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Leo Stone

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SOME PROBLEMS AND POTENTIALITIES OF PRESENT-DAY PSYCHOANALYSIS

BY LEO STONE, M.D.

In a critical review of the current historical situation of psychoanalysis and its unique problems, the author considers a variety of specific but interacting factors. The potentialities for advance as therapy and science, their interrelationship, and the possible channels for such advance are examined. The social, clinical, and scientific importance of derivative 'psychotherapies' and of rationally flexible boundaries of 'indication' are discussed. As differentiated from rational conservatism, the phenomenon of analysts' irrational resistance to potential change in basic tenets of technique or theory is held to be a critically formidable impediment to the further development of psychoanalysis.

If, in this presentation based largely on personal experience and reflection, I sometimes speak as if hitting straight from the shoulder, it is because I believe that this bluntness is a more useful contribution to dialectic than more restrained utterance. Furthermore, there is hardly a tendency I criticize of which I have not sometimes been 'guilty' myself. On the other hand, I do not wish to minimize the strength of my current convictions. With several authors, who have recently made reflective statements in varying contexts (for example, Arlow, 1970b; Bak, 1970a; Anna Freud, 1969; Rangell, 1967; Ritvo, 1971), I have often felt agreement on selected issues even when there are large and important areas of disagreement; and there are sometimes differences in specific references or in focus or emphasis in relation to writers with whom many ideas are held fully and strongly in common. Thus, it seems worth while to speak my own piece.

This paper has been read, in various reduced versions, before the Michigan Psychoanalytic Society (October 7, 1972), the Washington Psychoanalytic Society (April 13, 1973), the Cleveland Psychoanalytic Society (October 19, 1973), the Mexican Psychoanalytic Association (March 18, 1974), and the New York Psychoanalytic Society (May 28, 1974).

THE PSYCHOANALYTIC METHOD

To define the nature and limits of the psychoanalytic method itself is more challenging than to speak of what is comprehended in the inclusive word and concept, 'psychoanalysis' (method, process, data, and theory). What is the method (with responsive inner process) which remains central in our work and thought? Many have defined it in at least partial response to a specific historical context. Freud's own definition of 1914, brief and deceptively simple, singles out the recognition and management of the phenomena of transference and resistance ('takes them as the starting-point of its work') as the indispensable criteria for the valid use of the term, even if, mind you, the process leads to data and conclusions different from his own. This definition has often been repeated, including the important reference to it by Anna Freud (1954b). Although many of Freud's epigones would not be as broad-minded as he, this definition remains of decisive importance because of the breadth and openness of scientific spirit which it expresses, and because of its selection of two dynamisms operative in, and demonstrable in, the dynamic psychoanalytic field. Unlike even the historical references of emergent memories (a priori unreliable as data except in the fact of their statement) with which psychoanalysis came into antenatal existence, these powerful phenomena can in a sense be 'seen' by at least one observer, and we hope in the end by two. Both include implicitly another indispensable conceptual bulwark, the idea of the unconscious. This type of definition, furthermore, remains one of those perennially refreshing well-springs of thought to which we can return when in danger of coming to regard outer phenomenology as essence, of really beginning to believe that 'clothes make the man'.

Under the combined demands of historical change, it has seemed pragmatically necessary to make the definition of psychoanalysis more strict, more limiting. These demands have included the consolidation of technical tradition, crystallizing group identity and, very importantly, the weedlike growth of psychotherapeutic practice variously deriving from psy-

choanalysis. (I do not speak of the overdetermining, not always rational or noble considerations, such as dereistic displacement from essentials to words and forms, the comfort of ritual, the sheer power of tradition or even habit, considerations of group narcissism, and trends toward guild exclusiveness.) In any case, with the passage of time the facilitation of a full-blown transference neurosis and its reduction to critical elements of the past as basic vehicles of analytic change, and the goal of structural change as an expression of thorough improvement or cure, have achieved increasingly important positions in definitions. About these movements and changes cluster the mechanisms and the technical expedients which are devoted to bringing them about. Whether explicit or implicit in such definitions, the topographic change, the bringing of that which was hitherto unconscious into consciousness—although the early luster of this essential process has been dimmed in many minds—, remains an essential and integral part of the psychoanalytic process in all important references.

I shall not take time to group, in the order of essentiality, the principles and the routinized technical measures which characterize analysis, ranging peripherad from the basic rule of free association or the general principle of abstinence, to those about which there may be wide differences of opinion or emphasis, or variably flexible practices, such as 'never answering questions' or 'not interpreting the transference until it becomes a resistance'. It is not necessary to describe to analysts the hierarchy of principles and techniques, and the interpersonal and procedural format which constitute the psychoanalytic situation—a complex gestalt which some of us believe has an organic meaning far beyond the sum of its parts and in which the individual parts themselves may also have functions different from, or in addition to, those historically assigned to them (Stone, 1961). It is hoped that the psychoanalytic world always keeps in mind the basic functions and purposes of this organic complex and its various functional components, although there is some evidence that this is not as universal a tendency as one

would like. If the picture of an undistinguished but rigorously schooled person sitting behind a reclining patient—the latter speaking only in free association, the former murmuring occasional œdipal clichés or telling the patient he is ‘resisting’, during fifty-minute hours, five times a week, and insisting that bills be paid on time ‘no matter what’—does not constitute a satisfactory presentation of analysis to informed minds, there is nonetheless an important intellectual warning in this *reductio ad absurdum*, this intellectual horror. For, to a not inconsiderable number, the formal modalities of analysis have pre-empted the authority of its conceptual core to a surprising degree. And this is conspicuous where simple mechanical description or specification of numbers, so easy intellectually, are the foreground considerations. Even the taboos¹ emerge largely in this sphere. The honest psychotherapist, especially if he is a candidate, dreads putting a patient on the couch or seeing the patient every day. (The candidate who is adjured not to practice psychoanalysis, while feeling free to practice psychotherapy based on psychoanalysis, is an unhappy epitome of this intellectual grotesquerie.)

I do not intend to derogate the current technical modalities which characterize psychoanalysis or the important and autonomously significant gestalt ensemble which they constitute. Each of the elements, including their sometimes complicated history and certainly their formidable synergistic organization—the psychoanalytic situation—hold my deep respect for their dynamic power as well as my perennial scientific interest about their nature, mode of operation, interrelationship, and potentialities for advantageous modification, individually or as an ensemble. Also, I believe them to offer currently the most effective available instrument for profound observational access to the mental and emotional life of the human in-

¹ Taboos are, of course, not invulnerable, especially to economic considerations. The forty-five minute hour has made headway in the United States, at least in New York, and is not often debated openly in the sense that the four to five hour-a-week schedule was once a *cause célèbre*.

dividual in a specified and relatively controlled setting and, at the same time, the most effective means, however imperfect, of bringing about modifications, sometimes profound alterations, in that life by purely psychological means in a rationally purposive way.

Yet this is not a *confessio fidei*. My loyalty includes a constant latent, sometimes manifest, questioning of each part and the whole of the structure. I do not regard it, and I do not think it should be regarded, as perfect even for our time. To regard it as 'perfect' is, to my mind, the widespread paradoxical blasphemy of our psychoanalytic era. While there is general agreement that we need new data and new discovery in our field (*cf.*, A. Freud, 1969; Bak, 1970a; Arlow, 1972), 'our field' by implication often appears to include its current instrumentalities and theoretical structure as taken for granted. Kurt Eissler's paper of 1969 is a brilliant example of this trend of thought. These givens are, of course, necessary for the orderly day-to-day progress of our work so long as they are rationally interpreted—hence the primary qualification 'latent' at the beginning of this paragraph in relation to 'questioning'.

It is also true that we have only scratched the surface with regard to new genetic and dynamic data that may be available by way of and in relation to the present framework. In this too, I differ from some who are more devoted to the status quo. These new data are to be valued, if not barrenly exegetical in implication, both in their present meaning and for their potential change of function should there be shifts in our basic frames of reference. But it is my conviction that the more urgent, the far more difficult need, and the larger potentiality for scientific and therapeutic progress lie in the constant examination and re-examination of our basic procedural assumptions and our related theories regarding psychoanalytic process and personality dynamics. It is in this sphere that, stated or unstated, the greatest resistance in the psychoanalytic community appears, and in a manner which to me, whether as general observer or as participant in discussion, betrays an unscientific

(sometimes antiscientific) nonrational component. This I regard as the greatest single obstacle to the progress of psychoanalysis and as far more important than our selection of patients or even of candidates (Bird, 1968; Bak, 1970a), or the antiadaptive rebellious attitudes of young people (A. Freud, 1969), or putatively excessive analytic preoccupation with the earliest period of life (A. Freud, 1969; Arlow, 1970b), or lack of adequate research facilities or endowments—granted the great practical importance of the latter consideration.

What are some examples of the important issues I have in mind? I list a few: the general validity of the dual instinct theory and a host of germane questions; the dynamic role of attachment and separation phenomena, and their relationship to drives; the concept of psychic energies, indeed the entire structure of our metapsychology and its seductive or coercive effect on our thinking beyond its usefulness as a shorthand language and a tentative scaffolding of ideas; the nature and origin of transference; the nature and origin of resistance; the basic dynamics of the psychoanalytic situation and the psychoanalytic process beyond manifest structure, clinical purposes, and phenomenology; the dynamic functions of various forms of abstinence, including their quantitative aspects; the relationship of various modalities of abstinence, including their quantitative aspects, to the genesis of the transference and the transference neurosis; the theory of our technical procedures and their effects, including their comparative study in relation to alternatives; the further study of the genesis and functions of the *œdipus* complex; the actual functional role of spontaneous recollection, of reconstruction by the analyst; the relationship between cognitive and affective exchange; the dynamic position of free association beyond its cognitive-communicative role in relation to the recumbent posture and frequent visiting; the dynamic and economic interrelationships between reality and transference; and the general role of speech as such in the psychoanalytic process.

