Sexual Identity

Ego identity was the term introduced by Erikson (1956), probably to reflect the crucial role played by what he called 'ego syntheses' in the consolidations of late adolescence and young adulthood which contribute to the final, stable formation of an identity as he sees it. Others feel that this term may imply a too restrictive understanding of complex processes (although this is manifestly not Erikson's intention), and it is relatively little used.

Personal identity is not actually a technical psychoanalytic term at all, although Jacobson (1964) used it to refer to the subjective feeling related to the formation of a more or less unified idea of the self. Yet it does convey the idea of a combination of those unique features which identify one as oneself and no other to oneself and to the outside world. As such it becomes a part of the self-awareness of the child which results from the developmental processes of early life, as emphasized by Mahler (1958), Greenacre (1958), and Jacobson (1964). Naturally, as development continues, the manifold aspects of a personal identity will increase in number and in complexity and serve to specify particular aspects of the growing person's interactions with his surroundings.

Erikson (1956) and Blos (1962, 1972) hold that with the closure of adolescence these unique identifying features take on a new permanence and stability and are accompanied by the making of life choices recognized by the individual and his society to be of lasting and generally irreversible significance. Just as most analysts feel that the identification processes of the œdipal period play a crucial role in character formation and eventually in neurosogenesis, so Erikson and Blos feel that the stage-specific formations of postadolescence are to be assigned an analogous primacy in identity formation.

This point of view leads to a psychoanalytic definition of *Identity* more restricted than what has heretofore often been

understood by that term. It would be used to describe a loosely organized set of conscious and preconscious self-representations that serve to define the individual in a variety of social contexts. Included in its composition we would expect to find ideas regarding specific professional, social, and sexual roles and preferences, aspects of the person's political and religious ideology and other unique values, and his more important personal interests and avocations. These self-representations are formed at a relatively high level of psychic development and are therefore complex products of instinctual drives, defenses, identifications, and sublimations, as well as reflecting the influence on these of constitutional givens and of the special contributions made by the particular individual's life experiences and opportunities. In favorable circumstances we expect to find a reasonably stable synthesis of these ideas and the qualities they represent taking place during young adulthood, but as with the self, we need not expect what we call *identity* to be either sharply outlined or rigidly maintained. These self-representations, too, will have a certain proportion of wishful as well as realistic influences. Of equal importance, circumstances generally dictate that attention will be paid now to one aspect, now to another of identity, which contributes to the sense of indistinct margins despite the fact that by definition we include only features available to consciousness. It is also true of course that some degree of change over time, under the influence of maturational and other forces, is to be expected in the various parameters of identity in most if not all persons. Ideas at this level of abstraction may contain some notion of the future as part of their intrinsic content, which could contribute to a sense of continuity.

This construct, like the self, is a theoretical abstraction and has no 'real' existence in the mind, even though the self-representations that constitute one's identity are individually available to introspection. Patients do of course report subjective feelings and thoughts about their 'identities' as well as about those specific aspects of mental life which we would in-

clude in its province. Once again a separate term is required to indicate this experiential data; logic and symmetry suggest that *Sense of Identity* should be used for this purpose. It is hard to imagine significant alterations or other disruption of the class of self-representations that compose identity not disturbing the person consciously and leading to subjective manifestations of some sort, yet it should be noted that the reverse is not invariably true. Analytic investigation of reported feelings and thoughts about identity or its components aims at clarifying what they mean in the mental life of the patient. Automatic assumption that they necessarily reflect changes in what our theory describes as identity may lead to error. In either case, a proper understanding of the complaints is achieved only by deciphering the unconscious infantile conflictual sources from which they ultimately stem.

There remains to consider a special class of conscious and unconscious self-representations dealing with the *Sexual Identity* of the individual. These begin with early perceptions of anatomical differences and are very much increased by ideas stemming from the sexual theories of childhood and the wishful fantasies, identifications, and fears of the œdipal period. The result is a complex group of self-representations, more or less confused and contradictory, and of varying degrees of reality consonance, about the individual's body, genitalia, sexual role, behavior, and functioning. Once formed, this particular set of ideas plays a vital part in the further mental development of the person, especially in determining pathology either in the form of symptoms or of character traits and their consequences. Analysts will continue to need a way to refer to these ideas as distinguished from the other kinds of self-representations, precisely because of their unique importance in our clinical and theoretical discussions. To speak of *sexual identity* as a way of referring collectively to this group of self-representations seems unambiguous and unlikely to cause further confusion. This group of ideas may be considered a special, indeed central, aspect of the self as defined in this paper. Some

of its conscious components also form a part of what we have proposed to call identity.

From this it follows that the *self* is the largest, most inclusive term of those defined above, while *identity* is a more limited concept, referring in fact to a specific part of the self and not to be thought of as separate from it or as supplanting it in any way. *Sexual identity* is another important differentiation within the self, of maximum clinical significance, and it constitutes a portion of the individual's identity as well.

These redefinitions and reformulations have been undertaken in the hope that they would provide a convenient pathway by which to approach the clinical study of problems of identity. With that in mind, I would next like to consider the application of these ideas to case material.[1]

CLINICAL APPLICATIONS

What is proposed here is a set of distinctions based upon phenomenology. The term 'identity problem' ought to be reserved for those adult patients who display disturbances in the assumption of comfortable and stable social, sexual, and professional roles, and/or in the crystallization of important conscious ideals, values, beliefs, and special interests. In a more general way this could also be described as a problem in self-definition in relation to external reality. It implies having trouble in finding or feeling qualities of similarity in oneself to various groupings of different orders of concreteness in society (e.g., a specific religious sect, a profession, those who share an avocational preference, political philosophy, etc.).

Disturbances may appear in several forms, of which frank or implied falsification of personal characteristics (as in varying degrees of imposture) is the most obvious. Disorganization, delay, and inhibition in selecting the qualities that underlie choices is another common form of disturbance, as in Erikson's

[1] I am grateful to Drs. Milton Horowitz, Norman Margolis, and Herbert Wyman, who have kindly permitted me to use their clinical material for some of the following illustrations.

cases. Less easily recognizable at first is the variation marked by seemingly intense involvement in groups, causes, or roles, which abruptly drops away only to be replaced by a succession of other equally intense but fundamentally superficial immersions. There are also certain individuals who seem to be securely ensconced in their social milieu until the loss of a significant personal relationship uncovers the lack of substance beneath their apparent adjustment (the so-called 'as if' characters might be included in this group).

If individuals suffer primarily from a disturbance in the sphere of manifest sexual behavior (homosexuality, bisexuality, fetishism, etc.) without important accompanying difficulties in the other areas subsumed under identity, as described above, then they belong in the category that I have suggested we call problems of *sexual identity*. Finally, those whose pathology encompasses more diffuse, and often, though perhaps not invariably, more profound disruptions in the integrity and reliability of self-awareness and self-perceptions—such as in delusion formation and other manifestations of psychosis, severe depersonalization, amnesias, fugue states, grandiosity, and related narcissistic phenomena at all levels of severity—should be distinguished from the foregoing groups and considered instead as demonstrating problems of the *self*.

It must be emphasized that in any of these cases, the analytic task remains the same. The phenomenology is as always merely the starting point of our investigations, and it is evident that whether originally observed by us or first reported by the patient, its significance must be unravelled by the analytic method. Whether we are considering imposture, difficulty in making a career choice, homosexuality, or severe depersonalization, we are confronted with the necessity of tracing the meaning and the origins of the problem to their genetic and dynamic sources by way of the intricate network of derivatives we inevitably encounter. As with other symptoms, the familiar unconscious libidinal and aggressive conflicts that arise from the interaction of the wishes, fears, and defenses of infantile mental life form

their basic structure and need to be resolved to afford therapeutic relief.

At this point the question may be raised as to why we should bother with the clinical distinctions proposed herein or with the concepts of identity and self at all, if the analytic work is not thereby altered and the underlying conflicts with which we are already accustomed to deal remain as usual at the core of the therapeutic task. The most reasonable answer I can offer is that the ever-present problem of choice of neurosis, as it were, continues to exert its fascination on us all. Not all patients complain of or reveal the disturbances with which we are concerned in this paper, and the challenge of attempting to understand why it is that some do and others do not remains before us. Our technique can tell us only how it came about that one particular patient developed his or her special problems. I believe we are still quite some distance from formulating an insightful hypothesis that might lead to the illumination of these larger questions. It is the much more modest aim of this contribution to offer what I feel is necessary preparatory work: to clear away some of the confusion regarding clinical criteria, terminology, and the relation of certain of these ideas to fundamental theory, which makes the greater problems all but unapproachable.

It is beyond the scope of this paper to attempt to demonstrate the complexities of the problems in all three categories of disturbance. My interest arose out of a study group devoted to problems of identity, and I will content myself with attempting to illustrate some of the points raised about those cases I feel should be included in this group. It remains to be said that we should not be surprised to find some patients with identity problems demonstrating difficulties in the area of the self as well, since identity as here defined is but a limited aspect of that larger conceptual entity. Ironbound distinctions are not intended; rather judgment as to major prominence and relative importance should be exercised in questionable instances to make the classificatory decision.

CASE I

A man in his thirties with manifest sexual disturbance, hypochondriasis, and depersonalization also had impostor-like tendencies, although it was his paralyzing anxiety and work inhibitions that led him to seek analysis. He took advantage of actual educational experiences on the Continent to alter his personal mannerisms and behavior so as to mislead others into believing he was from an upper-class, wealthy, and cultured European family. This falsified 'identity' served to master and deny all strong emotions, to maintain a defensive identification with a phallic mother, and to both incorporate and deny his family's earlier conversion from Judaism, which he associated with the tragic and painful death of his mother when he was still very young. The analysis ultimately revealed that the central significance of the disturbance in identity was to defensively deny powerful and threatening unconscious castrated and degraded self-representations.

CASE II

A twenty-year-old woman entered analysis in a state of extreme confusion, agitation, and near despair. At the time, she was a kindergarten teacher and a college student with some aspirations to be an actress. Soon after beginning treatment, she gave up her work and schooling to concentrate on an acting career, into which she threw herself with enormous enthusiasm. Despite some initial success, she soon revealed difficulty in keeping herself from projecting her own conflicts into the parts she played. Her interest waned and she developed the idea of becoming a psychiatrist, a plan she attempted to put into execution with great seriousness in spite of considerable analytic work on the irrational sources of her motivation. A highly emotional erotic transference quickly developed from the very outset of her treatment. This helped to bring out her confused, intensely overstimulating upbringing at the hands of an openly seductive, psychotic mother and a father who was nearly as disturbed and seductive in his own way. The analysis, still in

progress, has so far indicated that a major source of her confusion rests in unusually severe, conflicting, and conflicted identifications with each of these unsatisfactory parents.

CASE III

An interesting variant was presented by a woman in her thirties, the daughter of a prominent person, who made an interracial marriage and was the mother of two children. She entered analysis because of agoraphobia, sexual inhibition, and anxiety attacks accompanied by depersonalization. She could not feel 'fully herself' as a wife and mother, but needed to cling to a particular reassuring idea of herself represented by the formula, 'I am Mr. X's daughter'. A special adolescent trauma was the death of an older brother, following which she tried to reshape her life to be his psychological heir (as she was his legal heir). Severe sexual conflicts erupted; their origins were much clarified by the analysis which uncovered significant childhood traumata. She also recalled a period of *pseudologia fantastica* in adolescence. In this case, the identity disturbance is revealed by the psychological rejection of certain choices and roles which she had in fact made, and the clinging to an identifying connection to her past reality. Again the core importance of the symptom was an attempted defense against unacceptable unconscious castrated and devalued self-representations.

As indicated earlier, it is possible for subjective problems in the sense of identity to be present in the absence of any signs of the descriptive criteria of identity problems proper; analysis may reveal that the complaint has a meaning unrelated to identity per se.

CASE IV

A woman in her twenties who was in analysis for multiple travel phobias and obsessional rituals complained from time to time of feeling unsure of herself—who she really was and where

she was going in life. These statements came to be understood as attempts to deny states of intense sadomasochistic sexual excitement of a dangerous incestuous origin. There was never any reflection of true identity disturbance. She was a student with clear, consistent preferences, had a love affair which progressed to marriage, and maintained the same interests and activities throughout the course of a relatively short analysis. She had made a peculiarly unsuitable marriage in her teens to a man of totally different background from her own, which ended in divorce. She also had a fantasy, dating from early adolescence, of having come from another planet at age twelve to occupy her present body. Despite these earlier symptoms, her conscious self-representations, goals, interests, social ties, and roles were remarkably stable.

To conclude this section on clinical applications of this way of defining problems of identity and of the sense of identity, I would like to describe one case in greater detail. From all of my own clinical material, this young man most resembles those composite case histories proffered by Erikson, and his lengthy analysis has provided the opportunity to trace many of the factors that underlay his difficulty in choosing a career. It is interesting to note that although he represents a common variety of identity problem and was all too aware of his difficulty in making important life choices, when he periodically complained of feeling 'uncentered', of a 'lack of identity', or of 'unsureness about myself, my person', as in Case IV, this proved to be not primarily related to his actual problem with identity as we define it. Rather, the analysis of these subjective complaints revealed that they were derivatives of specific feelings and ideas about himself, which were not acceptable to consciousness. The very real problems of choices and of performance, which were central to his identity disturbance, rested essentially on various aspects of his œdipal conflicts, although it will be evident that he was struggling with enormous narcissistic difficulties as well.

CASE V

R was a good-looking, athletic young man with a distracted manner, who began treatment shortly after dropping out of college just before his twenty-first birthday. He complained that he was unable to be productive and described how he spent so many hours in depressive rumination that he could not study effectively. He was a habitual procrastinator, and furthermore, he had felt no interest in any course, nor did he have any goals he considered meaningful. He was preoccupied with feelings of inadequacy and failure. Although he met young women easily, he soon managed to alienate all of them, to his intense disappointment and frustration. He was mistrustful and guarded in all relationships, took pleasure in nothing, and felt estranged from his family.

The patient's father was a successful and respected physician, a man of high moral standards who had been an outstanding student and was inclined to see achievement as a simple function of effort. This made him intensely critical of his son's difficulties. He was a genuinely loving and fair-minded man, though impatient, but his relationship with R was complicated by blatant competitiveness. This seemed clearly enough to be in reaction to the obvious flirtatious admiration the mother bestowed upon the young man. She was a creative and talented individual, quite childlike and self-centered in many ways, and she demanded reciprocal attention from her adored offspring.

R was the middle of three children and the only male. He had been very attached to his older sister, who had died in her twenties of complications of her first pregnancy. His younger sister, who was now away at college, had been barely tolerated. R had always had learning problems of one sort or another, especially complicated by reading difficulty grossly disproportionate to his evident intellectual gifts. He was something of a social misfit, often assuming the role of clown and never fully accepted by his peers.

When treatment began, he was working with disadvantaged children and living with his parents. He took no interest in

his job and was quite unreliable, largely because of his utter disregard for the realities of time, scheduling, or the needs and feelings of others. In the early months of treatment this attitude emerged as but one manifestation of his highly narcissistic, self-centered orientation and behavior. During analytic sessions, as elsewhere, he paid very little attention to what was said to him. His own stream of speech was rambling and appeared candid enough at first, but it soon became evident that he was attempting to conceal a highly guarded stance in which he consciously diverted his thoughts from anything that threatened to be too upsetting. He spent considerable amounts of time in grandiose daydreaming, which drove away the feelings of inadequacy. An early dream in which a zeppelin was shot down by a plane, he interpreted as expressing his fear that the analysis would take away this protection and bring him down to earth to face his actual, painful feelings of failure.

R gradually revealed his extreme sexual inhibition; adolescent masturbation had not begun until age nineteen after his sister's marriage. His erotic interest in her became evident and he told of peeking at her and at his mother as well from prepuberty on, almost surely with their unconscious connivance. Two important early memories emerged, both of which returned over and over for further work throughout the course of analysis. The first was a memory involving his being displaced by the birth of his younger sister. The second memory was of a terrible automobile accident which took place when he was five in which several members of the family, including himself, were injured and required hospitalization.

Toward the end of his first year of treatment, R attempted to move into an apartment of his own. The analysis had begun to expose the intensity of his incestuous attachment to his dead sister, and the actuality of her tragic death made it extraordinarily difficult for him to talk about her. He had failed to grieve appropriately, primarily because to have done so would have been to acknowledge a love about which he felt guilty and ashamed. Nevertheless, it gradually became clear that she had

been fully aware of his interest and had returned it in kind. The relation of her death to the pregnancy fixed the idea in his mind that sex had been responsible for her death. His recognition of this in turn ushered in the first real exploration of the highly sadistic and guilt-ridden nature of his sexual feelings and fantasies.

His behavior remained immature and self-centered. His penchant for frequent traffic violations and parking tickets was symptomatic of his disregard for limits and rules to which he felt himself an exception. He was invariably angry at being caught and penalized, and could not see that his behavior gratified a profound unconscious need for punishment and humiliation.

Despite considerable apprehension, he managed to obtain admission to a local university and resumed classes toward the end of his second year of treatment, dropping his unfulfilling job. He decided to study history for no rationally apparent reason. It soon became evident that the choice was largely determined by resistance, since it soon was obvious that he preferred the academic study of history to examining his personal history in analysis. At this juncture he was quite willing to talk about current concerns, but very reluctant to look closely at his past. As soon as he attempted to study, however, the extreme erotization of his visual functioning was manifest. This of course clarified an important aspect of his trouble in learning. He would go to the library to work and within minutes he would be flooded by sexual excitement and start looking at girls instead of his books.

Primal scene derivatives entered the analysis, and in particular bodily curiosity was worked with extensively. It emerged that the sight of the female genital produced a specific reaction consisting of disorganization, confusion, and pseudo stupidity. This also took place whenever, in studying or reading, he attempted to get to the essential core of any matter, thus rendering comprehension and orderly learning nearly impossible.