Of course, these problems have been discussed and written about from the beginning, but not nearly often enough. I shall

not undertake here to list the distinguished contributions to these subjects, past or recent. The latent or manifest reaction to 'heresy', however, exists in a subtly pervasive sense all too often, in contributor as well as audience.²

PSYCHOANALYTIC PRACTICE

I shall turn now to certain current actualities of psychoanalytic practice. I have mentioned the complicated evolving definition of psychoanalysis as a procedure. To this I must add a further multifaceted dimension, which I deal with as a unit only for purposes of rhetorical simplicity and condensation: the importance of organizational hegemony in specifying the definition and regulating formal (i.e., institute) training accordingly; further, the derivative fact of a central and elite corps of psychoanalysts who regard themselves as authentic and authoritative (not to speak of authorized) in their work, and in a surprising way, to varying degree, are similarly regarded by many others. The pre-eminent organizing authority in the United States has been the American Psychoanalytic Association. Even among its own institutes there are sometimes notable differences of orientation, but certain minimal requirements are met and the sense of a trained and elite corps is pervasive. This elite corps, however, exists not only as an island in an uncharted ocean of psychotherapeutic practice but in a growing archipelago of psychoanalytic institutes, clinics, and practitioner groups of mixed, variable, sometimes uncertain origin as to the training and background of their faculties.

How many, or which, would be included in a general view of psychoanalytic practice would vary with individual capacity for tolerant acceptance and, occasionally, with knowledge of in-

² In discussing my paper (Stone, 1954), in reference to the real relationship, Anna Freud (1954a) said: 'I wonder whether our—at times complete—neglect of this side of the matter is not responsible for some of the hostile reactions which we get from our patients and which we are apt to ascribe to "true transference" only. But these are technically subversive thoughts and ought to be "handled with care"' (pp. 618-619). Even a jest testifies to the intellectual climate of the time.

dividual merits. The unsophisticated public is prone to regard anyone who talks with patients frequently (i.e., as much as once a week, especially if he charges high fees) as a psychoanalyst. In the view of a member of the officially trained and recognized elite, however, the number deriving from the 'outside' would not be considerable.

Thus, psychoanalysis is in this view a very narrowly delimited specialty with, relatively speaking, but a handful of thoroughly trained practitioners. There are still large areas of the country, even populous cities, where none exist, even though distribution is gradually proceeding. We must acknowledge that the vast problem of the specialized care of the neuroses is, in overwhelming preponderance, in the hands of psychiatrists and psychotherapists whose thought and methods are variably influenced by psychoanalysis, pro or contra (more often pro in this country), and in ways or degrees beyond classification. And this is the state of affairs in a country where 'Freud', 'œdipus complex', and 'dream interpretation' are often household clichés; also, where the pompous omniscient practitioner of the mass entertainment media, with his empty grandiloquent diagnoses and his magical cures, sets the image and the hopes of the naïve public, engendering groundless expectations and an ambivalent mixture of wonder, awe, and fear.

To boil down detailed scrutiny of the distribution and socioeconomic availability of officially qualified psychoanalysts, one might say that in our private work we are, willy-nilly, if not devoted only to the rich and well born, largely doctors for the prosperous and sophisticated. Through our clinics we reach an additional small number of those relatively adjacent to them. Blue collar workers or their families are rarely seen. It is only through psychotherapy that we reach effectively the so-called 'masses'.

That there is an important reaction to this peculiarity of psychoanalysis is an unequivocal fact, whether it be expressed in certain doctrinaire ideologies, in deficiencies of financial endowment, or in the less formal bitterness and criticism of non-

doctrinaire but socially concerned individuals within and outside the medical profession. (Note the recently quoted remarks of APA President Alfred Freedman in *Psychiatric News*, September 5, 1973. Also, those of Judd Marmor, March 21, 1973.) It would be my strong interpretative hunch that this feeling, in a time of almost revolutionary change (by American standards) in the general position of health care, lends an important affective thrust to the currently mounting tide of criticism of psychoanalysis, both as to its scientific status and its therapeutic usefulness.

While not without earlier precedents, sometimes augmented by economic hard times, possibly a contributing factor in recent complaints regarding analytic practice, a gloomily ruminative view of the general situation among analysts themselves seems to me more frequent recently than in the past, including past periods of extreme economic or international turmoil. Apart from the practical anxieties of some, we must also notice the more frequent intellectual contributions regarding the scientific and therapeutic position of psychoanalysis. There are, of course, predecessors to those references cited earlier: Knight (1953), Gitelson (1955, 1964) among others, not to speak of Freud himself. But I do believe that more recent writings reflect and often express a more intense theme of perplexity regarding the nature of our commitment than in the past. In our organizational life, national and local, there is a ferment of mind searching, largely in an affirmative direction, regarding methods of training, research, and allied matters.

Let us return to the problem of the availability of analysis, which I believe plays a part not only in the ambivalence of our environment but in our own state of mind, whether guilty, reactively defensive, unconcerned, or disappointed in a failing material cornucopia, or impelled to reflective concern about the general problems of our commitment. I believe this problem of availability to be formidable and irrefutable in character, essentially insoluble so long as the status quo (in a comprehensive

sense) is maintained. How can we confront this problem? So long as our technology retains its present rationale, we cannot arbitrarily alter it, even to meet a legitimate social need. Nor can we by magical fiat bring about changes in psychodynamics that would enable such changes. In default of legitimate (i.e., sound and rational) changes, we must continue as we are, however limited the number we reach. This would leave us with a sort of trickle down philosophy, *faute de mieux*. But what can we reasonably hope for, indeed offer, in establishing a more affirmative psychological orientation, assuming that we do not deny the problem or view the 'service-minded' from a stance of aristocratic or ivory tower hauteur? Granted that the ultimate problem is in the hard statistical sphere, a change in orientation toward the problem could in itself be productive in several ways, even if at the outset largely in the psychological sphere.

1. Legitimate and fundamental changes may yet develop in the essential framework of our present procedures, enabling its wider application. It is unlikely that analysis will thus become freely and easily available; but any improvement in its effectiveness or any diminution in required time will be significant. To the present time, radical innovations with this explicit or secondary purpose have not taken root, largely for sound and adequate reasons. These efforts have sometimes been valuable and instructive even in their failures; further efforts need not be failures.

2. The theories and techniques of psychoanalysis may contribute further, more profoundly and extensively, to the establishment and improvement of other rational forms of psychotherapy. The study, practice, and research of such psychotherapies can be given dignity and importance in psychoanalytic groups, including a graduate, or at least advanced, position in institute training. I note with pleasure that Anna Freud (1966) mentions this important consideration in her sketch of an ideal institute. The issue of such training and study will often be utilized effectively by nonpsychoanalysts. While the creative responsibility can be assumed with maximum advantage by

those who understand the parent discipline thoroughly, the broad outlines and principles of derivative techniques can thereafter be taught to those without this advantage. Not every good medical practitioner has intimate knowledge of virology or electron microscopy, or even of much less recondite but relevant fields. Further, a 'bit far out' but not beyond serious consideration, psychoanalysts can try to extend their informed understanding, not only to deviant analytic and quasi-analytic views, but to remote forms of therapy (myriad, at this time), even those of a nonanalytic or putatively antianalytic frame of reference. They can thus sometimes contribute better rationale to these methods, and in this effort expand their own horizons, i.e., learn more about the varied dynamisms of personality change, whether brought about by analysis or by other as yet ununderstood personality processes.

3. The derivatives of our limited field of therapy can further enrich other intensely practical fields, for example education and child care, and many other less proximal scientific and scholarly disciplines, outstandingly sociology and political science. In the latter spheres, indeed, the indication for serious psychoanalytic study seems urgent. The hazard to be guarded against, strikingly in relation to the study of creative effort but present in all remote applications of psychoanalysis, is the temptation of the child with his toy microscope: the overenthusiastic pleasure in the surface facilities of psychoanalytic thought, the fun, and the spurious sense of omnipotence and universal intellectual superiority. This is opposed to the humble and serious application of the profundities of psychoanalytic method and thought to grave problems, in adjacency to and with full consideration and respect for the myriad nonanalytic considerations entering into all-important human behavior, and the multiple frames of reference in which even the fate of unconscious motivation and conflict can be viewed.

4. Finally, of course, there is the question of broadening and diffusing psychoanalytic training, including the 'front door' training of nonmedical candidates, of giving up the exag-

geratedly elite, guild-like status of organized psychoanalysis, and in a sense legitimizing the tendency implicit in 'wildcat' institutes. This would also mean simplifying admission criteria, as well as the requirements for training analyst status, while still maintaining certain reasonable but hard minimum standards.

With regard to the maintenance of certain reasonable minimal standards, some qualifications are important: by keeping requirements for admission, graduation, or training analyst status as much as possible in the hard, i.e., demonstrable, sphere—as to education, clinical and teaching experience, intelligence, character, and scientific achievement—requirements could, in some respects be even more rigorous than they are now. Yet, by removing or minimizing the elements of idiosyncratic personal approval or rejection by those in power (Stone, 1975), especially in relation to cliché mystiques ('a natural grasp of the unconscious' or its putative absence, for example), or the charisma of psychoanalytic ancestry or adherence, a considerably broader base of candidacy qualification and faculty growth could be established. For example, lay analysts, who, I believe, should be systematically and overtly trained, could be required to offer evidence not only of adequate and structured advanced education in relevant fields but of an adequate minimum of training in the biomedical, especially psychiatric, sphere. The latter training could be a required preliminary phase of their psychoanalytic training. On the other hand, thoroughly trained analysts with a certain number of years of clinical experience should be automatically qualified to conduct analyses of candidates, if no important ethical or other professional misbehavior or inadequacy is validly demonstrated in relation to them. This last step in the prolonged initiation ordeal mentioned by Arlow (1970a, 1972) should be available to the colleague of mature years on the basis of interested and conscientious work, rather than on the basis of unclear intangibles. This would be to his and the psychoanalytic community's advantage.

Thus, anticipating the inevitable retrospective judgments of history, we could leave the elite aspect to the achievement of

those individuals and institutes whose gifts and efforts earn such distinction. Such tendency must, of course, be considered carefully and in detail as to its ultimate results, specific methods of implementation, and presumptive hazards. But it finds some ancestor in the noninstitute trends vigorously expressed by Bernfeld (1962), and even in Freud's own rather modest views regarding psychoanalytic training. Again, these steps would probably not in themselves make psychoanalysis freely or generally available so long as its essential features do not change. But for those who want it and will make the necessary sacrifices for it, these steps would vastly increase the statistical opportunity for treatment by trained analysts.