Until this time, the only career aspirations to come up were briefly considered ideas of becoming a professional athlete or

musician. He had considerable talent in both spheres, but his previous efforts had been hampered by his grandiose expectation that he would perform at star level without instruction or practice. When he was unable to live up to this impossible goal, he became frustrated and discouraged, and consequently could not sustain effort or interest for very long. Then he began to express the wish to become an engineer like his admired and envied brother-in-law, with whom he became quite friendly. This ambition was in no way connected with a realistic appraisal of his own abilities, nor was it based on an assessment of what such a career would actually be like. As his grief for his dead sister began to emerge, the competitive and defensive aspects of his attachment to his brother-in-law soon became evident as well. With their clarification, his interest in becoming an engineer suddenly faded. Shortly thereafter he managed to win a young woman away from an older suitor and had his first affair, accompanied by much conscious anxiety and guilt. This brief relationship served to bring out much more sexual material, chiefly of a sadomasochistic nature, and in particular linked the act of penetration to his memories and fantasies of the violent, terrifying automobile accident and its sequelae.

Rather suddenly R started to talk about going into medicine and impulsively registered to take several difficult science courses over the summer. The attempt to explore his motivation for this step was experienced by him as if the analyst were actually trying to prevent him from advancing; thus his wish to compete with the analyst and his physician father emerged. Later there emerged a fantasy that he would in time discover a cure for the illness that had claimed his sister and thus magically undo her death. As his desire to acquire the envied equipment, knowledge, and power of his admired rivals appeared in dreams, fantasies, and multiple displacements, R became very provocative toward his father and nearly precipitated the untimely interruption of his treatment. He did manage to get a severe finger infection which he persuaded his father to 'operate' on, thus satisfying by way of masochistic

submission some of his unconscious need to suffer at the hands of his father.

In the fourth year of the analysis, many anal attitudes and concerns came into focus. Besides various indicators of his anal erotic interests, the stubborn defiance that underlay his unproductiveness, disorganization, and procrastination began to become apparent to him. He gradually gained conviction that his failures were an unconsciously gratifying means by which he was able to frustrate and disappoint his parents. He became much more aware of his deep resentment toward both of them. With the admission of his anger, fears of bodily mutilation entered consciousness. For the first time he brought up—and re-experienced on the couch—sensations in his chest which in adolescence had given rise to the fear that he was growing breasts like a woman. There were alternating states of bodily feeling equivalent to phallic expansiveness and pride on the one hand, and of dirty, worthless feelings of degradation and castration accompanied by intense shame on the other hand. Childhood memories of bodily and sexual curiosity brought back into awareness the fact that his father had had a medical office on the first floor of the house in which the family resided in R's earliest childhood. He recalled his wonderment and wish to peek at the 'secret' activities of his father, memories that still served to screen primal scene fantasies of a confusing and exciting nature. For the first time, intense feelings of fear and hatred of his mother emerged, connected with impressions of her as powerful, intrusive, controlling, and domineering.

He began to express his fearful belief that success in any endeavor would merely result in his mother's taking it away or destroying it, an idea that led to the uncovering of vagina dentata fantasies and was connected to a transient claustrophobia as well. Subsequently he was able to resume more serious efforts to meet women, and more sexual material emerged. It became clear that he had been tremendously overstimulated in childhood by his mother's and sister's exhibitionism and seductive attention to him. He began to better comprehend his

ever-present fear that he could not control his own impulses. A particular feature of his defective response to reality considerations was now understandable as an expression of his belief that despite being able to reach valid judgments of what is right, wise, or safe, he could not act in accordance with these judgments because his impulses overpowered his rational capacities and controls.

In the fifth year of treatment he started to think about becoming a teacher. The idea was rooted in wishes to undo the embarrassing and frustrating failures of his own childhood by teaching others, as well as to master the forbidden and secret knowledge possessed by adults which had seemed so elusive when he was small. Thus this ambition too was invested with magical wishes to supplant and replace each parent. Typically, he proceeded by precipitously changing his program without seeking advice or investigating the requirements, a continuation of his wish to be an exception to the rules and of his need to sow the seeds of potential failure.

He entered a prolonged period of regression, marked by apparent confusion, lack of progress, depression, and discouragement. Intense anger at his mother, reflected in a predominantly hostile maternal transference, was most in evidence. Oral and anal material overshadowed everything else, and his often repeated conscious desire was to break away and free himself from the engulfing, penetrating, crippling influence of his mother and the analyst. Despite the troublesome feelings, he passed his courses and continued to date a series of women, though without much joy. Only very gradually did he come to the painful realization that the angry surface of his rebellious feelings served to conceal and deny his own powerful positive attachment to his mother, which could be expressed at this point only in pregenital terms and which seemed at once highly dangerous and deeply shameful to him. This was unmistakably expressed when a transient sleep disturbance arose, appearing in the analytic situation in the form of several sessions of acutely restless 'overstimulation' on the couch, leading to

the recall of similar states that had occurred while he had lain next to his mother on her bed as a small boy. The recollection and understanding of the genesis and meaning of these excited states was followed by dramatic relief and relaxation.

As he began to anticipate graduation and become anxious, the defensive aspect of the regressive material could be better understood. He seemed sure of his wish to become a teacher. Some erratic changeability, however, was still reflected in his shifting ideas of a subject specialty before he settled on one that offered realistic employment opportunities and represented his most consistent and relatively unconflicted performance.

Around the time of his graduation, aggressive and competitive wishes toward men he viewed as superior began to come out clearly in the analysis and directly in the transference. Beating fantasies, fears of loss of control, and a true recognition of his own violence and destructive wishes reached expression. This gave rise to periods of retreat, under the influence of guilt of a depressive character, during which he was filled with ideas of hopeless inferiority, feelings of worthlessness, and fears of retaliation. Nevertheless, he was intermittently able to be freely competitive in sports, to take pride in his strength, and to perform at a high academic level. Alternately he felt weak, frightened, afraid of injury and of becoming effeminate.

For a time he became seriously involved with an attractive young woman who proved to be highly neurotic and had severe conflicts which dovetailed with his own unconsciously sado-masochistic view of sexual relations. He became acutely conscious of triangular relationships with obvious œdipal coloration and suddenly developed an interest in reading Freud in competition with and emulation of the analyst.

By now well into his sixth year of treatment, he suffered severe anxiety when he began some part-time substitute teaching. As he had done on many previous occasions, he spoke of feeling 'uncentered', 'not sure of who I am', of having 'no identity', and similar expressions of subjective discomfort in the area of self-feelings. Such feelings had inevitably arisen

either at times of crisis when he was facing a new and threatening situation, or following a defeat or disappointment which particularly damaged his self-esteem. The complaints could be understood as a manifestation of castration anxiety and narcissistic injury, and in time came to be seen as expressing the latent thoughts, 'I feel like an impotent little boy again' or 'I am afraid I am changing into a woman'. They also served as defensive reassurances to himself and to others that he was too weak to be able to damage anyone else.

A persistent preoccupation with stealing arose, appeared in dreams and fantasies, and in time brought out his envy of the analyst and his father, expressed in terms of money and what it symbolized. In the course of the resolution of this issue, he assumed partial responsibility for his fee for the first time and was able to acknowledge how much he had hated to admit his need for help since to him that was tantamount to admitting a humiliating inferiority. These conflicts had also played a great part in his trouble with both learning and teaching anything.

The analysis of the œdipal competition with increased understanding now included more direct recall of his early attachment to his mother, of his fear of, as well as his love for, his father, and of his impatient ambition to be grown up and powerful. It led to significant advances in self-confidence, diminution of anxiety, damping of the regressive swings, increased independence, and easier, more comfortable relations with his parents. He broke off the unhappy affair with his difficult woman friend and began to seek more gratifying companionship. For the first time he could think of the possibility of success in reaching the realistic goals of his analysis and his life. With the increased stability of self-esteem, reality testing, and social and professional functioning, the discussion of termination, and the analysis of what it represented, commenced.

SUMMARY

The concept of identity and an understanding of the clinical problems involved remains an area of confusion in the psycho-

analytic literature. This is the result in part of inherent ambiguity in the term, in part of theoretical differences among various authors, and also in large measure of inconsistent use of terminology which reflects a lack of general agreement as to definition and meaning. A number of proposed redefinitions and reformulations are offered which are intended: 1, to bring our understanding of the important terms in line with the dictates of modern structural theory; and 2, to establish a clear but more delimited meaning for the concept of identity as a subgroup of the larger entity, the self, and to specify the relations between them. The clinical and theoretical importance of sexual identity requires that its place in these formulations be independently clarified, along with its interrelationship to the self and to identity.

Clinical use of the proposed redefinition of identity is illustrated with case presentations. A more logical grouping of case material is thus facilitated. The primary implication for technique that arises from these ideas is the re-emphasis of a principle which is familiar but nevertheless stands in need of continued rediscovery and repetition: that the disturbances of identity and of the sense of identity are to be understood as symptoms which must be subjected to analysis to uncover their significance in the mental life of patients. A priori assumptions regarding the meaning of such problems, which arise from developmental or other theoretical hypotheses, can be misleading and can hinder optimal therapeutic application.

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Depersonalization and Self-Mutilation

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DEPERSONALIZATION AND SELF-MUTILATION

BY FRANK MILLER, M.D. and EDMUND A. BASHKIN, M.D. (NEW YORK)

The problem of severe self-mutilation in the psychotic patient poses difficulties for the clinician. The patient's suffering is often intense, while the clinician is confronted with the painfully conspicuous results of unsuccessful therapeutic effort. The following material from a case in which self-mutilation is an outstanding feature is presented to serve as a basis of a discussion of pertinent theory.

I

F, a twenty-nine-year-old white male, at this writing is in the community, working, and in psychotherapy. He was admitted to the Bellevue Psychiatric Division early in 1972, shortly after discharge from another institution where he had been an inpatient for twenty-two months. He was brought to Bellevue by the police. He was intoxicated and bleeding from innumerable wounds on his forearms. The admitting resident described him as 'assaultive, belligerent, and unapproachable'. He talked endlessly of how strong and dangerous he was and what he would do if anyone laid a hand on him. This was the patient's first Bellevue hospitalization although his psychiatric history was long and complicated.

Shortly after his birth, F's parents separated and the mother, believing herself unable to care for him, sent him from one foster home to another. When he was seven, the mother remarried and F returned home. During early adolescence, he engaged in petty thieving and in apparently motiveless property destruction. He cannot now explain what led him into such activity and, though he ran with a gang, he remembers that he

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was always the one who was caught. At fifteen, while his parents were arguing, he overheard his mother say to the stepfather, 'You aren't their real father. What do you care what I do with them?' F claims that this was his first knowledge that the stepfather was not his real father. Thereafter the family situation became intolerable and, under the threat of physical violence from the stepfather, F left home. The next four years were spent in boys' clubs when he was not in trouble, and in various reformatories when he was.

The patient's first psychiatric hospitalization was in 1963, at age twenty. He cannot remember now the circumstances surrounding that hospitalization. However, records from the institution reveal that he was admitted in a state of 'extreme confusion, perplexity, disorientation, and marked psychomotor retardation'. He had cut his wrists with many of the lacerations requiring sutures. His behavior at that time was characterized by 'indifference, negativism, and mutism'. He was first treated with high doses of phenothiazines without significant improvement. Phenothiazines were then discontinued and thirteen electroconvulsant treatments were given, after which he slowly improved. He remained in the institution for another year, during which time he inflicted superficial lacerations on his forearms and wrists. The discharge summary indicated that F was diagnosed 'Schizophrenia, Catatonic Type, Withdrawn'.

Following his discharge, F was in the community for only three weeks when, after drinking heavily, going through 'changes', and 'cutting up', he awoke in a city jail to learn that the evening before he had assaulted, robbed, and nearly killed a man. Attempts at rehospitalization failed, and F spent the next four years in three state penitentiaries. During these confinements he mutilated himself approximately a dozen times. The wounds almost invariably required sutures.

When released from the penitentiary in 1968, F met a girl he had known before his illness and in 1970, after a long engagement, planned to marry her. At the last moment, however, she refused his proposal. Following this rejection, the patient

decompensated and within a few weeks was readmitted to the same institution in which he was previously hospitalized. The next twenty-two months were marked by severe and incessant self-mutilations. During this period the patient inflicted hundreds of wounds on his arms, legs, chest, and abdomen. On occasion, the abdominal lacerations penetrated the peritoneum. The wounds on his chest exposed ribs, while those on his arms and legs cut deeply into muscle. The staff treating F during this hospitalization still vividly recall specific incidents and their feelings of frustration and helplessness, reflecting both their horror and the intense, unremitting suffering of the patient. When discharged, he remembers being told: 'Mr. F, there is nothing more we can do and there is no reason to keep you here. You tell us what you want. We are all here to help you but we don't know what to do with you. You tell us.'

During his Bellevue hospitalization, F formed an intense, although controlling and dependent, relationship with his first therapist, Dr. D. The therapy was terminated when Dr. D left the ward. Though the patient had been informed that his therapist would be leaving, when the time for separation arrived, he mutilated himself, inflicting many lacerations on his forearms.

One of the authors, Dr. M, began therapy with F while his wounds were still fresh. At the first interview, he wore a short-sleeved shirt and conspicuously displayed his injuries. He seemed proud of them, not embarrassed, and conveyed the impression that he saw them to be, as it were, medals of honor received in the line of duty. During this first interview, the following exchange occurred.

> F: When Dr. D left I went through changes. I knew he was leaving. He told me about it a long time ago. But this cloud came over my head. I felt sick. I knew if I cut-up I would feel better.
> Doctor: How did you know you would feel better?
> F: When I go through changes and cut-up I feel better right away.

Doctor: What do you mean by 'changes'?
F: You know—like I'm not there; like I'm not real. When I cut-up and see the blood and then when the cuts start to hurt, it ends. I'm back inside myself.

During the course of therapy such exchanges were common. F's description remained fixed. When describing similar episodes of self-mutilation, the sequence of feeling unreal, cutting, then once again feeling real was invariably repeated. In the fifth week of therapy, the patient further elaborated upon this sequence.

When I go through changes I feel real depressed. It comes on me all of the sudden. It's like a dark cloud that settles over my head. Once it starts, and I think of cutting-up, I can't stop myself. I couldn't stop myself even if I wanted to. Sometimes, before I got the razor out, I had already changed my mind, but it was too late. I couldn't stop myself no matter what.

From such statements it was concluded that F mutilated himself to rapidly terminate states of acute depersonalization characterized by feelings of unreality, deadness, and depression, of being outside himself and not in full control of his actions.

During the first five months of therapy with Dr. M, the patient cut himself on three occasions. The first episode occurred when Dr. D departed, but many weeks passed before F was willing to confide his feelings about Dr. D's departure. When he finally did, he made it clear that he viewed Dr. D's leaving as an unconscionable abandonment. The issue of Dr. D's leaving was so affect-laden that the patient, when talking about it, would turn crimson and grit his teeth; only when he became conscious of another's gaze, would a faint smile of embarrassment appear.

The second episode occurred after F was informed that if all went as planned, he would be discharged from Bellevue within six weeks. This information was imparted during the seventh month of hospitalization and the third month of sessions with Dr. M. On being told of this plan, the patient stated:

> Dr. M, you are pulling the rug out from under me. What about all our plans? You never meant any of them. I am going through changes. I can't believe you are doing this to me. I can't believe this is happening.

That evening F cut his arm in a dozen places, many of the wounds requiring sutures. The night staff described him as 'covered with blood. His eyes were wild and staring. He seemed completely changed.' He walked around the ward as if he owned it. He ordered patients and staff to do his bidding and boasted about what he would do to anyone who stood in his way. Themes of aggression and violence were prominent.

The third episode occurred while F was an outpatient. A girl with whom he had fashioned an intense, although controlling and dependent, relationship committed suicide. After calling the police, F returned to Bellevue. He was confused and disoriented. On examination, it was found that he had many deep wounds on his arms and shoulders but he refused to have them sutured. During the following weeks, F did not mourn the girl's loss in a conventional sense; rather, he vehemently blamed her for abandoning him.

From the episodes witnessed, from the statements of the staff, and from F's own statements, a specific sequence of events culminating in self-mutilation emerged. The sequence was: 1, situational frustration of specific needs leading precipitously to a feeling of total rejection and abandonment on the one hand, and the experiencing of overwhelming rage at the frustrating object on the other; 2, depersonalization in response to the overwhelming rage and fear; 3, self-mutilation as discharge; and 4, hypomanic and grandiose restitution often within minutes of self-mutilation.

II

Blank (1954) has described depersonalization as 'an emergency defense against the threatened eruption into consciousness of a massive complex of feelings of deprivation, rage, and anxiety' (p. 36). Arlow (1966) described depersonalization as an ego

reaction to danger in which the self-representation splits into a participating and an observing portion. The participating self is dissociated from the observing self by a process of displacement, while warded-off impulses are associated specifically with the participating self. The danger situation can be experienced as pertaining only to the participating self and a sense of estrangement ensues. At this juncture, however, it appears more productive to approach the depersonalization-mutilation complex along lines similar to those postulated by Jacobson (1959), and suggested by Oberndorf (1950) and Sarlin (1962).

Jacobson speculated that a prerequisite to depersonalization is the evolution in childhood of narcissistic object relations. By this is meant an early endopsychic state in which the self-representation is not yet clearly differentiated from object representations. It is a state in which archaic modes of projection and introjection predominate. Thus cathectic shifts between, and fusions of, self and object images occur with near total disregard for realistic differences between the self and the objects.

These considerations illuminate the following interchange during the second week of therapy with F.

Doctor: Where is your father now?
F: He's dead. He died in prison.
Doctor: Why was he in jail?
F: He was a criminal and he died in jail. He beat some guy up, almost killed him. He was really mean.
Doctor: If you didn't know him, how do you know this?
F: My brother told me years ago, at least that's how I think I know. Yeah, that's how I know.