RESISTANCE OF ANALYSTS TO CHANGE

I put aside with regret the extended discussion of my several personal observations and opinions regarding the origins of the resistance of analysts to change in fundamental tenets of technique or theory. Perhaps this merits separate communication. Rather than omit this important subject altogether, however, I speak dogmatically.

It is worth while at least to mention at this point topics which might be considered in such extended discussion.

- 1, The inevitability of intellectual uncertainty in our field and the role of a rigidly maintained, narcissistically invested fiction of certainty in countering latent intellectual malaise.

- 2, Hostility toward the malefactor who threatens this defense, sometimes augmented by the ambivalence underlying the defender's own overwrought loyalty (*cf.*, Arlow, 1970a, 1972; Reik, 1919).

- 3, The role of shared group convictions in the subtleties of transference analysis (criteria of acting out, for instance) and their potential influence on the later tenacious adoption of parental attitudes and sometimes irrational revolt against them.

- 4, Factors hindering the spontaneous self-analysis of our own zealot potential: (a) binding group solidarity with mutual approval and support; (b) the tendency to establishment mentality,

paralleling the success phase of revolutionary cycles in other spheres of human history; (c) the fact that the political struggles which sometimes achieve a repellent character in our groups tend to offer a premium for one direction or another of alignment and conformity, whereas these struggles, beyond the sheer question of literal personal power, are in themselves colored by the polytheistic authoritarian aspects of our training system, intrinsically inimical to original thought beyond certain limits; (d) within this framework the outstanding and critical role of the reported training analysis, which deprives the candidate of the first and indispensable rights of any analytic patient, i.e., absolute and inviolable confidentiality and immunity from intrusion into his extra-analytic life by the analyst. (If the candidate is a 'good boy', he may some day be a training analyst and do the same to others!); (e) the dangers of a not too infrequent lack of humility in those in power, the acceptance of whims and caprices of judgment about other individuals as definitive and authoritative.

5. In a broad historiographic sense, which does not exclude psychoanalysis, the fluctuating decline of influence of literal religion among the intellectual elite of the world, with the consequent need for displacement of this universal transference to other spheres. Psychoanalysis which tends to undermine the irrational factors in such phenomena, wherever they appear, tends by inadvertent paradox to leave only itself as a suitable object for such investment.

6. Finally, the tendency to displace away from the analyst or his method the reasons for therapeutic disappointment or failure. This supports rigid idealization of the method and secure rigidities of belief, rather than the open and receptive mind.

With due regard for the pragmatic necessity of intelligent primary adherence to convictions and the rational conservatism which may follow, the quasi-religious irrational determinants of a doctrinaire sense of certainty (where uncertainty is inevitable, whether in so-called orthodoxy or revolutionary dissidence) are formidable obstructions to possible progress, and deserve our serious self-analytic scrutiny, as well as our conscious, objective intellectual attention. Since my own convictions lie decidedly in what I regard as the classical orientation and since I feel that the

greatest intellectual promise still lies in this orientation, I am less concerned about the stormy irrationalities of militant dissidence than the prevailing rigidity in my own intellectual community. This resistance to change is the more important because its nature, involving the synergistic interaction of both individual and group needs and defenses, makes it less accessible to rational argument than other problems. The resistance is not often explicit or a matter of stated principle, in fact not frequently conscious, only rarely impolite, although it may be snide, and when expressed by superior minds may achieve an indubitable elegance and scholarliness of expression.

The more crude or blatant form of rigidity manifested by the individual who cannot, or at least does not, think for himself is a serious problem, but it does not influence others importantly. The views of the gifted polemicist who combines scholarship, acuteness of intellect, and sound conservatism with the magical and subtle matrix of historical and current group narcissism and irrational sense of certainty are at one time the far more effective guardians of affirmative tradition and the far more effective watchdogs against creative change. It is therefore even more poignantly the burden of the intellectual leader to examine, if necessary to analyze, the irrational elements in his commitment to psychoanalysis. The tendency to resistance to change may be expressed in simply ignoring contributions, in attributing them to personal neuroses (*cf.*, Keiser, 1972; Arlow, 1970a, regarding this phenomenon in organizational problems), in the emotional temper of discussion, in joking or supercilious generalizations, or in an endless variety of modalities for the summary disposition of intellectual disagreement without confrontation.

There is, of course, a simple and self-evident alternative to all this, and in the functional acceptance of this obvious truth lies the affirmative intellectual future of psychoanalysis: that intellectual convictions on rational foundations not only occur spontaneously and inevitably but are necessary for productive action, so that their existence requires no defense or apology; that such convictions are nonetheless compatible with open-mindedness

not only toward new and even disconcerting data, but toward new or variant theoretical constructs; and that the maintenance of this open-mindedness must be a commitment transcending, at any emotional cost, the narcissistic and other primitive considerations mentioned earlier.

PSYCHOANALYSIS AS THERAPY

Now I shall turn to the question of psychoanalysis as therapy, without reference to statistics but rather from the point of view of observation and reflection derived from my own clinical experience and that of others to whose experience I have had access. Statistical studies are, of course, to be welcomed. The recent summary of the long study by the Menninger Foundation Group (1972) is thoroughly admirable. However, I do not believe that, in a field of such extreme complexity—as to definition of forms, diagnosis, technology, criteria of change, and the tremendous variations in the personal equation regarding analyst, patient and their matching—the general situation is as yet ripe for the dismissal of individual experience and reflection.

In the treatment of the moderately severe chronic neuroses (and sometimes considerably beyond these) and the milder, sometimes somewhat more severe, character disorders, there is not the slightest doubt in my mind that psychoanalysis is highly effective. Skilfully applied, it yields a high degree of improvement in an impressive proportion of cases, amply justifying the sacrifices of those willing to undertake them. Its scope extends outward from this core indication through various more severe nosologic groups, the application increasingly selective, the effectiveness progressively less dependable and increasingly contingent on extra-nosological individual and environmental factors, as the nosologic periphery is approached. That analysis may occasionally be spectacularly effective with milder neuroses, in the sense of historically early tentative experiences and expectations, is still true. However, I would have to say that the latter impression is based largely on certain early experiences in my practice with rather naive patients, usually young adults with

relatively uncomplicated neuroses, not treated previously, unencumbered either by oppressive, fixed life situations, or by complicated and tenacious aspirations unlikely of achievement. That some of these were in part transference cures is probably true. However, the line of distinction is sometimes unclear in these cases.

Furthermore, the question of loss of motivation in patients relatively quickly relieved of suffering, with exigent and hopeful lives to get on with, with ample simple social displacements for residues of fundamental transferences, is inevitably important in the total emotional economy of treatment. Also, we should note that such transferences, maintained in a state of 'clinical cure' usually of benign idealizing quality, do not have the malignant potentiality of the sometimes euphoric premature improvements of the more malignant neuroses, for example those characterized by profound and intense oral ambivalence. Whether these simple and milder cases are actually less numerous than in the past, I do not know. They are not now frequent in the schedules of experienced practitioners, nor do they seem too frequent anywhere, including the applicants to psychoanalytic clinics (*cf.*, Lazar, 1973). Perhaps they still appear among the patients in hospital outpatient departments. The economic reasons which quickly come to mind may exist but are sometimes largely spurious. The fee gap between old and young analysts may be slight or nonexistent or, in some instances, inverted. It is also true that such patients are often accessible to a variety of forms of treatment, some of them ideal indications for a proximal form of interpretative psychoanalytic psychotherapy, in the sense which I have mentioned in the past (*cf.*, Stone, 1951, 1954).

As to the first-mentioned group—chronic neuroses in the middle range of severity, and equivalent character disorders—they remain the core and backbone of psychoanalytic practice, conceived as ideal for therapeutic effectiveness. Such patients still appear occasionally in my practice, but definitely as a small minority. With the advance of years, apart from the analysis and reanalysis of colleagues, the increment of older patients in com-

plicated life situations with longstanding severe illnesses, often with multiple past treatments not seldom including more than one analysis, is quite formidable. Such patients often have special claims on the limited time of the older analyst and tend to crowd out those with moderately severe neuroses, not to speak of the highly responsive milder cases.

Are there observations in analytic practice, apart from changes in the constituency of individual private practices, which suggest intrinsic change in the neuroses and the patients' accessibility to analytic treatment? The special reactions of young people, discussed by Anna Freud (1969), have been verified as vividly stated points of view in a few consultations in my own office in the last few years. How enduring this reaction will be I cannot say. The recession in importance of traditional nonrational bulwarks of morality and the current cultural interim, characterized by moral vacuum or chaos or impulsive groping, are conspicuous aspects of the present psychological climate. Such historic context does, I believe, favor a movement toward impulse, behavioral, identity, and addictive disorders, rather than symptom formations (*cf.*, H. Lowenfeld, 1969; H. and Y. Lowenfeld, 1970). The diminution of attachment to the idea of God in terms of vivid personal imagery, even to diminished and unreliable secular equivalents, diminishes the facility of solution by displacement of residual basic transferences (Stone, 1961, 1967), thus augmenting problems of separation from the analyst. Intensely relevant ideologies, for conspicuous example, Women's Liberation, notwithstanding rational affirmative constituents, can implement tenacious resistances in their irrational overflow. These are, of course, facts of cultural history to which analysis must make technical adaptation.

One old problem—the resistance called intellectualization, most formidable in the professionally sophisticated—has been disseminated and multiplied by cultural change. I refer to the wide diffusion of psychoanalytic knowledge and half knowledge. Despite Freud's (1910) own somewhat equivocal and guarded optimism regarding this impact, largely in its broader societal

implications, it is, like the frequent anxiety-denying sexual freedom of this time, rather an obstacle to analytic process than otherwise. It is as though everyone from early on is subjected to diffuse premature interpretations with corresponding increases in resistances in central spheres—for example the œdipus complex. How to disarm this knowledge, and gain genuine access to these critical spheres of feeling, is more than an individual problem of traditional resistance interpretation. It calls for more general technical changes. The principle of 'reconstruction upwards' (Loewenstein, 1951, 1957) is an important move in this direction. The growing importance of the transference neurosis as the ultimate crucible of analytic work is a safeguard against glib 'book-and-mouth insights', which are a substitute for, and defense against, true analytic experience and understanding.