From the patient's mother it was learned that little in F's story was accurate. In fact, the father was alive. Although estranged from his wife and described by her as a 'bum' and an 'idler', he had never been in prison. The patient's fantasy about his father's life and imagined death is intriguing when viewed in the context of his own history of criminal assault, subsequent imprisonment, and self-destructive behavior.

Regarding narcissistic object relations and the role they play in depersonalization (*cf.*, Jacobson, 1959), one might postulate that F's object relations were narcissistic. Such a speculation is supported by his specific choice of love objects and by the quality of the relationship. That is, the love objects chosen tended to be giving, supportive, and sustaining objects who did not make, or were not capable of making, significant demands for mutuality. It can be theorized that F's early infantile object representations existed as autonomous ego presences (analogous to introjects) poorly integrated into the structure of the ego; they exerted an influence in a manner experienced, during periods of ego regression under stress, as alien and overwhelming. At the same time, they retained an intrapsychic reality experienced as being part of the self. It is implied that adequate and stable identifications with these early objects never really evolved.

It can be conjectured that F's fantasized father took on, as did other internalized objects, the characteristic attributes of an introject. Thus, the fantasized father became part of the patient's self and object representations. His dependence on primitive modes of introjection and projection played a significant part in his functioning, and in his failure of attaining object constancy. Such a view suggests a possible explanation for the depersonalization/self-mutilation sequence, one which pulls together the diverse and seemingly unrelated fragments so far presented.

Toward this end, a hypothesis of Bergler's (1950) is relevant. In his work, Bergler stated that in depersonalization part of the ego always offers its services to the superego and, thus, the ego uses its own component parts to defeat itself. In F's case, it is speculated that the part of the ego offered up during the process of depersonalization is the introjected, fantasized father imago. Thus, when he depersonalizes under the stress of 'the threatened eruption into consciousness of a massive complex of feelings of deprivation, rage, and anxiety' (Blank, 1954, p. 36), the following sequence seems to occur.

The disintegrating ego releases the punitive and aggressive introject of the fantasized father, thus explaining the aggressive and violent trends typifying F's periods of depersonalization. However, once released, the introject in the service of the superego, assaults the fragmenting ego, now devalued and, in part, disowned. The devaluation itself and subsequent superego attack follow upon the humiliating realization that his unfulfilled needs and longings are infantile and passive, tending toward incorporation and union, and utterly incompatible with his grandiose, aggressively masculine, cavalier, and romanticized self-image. That self-mutilation results, comes in part from the excessively cruel and sadistic nature of the fantasized father representation. The overdetermined nature of the self-mutilative act, as well as its multiple functions, begins to emerge.

F's self-directed destructive behavior is the ultimate resolution of conflicts surrounding passive, masochistic longings on the one hand, and aggressive, sadistic impulses on the other. By self-mutilating he is both master and slave, actor and acted upon, the one who punishes and the one who is punished. The self-mutilation enables him to deny with one stroke the painful reality that he is not capable of significant, purposeful, independent, goal-directed action, while at the same time it spares from direct, overt attack and possible annihilation, the object which is the source of his frustration and which is now endangered by his rage. Thus, the self-mutilation deflects the rage, protects the objects (thereby maintaining the possibility of future gratification), punishes the self for not being its own ego ideal, and permits a temporary, though grandiose, restitution.

Such a formulation, however, does not completely explain the phenomena. F received much attention when he would injure himself. Clearly, the entire area of secondary gain must be considered. His statements shed light on this issue along quite unexpected lines. During the fifth month of therapy, F related the following, here paraphrased.

> The patient stated that when his brother was twelve and he was ten, the stepfather in a fit of rage and anger broke his

> brother's arm. The patient went on to state that several weeks before the present session he had mentioned this incident to his brother who denied that the episode had ever occurred and that he had never had a broken arm. F stated that he began to panic. He went to his mother's house, where he is not welcome, to look in the family album for he was certain that it contained a picture of his brother when his arm was in a cast. He could not find the picture and, in his own words, 'I got so upset, I started to go through changes'.

The mother confirmed the fact that the patient's brother had broken his arm when he was twelve, but she denied any memory of the circumstances. When F was told that at least in part his recollection of the event was correct, he was visibly relieved. He then added:

> F: No one in my family ever remembers anything. They forget everything they want to forget, if you know that I mean. Every time anything happened, the story got so twisted around sometimes it seemed that nothing ever happened at all. Like the time I tried to kill myself. Do you think they ever mention it? No, it's like it never happened.
> Doctor: It must be very upsetting to have your family deny events that are, for you, painful and very real.
> F: No one can say these didn't happen [pointing to scars on his forearms] because here they are. You know, I can tell you when I did each one of these. Yeah, that's the way my family is. Nothing ever happened because nobody remembered.
> Doctor: You remember when you did these [pointing to the scars], every one of them?
> F: That's right.

In reviewing this material, a striking paradox presented itself. For the most part, F had great difficulty recounting the events of his life in a meaningful chronology. Often, when asked questions which required good recall for the sequence of past events, he would become somewhat vague. At first, the possibility of his not wanting to talk about the past was considered. However, it soon became apparent that F was not capable of good recall; that important events were for him

not well delineated in time. It became increasingly evident that he did not experience his life as a continuous and uninterrupted evolution of personal identity. The discontinuity of experience, in part the result of innumerable episodes of depersonalization, resulted in his viewing his existence from an ahistorical perspective.

F's self-inflicted wounds with all their visibleness became for him constant and concrete reminders that he, in fact, had lived and suffered in time. This accounts for his statement concerning both the impossibility of his denying the scars and his satisfaction with other people's inability to deny them. In addition, F's claim that he could tell when each wound was inflicted and what the circumstances were surrounding the mutilation leads to the conclusion that he preserved in the flesh, in a dramatic and conspicuous manner, the history of events he could not integrate into the fabric of his personality.

III

Consideration of the depersonalization-mutilation complex from the point of view of object relations does not preclude other approaches. Of the many other possible approaches, one of specific interest to the present case is Schilder's (1935) comment that sadomasochism is an important component of depersonalization. F's self-mutilation in the context of concurrent depersonalization can be viewed as sadomasochistic.

The patient's defenses are also of interest. The use of denial and introjection/projection, though not thoroughly documented in the case material presented, was prominent. Furthermore, the patient continually employed displacements, condensations, and isolating maneuvers. What emerged from this study was a man whose defensive organization permitted, at best, only a tenuous hold on reality—one marked by radical, periodic alterations in psychic homeostasis, calling forth from the defensive system equally radical adjustments. To accomplish this required the maintenance of an extremely fluid defensive system which could shift as the necessity arose. Unfor-

tunately, the fluidity of structure compromised the entire psychic organization. Though this fluidity prevented the psychic apparatus from totally fragmenting under the pressure of various stresses, it rendered the achievement of long-term, sublimated goals impossible by depriving the psychic apparatus of the stability required for the achievement of such goals.

Finally, of considerable interest would have been a detailed study of the economic and adaptive functions of the depersonalization-mutilation complex as it served to prevent protracted ego dissolution. As Schilder (1935) suggested, 'Depersonalization is the characteristic picture which occurs when the individual does not dare to place his libido either in the outside world or in his own body' (p. 140). Such a situation, while protecting the individual from experiencing traumatic anxiety, also serves to prevent a prolonged and complete collapse of the ego system, as well as the evolution of a fully developed narcissistic regression which would follow if libido were to be invested totally in the self. The concept of depersonalization as a defense mechanism with adaptive potential presupposes the existence of a dependable method for terminating states of depersonalization. For F, self-mutilation was that method.

SUMMARY

Depersonalization as a form of defense was employed by a patient to prevent the coming into consciousness of both passive, masochistic longings and aggressive, sadistic impulses with which he was not able to cope. The release of the invidious introject from the decompensating ego followed. Once released, it turned upon the weakened ego, in this case very likely in combination with an archaic but, for the most part, ineffectual superego. Self-mutilation evolved, in time, in response to the specific nature of the introject and in response to the patient's need for a sense of historical continuity and personal identity, albeit artificial, inadequate, and self-defeating.

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Border Symbolism

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BORDER SYMBOLISM

BY AVNER FALK, PH.D. (JERUSALEM)

My interest in borders and their emotional meaning was prompted by personal experience. I was born in the 'Holy Land', also known as the 'Promised Land', the 'Land of Milk and Honey', the 'Land of Israel', or, to the world at that time, Palestine. It was not until age sixteen that I crossed the frontiers of Israel (as it had come to be known), and set out for my first trip to Europe. In the weeks prior to leaving I felt a growing restlessness mixed with fear. By the time of sailing, I could hardly sleep for excitement and for my multiplying fantasies about Europe's wonders. When in Europe every border crossing stirred up fresh imaginings of the new land to be discovered. Border police, passport control and customs officials assumed special awe and power. Crossing from one country to another was often accompanied by both elation and anxiety.

I have been intrigued by the roots of this *Reisefieber* (travel fever) ever since. Although I have since lived and traveled in many countries, thus becoming 'seasoned', the problem of the inner meanings of border crossing and of frontiers as such has fascinated me. My patients have frequently reported dreams involving several countries or cities, oceans, rivers, bridges, fences, and borders. Then there were the dramatic cases of Israelis illegally crossing the border into Jordan in search of the Red Rock of Petra, only to be killed by Arab Legion troops. There were the so-called 'mental cases' who climbed embassy fences in search of asylum. There was a potent atmosphere of fascination combined with fear in our everyday references to or encounters with borders. It was time to comb the literature for references to this subject.

The author wishes to express his gratitude to Dr. William Niederland and to Dr. Janos Schossberger for encouragement and suggestions during the preparation of this essay.

As it turns out there are few direct references to international or other borders as such in the psychoanalytic literature. There are, however, many interesting references to related themes—the unconscious meaning of the earth, of countries, cities, rivers, oceans, bridges. Geographical and archeological exploration has been the subject of a series of essays by Niederland (1956, 1957, 1959, 1965, 1971a, 1971b). Concisely stated, his main observations are as follows. The features of the earth (*Gaia*) unconsciously symbolize the anatomical and sexual secrets of the early mother (*Urmutter*). To the little child these are at once powerfully attractive and very frightening. In unearthing the secrets of the land and discovering 'virgin' territories, the explorer acts out his early infantile wishes of exploring his mother's body. Rivers, the cradle of civilization, not only are sexual symbols by virtue of their flow but also unconsciously represent the sister who is an avenue of access to the forbidden mother, as the river is into the sea. The sea often symbolizes the mother (in French the word for sea, *la mer*, is a homonym of *la mère*, mother). The mixture of attraction and fear is due to a revival of incestuous drives from the œdipal stage. Niederland cites numerous and detailed pieces of evidence for his interpretations based on linguistic analysis, study of explorers' and voyagers' diaries and other records, analysis of old *mappae mundi*, and of the cartographers who imagined them, as well as dreams involving such aspects of geography.

Thus in the case of rivers (Niederland, 1956, 1957, 1959), there emerges a striking similarity between the words and feelings used to describe them and those used about feminine sexuality. In the case of the famous archeologist, Heinrich Schliemann, his fervent explorations were a lifelong search for his dead mother as well as proof that he was not his dead brother-namesake who had died a very short time before Heinrich was born (*cf.*, Niederland, 1965).

In the case of America as well as of California, there existed many stubbornly maintained fantasies of their being Paradise Islands full of eternal bliss. They derived from the primitive

but powerful infantile fantasy of a utopian life without pain, restriction, or frustration of any kind, for 'a kind of eternal infancy lived out in happy lands where the narcissistic, oral regressive wishes can be gratified and where the existence of Death itself can ultimately be denied . . .' (Niederland, 1971a, p. 467). Indeed, as Niederland tells us, both the continent of America and the state of California were originally pictured in world maps as *islands*. They were described in fantastic terms similar to those used by Plato about *Atlantis* or by Thomas More about *Utopia*. The name America itself was an error which persisted. It was a feminization of Amerigo Vespucci's name by a young misogynist German cartographer. The reasons for the persistence of the error may have to do with the maternal phonetic associations of the name (Am, *Mer* suggesting 'Ma' and mother). Thus many immigrants to America had fantasies of its being like a great good mother taking them in her embrace. It is noteworthy that all six continents, as well as most countries, have feminine names.

In thus explaining the symbolic meaning of the various geographical features of the earth and the unconscious conflicts involved in their exploration, Niederland has contributed to our understanding of psychohistorical phenomena. Friedman (1952) has similarly studied the unconscious symbolism of bridges. Again briefly summarized, Friedman's main point is that the bridge is a sexual symbol, specifically of incest.[1] The bridge symbolizes the penis which unites the mother with the father, and also the obstacle which must be crossed on the way to the mother (or father) by the child of the opposite sex during the œdipal period. Broken or incomplete bridges often appear in the dreams of patients with sexual disorders. The very crossing of a bridge becomes a phobia in some patients with unresolved œdipal conflicts. Moreover, the distal side of the bridge may symbolize the unknown, the dangerous country, at times the devouring mother, at other times the womb, and

[1] These symbolic meanings had been mentioned by Freud (1933 [1932]) and by Ferenczi (1921, 1922).

yet at other times the new stage of life about to be crossed over into and entered. Thus bridge dreams occur at times of transition in life.

Friedman (1952) examines in detail ancient mythologies to show that '. . . the same ambivalence which we observe in the neurotic attitude toward the bridge and his fear of the other shore must have existed in the human mind since the dawn of civilization . . . . this ambivalence reflects nothing else but the longing to reunite what had been divided by the act of creation, the longing to re-establish a *unio mystica*, and at the same time the fear of defying the very act of creation. Creation is division. The mythologies of many cultures contain the concept that creation is a disruption of the sexual act . . .' (p. 61).

Thus, Friedman continues, we find in many cultures the lore of reuniting, by means of a supernatural bridge such as the rainbow, the divided sexual partners: the earth and the sky, Uranos and Gaia, Odin in Valhalla with the earth, etc. These are all clearly symbols of father and mother as seen by the child who wants to disrupt their sexual act and then reunite them. God creating the world by dividing or separating the sky from the earth-water (Genesis, i, 6-8) is a symbol of the 'omnipotent' child's wishes. Friedman cites the myth of Charon bridging the river Styx with his ferry and collecting tolls. By the river on the Hades side lay the three-headed monster dog, Kerberos, guarding the entrance to the infernal regions. The Hurons too have a myth of a dog guarding a tree trunk which spans the river, Death. Among the Zuni, the 'other world' is called a womb. The fantasies common to all these myths involve a return to the mother's vagina and womb with all the powerful attraction and terrible fears those wishes arouse.

While not dealing directly with borders, the essays by Niederland and Friedman shed important light on their unconscious significance. They suggest that the two countries or territories on the two sides of a border unconsciously symbolize early parental figures. Thus crossing an international border for a man may mean crossing the incest barrier into the mother. It may

also mean a search for a bounteous early mother who will unconditionally accept and embrace the child. Migrants in search of a new place and a new job, immigrants in search of a new country, sky-jackers heading for the hospitable land which will grant them asylum have fantasies which are very similar to early infantile wishes concerning the mother. When the host country does not accept them with 'open arms', they are often severely disappointed or extremely angry. When the problem is primarily œdipal, the excitement and fear involved in crossing a border obviously derive from the same feelings about incest.

However, borders not only symbolize such interpersonal barriers. They also may symbolize internal boundaries. Schossberger (1968) described a trip through then still divided Jerusalem two years earlier with David Shakow. When near the border he began to speculate on its special emotional meaning: 'One is led to consider man's fascination with limits and demarcations dividing people into "thems" and "usses" as possibly being projections of those inner perimeters to which the ego limits its range' (p. 3). Indeed the tremendous fever of excitement felt a year later after the Six Day War of 1967, when the borders were eliminated and Jerusalem 'reunited', along with the fear felt by those crossing the old border for the first time, may be compared with the excitement and terror accompanying the discharge of impulses from the id through the barriers of the ego and superego. In this respect the crossing of the border symbolizes transgressing against moral commands or trespassing into forbidden territory.

I shall here use a patient's dream to illustrate both meanings of the act of border crossing. The patient, a twenty-two-year-old Israeli college student, related the following dream:

> I was swimming in the Red Sea at the beach of Eilat. I suddenly felt a strong undertow dragging me across the border into Aqaba [in Jordan]. I got real scared. I knew if I fell into the hands of the Jordanians they would torture me, castrate me or kill me as an Israeli spy. But at the same time I was curious

> to see what Aqaba was like. It was so near Eilat and yet in enemy territory! I struggled but I was swept ashore on the other side. Suddenly two fierce *Beduin* came running at me. They had long robes on and curved knives stuck in their belts [the patient used the Arabic word, *shabrieh* for the knives]. I tried to run away and make for Israel. The *Beduin* chased me. I was scared to death. I saw some people waving at me from across the border in Eilat. I ran at them with the *Beduin* at my heels. Just as I was crossing the border back into Israel I awoke in a terrible fright.

The patient produced the following associative material: Aqaba reminded him of Lawrence of Arabia taking that city from the Turks during the First World War. This involved the old guns (cannon) of Aqaba and the Beduin whom Lawrence had led through the Nefud Desert which he had been told could not be crossed. The feelings of the patient about Aqaba were both fascination and apprehension. He also remembered that Lawrence was a homosexual. The patient associated Jordan with the Red Rock of Petra. He had been envious of the 'heroes' who had gone there even though they were killed. Eilat, on the other hand, brought to mind peace, quiet, a warm climate, coral seen underwater from a glass-bottomed boat, beauty, and happiness. The Beduin he associated with cunning, fierceness, cruelty, even savagery; he recalled that Beduin soldiers castrate their victims after killing them. On the other hand, he thought of their legendary hospitality to strangers: 'They treat you like a king while you are in their tent; once you leave they're liable to kill you'.