What can we expect by way of therapeutic results in analysis? Certainly the patient hopes to get well in an ordinary sense, to overcome his suffering or his disability. That is why he comes to us. This hope is met to varying degree with occasional failures, the outcome dependent on a variety of interlacing factors which elicit many papers in themselves. Complete recovery, in this sense, is not as frequent as I and many others would like. It can occur, with due regard for semantic relativism and prognostic fallibility, in the optimal type of patient mentioned earlier. Clinical cures can also occur for practical purposes in the more favorable range of moderately severe neuroses. What is more frequent is a significant reduction in the number and severity of symptoms, and their interference with viability and the general capacity for happiness. With this is a frequent capacity to abort recurrent symptoms in statu nascendi, sometimes by a sort of self-analysis, more often by a rapid spontaneous mobilization of awareness of the old factors involved in new situations. At times a visit or a few visits to the analyst may be invoked to facilitate such process. (I omit the question of reanalysis in this context.) With a generally greater sense of self-understanding, adaptability, and freedom of options, one may hope for a greater sense of over-all well-being, sometimes expressed even in the

somatic sphere (*cf.*, Menninger, 1958). One may certainly hope for decisive improvement in the sexual life and, importantly, in the larger general complex of personal relationships. This pattern of improvement has sometimes been greatly valued even by patients whose symptomatic results have not been striking. But the proof of the pudding, in my humble opinion, is the fact that in many years of analytic practice, including a larger than average proportion of severe clinical problems, I can only recall a negligible number of patients who stated regret or disappointment over ever having had analytic treatment (regardless of the factors involved in such attitude).

Some years ago, in my strictly personal impression, a colleague of importance in early American psychoanalysis was subjected to a certain amount of subdued and covert criticism (at times, mockery?) for his blunt and insistent interest in psychoanalytic failures. This is in paradoxical relationship to a growing tendency to pessimism (or, to be exact, what I regard as pessimism in the light of my views of possible future progress) regarding psychoanalysis as therapy, sometimes among colleagues of unmatched intensity of commitment and devotion to the field in general (*cf.*, for example, Eissler, 1969). Or a similar trend may appear in a high evaluation of the unique psychological validities of the psychoanalytic process (along with an appreciation of its training and research value) with what one may call a special paradoxical correlate of its therapeutic limitations—the moral philosophical superiority of the tragic over the romantic view of life (*cf.*, Klein, 1973 and his reference to Schafer, 1970).

We have reacted to therapeutic failures in many different ways—for example, Oberndorf (1950) and in a fundamental sense Freud's (1937) classic contribution in this sphere. One can legitimately wonder if the therapeutic limitations of psychoanalysis are connected with the occasional tendency to play down the therapeutic function of analysis altogether, possibly to find some obscurely tacit authority for this in Freud's original disinclination toward medicine, or his apparent or putative later waning of therapeutic interest, and to substitute for its function

as a therapy the broader view of the position and the role of analysis, beginning with its status as a general psychology.

On the whole, it seems to me that if one's expectations of psychoanalysis are rational and circumspect, it stands up as a powerful and exceedingly effective therapy, even 'as is'. If relapses, rare dramatic breakdowns and occasional long and minimally fruitful analyses, have confronted us with increasing vividness with the passage of years, we must react not only to this clear and unequivocal challenge but also to the simplistic view of neuroses which could originally have contributed to our feeling that we did have a magical panacea. Long ago Freud (1913) met the request for a short treatment for obsessional neurosis with a gently but appropriately sarcastic counterattack (p. 129). It remains true that to be able purposely to change human personality at all is something marvelous in itself, something like changing the leopard's spots. I use this commonplace metaphor advisedly, for constitutional biological elements, to varying degree, undoubtedly do confront us in our work, and only the infinitely plastic potentiality of human psychic life renders even this confrontation tenable without total despair. Neuroses are illnesses built into human development from the earliest days onward. They are adaptations to powerful inner dynamic forces and germane conflicts with the infantile environment—often self-compounding as the years go on, in the sense of multiplying pathological adaptations, in large components (for important reasons [Stone, 1973]), intrinsically resistant to change in the only radically effective therapeutic modalities known to us at this time, and always vulnerable, even during treatment, to the pathological impact of environmental forces.

Instead of realizing these facts, physicians are still prone to view them as pseudo illnesses or nonillnesses masquerading as illnesses. Patients may bring to treatment the same attitude, compounded in varying degree by the magical expectations and demands of the transference. In the early days our own excited therapeutic optimism may well have fed such attitudes to mutual disadvantage. Even Freud was not entirely free of this

enthusiasm. Witness his early comparison with the clear-cut therapeutic offering of the surgeon (1913, p. 131), or his understandable sense of decisive achievement in the outcome of the first 'Wolf man' analysis (1918 [1914]). I believe that there has been much salutary intellectual retrenchment, a growing sense of proportion. Freud's own work has dealt largely with the limitations inherent in human personality (1937). Perhaps there has not yet been sufficient appreciation of the contextual aspect of personality and process (although Freud was at least larvally aware of this, certainly in relation to the family). In analyzing an individual, we not only deal with him and his whole life history, including his future, but to some degree with the entire dynamic setting of his immediate and remote environment. In any case, I believe that the reaction to early excessive therapeutic optimism has swung in the other direction to an unjustified degree.

With regard to the medical origin and orientation of psychoanalysis and the medical model, and germane to its persisting therapeutic commitment, there is another incipient, if hesitant and equivocal, swing of the pendulum, at least in the intellectual sphere (*cf.*, Eissler, 1965, reviewed by Keiser, 1969). There is now a growing tendency to disparage the physician as potential analyst. Such general attitude I reject entirely, and regret that I cannot elaborate on this subject at this time. I must rest with the stated hope that the sheer lack of the degree of Doctor of Medicine will not one day become in itself the invisible badge of authentic talent, inclination, and education for the practice of psychoanalysis. This, I submit, would be quite different from the legitimate defense of *properly qualified* lay analysis, which began with Freud (1926).

Now as to the therapeutic purposes of psychoanalysis: I cannot give serious recognition to any conception of psychoanalytic practice in which these purposes are not the primary and central consideration of the analyst, however highly developed his other interests, including scientific interest, may be. The therapeutic obligation would remain even in the remotely hypothetical in-

stance that the analysand too was motivated by scientific interest. Our knowledge and our methods were born in therapy. I know of no adequate rational motivation for turning to analysis—and persisting in it through its deeper vicissitudes—other than the hope for relief of personal suffering. Certainly, it is for therapeutic help that our patients remunerate us, giving us our livelihood. With regard to the training analysis, any colleague of some experience knows that its distinction from therapy is essentially fictive. It is usually a prolonged therapeutic analysis in which the professional aspiration is a special and complicating condition; the training aspect is an incidental by-product.

If there was a shift of preponderance in Freud's interest as time went on, this was in part due to the challenge of applying psychoanalysis to the broader canvas of human history, a challenge which persists at this time. It is no doubt true that there was also increasing awareness of the formidable obstacles to successful therapy, in many cases the confrontation with relapses and failures. Yet I am not aware of any explicit disavowal of interest by Freud in the therapeutic process and its problems, nor of any implication that Thanatos holds the clear ascendancy within the structure of all, or even most, neuroses. Be that as it may, I am inclined to interpret a recent mood in the psychoanalytic intellectual community as heralding a movement in the direction of therapeutic nihilism, coupled with an increase in scientific emphasis. Thus recently Bak (1970b), while emphasizing 'our ideal that medical service and scientific investigation coincide', suggested in effect that following a trial period we reject or terminate cases which are scientifically or therapeutically unproductive, and leave their treatment to nonanalyst colleagues, 'unfettered by the rigors of the psychoanalytic method' but trained for this purpose with aims 'predominantly to alleviate suffering'.

Granting that there are patients with whom a continuation or even initiation of traditional technique is contraindicated, the suggested alternative (while it may be applicable in some in-

stances, and is certainly consistent with the author's general views) seems to me somewhat vaguely conceived as to method and implementation—apart from the fact that it removes both the pathology and the subsequent process from our scientific scrutiny. There are both theoretical and statistical reasons (*cf.*, Menninger Foundation, 1972) to doubt the effectiveness of purely supportive therapy with borderline cases. The hostile transference does not always respect our categorizations of technical indication, and highly developed psychoanalytic skills may be necessary at critical junctures. Perhaps the so-called 'flexible analyst' will in some instances find challenging interest in continuing with such patients by applying the analytic method with well-considered variations of traditional techniques, rather than by 'dilution and contamination' of the method. In extreme instances he may indeed utilize his skill and experience in what would be called psychotherapy, whose challenges may sometimes be greater than those of the classical procedure and possibly even circle back eventually to a more strictly defined analytic situation. As to the scientific productivity of a given patient, there may be much room for discussion, probably for disagreement. I, for one, would defend the scientific productiveness of many of the more difficult patients who stretch the limits of our conceptual and technical framework. Fluent and interesting free associations or recollections are not our only scientific data. Furthermore, I have genuine confidence in the vitality of the conceptual and technical core of psychoanalysis, so that I do not believe it has to be guarded by rituals and shibboleths which define and protect its boundaries.

Further, regarding therapy: only the hope for help, expressed initially in the hope for relief of symptomatic suffering but involving ultimately the hope for help in resolution of the transference neurosis against its own complex of reactivated and exigent infantile demands (the 'second chance'), will motivate an individual to expose those elements in his personality which permit true analytic process and which can at times constitute genuine contributions to analytic science. Thus, science, in so far

as it is directly derived from psychoanalytic process, is inextricably involved with therapeutic considerations. In my view then, the recent frequent distinction between professional school training, and selection and training for research, is largely specious (*cf.*, Bird, 1968). Actually, of course, there is no need to go beyond the manifest rights of patients, to justify the primacy of therapy in our work, but I have thought it worth while to mention these other aspects of the therapeutic effort in so far as they are additionally and importantly significant.

INDICATIONS FOR PSYCHOANALYSIS

The question of therapy in a general sense leads quite naturally into consideration of the scope of indications for psychoanalysis. Some years ago (Stone, 1954), I presented the opening paper of an Arden House Conference, sponsored by the New York Psychoanalytic Society, devoted to the Widening Scope of Indications for Psychoanalysis. This conference, in which Edith Jacobson (1954), Anna Freud (1954a), and other experienced colleagues participated, was a response to clinical actualities which had been making themselves felt for a long time and to which, indeed, some of our colleagues had begun to respond more than a decade earlier (e.g., Cohn, 1940; Greenacre, 1941; Stern, 1938). Among the thoughtful analysts who have considered this general subject in more recent years (*cf.*, Symposium, 1967; Bak, 1970b), however, a not infrequent tendency has been in the opposite direction, at least in a conceptual, i.e., a 'paper', sense. A 'narrowing scope' of psychoanalytic indications is thought desirable by some for scientific, didactic, and even clinical reasons (*cf.*, Kuiper in Symposium, 1967). As in many other spheres of psychoanalytic thought, conceptualizations or abstractly conceived principles or purposes do not always reflect very closely the realities of psychoanalytic process or practice. Recently a misleading 'slogan-building' potential was attributed to the title of my paper by Bak (1970b), although the author exempted the content from similar criticism.

In our field, more so than others, there are always grounds for

legitimate disagreement and derivative dialectic. However, in so far as the 'narrowing scope' represents a visible swing of the historical pendulum, I am impelled to try to understand psychological aspects of the historical trend. Certainly, in a general substantive way there are the following aspects: the painful problem of relative clinical frustration for group or individual, the great demands on time and emotional tolerance involved in treating the more severe disorders, the burgeoning of other forms of psychotherapy (which, however inelegant intellectually, are often clinically effective), and of course the dramatic clinical effectiveness of certain drugs. But is it possible that such reactions, seen in the light of multiple function, are in part manifestations of the deep general currents of concern and conflict about the therapeutic aspects of psychoanalysis, and of the struggle with a tendency to give up on analysis as a therapy—beginning logically of course with the more difficult problems? Even the most devoted sometimes utter or imply strikingly pessimistic forebodings about the future of psychoanalysis as science and therapy. Ultimately, one may speculate, is psychoanalysis to be led further from a traditionally narrow scope into a sort of genteel quasi retirement: a type of practice where patients who are prosperous, intelligent, gifted, and articulate, not really very sick, but genuinely curious about themselves, are to be treated by scholarly and scientifically committed analysts, unimpeded by intrusive therapeutic responsibility?

I have referred elsewhere (Stone, 1975) to a type of candidate who regards the patient as in effect 'made for him'. I hope that this subtly expressed oral character tendency does not become generalized and authoritatively integrated in the further development of psychoanalysis. One who is unwilling to accept the unique travails of treatment efforts with borderline cases, for example, is more just to these patients and to himself if he does not knowingly undertake such analyses. This would be a legitimate expression of free choice of commitment, just as unassailable as any other reasonable election regarding the general scope and emphasis in one's practice. Whatever commitment reflects an

honest evaluation of one's interests and capacities, with corresponding gratification in work and willingness to spend and concentrate energies, probably promises the best that one can give to the patients seen in this context and, I believe, establishes the greatest likelihood of genuine scientific contribution.

There are many brilliant contributors (too numerous, of course, to mention) whose work derives from a relatively invariant technical, theoretical, and general clinical context. Yet, from early on analysts have also explored remote areas. The recent valuable contributions of Kernberg (1967, 1968) and Kohut (1971), more systematic than earlier writings, are examples of the productiveness of less constricted applications of our methods within or deriving clearly and proximally from the classical frame of reference. Regarding therapeutic effectiveness in the treatment of more severe illness, I have little to add in the sense of summary remarks to my general impressions of twenty years ago (*cf.*, Stone, 1954). Given certain personal resources in the patient and the analyst—the willingness and capacity to modify the rigidly conceived analytic instrumentality rationally in both emotional and intellectual spheres, and the willingness of the analyst to sustain greater travail than usually envisaged in the analytic routine, sometimes for very long periods—individuals can often be helped when this would have been thought extremely unlikely, if not impossible, according to narrowly conventional criteria.

Certainly, there are some futile experiences—more rarely, crushing disappointments. But even these sometimes loom less large when measured against the frequent alternative of prolonged hospitalization, withdrawal from life, invalidism, or suicide. And there are also, occasionally, the uniquely enlivening experiences of helping to an important degree worth-while persons who may have been given up, even by colleagues of unequivocal competence. With increasing age and fatigue, the tolerance of some for the severe demands of such work may well decrease, and the attractions of work with relatively uncomplicated and highly responsive neuroses become correspond-

ingly highlighted. Possibly, if one may risk a generalization, the optimum period for carrying a heavy schedule of borderline patients is in middle life when there is an adequate backlog of experience, but vigor is not yet conspicuously diminished.

When my 1954 paper was given, it was discussed by Anna Freud (1954a), who—while she was in some respects more than generous in evaluating its content—expressed some regret over the amount of analytic time and energy spent in treating such patients as against the greater therapeutic effect, the greater number of patients who might be reached, and the more rapid improvement of our conventional techniques which might occur if we spent more time with more accessible patients. This view has a simple plausibility and common-sense validity which must be weighed carefully, especially since in any case we can reach so few people. However, certain germane questions persist. Is it the nature of productive human aspiration—whether in surgery, mountain climbing, or psychoanalysis—to confine interest and effort to areas where success is certain or highly probable? Is it wise to impose limitations on such aspiration? Who are the patients who present themselves for treatment, in private practice, in general, and in relation to specific analysts? Should eminently worth-while men or women, sometimes persons of considerable distinction, creativeness, and current or potential productivity be denied access to the therapy which in many instances has most to offer them?

To reach into the scientific sphere, the more deeply ill patients do have something of unique importance to teach us about the fundamental organization and development of personality, about the most profound aspects of transference and resistance. And reflexively, such efforts can also lend new and improved perspectives to the treatment of the transference psychoneuroses. One may, of course, prefer to call many such efforts 'psychoanalytically oriented psychotherapy' or 'a modified analytic procedure', as does Kernberg (1968). To me this is a terminological rather than a substantive issue, about which my own view remains the same as that which I expressed in 1954.

I am aware that the preverbal nature of certain profound experiences has been regarded as a formidable impediment in relation to a treatment process which relies preponderantly on the instrumentality of speech (*cf.*, A. Freud, 1969; Arlow, 1970b). Certainly, this is another major difficulty in such work. However, I cannot accept it as comprehensively disqualifying. That which has no words can still find words—or be given words—in the re-enactments of the transference neurosis. This is allied to the establishment of ‘memories’ via reconstruction, often a decisive process in psychoanalytic work.

More important, I believe, than the problem of verbalization as such is the depth and power of the early disturbances which enter into the very foundations, the warp and woof of the basic personality, the character traits, the quality and power of transferences, the relative strength of the ego, and similar matters. I would be the last to question that there are limiting factors in relation to a therapy which is, after all, neodevelopmental at best and thus has its own intrinsic limitations. But my emphasis at the moment is again, as in 1954, on the inappropriateness of arbitrary limitations, on the importance of estimates of the total patient personality and its resources, and on the orientation of the analyst, as more nearly decisive than conventional nosology—granted that the latter is not without a certain time-tested statistical significance. With this principle Bak (1970b), a proponent of the ‘narrowing scope’, at least in part, agrees.

It is in this special sphere (i.e., the treatment of so-called ‘borderlines’) that conservative colleagues are usually most willing (if they approve of this sphere at all) to countenance modifications of technical method. A general reluctance to admit of possible changes in technology or theory—thus of considered experimentation—manifests itself most tenaciously in the outlines of traditional method and its application to those neuroses which are thought to lend themselves optimally to its operations. Nevertheless, analysis may, and probably will, change, not only in the sense of intrinsic new discoveries and ideas but with the evolution of medicine and science in general, and with cultural

change. Affirmative contributions should not be regarded as contaminations or threats to identity. Is the surgeon less or more a surgeon if he avails himself of the advancing contributions of cardiology, hematology, and other germane fields? Modern pharmacologic therapies, for example, if not used as total alternatives or as evasions of fundamental confrontations, and if used with appropriate consideration of their psychological role, may indeed contribute importantly to the feasibility of treating certain severely ill patients with essentially psychoanalytic methods (*cf.*, Freud's contiguous idea, 1940 [1938], p. 182). In this sphere, neurophysiologic research may ultimately make an important contribution. Elasticities of technique carry a potentially important secondary gain, the possibility of rational carry-overs of technical insights into the more general theory and practice of psychoanalysis. It was in the treatment of 'borderlines' that I was originally stimulated to re-examine the rigors of the psychoanalytic situation in general (Stone, 1961). One may by the same token achieve insights into the deeper nature of the neuroses from the treatment of 'borderlines' in the sense that exploration and treatment of neuroses opened the understanding of so-called normal or healthy personality.

Beyond this, as mentioned earlier, is the continuing and urgent need to elaborate psychotherapies, frankly different from the classical analytic procedure, although with an admitted gray area in relation to the informed practice of interpretative psychotherapy (*cf.*, also, Bak, 1970b; A. Freud, 1966). Much work, of course, has been done; and work in this sphere still continues. But important tasks remain, especially in the creating of new technical formats (and their more thorough investiture with psychoanalytic thought) and with regard to the respective unconscious structures of such formats, especially as related to the economic position of the transference and contingent phenomena. I have in mind the deeper understanding of the transference potentialities (and expectable responses) in a range of situations beginning with simple consultation and advice, and extending to the classical psychoanalytic situation—with

variants including interpretative or noninterpretative interventions, interview frequency, and the general formal and affective structuring of such nodal situations. Such methods, seriously applied, may prove specifically indicated in a primary rather than a socioeconomic sense for certain of the more severe cases and for very mild cases, and also as practical alternatives for those cases traditionally considered ideal for psychoanalysis. Such techniques, especially if we include the 'gray area' methods, may ultimately compete for certain of the optimum cases on the basis of intrinsic therapeutic merit. Furthermore, through the observation of phenomena in variant modalities, the study of psychotherapy may well enrich psychoanalysis. What do sitting up, or low frequency of visiting, or 'integrated interpretations', or quasi-conversational exchange instead of free association really mean in their impact on the patient's unconscious life?