The associations made a fairly obvious dream still clearer. Aqaba symbolized the various aspects of the patient's mother: the powerful attraction (undertow) to her, the wish to explore and take her (sexually) as Lawrence had done (militarily), the fear of the phallic mother (cannon), the feminine and homosexual traits the patient feared in himself because of his relationship to his mother (Lawrence), the fear of retaliation, castration, and death if he invaded the mother.

Since Israelis are in fact prohibited by law from traveling into Jordan, both by the Israeli and the Jordanian governments, the wish to cross the border clearly represented a wish to transgress the prohibition which, in turn, symbolized the incest taboo. On the other hand, Eilat and Israel symbolized the good mother, the accepting, warm parent. Israel also represented the therapist: the patient in a sense wished to run away from the therapist yet wanted to be accepted back into the safety of the therapist's office. It was a haven of security in much the same way as the early mother. The patient's father was represented by the punitive Beduin (serving the King of Jordan). There was a deep fear and mistrust of the father. However, the Beduin also represented the fear of the therapist since the 'tent' association indicated that the patient, while feeling secure and 'royally treated' in the therapist's 'tent', had a deeper fear of him which derived from earlier fears of the parents.

At the same time, the fierce Beduin symbolized the patient's own aggressive and sexual impulses, as did the undertow. The Israeli-Jordanian border thus represented the barrier against those impulses erected by the ego. Crossing over into Jordan meant for the patient losing control of his drives, while making it back into Israel symbolized gaining control over them. In Jordan the impulses were on the rampage, murderous, while in Israel they (Beduin) are well in hand.[2] The punitive aspect of the Beduin may have stood for the patient's severe superego which threatened death for his incestuous designs.

This border dream is only one example of the powerful unconscious emotions associated with boundaries. Jewish tradition and culture are replete with dramatic references to the theme. The word 'Hebrew' or *habiru* derives from the root meaning 'to cross over', signifying that the Hebrews had come from across the river.[3] The frontiers of the Holy Land were

[2] Jordanian Beduin are on 'their side' and dangerous while Israeli Beduin are on 'our side' and tame.

[3] This etymology is not universally accepted. W. F. Albright in *Yahweh and the Gods of Canaan* (Garden City, N.Y.: Anchor Books, 1965), supports the view that the original word, *'apiru*, could only mean 'dusty', referring to the condition of the early Hebrews who were known to their West Semitic neighbors as semi-nomadic caravaneers (which is, after all, a concept metonymically allied with 'borders') . [Editor's note.]

endowed with special significance. The most striking legend is that of Moses (Deuteronomy, xxxii, 48-52) who had transgressed against the Lord and was therefore forbidden to cross the border into the Promised Land, and had to content himself with standing atop Mount Nebo in Moab (present day Jordan) and 'see the Land but not come into it'. Here the œdipal triangle is re-enacted with God playing Father, Moses playing Son, and the Land symbolizing the Mother. The Hebrew language has expressions such as *zeh ovehr kol gvul* (literally, that crosses every limit) for an extremely 'bad' or intolerable behavior.

In the Old Testament again we have Jacob's struggle with the angel (Genesis, xxxii, 23-32) after crossing the river Yabbok. That struggle resulted in a name change for Jacob (for the significance of name changes, *cf.*, Falk, 1975). His new name was Israel, more correctly Yisrael, which means 'will fight God'. The struggle with God upon crossing the river, and Jacob's having 'seen God face to face and lived', again hark back to the struggle with the father (or the superego) upon crossing the incest barrier—the river symbolizing not only the barrier but also the sexual impulse. One might mention here the fascinating story by Bialik, Israel's national poet, entitled, Beyond the Fence, in which the fence between two neighbors' homes produces numerous wishes, fears, and fantasies in a little girl. The fence in this story has much the same emotional meaning as a border. Another famous literary instance is Kafka's The Castle, in which the young hero has a powerful fascination with entering the forbidden castle but never has the courage to actually try, thus forever living with a feeling of the castle being inaccessible. However, he does have an affair with the boss's mistress.

The Holy City of Jerusalem was very frequently likened to a woman in the Old Testament, especially by the prophets. Thus we have '. . . put on thy beautiful garments O Jerusalem the Holy City for henceforth there shall no more *come into thee* the uncircumcised and the unclean . . . loose thyself from the bands of thy neck O Captive daughter of Zion' (Isaiah, lii, 1-2). Elsewhere we have 'Rejoice ye with Jerusalem and be glad with her all ye that love her . . . that ye may suck and be satisfied with the breasts of her consolations, that ye may milk out

and be delighted with the abundance of her glory . . .' (Isaiah, lxvi, 10-11).

Interestingly the Temple on Mount Moriah, where it is believed Abraham attempted to sacrifice Isaac, included a *koddesh hakoddashim* (known in Latin as *Sanctum Sanctorum*) into which the High Priest alone could enter. One might speculate that in the unconscious of the multitude, the High Priest symbolized the infantile image of the father while the Holy of Holies (forbidden to all others) stood for the mother's sexual secrets. The Holy of Holies indeed contained the Ark of the Covenant (the Holy Ark) which was so holy that anyone touching it would be killed instantly. Crossing the border (the entrance) to the Most Forbidden entailed Death. Similarly we find in Peking the Forbidden City. The privileges of Kings, Emperors, and High Priests were thus forbidden to the common people in much the same way as the privilege of the Father, enjoying the mother's sexual favors, is forbidden to the child. Crossing the border to these forbidden pleasures was the most severe transgression, but it also promised the most exalted fulfilment.

Finally, from the psychohistorical point of view, it is instructive to note the 'expanding frontiers' of our world in the last five hundred years. Geographical frontiers, the 'edge of the world', were once endowed with a forbidding, awe-inspiring character. In the ancient world, Scylla and Charybdis marked the monstrous end of the known world. Scylla was the devouring monster. Charybdis the whirlpool. One can recognize without much psychoanalytic effort the infantile fear of the devouring mother as well as that of the sexual whirlpool within her vagina and uterus.

During the last centuries, fantasies of the New World as an island of bliss and sunshine gave way to harsh realities confronting settlers in America. The westward moving frontiers of America itself had a special attraction for settlers, again mixed with menace. Gradually, as the edge of the world no

longer existed, with most or all of the surface (and undersurface) of the earth explored, geographical frontiers gave way to conceptual ones: the breaking of the sound 'barrier' was a dramatic point in the struggle of man to free himself from Mother Earth.

The achievement of 'escape velocity', the orbiting of the earth, and finally the breaking away from earth's gravity completely and the landing on its moon (itself a 'satellite' orbiting the earth)—all these can be viewed as frontiers which have been crossed in an attempt both to explore and to break away from the 'pull' of the earth, much as a child gradually breaks away from his dependence on his mother. The astronauts set out to enter and explore the realms of primordial Kronos, fearing his wrath yet eager to defeat him in much the same way as Zeus did in Greek lore when he defeated Kronos (his father) with the help of Rhea (his mother). Indeed Kronos himself had done the same to his own father, Uranos, with the help of his own mother, Gaia, and had then married his sister, Rhea. The œdipal fantasies, maternal ties, ambivalent feelings about border crossing, and the symbolism of the frontier can thus be seen to repeat themselves in the exploration of outer space.

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Dora Hartmann, M.D. 1902-1974

Viola W. Bernard

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DORA HARTMANN, M.D.
1902-1974

Illness struck last winter suddenly, and we have lost a cherished friend and valued colleague. Dora Hartmann was widely known and esteemed in the analytic world for her own professional attainments and personal qualities and as the wife of Heinz Hartmann who died four years ago. Her contributions to psychoanalysis were therefore twofold, direct and indirect, the former through her practice, teaching, and organizational activities, the latter by facilitating so greatly the scientific achievements of Heinz. In numberless ways she applied her extraordinary energy, her devotion, practical competence, and ingenuity to making the surroundings and conditions of life conducive to his productivity.

In becoming an analyst, after a prior career in pediatrics, Dora Hartmann showed her characteristic vigor—intellectual and physical—and her determination in the face of challenge. The Hartmanns had left Vienna in 1938 and arrived in New York City in 1941 after stays in Paris, Geneva, and Lausanne. Along with caring for their two small children throughout all these moves and establishing a new home, Dora completed general and child psychiatric training and studied at the New York Psychoanalytic Institute, from which she graduated in 1948. Ten years later she was appointed a training analyst; she served as treasurer of the Institute for three years and on the Students' and Intake Committees for many years. She was active in the Association for Child Psychoanalysis from its beginning, and had been elected its treasurer just before her death.

Working mainly as a clinician, Dora used to enjoy saying that 'Heinz writes enough for both of us'. Nevertheless, four of her psychoanalytic papers have been published. Furthermore, she had published seven pediatric papers in Vienna between 1927 and 1931 under her maiden name of D. Karplus. She married in 1928 and practiced pediatrics for six years before the birth of her first child in 1934. The second son was born in 1937, a year before the family left Vienna because of the Nazis. Both sons, who survive her, Ernest and Lawrence Hartmann, are now psychiatrists themselves with distinguished careers of their own. She also leaves two grandchildren, in whom she took delight.

Dora was born and grew up in Vienna, the youngest of four children in a family of intellectuals. One uncle was a well known neurologist, another a leading cardiologist. On her mother's side, she was related by marriage to Dr. Josef Breuer. Dora's father was a widely beloved lawyer and naturalist. It was from him that she developed much of her love of nature, as well as of learning and of art. Under his tutelage she and her brother, Richard, became expert Alpinists. This vigorous threesome achieved ascents that are still remembered with admiration by some old-timers in the region.

These lines, in memory of my friend, are being written in an Alpine valley of the Swiss Engadine that Heinz and Dora had loved since their youth and to which they kept returning throughout the years with family and friends. It was wonderful to see Dora here: her joyous intimacy with the mountains, lakes, and wild flowers; her clambering, map in hand and pack on back, up rocks and across streams; her locating of the *Konditorei* with the most glorious views for *Jause* with Heinz.

In a little churchyard bright with wild flowers, facing these familiar meadows and peaks, Heinz Hartmann's ashes, and now Dora's, are buried. Carved into an old building in the nearby village, is an inscription by Horace that Dora often said was meant for her: *'Ille terrarum mihi praeter omnes angulus ridet'* ('This place above all others smiles to me'). In this country too, in rural Stony Point, New York, Dora created another place that smiled on the Hartmanns and their friends.

This was a woman of strength and of tenderness, of courage and generosity, of intelligence and learning, of dignity and taste. Above all, to love and to care for were central to Dora's being. Unsentimental and forthright, she was an 'active interventionist' in support of life to the fullest and optimal growth for the individual. This came through in Dora as therapist, first as pediatrician, later as psychoanalyst; it was vividly evident in her personal relationships. Endowed, as it were, with a green thumb for all living things, the gardens that Dora Hartmann tended bloomed. She herself kept growing, impressively, to the very end of her life.

VIOLA W. BERNARD

MELITTA SPERLING, M.D.
1899-1973

Melitta Sperling's death on December 28, 1973, came as a great shock to all but the few who were aware that she had been ill and in pain for some time. Her continued activity in attending scientific meetings, writing and delivering papers, seeing patients in consultation, supervising younger colleagues, and chairing a psychosomatic study group throughout the difficult term of her illness was a measure of her dedication to the practice and teaching of psychoanalysis, a dedication which was always an inspiration to her analysands, students, and colleagues at the Division of Psychoanalytic Education at the Downstate Medical Center of the State University of New York, where she was Clinical Professor of Psychiatry and Psychoanalysis and a training and supervisory analyst in both child and adult psychoanalysis.

Melitta Sperling was born in Austria and while still in her teens decided to enter the field of pediatric medicine. This early decision to become a 'healer of sick children' was strongly influenced by her admiration of an aunt, one of the few women pediatricians in that overwhelmingly patriarchal society. She graduated from the University of Vienna Medical School, interned at the University of Vienna Hospital, and went on to take her residency in pediatrics at the Children's Hospital of Badhall.

While on the child neuropsychiatric service of the University of Vienna Hospital, a part of her pediatric training, she met Dr. Otto Sperling, whom she later married. He was at the time a resident in psychiatry and a candidate at the Vienna Psychoanalytic Institute. Her ambition to 'heal sick children' was redefined during this period and she went on to a residency in psychiatry and to psychoanalytic training.

The Sperlings' awareness of the dangers of Hitler led them to emigrate to the United States. After devoting herself to the rearing of her two children during their formative years, Melitta Sperling resumed her training at the New York Psychoanalytic Institute and began working as psychiatric consultant to the Pediatric Department of the Brooklyn Jewish Hospital. The simultaneity of these experiences prompted her to use her keen and inquisitive intel-

ligence to probe the very special and controversial problems of psychosomatic illness in children. At the Child Psychiatric Clinic of the Brooklyn Jewish Hospital, which she set up and directed, Dr. Sperling became one of the first psychoanalysts to undertake the treatment of ulcerative colitis and asthma during the 'acute' phase of these illnesses. Her colleagues in the Department of Pediatrics urged her to utilize her psychoanalytic skills and knowledge to treat other psychosomatic conditions, and she was invited by the Kings County Medical Society to give courses in child development and psychosomatic diseases. These courses were attended year after year by many pediatricians, internists, and general practitioners.

Dr. Sperling's reputation for treating psychosomatic illnesses in children, and in adults, grew rapidly, permitting her access to an unusually rich store of clinical and meticulously recorded data gleaned from treatment cases and consultations. Recognizing the special responsibilities accompanying her reputation, Dr. Sperling treated a great number of referred patients herself, employing classical analysis when it was appropriate and a modified analytic technique for those cases for whom classical analysis was not viable. Patients for whom she could not find time in her heavy schedule were referred to younger colleagues, who benefited from her close and careful supervision. Utilizing this vast pool of clinical material in the academic tradition of the early psychoanalytic theorists, she began the intensive investigation of the metapsychology and technique of treatment of psychosomatic conditions which she continued throughout her life.

Early recognition of the role of pregenital conflicts and the special (symbiotic-like) nature of the mother-child relationship in patients prone to somatization, led Dr. Sperling to initiate her method of the simultaneous analytic treatment of children and their mothers. This method proved to be not only therapeutically successful but provided a valid research approach toward the investigation of the multiple factors involved in psychosomatogenesis. Using this technique, Melitta Sperling was able to study the pathogenetic mother-child relationship involved in the faulty ego and superego development of psychosomatically afflicted children. This eventually resulted in her conceptualization of psychosomatic disorders as 'pregenital conversions'.

A devoted physician and an astute and clinically oriented theoretician, as reflected in her seventy-five publications, Dr. Melitta Sperling was indeed 'a healer of the sick'. Dedicated to the patient first, and secondarily, but no less actively, to the formulation and teaching of principles, innovations, and hypotheses as useful, practical tools in the clinical practice of psychoanalytic medicine, she lived and worked as an example of responsible constancy for us all, as psychoanalysts and, most importantly, as members of the medical profession. We shall miss her.

GERALD V. FREIMAN

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Confrontations with Myself. An Epilogue. By Helene Deutsch, M.D. W. W. Norton & Co., Inc., 1973. 217 pp.

James T. Mclaughlin

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BOOK REVIEWS

CONFRONTATIONS WITH MYSELF. AN EPILOGUE. By Helene Deutsch, M.D. W. W. Norton & Co., Inc., 1973. 217 pp.

This small gem of autobiography deserves far wider an audience than our psychoanalytic community. Its quiet fire and odd faceting, like fine old garnet, reward the contemplative.

First off it is an entertaining, at times haunting account of what it was like to grow up in century's end Poland—and to be Jewish, female, and the youngest in the family at that. Little Hala's emergence from beneath the desk of her father to become in adolescence a militant Socialist, feminist, and impetuous lover, then in a few short years a grudgingly respected physician and psychiatrist in Wagner-Jauregg's Munich and Freud's Vienna, while yet a devoted wife and mother: here is a story to win a nod from the women's liberation movement and the heart of the adolescent rebel that ever beats in the middle-aged analyst.

Analysts of any vintage, but particularly those trained in the United States since World War II who have little sense of continuity with the beginnings of psychoanalysis, can find linkage and the feel of heritage in the author's account of her experiences as a psychiatrist in the Vienna of Pötzl, Tausk, Rank, and Kardiner, as a member of the circle of analysts closest to Freud, and later as one of the leaders of psychoanalysis in Boston and the United States from the mid-thirties. This bridging function is nowhere more evident than in her account of the remarkably durable 'Black Cat' coterie, a grouping of younger analyst-couples not having easy access to the inner circles, but who in time turned out to be the second generation leaders of psychoanalysis in this country. What she describes speaks eloquently for the catalyzing power of small-group dedication to high purpose. It also touches upon two recurrent themes of the book: the author's quiet pride in the excellence of those many women analysts whose early and enduring eminence reflected the high quality of their contributions, and her matter-of-fact acknowledgment of the acceptance they received from Freud and those who followed him. Without bothering to say so, she manages to spike some of the noisier cannon currently broadsiding Freud and psychoanalysis for chauvinism.

Beyond all this, Confrontations with Myself abounds in those special qualities of self-awareness and detachment juxtaposed to unself-conscious fullness of expression and resonance of feeling that we would wish for all analysts and their patients. That there are also toughness and tenderness, generosity and anger, loyalty and criticalness sums up the author as quite a woman! It is a safe guess that readers will find themselves browsing through their well-thumbed The Psychology of Women and seeing new richness in its content.

JAMES T. MCLAUGHLIN (PITTSBURGH)

THE PANIC OF THE GODS AND OTHER ESSAYS. By Géza Róheim. Edited with an Introduction by Werner Muensterberger. New York: Harper Torchbooks, Harper & Row, Publishers, 1972. 227 pp.