Why do I trouble to make these assertions, to ask these questions, which many analysts would regard as self-evident or superfluous, like the excellences of peace or brotherhood or science? Because in many important quarters they are not living realities. Classical psychoanalysis to its great disadvantage has been invested with a group narcissism of an inflexible and grandiose sort. Psychotherapy is viewed as a sort of bastard derivative convenience, all right for *hoi polloi*. 'This is not psychoanalysis' (a frequent implied definition of psychotherapy) has been told to patients not as a scientific distinction, but to make sure that the patients, who are concerned with suffering and help, did not have an inflated idea of what they were getting. Unsophisticated patients ignore the distinction; sophisticated patients suffer with it. Another intellectually distressing by-product of this value system is its effect on teaching and supervision of psychotherapy by analysts. In many instances the result is a watered down, often grotesquely inappropriate transposition of the psychoanalytic method and, even worse, of the psychoanalytic attitude, sometimes in caricature, to situations where large-scale thought-out adaptations, either ad hoc or in terms of preconceived general patterns, should be applied. This does no

justice to the therapeutic challenge, to psychoanalysis, to psychotherapy, or to the professional development of the young colleague. Again, the special interest of analysts in psychotherapy would be a matter of personal option. But the general mood and attitude of the psychoanalytic world is powerfully influential in the choice of such options.

PROGRESS IN PSYCHOANALYSIS

I shall apply some closing words to the question of progress in psychoanalysis. While I regard therapy and science as intertwined in the sphere of clinical data and psychoanalytic process, it is self-evident that the science as such has an independent existence, supported by the many important para-analytic fields inspired by psychoanalysis and now contributing richly to its great body of reliable data—the objective study of infant and child development, the neurophysiologic studies of dreaming, sociologic and anthropologic observations, various studies of perception, memory, and other functions. There are also the methodologically oriented studies regarding ‘parts’ of psychoanalysis—interpretation and its sequellae, predictive possibilities, agreement between trained observers, and so forth. Obviously, processes such as free association can be excerpted for experimental procedures or as analytic material utilized for statistical word studies and similar investigations. It is conceivable that psychoanalytic therapy could cease to exist without entirely disestablishing the science or the manifold germane investigations which are already under way. Some of these fields have already shown, or promise to show, great productiveness. They lend themselves relatively successfully to conventional scientific methods. With some this is less clear, and the productiveness more questionable. However, even in these instances one cannot question the legitimacy and possible ultimate usefulness of these efforts. One can only hope however that the new growth of trees will not obscure the deep and mysterious forest, or render it a matter of little interest.

If all the parts and aspects of psychoanalysis hold promise for

science, their integrations in the psychoanalytic situation and process remain distinctively important. Understanding may be stimulated, enriched, controlled by the type of study now increasingly in vogue: charts, numbers, tape recorders, multiple observers, one-way screens, etc. Clinical statistical studies may yet come into their maturity. Possibly, indeed, an important break-through may originate in such work. It would be a part of the antidoctrinaire principle, which I support unequivocally, to welcome such efforts—provided they have the informed assent of patients and, of course, that the investigators consider thoroughly the fragmentary focus of such studies and their own important factors of error.

But we must still look to that part of the working analyst's mind which remains adequately objective, for the scientific evaluation of the long-term movement and meaning of analysis, even where his emotional responses are, to varying degree, involved; indeed, sometimes precisely because of this important fact, the movement and meaning of the analysis may be inaccessible to all others (*cf.*, Meissner, 1971). For it is in the sphere of transference, countertransference, resistance, their pervasive interrelationship with the detailed processes and data of analysis, and the central functional position of speech, that the further larger problems requiring elucidation lie. If such individual observation and inference are, *a priori*, unsatisfactory to the scientific ideologist, their results will by virtue of their substance, in the long run, satisfy or dissatisfy other observers. The data and the derived theories will be tested and sifted out with time and by the responses of multiple observers. This has indeed occurred with Freud's own earliest findings, reflected conspicuously in his own critiques and revisions. There have also been the efforts of other gifted analysts to introduce important revisions, new paradigms, if you wish. Some, even in their bold failure—for example, the more striking ideas of Ferenczi—have taught us (or at least, suggested) more than many exegetical studies or carefully planned but uninspired investigations.

If I may exaggerate for straightforward clarity a maverick role,

I am not overly impressed with the importance of formal scientific methodology. Without facetiousness, I concede that it has its place and can on its merits become an important interest, a specialty, if you wish. At times, no doubt, it can make its own important contribution by way of critique. But one would not wish it to become a new form of constricting intellectual authoritarianism.³ The word, 'paradigm' (*cf.*, Kuhn, 1963), for example, should not begin to exert the same unintended hypnotic fascination in scientific discussion that 'parameter' (*cf.*, Eissler, 1953) holds for many in discussions of technique. If new and better paradigms are established, well and good. But tremendous scientific changes can occur without revolution and without the inevitable rejection of currently essential paradigms. It is only when rigid primary adherence to theory as such, or to putatively inseparable techniques, inhibits the spontaneous testing of new ideas (*cf.*, Greenson, 1969) that intellectual upheaval (scientific revolution) must precede every important advance.⁴ If not all analytic contributors can 'disturb the sleep of the world', as did Freud, one may still expect important work within and in relation to the basic paradigms Freud established. Greenson is certainly right that new creative work does not necessarily cancel out the major contributions of the past. Normal science can indeed produce radical innovations. Certainly this was true of Newtonian physics for more than two centuries, and, in many spheres, it seems to me, its basic contribution is still very much alive. Needless to say, I do not propose an idiot nihilism in this methodologic sphere. But hardheaded common sense and good grounding in essential principles usually provide sufficient critique to avert significant dangers. The scientific

³ Richard Sterba (1972/1973), in the course of discussing this paper, mentioned a remark of Freud's at one of the Wednesday meetings in the early 1930's, then wrote me about it in response to my inquiry. This (without specifying the verbatim accuracy) was translated by Dr. Sterba as: 'Methodologists remind me of people who clean their glasses so thoroughly that they have no opportunity to look through them'. I am greatly indebted to Dr. Sterba for this relevant and excellent example of Freud's wit.

⁴ For differing ideas or implications, *cf.*, Gittelsohn (1955, 1964); A. Freud (1969); Eissler (1969).

spirit and scientific method find their most effective expression and control in supreme honesty, in unflinching observation and inference, in openness to new and sometimes disconcerting data and theory, and in informed common sense.

One derivative of the common-sense point of view is a requirement that observational method be reasonably adapted to what is significant in the field of inquiry. One could use a microscope in analytic research, for example, examine cross sections of hair of analytic patients, correlate not only the incidence of obsessional neurosis in blond and black haired patients respectively, but with a cross reference to the range of hair diameter in microns. There is, after all, very likely a constitutional factor in obsessional neurosis. Many would think such a study idiotic. I would be more temperate and suggest that it would probably not be importantly productive. This is the sort of thing people sometimes actually do. But the reference to the man who knew that his girl friend had the two most beautiful legs in the world because he had counted them is much funnier (*cf.*, Harrison's excellent paper, 1970).

Thus I can be interested, in an unsophisticated way, in the dispute and dialectic regarding the scientific aspects of psychoanalysis, but they do not create in me either dismay or enthusiasm. Any body of significant observations, gathered by credible and honest and informed observers, subjected to discriminating critique and evaluation, then organized and classified, and utilized toward rational theoretical constructions (which render the data more meaningful and productive, yet are never invested with rigid authority) is, in my modest view, scientific. I agree that we should try to make our data available to others whenever it is reasonably possible (*cf.*, Brenner, 1968; Harrison, 1970; Joseph, 1973).

Before even primitive scientific astronomy appeared, human beings had to observe the rhythms of night and day and the seasons. They had to observe the sun, the moon, the stars, and to initiate simple correlations between them and the basic rhythms. Before the concept of gravitation as a specific measurable force

could be developed, it had to be part of the everyday folk heritage of a genius to take it for granted that unpropelled and unsupported objects fell down.

If we are not quite in the position of primitive man in relation to his environment, we are closer to him with regard to the current data in our specific epistemological field than we are to mathematical physics or physical chemistry. I might add, to avoid feeding the arrogance of modern science, that we are much closer to the science of the modern scientific elite than they are to absolute knowledge. While we should welcome, try, test anything which promises to tell us more about our field, or open the view of our data more satisfactorily to one another and to other scientists, it would be the ultimate in folly to leap to methods and methodologies appropriate to other fields in the eagerness to please a new establishment and to abandon the tradition of personal reflective natural historical observation, which still holds great promise in our own science. This is, of course, not an exclusivistic view. We can accept the potential value of modern methodologically oriented research approaches (*cf.*, Wallerstein and Sampson, 1971), participate in them or coöperate with them when they seem worth while, yet refuse to withdraw from our natural, and still critically important, methods before an intellectual stampede. Nor is this view, in any case, incompatible with our listening critically, but avidly, to the invaluable hard data from related scientific disciplines—anthropology, ethology, experimental neurophysiology, for specific examples.

CONCLUSION

A few words in conclusion. I do not believe that the present complex crisis in psychoanalysis threatens its position as an independent and productive profession and science, whether our future lies in university or medical school affiliations or in independent institutes. The crisis is a compound of escalating outer attack, of intense and literal therapeutic competition, of the disappoint-

ment in unfounded dreams of panacea, of reactive bristling orthodoxy and sometimes reactive inadvertent submission and anticipatory mourning within our own group. The scientific group, like the individual whose sense of self and essential worthwhileness are well founded and secure, need not fear contacts with others, nor confrontations with new ideas and new methods. Nor indeed need it fear evolution, modification, or in fact possible improvement deriving from other contemporary sciences. Cross-fertilization is not to be equated with contamination. The crisis can stimulate a more profound than usual individual and group self-examination.