The writings of Géza Róheim are widely disparate in their evidence for authorly discipline. His succinct and trenchant essay, The Origin and Function of Culture, now fortunately in paperback, is, in this anthropologist-reviewer's opinion, the most penetrating we have on the subject: culture represents the defense mechanisms of a society, part ego-oriented toward environmental adaptation, part id- and superego-oriented toward inner anxieties. This formulation is a brilliant extension of Ferenczi's view of perigenesis: that the mortal metazoan body evolves as a safer steady-state environment for the immortal germ plasm. Society and culture are thus farther outposts of the same life-protective function.

Róheim is capable of exhilarating *aperçus* into mythology: 'The lizard penis symbolism is a negation of the castration complex [it grows a new tail], just as neurotics frequently symbolize the penis by parts of the body that grow again, such as hair and nails' (Primitive High Gods, p. 33); 'the origin of supernatural being [comes] from infantile anxiety' (p. 87); 'The woman with the penis is the woman with the nipple, and also the woman who has deprived the child both of the nipple and the penis and now has them both' (Aphrodite, or the Woman with the Penis, pp. 196-197); 'The opposite of fetishism [protective reduplication of the penis] is transvestitism with the transvestite representing the phallic mother' (p. 201); and '[The Panic of the Gods] is a nightmare in which the many and helpless gods, as well as the many devouring demons, are

multiple representations of the dreamer . . . the infant at the breast [while] the dream and the anxiety are dispelled by wakening with an erection which corresponds to the hammer, the stake, etc., of the myths' (p. 217).

But Róheim is also capable of unorganized and undisciplined jumbles like Animism and Religion, which read like prolix, undigested, raw field notes encrusted with native terms, which no amount of tedious collation back and forth can penetrate; Margaret Mead has made the same complaint about some of Róheim's writings. The meticulous editor, Muensterberger, beyond his elegant Introduction, has provided a seven-page glossary of these native terms, but a computer is needed to analyze Róheim's text, since he has not here exerted his formidable gift for analytic exegesis. The present review is precisely one year overdue: it is painful to criticize one so worthy of admiration as Róheim.

WESTON LA BARRE (DURHAM, N.C.)

PSYCHOANALYTIC SOCIOLOGY. AN ESSAY ON THE INTERPRETATION OF HISTORICAL DATA AND THE PHENOMENA OF COLLECTIVE BEHAVIOR. By Fred Weinstein and Gerald M. Platt. Baltimore: Johns Hopkins Press, 1973. 124 pp.

This book is a major contribution to interdisciplinary studies involving psychoanalysis and the social sciences. Its authors are respectively a historian and a sociologist who have labored for a number of years in the vineyards of such interdisciplinary work. The authors have taken great pains to make themselves very knowledgeable about psychoanalytic theory. Their book contains, in effect, a review of a good deal of the psychoanalytic literature of the last few years, a review that itself is of value in summarizing certain trends within our field. At the same time, it is an extremely difficult book. For this reviewer, it required several close rereadings, plus a consultation with a colleague[1] who is well versed in the sociological framework, a version of Parsons' theories, to gain an adequate appreciation of this rather compressed material.

Of great importance in their work is their delineation of five theoretical models for the application of psychoanalysis to problems in the social sciences. The first two models are to be found in Freud's work; the third is exemplified by The Authoritarian Per-

[1] I would like to thank Mr. Gregory Clark for his help.

sonality[2]; the fourth in the work of Erikson; and the fifth, probably less well known to analysts, the 'generational model'. This last is the most explicitly sociological and works with data on a cohort, who in their youth shared a common (traumatic) upheaval in their political and social world. This model then seeks to correlate the shared childhood experience with the adult political behavior of the cohort[3]. The authors criticize, and I believe on a solid basis, all of these models as applied to group and mass phenomena. The most satisfactory of psychohistorical or psychosociological work, in their view, has focused on the understanding of leaders or of a few individuals. In two chapters Weinstein and Platt attempt to develop and refine their own proposal for a theoretical framework that will facilitate empirical study of mass phenomena.

But what are the questions to which a system or theory of 'psychoanalytic sociology' addresses itself? Foremost, for these authors, is the need for a theory that can account for the remarkable persistence of some behaviors and for the equally remarkable speed with which some societies, even deeply traditional ones, may alter fundamental patterns of living. A case in point in the recent psychoanalytic literature that the authors might have cited is that of Japan's rapid transition from a largely feudal society to a modern industrial state soon after Admiral Perry's 'invasion'. Kurt Eissler invoked an explanation in terms of a societal propensity to utilize the defensive mechanism of identification with the aggressor in an adaptive way.[4] Lawrence Friedman criticized this theory for not taking into account the fact that there were diverse competing power groups within Japan, each with a different program and a different self-interest vis-à-vis contacts with the Western world. Friedman did not pretend he had the answer, but showed convincingly the inadequacy of invoking identification with the aggressor as an explanation for all the different groups within the culture.[5]

[2] Adorno, T. W., et al.: *The Authoritarian Personality*. New York: W. W. Norton & Co., Inc., 1969.

[3] *Cf.*, Loewenberg, Peter: *The Psychohistorical Origins of the Nazi Youth Cohort*. Amer. Historical Review, LXXVI, 1971, pp. 1457-1502.

[4] *Cf.*, Eissler, K. R.: *Freud and the Psychoanalysis of History*. J. Amer. Psa. Assn., XI, 1963, pp. 675-703; *Some Tentative Notes on the Psychology of One Aspect of Japan's History*. In: *Medical Orthodoxy and the Future of Psychoanalysis*. New York: International Universities Press, Inc., pp. 443-502.

[5] *Cf.*, Friedman, Lawrence: *Japan and the Psychopathology of History*. This QUARTERLY, XXXVII, pp. 532-564.

Psychoanalysis complicates this perennial issue in social theory in that it places such great weight on the importance of early childhood influences on subsequent development and on adult behavior. To pose the problem in a somewhat oversimplified form: if, in fact, society contains, or consists of, a mass of individuals, each of whom has been shaped and molded by the end of *x* developmental state (fill in separation-individuation, or œdipal period, or latency, or adolescent 'identity formation', according to personal taste and current fashion), how can there be change in adult life? In short, psychoanalytic theory, which is hardly very explicit on the subject of individual change and the processes involved, has to be wedded to sociological versions of change, which have their own problems (alluded to by the authors). All this is a variant on the question of how to account both for the unique individuality of persons, and the phenomena of group and mass behavior (pp. 22-23).

In a general way, the authors have addressed the issue of change and stability in two different ways, an earlier version which they now amend (or discard) and the present one. In their earlier work, The Wish To Be Free,[6] they assumed that 'ambivalence was the fundamental situation underlying the differentiation process. But this means that the basic motivation for change is in its sources instinctual.' Indeed, such a statement captures something of the flavor of what has been, perhaps, the unique psychoanalytic contribution to theories of development and differentiation: the concept that change is the result of the resolution, or attempted resolutions, of certain universal human conflicts. Ambivalence toward the father, for example, catapults the boy into the œdipal situation, while the need to deal with castration anxiety sets in motion the machinery for resolving the conflicts.

In their earlier work, the authors also posited that 'passive relationships to authority are acted upon without critical reflection . . . as long as nurturant and protective obligations are fulfilled on the part of the authority. . . . when the morality binding the situation is violated . . . the conditions are established for radical demands against the environment.' The authors now, in this work, take much more into account several decades of thinking and theorizing about ego psychology within psychoanalysis. Terms such

[6] Weinstein, Fred and Platt, Gerald M.: *The Wish To Be Free. Society, Psyche and Value Change.* Berkeley and Los Angeles: The University of California Press, 1970. Reviewed in This QUARTERLY, XLI, 1972, pp. 133-134.

as 'autonomous functions', 'conflict free sphere', 'secondary autonomy' and 'principle of multiple function' highlight the complex interweaving of instinct, defense, object relations, autonomous apparatuses, and the variegated impact of the social world on the developing individual.

They take the position, for instance—argued by Robert Holt, Max Schur, and others—that the id is a structure with its own hierarchy of organization, and its own gradations of motivational push. If this is true, it is plausible to state that 'id processes are structured to a significant degree by cultural and social influences so that codified expression of new standards and expectations derives from the external world via processes of identification and internalization. That is, the content expressed existed initially in the external world, and the basic problem is not one of universal and immutable drives finding an appropriate moment to achieve expression' (pp. 76, ff.). In this view, culture may shape id as well as ego and superego.

Similarly, they now retreat from their previous contention that it is mainly when authorities violate superego standards that the masses are moved to initiate radical change. 'Any internalized network of standards and expectations creates a situation of psychic stability, and the disruption or loss of this network can lead to radical activity. . . . violation of the morality as such (i.e., superego transgression) is not a sufficient basis for radical reactions. . . . violation must affect all psychic-structural levels (id, ego, superego, identity) not only in terms of the morality, but also in terms of internalized standards for ego activity and in terms of the ego's standards for drive activity' (pp. ix, ff.). In other words, the principles of multiple function and multiple determination demand such a view of behavior; society does not stand or fall on whether it gratifies or frustrates the demands of only one psychic agency. Thus, traditional symbolic codes within society involve ego, superego, and id function. Weinstein and Platt continue: 'Disruptions of society are not easily tolerated, and men will fight either to preserve the traditional symbolic codes that have regulated their lives or to establish new codes. One thing we can say with certainty: men cannot act and will not live, in the absence of such symbolic codes' (p. 85).

There can be no quarrel with this position. However, there is the danger of introducing still another explanatory homunculus

personifying a need to keep things stable at all costs. My sense is that the authors would not fall into this trap, but would argue that the *details* of each historical and group situation are critical: which individuals and which groups are struggling with which disturbing fantasies and disruptive affects, etc. (Note their comments on pp. 7-8, especially fn. 13.)

There is a further problem, one that I believe is inherent in current psychoanalytic theory and that the authors do not discuss. In fact, if one begins to take seriously the view that the id is a structured organization, with its own hierarchy of drives and pressures—some more primitive, some more civilized—, the whole paradigm of 'the ego and the id' is called into question. We must begin to posit a host of new entities, such as ego functions that look more like id functions, and vice versa. Similarly, if one carries Waelder's principles of multiple function and multiple determination to their logical extreme, the very utility of the divisions of the mind into three psychic agencies begins to melt before our eyes. In short, within psychoanalytic theorizing about the individual there are already enough problems about how to account for the integration of behavior. The tripartite division of the mind probably has its greatest utility and relevance as a good first approximation for the clinical situation. The difficulties inherent in it may increase exponentially as we move away from the clinical setting to the setting of the society. In short, my sense is that the manner in which these authors integrate ego-id-superego functions into social theory further highlights the problems with this psychoanalytic schema.

The authors deserve much credit for making explicit an important limitation on psychohistorical or psychosociological research: 'There are then four levels of social process which can be examined . . . : the legitimate and sanctioned expressions of emotion which tend to stabilize social interaction; the conditions under which these expressions are disrupted and become inappropriate, dysfunctional or destructive; the various possible reactions to changed relationships which result from such disruption; and the conditions under which stabilized behavior and emotional expression can be re-established. Because of the differences that derive from the varied circumstances of time and place, we cannot in an *a priori* fashion suggest what will be done concerning any or all of these dimensions in prospective situations. But we can say to an

important degree what was done in the past . . .' (pp. 91-92). A corollary of this position is that any statements about the future would have to be bracketed, so to speak, by a list of contingencies that would impose rather severe constraints on planning. It may well be, however, that the 'psychoanalytic sociology' these authors are striving to articulate could be of use in planning, by revealing hitherto unrealized contingencies and circumstances that might be useful to bear in mind in social planning for the future.

What sorts of empirical studies do the authors envision that would satisfy their requirements for an adequate 'psychoanalytic sociology'? Perhaps it is a bit unfair to demand of one book both a new theoretical exposition and numerous examples of the applications of the theory. Some examples may be forthcoming either from them or from others who are stimulated by their work to new empirical investigations. However, one must admit to some feeling of unease about whether the authors can in fact do better than the studies and models that they appropriately criticize.

There are some further fundamental issues which the authors do not expressly discuss, but which deserve mention in a review of their work. There is a serious question about the *logic* (apart from questions of feasibility) of the interdisciplinary uses of psychoanalysis. For example, it has been argued that psychoanalysis and sociology may well represent two different and independent logical frameworks. It may well be that while one can point to interesting and suggestive points of empirical overlap, these two disciplines embody two fundamentally different realms of discourse which would require some (as yet undiscovered) third realm of discourse subsuming the logic of both. The particular intrapsychic view of the person as agent that is the cornerstone of the psychoanalytic clinical situation, with the attendant interactional methods of clarifying that view in the analytic situation, possibly has a unique logic. Here we also come to the themes subsumed under discussions of the 'complementarity' of explanations in different disciplines. These complex problems (discussed now in recent works by George Devereux) include the issue that the different disciplines in the behavioral sciences are generally not offering different explanations of the same phenomena, but are in fact usually explaining different phenomena. In so far as they seem to be dealing with the same phenomena, each discipline offers a self-contained and

complete explanation in its own terms. All of these are arguments which ultimately must be considered by serious workers in interdisciplinary problems.

A point where I find myself in some disagreement with Weinstein and Platt is in their brief remarks casting doubt on the necessity and utility of psychoanalytic training, including clinical training, for the practitioners of interdisciplinary studies (p. 1 and fn. 1). It is true that such training hardly guarantees 'superior insight' in these endeavors (and it is clear that training psychoanalysts in the social sciences per se does not guarantee good results either). Nevertheless, at the heart of psychoanalytic knowledge is that complex and thorny relationship of the theory to the clinical data. In order to apply psychoanalytic theory with skill, for some purposes at least one must either be aware of these issues or at least have enough knowledge of them to discourse with psychoanalysts. It is my opinion that one of the major pitfalls in interdisciplinary work is the lack of awareness of the methods and style of thinking characteristic of each of the disciplines. (In this context, I found LeVine's Culture, Behavior, and Personality[7] an instructive contrast.)

To conclude, Weinstein and Platt have presented us with a work that elevates interdisciplinary discourse to a new level. It is a difficult but rewarding book. I believe that this book could be of great value as a focus for discussion in interdisciplinary study groups, where historians, psychoanalysts, and sociologists might instruct themselves and each other.

BENNETT SIMON (CAMBRIDGE, MASS.)

MODELS OF THE MIND. A PSYCHOANALYTIC THEORY. By John E. Gedo and Arnold Goldberg. Chicago: University of Chicago Press, 1973. 220 pp.

There has been a perhaps justifiable reaction against psychoanalytic theory in its most abstract form—that is, a theory separated from its clinical base. This work by Gedo and Goldberg uses theory not as a set of universal laws but as a means of organizing clinical experience. Their major thesis is that there is a broad spectrum of disorders to which the tripartite structural model does not apply. They are referring to patients who have not achieved a good resolution

[7] Levine, Robert A.: *Culture, Behavior, and Personality*. Chicago: Aldine Publishing Co., 1973.

of the œdipus complex, patients with a structural arrest in the area of the sense of self, who are characterized by a tendency to use the mechanism of denial, with a resulting relative loss of the ego's synthetic functions. Further, these patients do not share the same capacity, as do 'classical neurotics', to develop a therapeutic alliance and a transference neurosis. The range of these disorders includes a variety of nosological designations but the authors pay special attention to Kohut's description of the narcissistic character disorder. The usefulness of theory here is apparent, for the alternative to a comprehensive psychoanalytic theory is a veritable Tower of Babel, with each clinician employing his own conceptual language.

Now, a model is an attempt to idealize the relationship of structure and function for heuristic purposes. A good model should be relatively simple and yet faithful to the data from which it is derived. Freud's tripartite model, the authors would claim, is useful only in a limited sense, since it applies only to those patients who have achieved the triadic stage: those who have achieved some resolution of the œdipus complex and a relatively good differentiation of their psychic structure. However, Freud's model of the ego and the id was intended to be something more than the model for clinical syndromes; Freud was addressing himself not only to specific forms of neurosis, but was creating a universal system of classification for all mental phenomena, regardless of the presence or absence of psychopathology. Indeed, all mental phenomena can be classified and differentiated by assigning them to the psychic structures that Freud outlined: ego, superego, or id.

The authors choose not to employ models of the mind as a means of classification in this more universal sense of the mental apparatus as a whole, but employ models on a strictly *ad hoc* basis to differentiate specific clinical syndromes. I do not believe, however, that these two points of view need be mutually exclusive. The analogy that comes to mind is that of comparative anatomy, where a universal structure varies in its form and function in a given species. The authors' use of models of the mind to differentiate clinical states comes very close to a similar point of view regarding the conceptualization of regression and progression in object relations that I described in my book, Object Love and Reality.[1] The objection can be raised that the prospect of a different model for

[1] Modell, Arnold H.: *Object Love and Reality. An Introduction to a Psychoanalytic Theory of Object Relations*. New York: International Universities Press, Inc., 1968. Reviewed in This QUARTERLY, XL, 1971, pp. 146-148.

a different syndrome may lead to an infinite series. However, we must remember that the structures of the mind are not infinite: as in comparative anatomy, a femur may take different forms and functions but still remains a femur.

The authors describe five different models in increasing order of complexity. The models are based upon a consideration of typical danger situations, typical defenses, and structural organization; they include the reflex arc model, nuclei of self and object, model of self and object (where there is an early self-object differentiation), tripartite model, and a topographic model. These models are graphically represented as a grid, where the horizontal axes are nodal points in time in psychic development. By means of this graphic device the authors are able to portray developmental lines and to indicate regressions and progressions in psychic structure. A graphic representation of this type permits the description of several areas of psychopathology simultaneously, a distinct advantage over a verbal description. Psychoanalysts have known, for example, that ego development is uneven, that every individual may have points of ego arrest and regression, but until this work of Gedo and Goldberg it was not possible to depict it graphically.

Gedo and Goldberg apply their models to Freud's classical case histories, including the Rat Man, Wolf Man, and the Schreber case. They also include a case of juvenile delinquency described in the literature by G. Zavitzianos.

The reader may take exception, as I have, to some of the details of their construction of models. For example, I do not understand why the topographic model is at the top of the developmental hierarchy. Nor do I find the applications of these models to the case histories entirely convincing. This criticism does not detract, however, from the validity of the principle that Gedo and Goldberg demonstrate. They have developed a method of describing in a precise way an entire range of disorders that we have heretofore referred to in global terms. For example, we commonly state that the narcissistic character disorder has 'poorly differentiated psychic structure'. It should now be possible to specify more precisely what psychic structures are poorly differentiated and how this affects their function.

Some readers may object to the fact that the authors accept all of Kohut's controversial formulations, which they incorporate into

their model-building. I would question, for example, Kohut's belief that narcissism and object relations proceed along separate developmental lines. Again, this is a reservation about the details of the construction of the model but not a reservation about the principle upon which the models are based.

This is a closely reasoned and clearly written book. It deserves very careful study, for the authors have devised a method for depicting structural psychopathology that is potentially an extremely useful tool in clinical research and teaching. I consider this work of Gedo and Goldberg to be an important contribution to psychoanalytic theory.

ARNOLD H. MODELL (WABAN, MASS.)

FREUD AS WE KNEW HIM. Edited by Hendrik M. Ruitenbeek. Detroit: Wayne State University Press, 1973. 524 pp.

In this volume Hendrik M. Ruitenbeek has brought together sixty memoirs, reminiscences, and comments reporting impressions of Freud and his work by his pupils, friends, and colleagues. As one might expect, the articles range widely in relevance, interest and sensitivity. The most serious comments on Freud's works seem repetitive and dull. Articles by Brill, Bernfeld, H. Deutsch, and Jones, however, do succeed in bringing Freud alive.

The contributions of the Bernfelds, both Siegfried and Suzanne, are made even more interesting by the publication of a recent article by Harry Trosman and Ernest S. Wolf titled The Bernfeld Collaboration in the Jones Biography of Freud.[1] The report of the Bernfelds' devoted scholarship and generosity in making their biographical material available to Jones is very moving.

Other impressions of Freud, written after short visits with him in his later years, are remarkable in their shallowness and almost unbelievable insensitivity. Even respected colleagues in visiting him were turned into autograph collectors and voyeurs. An exception to this pedestrian series of reports is a rewarding article by Herbert Lehmann. An inquiry into the relationship between Freud and Thomas Mann, it is a small, scholarly analytic piece of work consisting of the analysis of a parapraxis made by Freud. It illuminates their relationship and is in the best psychoanalytic tradition.

1 *Cf.*, Int. J. Psa., LIV, 1973, pp. 227-233.

Taken as a whole, however, this book is a potpourri of articles which threaten to make the figure of Freud indistinguishable from the one dimensional heroes of the typical motion picture versions of the lives of bearded scientists. Finally, such an undiscriminating collection is an offense to the man to whom it purports to pay tribute.

WALTER A. STEWART (NEW YORK)

THE ORIGIN AND TREATMENT OF SCHIZOPHRENIC DISORDERS. By Theodore Lidz, M.D. New York: Basic Books, Inc., 1973. 145 pp.

This eminently sensible book is short in length and its simplicity of style belies the profundity and complexity of the author's thoughts. The following quotation highlights the importance of the topic: 'The study of schizophrenia has an importance to the science of man that even transcends the relief of the myriad of suffering patients. There are indications that a satisfactory understanding of schizophrenia will be synchronous and synonymous with the opening of vast new insights concerning the integration of man and his emotional homeostasis' (pp. x-xi).

The author is a genuine academician in the best sense of the word. He expresses himself concisely and clearly without pretention, and because he has so thoroughly mastered the writing skills taught by such professionals as Rudolph Flesch, William Strunk, and E. B. White, his conclusions are deceptively self-evident. For example, my first impression about his formulations of the family interactions of schizophrenics was that I already knew them. What I had forgotten was that I knew them because Lidz had taught them to all of us in his earlier writings. In this pithy volume he pulls together years of research, clinical experience, and mature reflection.

While many have emphasized the importance of family dynamics, Lidz is one of the few who have succeeded in demonstrating the relevance of the study of the family to clinical psychoanalysis. Many psychoanalysts feel uncomfortable when dealing with the larger unit of the family because the focus has been on communication; underlying intrapsychic processes and developmental defects seem to be underplayed if not actually ignored. By contrast, the author describes types of object relationships among parents which have significant bearing upon the child's personality integration. The latter

is the basis and not the result of cognitive and linguistic difficulties. Cognitive regression, however, leads to behavioral aberrations.

Lidz describes two basic family orientations which he believes are crucial to the development of schizophrenia. First, he describes the skewed family where the parent uses the child as a narcissistic extension of the self. This is usually experienced as intrusive and assaultive. Next, Lidz discusses the schismatic family where both egocentric parents use the child to complete their fragmented selves and to salvage the marriage. The child's ego is torn apart by irreconcilable introjects.

It is understandable that such parental constellations can impede ego integration and the formation of whole object relationships. These patterns, however, have been frequently encountered in patients suffering from characterological rather than schizophrenic disorders. Precocious ego organizations are often used defensively against assaultive maternal introjects with only focal reality distortions. As Lidz indicates, there is no certainty as to which are the most significant variables in determining psychopathological outcome. The ego's dilemma in being unable to reconcile opposing introjects as occurs in the schismatic family must have its effects upon the self-representation, impeding its cohesion and generating feelings of inadequacy and helplessness.

In the second section, Lidz discusses thought disorders as a consequence of a disturbed childhood. He presents Piaget's ideas briefly and clearly. These few pages alone are of tremendous value, saving many hours that would have been spent in reading obscure and pedantic presentations.

Lidz postulates that the schizophrenic suffers from defective category formation. Instead of being able to construct separate groupings, he resorts to what Lidz calls egocentric overinclusiveness which is characterized by including oneself in nonpersonal categories. This accounts for many of the bizarre qualities of schizophrenic thinking and, in my opinion, is compatible with viewing the psyche as not having emerged from a destructive symbiotic fusion, the self-representation not being completely separated from the maternal ambience which has become synonymous with the psychotic's universe.

The clinician will find the final section on treatment extremely interesting. Again Lidz combines concepts of family dynamics with a psychoanalytic orientation. This can in no way be considered

deviant because of his interests outside the consultation room. For example, in a footnote (p. 55), he discusses the concept of narcissism from both a theoretical and clinical viewpoint showing, I believe, that such recent concepts as mirror and idealized transference are superfluous and imprecise restatements of well elucidated phenomena. In contrast, Lidz gives us a cogent exposition in only nineteen lines of print.

Lidz joins those analysts who throughout the years have recognized that transference occurs in psychotic patients and that such patients can be treated psychotherapeutically. He believes that knowledge of family dynamics provides guidelines enabling one to understand and treat the patient. His experience has taught him that depth of regression does not determine therapeutic outcome. Rather, the therapist's belief that psychotherapy is feasible is essential for a patient who has abandoned hope that he can ever cope with the world.

Lidz believes that modified psychoanalysis is indicated in the treatment of schizophrenic patients. Free association should not be encouraged because the aim of treatment is to regain 'filtering functions of categories' rather than promote further scattering. His maneuvers are generally designed to promote ego strength and to help the patient overcome his cognitive defects. Thus, interpretation is not crucial. He also feels that the patient will find it easier to deal with the actual parent in the presence of the therapist than with the malignant introject.

These viewpoints can stimulate considerable discussion bearing upon the rationale of nonanalytic approaches. Lidz begins by discussing the cognitive defect as a manifestation of psychopathology but makes it his chief focus in treatment. With some schizophrenic patients, even such a surface approach may lead to disruption since even subtle supportive maneuvers with the aim of retraining may be experienced as assaultive intrusions, as Lidz has described. The cognitive defect is an aspect of an ego that has been fixated and distorted by malignant introjects. Thus, the patient is unable to integrate potentially helpful experiences from the external world, including the therapy. Free association may lead to further disorganization, but the constancy and consistency of the analytic setting often leads to a manageable regression permitting one to deal with frightening fusion states and malignant introjects.

These are complicated processes, and patients—even schizophrenic patients—vary considerably. Therapeutic goals have to be tailored to the total situation. Still, Lidz points out that whatever one's therapeutic orientation, there are some necessary common denominators. These, I believe, are the essence of analysis and can best be summarized by the last two sentences in the book: 'What counts . . . is openness—a willingness to examine the patient's experiences, appreciating their validity as ways of experiencing, and his desperate need to try to find some meaning in his chaotic environment . . . his own life. . . . For some therapists the way to establish such relatedness is very simply to become involved in learning from and with the patient, and rather than "treating" him, to carry out a study of a life together with the patient' (p. 141).

PETER L. GIOVACCHINI (WINNETKA, ILL.)

DOMINIQUE: THE ANALYSIS OF AN ADOLESCENT. By Françoise Dolto. New York: Outerbridge & Lazard, Inc., 1971. 262 pp.

The most surprising thing about this book is the inordinate praise that has been lavished on it in France. The author has been referred to as 'the greatest of living clinicians' and 'a genius'. The reviewers dramatically compare her approach to that of the detective, Hercule Poirot, because of the indefatigable way in which she searches into the past. Robert Coles, who might be expected to know better, compares her to Anna Freud.

The book is also surprising in other ways. It purports to be about analysis, but the treatment is conducted once every two or three weeks for a total of twelve sessions; the patient is supposed to be an adolescent, and yet Dominique, at fourteen, manifests not a single characteristic of adolescence; the diagnosis is made of psychosis, and yet very little evidence is offered in support of it. The therapist herself appears to be a little confused about what she is treating but she denies, and rightly so, that the condition is one of mental retardation. On one occasion she speaks of the patient as suffering from obsessional neurosis, but even under this rubric there are not many analysts in this country who would consider him analyzable in terms of the usual analytic procedures and goals. Dominique is undoubtedly immature and developmentally deviant, but an organic etiology is never discussed. The content of his communications

sounds increasingly borderline as the treatment progresses, but this might well be an artifact of therapy.

To the analytic reader whose expectations have been roused by the claim on the dust cover of a 'landmark event' and 'an important vindication of Freudian analysis', the book is a disappointment. It is not even a good detective story although the therapist does occasionally remind one of the celebrated Belgian sleuth if only by the omniscience she displays in reconstructing the entire genesis of the patient's psychopathology (including the psychopathology of the rest of his family) in twelve sessions. From her own fertile associations and from the tenuous clues provided by the patient, she builds, like a novelist, an elaborate plot that ranges through the generations with a confidence that has to be read to be believed.

For reasons that she does not fully explain, her technique with children involves the use of modeling in clay, and she spends part of the session sketching the figures made and then interpreting the meaning to the patient. The approach is really very suitable for someone like Dominique who, at the start of his treatment, had very little to say. Dolto told the mother after the first interview that her son was psychotic but intelligent and that his stage of development, recently pubertal, was a favorable period for psychotherapy to stop the evolution toward madness. A week later the mother admitted to being deeply shaken by this revelation but also more hopeful. She reported that after the first session her son's behavior had changed completely and that he had become extraordinarily thoughtful, helpful, accommodating, and pleasing. At the same time, she had found him alone in his room 'desperately repeating the multiplication table in a book'.

The critical interpretation is given in the fifth session. The therapist tells Dominique that when a little boy sleeps in his mother's bed and is up against her nightgown and does not have much on himself, 'it does something to him'. She goes on to explain that 'in his heart he feels it's very bad for him to take himself for his mother's husband because then he takes his daddy's place, and it does something to him in his body. He doesn't know whether he is an animal or a little baby boy or a little baby girl, and it makes him stupid not to know what he is any more. Well, in the law of all men, everywhere in the world, even with the blacks who live all naked [*sic*], it is forbidden for a boy to sleep with his mother. The boy can never be the mother's real husband. He can never love her

to make real children. Children are made with the sexual organs of their two parents. The law of men is that the boy's sexual organ must never meet his mother's' (p. 89).

One is reminded here of the reconstruction given by Freud to Little Hans when he told him that long before he came into the world, Freud had known that a Little Hans would come who would be so fond of his mother that he would be bound to feel afraid of his father because of it. This, however, was reported in 1909 when the analysis of defenses and the psychology of the ego lay far ahead in the evolution of psychoanalysis. Today, it would be unthinkable for an analyst to speak to a five-year-old boy in this manner and, one would have thought, it would make even less sense to speak to a fourteen-year-old boy in such terms after four sessions.

If the procedures or the psychopathology sound at times peculiar, some of the blame must be put on the translation which is in many parts execrable. The use of words like 'transfer' for *transference* is surely avoidable, but it is difficult to know what even the best translator could do for the untranslatable term *valorization*. We read that the twenty-month-old boy has 'to valorize the baby sibling who can neither speak nor find food elsewhere than at the mother's breast', and later in searching for a model 'to valorize' him in his sex, Dominique finds a poor substitute in his older brother.

Other translation horrors abound, rendering the text even more alien. For instance, in bed with his mother, the small boy is stuck 'to her mammiferous nudity' and a few pages later is disgusted by his sister's 'clitoris-mammary pimples'. The translator, however, cannot be held responsible for all the bizarre effects. Furthermore, it is not that the interpretations or reconstructions are wild in themselves; the wildness is a function of the often flimsy evidence given in support of them. After a few meetings with the mother, the therapist is certain that she is preœdipal and incestuously fixated in her children whom she substitutes for 'her own unquieted centrifugal penis-envy', and the same is true of her husband's 'fertile penis'.

Eventually the treatment was broken off at a point when the patient did seem to be making certain gains. His father, however, remained sceptical and unconvinced. He seemed certain that Dominique was organically damaged (a feeling the reviewer shares) and he was less impressed than his wife by the changes brought about by psychotherapy. It seems apparent, to the reviewer at least, that the child's improvement was limited by an organic ceiling and that he

would continue to remain a somewhat odd child, unable to make use of normal educational facilities. Whether he could, in time, develop some modest technical skills, we shall probably never know unless Dolto does a follow-up.

What can one learn of value from this type of book? The clearest lesson is that psychoanalysis is extremely sensitive to all the nuances of culture. The British practice it with understatement, the Hungarians with éclat, the Germans with a certain amount of heaviness, the South Americans with revolutionary fervor, and the French with a logic of their own that seems to be almost unexportable. The moral is that each nation must cultivate its own analytic garden.

E. JAMES ANTHONY (ST. LOUIS, MISSOURI)

HUMAN DESTRUCTIVENESS. By Anthony Storr. New York: Basic Books, Inc., 1972. 127 pp.

LICENSED MASS MURDER. A SOCIO-PSYCHOLOGICAL STUDY OF SOME SS KILLERS. By Henry V. Dicks. New York: Basic Books, Inc., 1972. 283 pp.

Both of these books are products of the Columbus Centre, formerly the Centre for Research in Collective Psychopathology. This fact is important in evaluating Anthony Storr's work which is a presentation of the contribution he believes psychoanalysis can make to the Centre's task: 'to investigate how persecutions and exterminations come about; how the impulse to persecute or exterminate is generated', etc. In a manner of speaking, one might say that in accord with the conceptions of Melanie Klein, Storr postulates that hatred and fear of retaliation permeate the beginning of our psychic existence and that ultimately their adult manifestation, 'the ubiquity of paranoia', reveals most about 'normal' hostility and destructiveness in man.

In keeping with its role in the project, Storr's book does not attempt to present new material so much as to offer its thesis in an interesting, informative, and readable fashion. Otherwise, he might have attempted to bridge the apparent gap between the definition of aggression in its original sense and in its 'acquired' meaning of destructiveness. Psychologists, he notes, sometimes use the word in its original sense of 'active movement towards'. This would certainly fit the behavior of the protozoa or other lower animals in their ef-

forts to sustain themselves and avoid harm or destruction, particularly if the idea 'movement towards' includes movement toward safety, i.e., away from harm. Higher up the evolutionary scale, we deal with animals psychologically and physiologically more complex. Thus, when resistance is offered or even anticipated, in some instances, to 'movement towards' gratification or safety, physiological provision is made (in the form of increased adrenalin in the blood stream, for instance) for increased physical efforts. Simultaneously, if not actually in anticipation of frustration, psychological changes toward the same end appear in the form of determination or anger or rage or hate, or a combination of some or all of these. Thus, simple active 'striving toward' evolves into destructiveness. That destructiveness is only a potential feature of the human psyche and not an inevitable part of it, is attested to by the personalities of the Stone Age tribe called the Tasaday, recently discovered in the Philippines. These are a warm, affectionate people who are said not even to have a word for hostile feelings in their vocabulary.

Dicks's work presents his observations and inferences based on interviews with eight former members of the SS concentration camp personnel and Gestapo units who were convicted of crimes against humanity. In his first chapter he describes his conceptual approach which includes, in addition to special background material relating to his previous 'clinical' studies of various aspects of the Nazi period, a certain amount of general and developmental psychology very close to Storr's. Then he discusses the cultural heritage of the Germans from the time of the Kaiser; describes the SS and its works, and offers his very sensitive and skilful interviews and finally, his conclusions.

In covering such a wide range of subjects in about two hundred fifty pages, Dicks is bound to generalize briefly and sometimes inaccurately. For instance, he sees the 'final solution' of the Jewish problem—Hitler's euphemism for the destruction of every Jew he could grasp—as merely one of the links in the chain of enemies whom he saw fit to exterminate. Actually, Hitler was an anti-Semite in adolescence. Raging, destructive anti-Semitism dominated his thoughts from that time until the last moments of his life. That the Jews did not officially join those Hitler first determined to be unfit to survive (mental defectives, etc.) until 1941 was probably more a political matter of feeling his way toward what the

Germans would accept in a program of destruction of innocent human beings. Indeed, the euthanasia program had to be discontinued in 1941 because of public disapproval; and even the order that year to destroy all Jews was given secretly by Hitler. It was no accident that Hitler destroyed more Jews than any of his other noncombatant 'enemies' among Poles, Russians, etc., although there were many more of the latter group. It must be remembered that the Third Reich was largely the product and the creature of the demonic wishes of this one man.