The relinquishment of residues of a priestly omniscient taboo, insusceptible to criticism from within or without, will be in no sense a regression or a loss. It will be indeed a prodigious advance. Psychoanalysis in its present form still has a plenitude of untapped resources to offer as science, as therapy, and as the parent to other therapeutic methods. It will probably remain the optimum treatment for certain individuals in the foreseeable future and a valuable basic training experience for all psychotherapists. In its present strictly delimited form, it provides a source of data and a model for comparative study and experimental variations of incalculable value. But it would be fundamentally wrong to assume that it cannot change, or should not be changed, if adequate reasons for such change are developed. Well considered efforts in this direction should be welcomed and even encouraged, examined critically to be sure, but with open and tolerant mind. A vivid, still young, instrumentality of therapy and science should not be forced, in a scientific sense, to settle into the function of a source of interesting data, related always and exclusively to a fixed frame of reference, or—more sadly—into the unintended function of an exegetical tool. In its therapeutic function there is no adequate reason for a rigidly, permanently defined mold to which varied expressions of human psychopathology adjacent to, but not precisely congruent with, its traditional indications must be uncompromisingly adapted if they are to be offered its unique potential benefits.

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1 Gracie Terrace
New York, N. Y. 10028

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Judith L. Kantrowitz, Judith G. Singer & Peter H. Knapp

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METHODOLOGY FOR A PROSPECTIVE STUDY OF SUITABILITY FOR PSYCHOANALYSIS: THE ROLE OF PSYCHOLOGICAL TESTS

BY JUDITH L. KANTROWITZ, PH.D.; JUDITH G. SINGER, PH.D.;
PETER H. KNAPP, M.D.

A methodology for the use of psychological tests in the evaluation for suitability for psychoanalysis is described. Four variables—Reality Testing, Level and Quality of Object Relations, Affect Availability and Tolerance, and Motivation—were chosen for study and are discussed in detail. Data indicating a high degree of reliability between raters are presented.

A long-term longitudinal study of thirty patients accepted for supervised psychoanalysis has been undertaken at the Boston Psychoanalytic Institute. The long-range goal of this research will assess the outcome of psychoanalysis in relation to pre-analysis predictions. The first phase of the work was to establish criteria for suitability for analysis through the use of clinical interviews and psychological testing. The present paper reports the development of a psychological test methodology for judging suitability for psychoanalysis. The accuracy of these evaluations will not be known until the study is completed.

Psychological tests have certain specific assets when an evaluation for a commitment to a treatment of intensity and depth is undertaken. Schafer (1955) states that: 1, they are an indirect approach to the patient's functioning: the patient is much less aware what he is revealing about himself because of the ambiguous and impersonal nature of the stimuli; 2, psychological tests are relatively standardized in that the same test material is presented to all patients so that while the meaning of the test situation may differ for each individual, there is a clearer basis for the comparison of responses; 3, the use of a battery of tests allows for a survey of total ego functioning. Each test poses different psychological issues to be assessed, e.g., 'mobilization of intellectual assets and past attainments; maintenance or

relaxation of defenses; capacity for and style of creative regression in the service of the ego; withstanding frustration; the anxiety associated with free fantasy' (p. 179).

The criteria for a patient's suitability for psychoanalytic treatment were first discussed by Freud (1905[1904]) in his paper, *On Psychotherapy*. In this paper Freud specified that illness of psychotic proportion and age beyond fifty years were contraindications for psychoanalysis. He regarded patients who entered psychoanalysis mainly because of pressure from others as poor analytic patients. In a later paper Freud (1913) suggested that unfavorable life circumstances militated against the success of treatment. Fenichel (1945) added mental deficiency, severe speech impediments, and marked secondary gain from the illness to the list of contraindications for psychoanalysis.

Variables that make a patient accessible and responsive to psychoanalysis include a tolerance for frustration, anxiety, depression, and passivity, a capacity for insight, adequate reality testing, meaningful object relationships, and positive motivation (*cf.*, Karush, 1960; Kuiper, 1968). Zetzel (1970) maintained that 'the achievement of a good one-to-one object relationship' with each parent prior to the oedipal period and 'the internalization of stable ego identifications' lead to the capacity for the tolerance of painful affects and the attainment of an oedipal level of relationship. She considered the attainment of an oedipal level of relationships a prerequisite for analyzability.

There have been a limited number of systematic studies of selection procedures for patients entering psychoanalysis. Only three of the studies included the use of psychological tests as predictors of the patients' capacity to participate in analytic work. Holt and Luborsky (1955, 1957) studied residents and candidates applying to the Menninger School of Psychiatry. Interviews and psychological tests were the basis for selection. Supervisors' ratings and residents' ratings of each other were the main source of outcome data. The interviewers were fairly successful in identifying people who did poorly in training, but the finer distinctions were more accurately made by the testers' predic-

tions. The testers' recommendations were correct almost twice as often as the consensus of the three interviewers. In this study, a battery of psychological tests, including a Wechsler Intelligence Test, Rorschach, and Thematic Apperception Test were used. The authors felt that a compilation of these data served to assess depth of pathology, characterological and cognitive difficulties, psychological sensitivities, and emotional responsiveness as well as giving a global view of the personality.

More recently Stephen Appelbaum (1973) completed an outcome study of the Menninger Project (Sargent, et al., 1968). In this project patients were studied at the onset of treatment, at termination, and at a follow-up at least two years later. Interviews and psychological testing were given at each point. Appelbaum made two sets of diagnostic assessments, treatment recommendations, and outcome predictions. One set was derived from the tests alone, while the other came from a compilation of all the clinical material (including tests) obtained prior to treatment. Comparison of these two sets of predictors, with the criterion of the final assessment of the cases, revealed that the evaluation made from the tests alone was more accurate than from the composite clinical and test material. The primary difference between the two sources for data was in the assessment of ego strength. The judgments made from the combined data were consistently in the direction of underestimating the difficulties within the patients and of being overoptimistic about the effects of treatment for them. Since both sets of assessments were made only from written data, Appelbaum assumed that the discrepancy between the two assessments of ego strength was due to either ignoring the test data that conflicted with other clinical findings or giving the test findings equal weight with many other sources of data, thereby diminishing their relative importance. From the test data, four variables were found to be crucial in making the correct predictions. These were ego strength, transference, core neurotic conflict, and patterning of defenses. It was on these variables that the two sets of assessments disagreed. 'The unvarnished fact of the matter is that the

major questions about these patients would have been better answered if the examination had consisted solely of testing' (Appelbaum, 1973). Another error in evaluation found in this outcome study was that both sets of predictions tended to underestimate some strengths and assets in the patients. The patients were accepted in psychoanalysis, despite the less favorable predictions, and did well.

A second study of psychoanalytic trainees was done by Klein (1965) at Columbia. They were assessed at the time of application and during training. The data used to assess the success of candidates were grades in theoretical and clinical work, faculty judgments of skills, length of time in training, supervisors' judgments of psychoanalytic clinical work and personality characteristics, judgment of the personal analyst, outcome for patients treated by candidates, and professional activities undertaken after certification. Letters of recommendation from earlier professional training, a battery of psychological tests, autobiographies, interviews, and, at times, reports from preliminary personal psychoanalysis were used as the basis for selection. In this study, the Rorschach significantly helped in predicting the candidates' skills. 'Fifty per cent of [the] failures could have been eliminated had low ratings on the Rorschach test been utilized singly for final selection decision' (Klein, 1965, p. 101). All applicants were interviewed by three or more members of the senior faculty. The average ratings from these interviews showed significant predictive value in the selection of candidates, though the statistical correlation was low. Errors were mostly in the direction of overestimation of candidates who turned out to be 'failures'.

A recent paper by Greenspan and Cullander (1973), while not employing psychological tests as instruments to make predictions, presented a personality assessment—a profile that includes functions relevant to psychoanalytic suitability. The dimensions assessed included ego intactness, ego flexibility, superego functioning, drive organization, relationship potential,

motivation for treatment, and reality considerations. It provided a scale which permitted comparisons of the same person at different points in time. Data on the reliability of ratings made on the scales was not available at the time the paper was published. The conceptual framework behind the development of this profile is similar to the concepts underlying the present paper.

METHOD

This review of the literature led to the selection of four global psychological aspects needed to assess the suitability for psychoanalysis: 1, reality testing; 2, level and quality of object relations; 3, affect availability and tolerance; and 4, motivation for treatment. The more positively the applicants rated on these variables, the more likely were they judged to prove suitable for psychoanalysis.

These four variables were assessed on a seven-point scale, four points of which were defined—maximally suitable, acceptable, questionable, unsuitable (see Appendix A). The ratings were made on data from part of the verbal scale of the Wechsler Intelligence Scale for Adults, the Rorschach, the Thematic Apperception Test (TAT), the Draw-a-Person, and the Cole Animal Test. Material was rated independently by the examining psychologist and by a psychologist judge who saw only the test protocols. Both psychologists had had intensive training in psychoanalytic theory.¹ Prior to the start of this study, the testing psychologist and the psychologist judge evaluated several protocols of patients not included in this study. From the ratings and discussion of these pilot cases, the initial rating system was expanded and elaborated to make clear how test responses should be categorized.

The categories are amplified in what follows, using clinical examples taken from patients in this study.

¹ JLK is an affiliate member of the Boston Psychoanalytic Institute and JGS has had many years of experience in analytically oriented training centers.

Reality Testing: This is an assessment of the extent to which the patient's perception and understanding of the environment conforms to the world as it actually is.

Bizarre or utterly inappropriate responses suggest a severe underlying disorder of psychotic proportions. At its extreme this would be manifest clinically in hallucinations or delusions. In the test data, Rorschach responses such as 'a huge giant; his face is a vagina' (Card IV) or 'two penises attached to heads' (Card VII), although they may conform in some ways to the blot configuration, illustrate interference with observing ego function by idiosyncratic delusional projection. Another indication of severe disruption in reality testing is a clear distortion of form, e.g., seeing a percept that does not conform to the ink blot (for example, seeing Card V, usually viewed as a butterfly or bat, as a menacing giant).

Severe and pervasive distortion in a subject who nevertheless feels it as alien, thus indicating some preservation of observing ego, is suggestive of borderline functioning, e.g., 'could be the inside of female organs and a baby coming out, but can't really be it, too far-fetched' (Card X). Arbitrary responses may indicate a pervasive narcissism, giving certain other confirmatory clues. There may be idiosyncratic selection of the area of the card chosen for response, or a continuous imposition of internal preoccupations even when the stimuli change, e.g., seeing mirror images or reflections throughout the Rorschach.