Whatever his psychological make-up, the character of many of his followers in the middle and lower ranks of the Nazi heirarchy had to be complementary to his in certain important respects. Thus, Dicks skilfully demonstrates that these men ranged from individuals who were ready to destroy human life with very little permission from authority figures to those who needed the permission and encouragement of a leader to do so.

This brief review of Dicks's findings cannot do full justice to the richness of intriguing formulations and stimulating ideas for which we are indebted to him.

NORBERT BROMBERG (TARRYTOWN, N. Y.)

NEW HORIZON FOR PSYCHOTHERAPY. AUTONOMY AS A PROFESSION. Edited by Robert R. Holt, Ph.D. New York: International Universities Press, Inc., 1971. 418 pp.

Holt's work, based on that of another pioneer, the late Dr. Lawrence Kubie, is of great value for psychoanalysts seriously interested in expanding the utility of their profession. Of special interest in this volume will be chapters by Kubie, Bernard Kalinowitz, Milton Rosenbaum, Milton Wexler, Ner Littner, and Arthur Leader, as well as the summary and prospectus by Holt. There is also a chapter on problems of training psychotherapists to work with children by Littner and Schour which this reviewer found a useful guide for the selection of such psychotherapists.

As a whole, the book makes a strong case for developing training methods in psychotherapy to create an autonomous profession. The argument not only has logic, but scientific and social validity. Serious consideration is given to the problems in practicing such a profession, including the need for all patients to be regularly examined

by a board certified physician. While there is generally a high level of concern for the social as well as scientific and professional impacts of the proposed departure, there is a rather utopian view of the expected effect: 'As we make therapy more widely available . . . understanding in depth of the role of the neurotic process in human development will begin to permeate our culture. In fact, this is essential for the maturation of any society . . . a diffusion of knowledge of the neurotic process throughout a culture will have the ultimate result of making cultural changes possible. . . . Ultimately this state of affairs can bring the freedom to change to an entire culture' (p. 16). These thoughts of Kubie's give a rationale to the entire work. Equal emphasis is given in the book, however, to the less controversial premise that the current need for psychotherapists far exceeds the foreseeable manpower in existing psychotherapeutic professions.

Rosenbaum, in discussing the issue of psychoanalytic training for the nonmedical psychotherapist, believes 'that formal psychoanalytic training should be seriously considered for all psychotherapists', but he adds '. . . I do not know whether it is absolutely necessary'. The new professional group, he feels, would enhance the functioning of existing clinics by offering analytic therapy to some appropriate clinic patients. He points out one consequence of this position: if complete psychoanalytic training is offered to the new profession, then psychoanalysis 'as a body of theory and as a basic science of human behavior will . . . enter the family of the university in a natural and positive way . . . freed from its primary tie and obligations to medicine' (p. 181). With his customary frankness, Rosenbaum notes that the entire issue of how to conduct autonomous training for psychotherapy is complicated for most medically trained analysts by great ambivalence; he questions his own objectivity as well. He suggests that instead of replacing the medical tradition with a quick, cheap means of meeting the growing demand for psychotherapy, training of lay therapists should be better and more rigorous than it is currently. The new profession may indeed need to increase its inner controls to replace the long Hippocratic tradition which prohibits the medical therapist from taking advantage of the relationship.

Wexler, amplifying Rosenbaum's points, indicates that psychoanalysis would thrive as a science and a profession if all psycho-

therapists in the new profession were required to obtain full psychoanalytic training as the core of their education. He points out that many analysts would become available to assist in such training, particularly in view of the substantial decline in applications for full training in recent years. Many analysts would become members of university departments of psychotherapy, conducting training analyses and supervision.

Leader and David Rubinfine take the position that not all psychotherapists should be required to have psychoanalytic training. Rubinfine believes that most future psychotherapists will practice in private offices, putting great demand on their inner resources, and making a personal analysis helpful. Leader, on the other hand, believes the aim of the new professional training should be to produce large numbers of therapists practicing in institutional settings where supervision and consultation would be available. He believes this prospect would reduce the need for personal analysis.

Holt's work has already brought us a step closer to realizing Kubie's dream of affecting cultural change through widespread psychotherapy. This reviewer believes psychoanalysts should participate in this public health movement so that the many graduates in the new programs will be trained in psychoanalytic theory and practice to the greatest possible extent. The field of child psychotherapy is already far advanced in this respect, and it is unfortunate that representatives of the Hampstead and Cleveland Child Analysis Programs were not among the contributors to this volume. However, Littner and Schour provide us with the Chicago Psychoanalytic Institute's valuable experience in this area. They emphasize that we must assist children to develop into emotionally healthy adults by training an increased number of professionals in the understanding and treatment of emotionally disturbed youngsters.

This book, with its strong psychoanalytic framework, is a vital resource for all engaged in planning for training in psychotherapy.

GILBERT W. KLIMAN (WHITE PLAINS, N. Y.)

THE GOALS OF HUMAN SEXUALITY. By Irving Singer. New York: W. W. Norton & Co., Inc., 1973. 219 pp.

The author of this volume is a professor of philosophy at the Massachusetts Institute of Technology and the work might very well be considered a philosophy of sexuality. Although the 'book was

completed with the help of a grant from the Rockefeller Foundation', it is not based on original research done by the author but is instead a rethinking of sexuality using the research of other investigators as evidence.

The preface and introduction immediately present the reader with an important aspect of the author's philosophy. He favors what he refers to as 'sexual pluralism', as opposed to the 'essentialism' of Freud, Masters and Johnson, and others. He postulates, for instance, three different acceptable types of female orgasm:

> 1. The *vulval orgasm* is similar to what is usually referred to as a clitoral orgasm and is described as a rhythmic contraction of the orgasmic platform. This type of orgasm is not dependent on coitus but can be produced by masturbation. Masters and Johnson measured only the vulval orgasm, the author states, because of their selection of 'responsive' subjects and because, Singer believes, it is the only type of orgasm that could be reached in a laboratory environment with its lack of privacy.
>
> 2. The *uterine orgasm* does not involve contraction of the orgasmic platform. It is felt 'deep' within the body and results only from repeated penis-cervix contacts. In this orgasm, there is a strong contraction of the cricopharyngeal muscle, displacing the larynx and causing a period of apnoea. The apnoea ends with an explosive exhalation at the time of the orgasm and is followed by a feeling of relaxation and sexual satisfaction.
>
> 3. The *blended orgasm* is composed of contractions of the orgasmic platform, but apnoea is also involved. It results only from coitus and is felt more deeply than the vulvar orgasm.

An 'essentialist' favors only one goal for sexuality as the correct one. Freud, for example, favored the vaginal over the clitoral orgasm and proposed the clitoral-vaginal transfer theory as the model for adequate maturation of the female. Masters and Johnson, however, claim that there is only one kind of orgasm and, according to Singer, their therapeutic efforts are geared toward having all women achieve clitoral orgasms ('vulval' orgasms in Singer's terminology). All of this 'essentialism', says Singer, frustrates women: those who accept Freud's point of view but can have only clitoral orgasms, as well as women who might have vaginal orgasms ('uterine') but are encouraged by Masters and Johnson not to try for them and are therefore cheated.

Singer avoids the term 'clitoral' and 'vaginal' because, he says, they have 'taken on so many confusing and value laden connotations that surely they ought to be avoided in scientific discourse'. Although he tries to give each type of orgasm equal place in the

constellation of pluralism, one cannot avoid the impression from his descriptions and evaluations that somehow the uterine orgasm is the best of the three, or at least the most satisfying.

The author also sets up two 'systems of sexual mores' which he terms 'sensuous' and 'passionate'. He presents the reader with an interesting though questionable description of the conflict between these two in history and culture. The sensuous mode is the seeking of prolonged erotic pleasure; Singer believes that the vulval orgasm is part of and results from this system. The passionate, on the other hand, is a violent seeking after deep-seated gratification and there is no desire to prolong the pleasure, as there is in the sensuous. The uterine orgasm is said to result from the passionate system and is the consequence of the cervix being 'beaten' by the penis (he credits Marie Bonaparte for this beating concept), thus stimulating the peritoneum and pelvic and abdominal viscera.

On the basis of the system of sexual mores and the types of female orgasms they produce, Singer tries to explain very many things. For example, Masters and Johnson found no negative pressure in the human uterus during orgasm, although it has been found in other mammals. This, they believed, disproved the theory that the orgasm has a reproductive function in the human and proved that semen is not sucked into the uterus by atmospheric pressure. Singer disagrees with Masters and Johnson and refutes their findings by pointing out that they did not measure the uterine orgasm but only the vulval orgasm in which uterine contractions are not involved. Interestingly, he also mentions the fact that in the Masters and Johnson research, a cap filled with radio-opaque fluid was placed over the cervix to ascertain whether any of the fluid was sucked into the uterus during orgasm. The findings were negative. According to Singer, however, if the fluid were to be sucked up by the uterus, it would have to be done by the 'squeeze bulb' method. With a cap over its outlet, no air could be expelled and therefore no suction could occur. This seems a correct physical deduction, unless one expected air to be expelled through the Fallopian tubes. I wonder how Masters and Johnson deal with this apparent methodological error. The author also speculates on the effects of various female hormones on the types of orgasm a woman tends to prefer at a particular time and he wonders whether oral contraceptives may not prevent some women from ever achieving uterine orgasms.

Only one chapter is dedicated to male sexuality and it offers little new thinking in this area. The proposal that much more investigation be accorded the male orgasm is an old one, but in this volume, too, it is relatively neglected. True, ejaculation and orgasm are correctly separated from each other and the point is made that a rapid ejaculation accompanied by a full and satisfying orgasm need not be a symptom labeled ejaculatio praecox. One gets the feeling, though, that the author is much more interested in female sexuality and that the references to male sexuality are added only for the appearance of completeness.

This is a book well worth reading, not only for the author's constructs but also for its overview of the literature on sexual research, many in publications rarely seen by analysts. It is annoying, however, that references to writings of analysts are not brought up to date. Most of the quotations are from the writings of Freud, H. Deutsch, and Bonaparte, and most of these are from their early works. There is one reference to a paper by Marcel Heiman, but the recent attempts at organizing a classification of female orgasm, especially by Jules Glenn and Eugene Kaplan, are ignored. Also, the only goals of sexuality considered by the author are those of physical gratification. There are a few passing references to emotional gratification, but one never feels that it is deemed important by the author, and certainly there is no mention of studies of unconscious goals in sexuality although there are many good papers in this area by well-known analysts.

To use the author's terminology, the satisfaction one gets from this work is sensuous rather than passionate. Singer is a lucid thinker and a good writer, and it is a pleasure to watch him building his arguments. However, so much of the criticism of the research of other workers is destructive that the reader expects, from the build-up of his formulations, a passionate, all-encompassing explanation of his own; but the passion peters out. One ends up in most instances merely with Singer's plea for more research and his hope for future understanding. Nevertheless, the direction of the book is a good one and some of the criticism of other workers, especially those who have rarely been critically evaluated, makes this a valuable work.

MERVIN H. HURWITZ (NEW YORK)

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ABSTRACTS

Psyche. XXVII, 1973.

The following abstracts are edited versions of the English summaries that appeared in *Psyche* and are published with the permission of the editor of the journal.

Hermeneutic Psychosomatics: A Stepchild of Medicine. Clemens de Boor and Alexander Mitscherlich. Pp. 1-20.

The authors describe the continuing resistance of clinical medicine to hermeneutic psychosomatics, a situation which they compare to a one-party system. Current medical education keeps its graduates blind to the symbolic content of organic symptoms and to the unconscious of their patients. The self-cure of this professional deformation is a precondition for the development of treatment strategies that would benefit the majority of the psychosomatically ill. By means of case history sketches, the authors demonstrate the significance of the model of biphasic defense in the genesis of psychosomatic illness (Mitscherlich) and the theory of the 'basic fault' (Balint) for the further development of hermeneutic psychosomatics.

Balint Groups with Clergymen. Hermann Argelander. Pp. 129-150.

The methods and special aims of the so-called Balint groups are presented and exemplified with a group of clergymen who wanted to incorporate psychoanalytic perceptivity into their ministerial work. The group met under the guidance of a psychoanalyst and concentrated on the 'situative' events of cases taken from a parson's everyday practice. The group soon began to identify with the therapist's way of perceiving. In studying the unconscious meaning that various situations had for the members of their parishes, the clergymen themselves underwent processes of psychological transformation leading to changes in their professional practice.

Subject Uses Subject. Lore Schacht. Pp. 151-168.

A week's clinical work with a four-year-old child is reported. The results not only seemed to verify Winnicott's concept of the use of an object but made it possible to extend the concept tentatively. The thesis of the paper is that if the subject is able to use the object, a further step may lead to a dimension of experience in which the different stages of relationship between subject and object, as Winnicott has described them, may also occur in the intrapersonal field of the subject's relation with the subject himself. The preconditions for such an encounter of subject with subject are discussed and an attempt is made to define the subject's use of the subject.

Perception, Interpretation, Knowledge. Wolfgang Wesiack. Pp. 289-308.

The scientistic allegation that psychoanalysis proceeds 'unscientifically' can be made only if the formulation of hypotheses is considered a prescientific stage and 'scientific' is equated with 'objectifiable'. In the process of acquiring knowledge in various disciplines, a common pattern of human experience can be demonstrated. Physical research is characterized by the subject-object relation, whereas psychological research is typified by the communicative subject-subject relation. Wesiack believes that, following Heisenberg and Planck, it is not the ontological truth content of hypotheses which constitutes the criterion of their being 'scientific', but their usefulness. He characterizes psychoanalysis as a science of man, an integrating component of anthropology, which does not fit into the traditional scheme of the arts and sciences.

The Idol. Hans A. Thorner. Pp. 356-370.

A patient who suffered a schizophrenic breakdown following an unhappy love relationship entered psychoanalytic therapy. His central problems were the fear of dependency and the resulting feelings of insecurity. The author assigns the pathological phenomena to the type described by Melanie Klein as projective identification. The concrete-mindedness of the patient, his inability to deal with symbols, and his incapacity for sublimation shackled him to the unsuccessful and idolized first love relationship of his adult life. In analysis he worked his way out of the acute psychotic phase and developed into a compulsive character.

Sigmund Freud and Cocaine. Jürgen vom Scheidt. Pp. 385-430.

Among the most important of Freud's accomplishments were his transition from physiology to psychology, the discovery of the unconscious, his demonstration of the significance of sexuality in the etiology of the neuroses, the therapeutic utilization of free association, the scientifically grounded interpretation of dreams, and his self-analysis. Ordinarily, his stay with Charcot in Paris (1885-1886) is regarded as the beginning of this creative period, and the end of his friendship with Fliess is taken to be its termination. The author submits the thesis that the drug, cocaine, which Freud made temporary use of in the 1880's, played a greater role in the creation of psychoanalysis than has been assumed to date. Above all, in The Interpretation of Dreams there are a great many references to alkaloids. These may be considered a result (and resolution) of a protracted unconscious effort to come to grips with cocaine euphoria.

Psychoanalysis as Instrument in the Study of Literature. Peter Dettmering. Pp. 601-613.

The relationship between psychoanalysis and literature consists not just in the retrospective application of theory to works of literature. Rather, Hamlet, Œdipus, and other works are elements in the very genesis of psychoanalytic

theory itself. Because analytic interest was chiefly directed toward pathography, it formerly centered on the id contents concealed and elaborated in these works, while ignoring those contents that fulfilled the function of resistance. Dettmering points out that even Freud undertook 'exopoetic' (the Leonardo study as well as 'endopoetic' (Jensen's Gradiva) interpretation of literature. The author also points to psychoanalytic research on creativity and to a newer trend in psychoanalytic interpretations which is aimed at the form and structure of the work of art (Chasseguet-Smirgel).

Thomas Mann's 'Death in Venice'. With Remarks on Psychoanalytic and Marxian Interpretations of a Literary Work. Lajos Székely. Pp. 614-635.

Székely's interesting methodology represents a pluralistic approach to literary criticism. He feels that psychoanalytic and Marxian literary criticism are complementary rather than mutually exclusive. In his presentation, he leans heavily on the essays of H. Kohut and G. Lukács. He uses 'exopoetic' dates in order to relate the fate of the hero (Aschenbach) and the fates of the subordinate figures in the novel to the life stories of the brothers, Thomas and Heinrich Mann. Reports of two analytic patients are included to indicate the reactions shown by recipients of a work of art.

Adolescence and 'Rock' Music. Ruth-Gisela Klausmeier. Pp. 643-657.

Referring to psychoanalytic theories on adolescent crises and narcissism, the author proposes some hypotheses as to the psychological function of 'rock' music, illustrated by a case report. The sound of 'rock' is assumed to allay adolescent depersonalization tendencies, while the amplified yells of the young bandleaders offer the possibility of identifying with parents and crying baby (the 'grandiose self'). Their 'protest' voices the struggle of youth for identity. Last but not least, they facilitate the integration of the homosexual ideal.

American Imago. XXX, 1973.

Marcel Proust and His Mother. Gustav Bychowski. Pp. 8-25.

Bychowski stresses the oral, symbiotic character of Proust's attachment to his mother. The scene described early in *La Recherche,* in which little Marcel anxiously waits for his mother to come to his bedroom and kiss him good night, is used as a basis for Bychowski's exposition. He describes the wish for total mutual absorption, the œdipal victory, and the secondary gain of illness which required the mother's ministrations. Since the maternal good-night visit inevitably ended in the mother's exasperation at her son's tenacity, Marcel's peace was shattered: '. . . elements of mutual anger became more outspoken and the maternal imago became endowed with elements of despotic domination'. The negative aspects of the maternal imago became transferred to the female sex in general and every love relationship was poisoned by a lack of basic trust. Proust progressed from trivial affairs with women to homosexual affairs with peers and then to homosexual affairs with his social and intellectual in-

feriors in the vain hope of controlling them. While his homosexual affairs contained elements of his relationship with his mother, they also constituted acts of angry defiance and emancipation.

The Iliad: Agamemnon's Dream. Stephen Reid. Pp. 33-56.

In Book II of The Iliad, Zeus sends an evil dream to Agamemnon in the person of Nestor. The dream advises Agamemnon to urge the Greek army to attack the Trojans and is evil in the sense that the Greeks, depleted by the withdrawal of Achilles and his troops, would surely lose. Reid disregards Zeus as the source of the dream and treats it as Agamemnon's dream. Achilles has withdrawn in response to an insult delivered by Agamemnon. It is Reid's thesis that the latent wish of the dream was to cause a panic in the Greek army, have the troops run to the ships, and create the fear in Achilles that he would be left alone to face the Trojans. Such an outcome would serve both to retaliate by putting Achilles in the same situation that Agamemnon was in and to force Achilles to rally to the fight, thus giving the combined Greek forces an excellent chance of defeating the Trojans. Reid's argument finds some support in a line of Agamemnon's address to the Greek army, which has been variously translated by scholars. A literal interpretation could be understood as a slip of the tongue, revealing his design to the soldiers he is trying to frighten while urging them to fight.

The Symbolism of the Bird. L. Veaszy-Wagner. Pp. 97-112.

The author asserts that Freud knew only one dream symbolism of the bird: '. . . that it represents masturbation, since the sensation of flying and phallic erection are similar'. He notes that in today's slang, 'bird' means girl, but he fails to mention that Freud made this connection in the Schreber case. Veaszy-Wagner describes two additional symbolic meanings for the bird: in a North Eurasian folk tale, the Swan Maidens symbolize the feeding mother's vanishing breast; and in Bosch's *Triptych,* the chicken-headed Satan is symbolic of a moronic child untouched by a trace of maternal warmth.

King Lear's Impending Death. Alexander Grinstein. Pp. 121-141.

Grinstein contends that *Lear* is not about a specific character; rather it deals with the universal problem of becoming old and facing death. In addition, the play deals with the conflicted feelings of children toward their aged and dying parents.

Freud's Father on the Acropolis. Maynard Solomon. Pp. 142-156.

Solomon accepts the provisional validity of œdipal and preœdipal explanations for Freud's disturbance of memory on the Acropolis. He notes, however, that several authors have found indications of the negative œdipus complex in the letter to Rolland and speculates that the experience arose from the revival of a fantasy of pederastic satisfaction by the father.

Moses and Pharaoh: A Psychoanalytic Study of Their Encounter. Dorothy F. Zeligs. Pp. 192-220.

There is an awesomeness about the personality and accomplishments of Moses that tends to place him beyond the realm of mortal man, close to divinity itself; yet there are repeated reminders of his human origins and human failings. Zeligs attempts to show that the psychological basis for this contradictory image is a problem with self-esteem: while suffering deep and painful feelings of inadequacy, Moses had a strong wish for omnipotence and the sense of being special.

JOSEPH WILLIAM SLAP

Journal of the American Academy of Child Psychiatry. XII, 1973.

Amy: The Intensive Treatment of an Elective Mute. Morton Chethik. Pp. 482-498.

Concurring with recent psychoanalytic literature, the author presents clinical evidence of 'multiple and layered' meanings of silence. Following a rich and lively account of his two years of work, through play and drawings, with six-and-a-half year old Amy, Chethik discusses the problems of technique that her silence posed. His major concerns included possible inaccuracies of interpretation; more than the usual need to be sure to keep separate his own constructions from those of his patient; the constant risk of seeming magical, a mind reader; countertransference reactions of rage and frustration that tempted him to make punitive responses; and the gratifying, as opposed to defensive, aspects of silence for the patient (a point Chethik finds insufficiently stressed in the literature).

Pain and the Burned Child. Robert A. Nover. Pp. 499-505.

One of 'nature's experiments' provided an unusual opportunity to observe a burned child's hospital behavior, with the variable of pain (always a serious, often an overwhelming factor) entirely absent. The patient was a five-year-old boy with total flaccid paraplegia and absent sensation from the waist down due to myelomeningocele. Nover presents a compact and useful summary of the major articles on burned children, their coping, and the problems of hospital personnel. The concise case report follows. Strikingly absent from this boy's successful adaptation were the usual regression, depression, and most especially, overt aggressive behavior.

Some Roles Children Play in Their Families—Scapegoat, Baby, Pet and Peacemaker. Nancy Rollins; Joseph P. Lord; Ethel Walsh; Geraldine R. Weil. Pp. 511-530.

In family sessions with seven families, the authors observed that the child-patients played four specific pathological roles having certain common characteristics. Rigidity and resistance to change were striking, with the child ac-

tively participating in the maintenance of the role. These roles clearly functioned to ward off potential family disequilibrium and in each case the role served to limit rather than facilitate intrapsychic development in the child. In addition, a vivid interplay was observed between the parental defenses and character structure and the defenses incorporated into the child's role definition. Thus projection characterized parents of a child in the scapegoat role; manipulation of guilt feelings characterized the mother of a child in the pet role; and denial and avoidance characterized both parents and the child in the peacemaker's role. Only in the baby role were the defenses less clearly defined. This paper is of particular interest to the practicing analyst as it calls attention to factors often understressed: the evolution and maintenance of defensive patterns and character structure.

ALICE KROSS FRANKEL

International Journal of Group Psychotherapy. XXIII, 1973.

Individual and Group Psychotherapy: Complementary Growth Experiences. Heinz H. Wolff and Edward B. Solomon. Pp. 177-184.

The authors describe treatment by one therapist of a small number of patients in individual psychotherapy for about nine months, followed by an analytically oriented group in which the same patients continue treatment with the same therapist for a similar period. Many patients first need a one-to-one relationship with the therapist corresponding to the early infant-mother relationship; subsequently they need the experience of working through conflicts in a setting of multiple and varied relationships corresponding to childhood experiences. Such multiple relationships are available in small therapy groups which mirror the patient's internal object relationships. Some patients whose early relationships were severely disturbed never outgrow a state of schizoid withdrawal. Having failed to work through the schizoid and depressive positions, they are often afraid to join a group and when they do, they tend to drop out. If the patient knows his individual therapy is for nine months only, it gives the therapist and patient the opportunity from the beginning to work on separation. Schizoid personalities never confront this issue because painful losses in early development were so overwhelming that they have avoided close human relationships altogether. In therapy, they are afforded the opportunity of experiencing and working through hostility and persecutory and separation anxiety. After nine months, the patient has to make the choice with regard to further treatment, which highlights the problem of developing autonomy, another vital aspect of growth.

Using Groups in a Crisis-Oriented Outpatient Setting. Jean Allgeyer. Pp. 217-222.

In times of crisis, communication barriers are lowered. Groups were used for crisis intervention in the Los Angeles area with clients who were either Black or of Spanish origin, or who had incomes less than $4000 per year, or who were

in blue-collar occupations. The would-be participants were excluded if they were serious suicidal or homocidal risks, severely psychotic, or did not speak English. Pregroup interviews assessed the event that precipitated the crisis, the patient's previous method of dealing with life, his current situation, actual or anticipated losses, and other stresses. The therapist formulated the dynamics of the current crisis against the background of the patient's history to explain why he was unable to cope with the present situation. These findings were shared with the group as the patient joined it. During group participation, the therapist attempted to clarify the patient's emotions and external stresses. Good initial contact, the ability to accept people with various life styles, and to empathize with people in pain are essential for the successful outcome of this process. The pressure of the group is supportive emotionally and socially—and offers the opportunity for the expression of divergent ideas. As members identify with each other, practical problem solutions often occur, as does desensitization.

A Holistic Group Approach to Psychogeriatric Outpatients. Lynne F. Berger and Milton M. Berger. Pp. 432-444.

Reporting on numerous experiences with group therapy for geriatric patients led by co-therapists, the authors conclude that activity results in *joie de vivre,* while passivity breeds paralysis, pessimism, and poor circulation, which in turn are worsened by isolation and depression. Exercise and capacity for learning and activity enhance and prolong functioning. Patients who started treatment with psychic and emotional decompensation because of realistic stress tended to recover through group contact. Helping others increased a sense of self-worth so that general improvement ensued and treatment could be terminated. Patients with severe and chronic brain syndromes were enabled to defer hospitalization by participation in the day-care activity program. Group participation reduced the anxiety and depression resulting from physical disorders that impaired self-image and body image. Interpersonal activity and involvement with others diminished isolation, regression, and despair.

GERALDINE PEDERSON-KRAG

Revista del Hospital Psiquiátrico de la Habana. Special Supplement, 1973.

Roundtable Discussion of Sex Education. Pp. 1-38.

The participants in this discussion moderated by Sidney Orrett were Dr. Martin Castellanos, Dr. Edmundo Gutierrez Agramonte, Dr. Maria Elea Sole, Dr. Ines Rodriguez Alvarez, Dr. Noemi Perez Valdes, and Dr. Magaly Casell. The discussion covered in elementary psychoanalytic fashion new approaches to teachers, parents, and the community at large. The emphasis was on the sexual equality of the sexes and the different roles and functions of each. The historical roots of prejudice against female sexuality were traced, going back to 60 B.C. Modern trends were considered, including the work of Ellis and Masters. Finally, the discussion concentrated on the importance of psychosexual development from the psychoanalytic point of view.

GABRIEL DE LA VEGA

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Meetings of the New York Psychoanalytic Society

George Hamilton Wilkie & Carl T. Wolff

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

February 27, 1973. ON THE PSYCHOANALYSIS OF THE CREATIVE PROCESS WITH SPECIAL EMPHASIS ON THE ARTIST'S PUBLIC. Donald M. Kaplan, Ph.D.

Psychoanalytic study of the creative process must include consideration of the artist's adaptational plight. In the creative process, the adaptational gain involves the ultimate success of a work of art with the public, even if only to one real or imaginary person. In creativity there is communication of some incremental value to an audience. This extraordinary communicative power of art is the reason for psychoanalytic interest in the enrichment of ego functions in the artist, as well as in what motivates the audience to collaborate in the communicative purpose of the artist.

Kaplan feels that the audience, like the artist, has special sensibilities that allow a reciprocity of shared illusion. Unlike magic, a work of art does not yield its powers to produce illusion when its mechanisms are exposed to consciousness; it can bear exacting scrutiny. As technique led to the created object, it is the interest in technique that Kaplan feels typifies the artist's audience, distinguishing it from mere spectators and leading it to a vicarious experience of having created the work or wishing to do so. The author referred to Winnicott's transitional object and transitional phenomena. Artistically gifted children, unlike others, continue to elaborate transitional phenomena into actual creative products as the culture available to them in ordinary life is not sufficient; they must continue to elaborate culture, eventually the work of art, and shape in an audience attitudes analogous to those that prevailed in the parent toward the original transitional object. In the artist's audience there is often some early incipient creative gift, too feeble to produce an art object but sufficient to produce a response to an art object. Kaplan illustrated some of the vicissitudes of reciprocity in the complex relationship between the artist and his public.

DISCUSSION: Dr. Robert Bak questioned the concept of a special sensitivity in the audience of the artist. In agreement with Antal, he felt that the artist's public is not homogeneous but is split into various groups. With Gombrich, he wondered how much the 'highbrow' or critic is involved in a narcissistic need to enjoy what is inscrutable to the rest of the world. He felt that the special sensitivity is inapplicable to new art forms where a new language must be learned and mastered. It takes repeated exposure and thought before one can enter the æsthetic illusion.

Dr. Bernard Brodsky felt that the 'communicative power of art' is a problematic concept. He cited material from the lives of Matisse, Beethoven, and Goya, and suggested substituting 'evocative power of art'. He pointed out how easily the æsthetic experience can be deneutralized by narcissistic attitudes. Although the artist may be a hero to his public, when the attitude becomes worshipful, something other than æsthetic appreciation takes place. In a similar vein, an interest in technique such as Kaplan described can become a preoccupation with technique, as in the connoisseur, with further narcissistic implications.

GEORGE HAMILTON WILKIE

March 13, 1973. CRUCIFIXION FANTASIES AND THEIR RELATION TO THE PRIMAL SCENE. Henry Edelheit, M.D.

Dr. Edelheit noted that conscious and unconscious crucifixion fantasies (identifications with the crucified Christ) are not uncommon. They can be understood in normal persons and in patients as manifestations of a mental pattern which he calls 'primal scene schema'. This pattern derives from childhood identification with both parents in the act of copulation. In crucifixion fantasies—one form of primal scene fantasy—the figure of Christ nailed to the cross represents the combined image of the parents (nailed together) and, by way of the double identification with the parents, the helpless, observing child.

The mysteriousness and ambiguity of the sexual act as perceived by the child can be summed up in these questions: What is happening? To whom? Who is the victim and who is the aggressor? How many people are involved? Which one has the penis? Am I (the observing child) participating or excluded? The primary form of the primal scene schema consists of the double identification with a copulating pair. A secondary form, consisting of identification with a nursing pair (mother and child), is often superimposed upon the primary form, where it adds a powerful source of ambiguity from an earlier period, and is expressed in the image of the Madonna and Child. Sleeping/waking patterns of the nursing infant resonate with the death/resurrection theme of Crucifixion.

In addition to the polarities male/female and mother/child, the double identification of the primal scene schema can encompass such independent polarities as active/passive, victim/aggressor, sadist/masochist, viewer/exhibitor, and alternation of such ideas as eating and being eaten. The primal scene schema serves as a framework for the polymorphous sexual organization of early childhood as well as the mental representation of bisexuality in normal adults. It enters into the structuring of the œdipal configuration in both its positive and negative forms. In the analytic situation, the various paired roles are assigned to analyst and patient alternately.

The author pointed out that patients with crucifixion fantasies usually have alternative fantasies with similar themes, also based on the primal scene schema. Many primal scene fantasies are conceived as spectacles and are set in a theater or arena; they often express an encounter (a combat, a contest, a sacrifice) in which the observer is implicated. Culturally such fantasies are elaborated into birth and creation myths and fertility rites, as in the stories of Prometheus, Attis, Osiris, Œdipus, and the Crucifixion.

DISCUSSION: Dr. Charles Feigelson felt that the castration theme should not be overlooked in a discussion of crucifixion fantasies. He questioned whether the introduction of 'primal scene schema', clarified the phenomenon under study—the tendency of the mind to make double or alternating identifications.

Dr. Walter Stewart emphasized the difficulty of attributing crucifixion fantasies to one particular determinant. The libido theory, which is represented in the child's psyche by a variety of primal fantasies, might better serve as a framework for the polymorphous sexual orientation of childhood than the 'primal scene schema' as suggested by Dr. Edelheit.

CARL T. WOLFF

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 15, 1973. CONVERSION HYSTERIA AND CONVERSION SYMPTOMS: A REVISION OF CLASSIFICATION AND CONCEPTS. Melitta Sperling, M.D.

Dr. Sperling suggested that the diagnosis of conversion should be based solely on whether repressed unconscious fantasies and the affects associated with them can be recovered in analysis as the psychic contents of somatic symptoms. All conversion symptoms go back to pregenital fixations and the differential diagnosis should be based on the type of personality disorder and psychopathology of the individual patient who produces the conversion symptoms.

The author described the history and treatment of a female patient suffering from conversion hysteria. Her symptoms were similar to those of Freud's patient, Dora, and as in the case of Dora, sexual temptation reactivated unresolved œdipal conflicts with guilt and fear of punishment. In Dr. Sperling's patient seemingly involuntary somatic behavior could be stopped by the patient during the early phases of analysis before the underlying unconscious fantasies of her symptoms were analyzed. The author felt that the explanation of this lies in the special mother-child relationship in such cases, which she refers to as 'the psychosomatic type'. In this relationship, the mother does not permit overt expression of aggression, self-assertion, and rebellion, and puts a premium on submission and dependence. Thus the child learns early in life to repress objectionable impulses and affects. Somatic compliance in these cases often results from identification with parental symptoms and preoccupations; a traumatic situation represents the danger of loss of mother and a threat to the patient's mental balance and life. Dangerous affects and impulses are converted into symbolic somatic expressions. Aggression and pregenital sexual impulses are turned against the self and the internalized objects. In the course of analysis, the analyst temporarily displaces this aspect of the internalized maternal image, at the same time supporting the patient's ego by expecting him to tolerate anxiety and resist the regressive pull to a psychosomatic type of relationship.

DISCUSSION: Dr. Bernard Fine felt that the inclusion of preœdipal factors should not exclude the phallic œdipal phase as a source of unconscious fantasies in the etiology of conversions. He questioned whether the final somatic symptom was necessarily a distorted instinctual derivative; it may be taken over for the fantasy needs of the individual and serve as the base for additional fantasy or symptom formation. Finally, Dr. Fine explored the cause of the disappearance of chronic symptoms, behavior, or attitudes during the early months of analysis. He felt that it might be related to suddenly experiencing a dependency status and magical expectations from the analyst.

Dr. C. Philip Wilson presented clinical case material which illustrated the point that patients who use conversion mechanisms demonstrate pseudoheterosexuality and that technical problems arise because of the pseudoœdipal content of their dreams, fantasies, and associations. Dr. Wilson noted the rare occurrence of conversion symptoms during analysis which he feels is the result of analysts interpreting the defenses against expression of aggressive drive derivatives.

Dr. Lawrence Deutsch commented that patients with psychosomatic illnesses or conversion symptoms who show improvement early in treatment may do so because of certain aggressive drives in addition to libidinal ones. Initial improvement may be the result of a fantasy on the part of the patient that this allows control of the analyst.

CECILIA K. KAROL

The Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held March 21-23, 1975, in New Orleans. For further information write: Alvin P. Shapiro, M.D., Chairman Program Committee, 265 Nassau Road, Roosevelt, N. Y. 11575.

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