Distortions that occur in circumscribed areas and that are experienced as dystonic indicate a less disrupted relation to reality, e.g., an inability to adequately differentiate anatomical parts leading to forced or fused images but an awareness of the distortion such as 'penile shaft with wings and whiskers, an odd combination—doesn't fit together really' (Card VI). It is assumed that there will always be some minimal distortions in the area of central conflicts, but that these will be sharply circumscribed and will be interwoven with flexible and creative use of the material. The constriction versus the expansiveness of per-

sonality (Rorschach's experience balance), and the cognitive styles employed as well as the variety and quality of interests (content categories on the Rorschach and on the TAT) will add detail and depth to the evaluation of the patients. The balance of pathological and healthy signs serves as basis for rating the lower points on this scale.

Level and Quality of Object Relations: This is an evaluation of the extent to which the patient is able to respond and relate to others as real, whole people, differentiated from the self. Taking Zetzel's (1970) formulation into account, it seems necessary to have some indication that the patient has reached, if not maintained, an œdipal level (triadic as opposed to dyadic relationships) to consider him or her analyzable in the formal sense. In the testing, Rorschach responses show the extent of self-object differentiation and the level of interpersonal development and involvement. These vary from the most primitive levels—e.g., 'looks like Siamese twins, two bound together, one can't survive without the other'; 'creating something out of these two masses, have features of both men and women, breast and male genital area'; 'two people coming together in a very big fight and blood being spilled'; 'chocolate boy children kissing each other at a great distance',—to the most mature—'two people doing a country dance, hands together, enjoying it'. The stories given on the TAT often elaborate and extend the nature and quality of relationships. Sometimes no interactions occur; the figures merely parallel each other. At other times, people are described as 'unreal', 'not feeling', or, in contrast, 'warm', 'involved and caring'. An assessment of relations to men, to women, and to sense of self are each delineated.

Rorschach Cards IV and VI, because of the obvious links between their configuration and anatomical structure, commonly elicit masculine imagery, while Cards I, V, and VII elicit female imagery. How clearly does the patient distinguish these and how does he relate to each? The responses to the Thematic

Apperception Test further amplify this picture. TAT Card 2 is a family scene. Is this viewed as a family? What are the central character's feelings and thoughts in relation to the other figures? The level and quality of relationship and conflict are noted. Cards 6BM and 6GF present the patient in relation to the parent of the opposite sex and Cards 7BM and 7GF to the parent of the same sex. In each case the nature of the relationship and the affect are noted. Cards 4 and 13MF present a heterosexual relationship. The stories told to these reveal the dominant issues around intimacy and conflicts in sexual relationships. The rich and inter-related material makes it possible to distinguish many levels found within an individual and to discern what may lie beneath a superficially bland façade.

Assessment of Affect: In this broad area a group of phenomena coincides which provisionally can be conceptualized as inter-related: (a) regression which, in projective test performance at least, is assumed to be a sign of the immediate impact of drives and associated emotions; (b) expression of manifest affects; and (c) clues about the amount of tolerance, integration, and mastery of these regressive and affective processes. It is detected by a deterioration in the form level (an ego regression) and/or by a switch to developmentally earlier interests (a libidinal regression), e.g., phallic or anal imagery being replaced by oral imagery. The extent of recoverability, deterioration, or growth from 'regression' is assessed by the quality of the percepts which follow the regression.

Of these phenomena, those most clearly inferred from test performance are the regressive. It is generally agreed that a successful psychoanalysis requires a 'regression in the service of the ego'. This is often difficult to assess in one or two clinical interviews unless the patient is under stress. It can be assumed that regressive imagery on the Rorschach is a sign of the temporary impact of affect. In testing, close attention is given to evidence of a regressive pull, especially how such a regression is dealt with.

Does the patient become mired in the regression, painfully or pleasurably? Does the patient use it as a means of gaining sustenance and strength, and then reintegrate on a higher level? Over-all, how intensively or pervasively does it occur? Patients who cannot tolerate a regression would seem to be poor candidates for psychoanalysis whereas patients with relatively severe pathology who are able to withstand and productively use a regression might still be considered suitable.

Much evidence starting from Rorschach's original studies indicates that color is the most immediate and powerful stimulus to affect. This is assessed on the color cards of the Rorschach (II, III, VIII, IX, X). The way a person deals with color is assumed to reveal his mode of dealing with his affects. Color cards, therefore, have a greater emotional impact and are assumed to be more stressful. Under stress, regression should be more likely.

Two contrasting examples of regression and recoverability are given from Rorschach Card X. An example of regressing and becoming mired in it is, 'two people sharing something—they don't seem completely formed but are growing and are attached to the forms in the center . . . baby sucking off its mother or unborn fetus' followed by an image which in no way conformed to the structure of the blot, 'fertilization, associate egg and sperm coming together—a baby in utero'. An example of a regression which was followed by a higher level of affective integration than previously evident in the protocol is 'beautiful color reminds me of childhood sucking cotton candy' followed by a very accurate use of form and color, 'looks like a travel poster for Paris. The Eiffel Tower and the flowers in the gardens leading to it are all in bloom'.

Additional signs pointing to mobilization of affect are the clear designation of specific emotions in the response, e.g., anxiety, anger, sadness. Such references vary in intensity; for example, a reference to irritation as against rage, to nervousness as against panic. They also vary in the degree to which they emerge clearly into manifest expression; for example, a response in which a sub-

ject identifies himself with an aroused individual as against a response in which affective qualities are alluded to or attributed to the inanimate world. Finally, it is important to note whether the affective, charged apperceptions appear to be uncontrolled both in context (an explosion, a hurricane) and in their effects on subsequent responses (rapid speech, deterioration of form level), or controlled and integrated (subtle blending of affect qualities with limits of regulation, e.g., a river flowing over a narrow pass). At present the judge is asked to integrate these aspects of affect experience by global, intuitively guided clinical judgment. Further delineation of the dimensions of emotion remain a task for the future.

Motivation: Under this category is evaluated the extent to which the patients recognize their conflicts as being primarily internal, are pained by them, and wish to change themselves. Patients applying for a psychoanalysis usually try to portray their motivation as favorably as possible to the interviewers and may not be aware themselves of what they unconsciously seek from the treatment. Therefore, evaluating motivation more indirectly can be helpful. To what extent is the patient able to follow through what he begins? How much energy is used in activity directed toward this goal and how much is expended in wishful fantasy? How much frustration can be tolerated? How much support is needed in pursuing the goal? To what extent can responsibility be taken for the difficulties encountered? The more responsible, independent, and reliable the patient, the more likely motivation will be favorable for psychoanalysis. Such qualities do not exclude many other wishful fantasies of what psychoanalysis may offer. These are present to some extent in all analysands. It is suggested that anyone in sufficient psychic distress to seek a change in himself is more likely to face and analyze the other 'wishful' motivations for psychoanalysis, and thus make these less likely to obstruct treatment.

In testing, the Thematic Apperception Test provides impor-

tant evidence. In each story, the extent to which the protagonist implements and actively follows through on the goal he sets for himself is evaluated.

Differing degrees of involvement, initiative, and ability to follow through are illustrated in the following fragments of responses to TAT Card 1. This card, the well-known picture of a boy with a violin (suited to evoke fantasies having to do with effort, achievement, and change) expresses a nonspecific transference fantasy to the idea of the psychoanalyst in advance of the person of the therapist. An example of almost total wish-fulfilment: 'He wants to be a great violinist but afraid he's not going to do well. He'll become a great *violinist* with almost no practicing—just talent.' An example of difficulty in following through: 'He's reluctant to pick up [the violin] again—will do it but with not much interest or enthusiasm—eventually just lose interest, dwindle away from it.' An example of minimal involvement or little push for change: 'He'll practice for months or years and make little or no progress and that will be that.' An example of resistance but perseverance despite it: 'He doesn't want to practice—rather be outside playing—but practices anyway and he does well.' An example of involvement, initiative, and following through: 'He's very pleased and very serious about learning to play. He's thinking about what he has to do to play well—a little bit in awe of it. He'll practice and learn to play well.'

This is an assessment of motivation on a preconscious level. At a deeper level, utilizing primarily Rorschach evidence supplemented by TAT material, an evaluation of the gratification from, and tenacity of, holding onto grandiose fantasies or dependent positions can be assessed. The extent is noted to which guilt over aggression or inhibition of competitive strivings leads to blocking of striving or self-destructive solutions. Data for the more unconscious determinants of motivation are primarily found on the Rorschach with supplementation from the TAT.

In addition to the assessment of these four variables on the rating scales, the examining psychologist wrote a comprehensive

clinical assessment on each patient. This allowed the psychologist to bring in other aspects of the case not included in this relatively arbitrary set of variables. The factors introduced in the expanded evaluation may play a role in the over-all assessment of analyzability as well as revealing important aspects for particular patients. Included are such areas as affect tolerance and modulation (the extent of anxiety and depression as well as tolerance for instinctual drives was encompassed in this); view of men, women, and self; dominant conflicts and defenses, and their effectiveness.

RESULTS

During the period of this study—February, 1972 through April, 1973—eighty-four patients were reviewed by the Committee on Institute Analysis at Boston. Of the thirty-five applicants accepted, three withdrew immediately and two declined to participate in the study, leaving a total of thirty patients studied.²

The ratings made on the four rating scales by the examining psychologist and the psychologist judge were then statistically analyzed, and an intercorrelation matrix was developed. This matrix yielded correlations between raters on each scale and correlations of the two scales with each for the other.

The psychologists diagnosed the thirty potential patients in the following manner: 12 neurotic, 5 narcissistic characters, 5 borderline, 3 borderline with active psychotic process, 4 psychotic characters, and 1 in a state of incipient psychotic decompensation. For the purposes of classification, the following definitions of the diagnoses were made:

Neurotic: Circumscribed conflict over libidinal or aggressive strivings leading to inhibition or symptom-formation and affec-

² The accepted applicant was notified by letter and was asked for his voluntary participation in this research project. He was assured that the results of the tests would be confidential and would in no way affect his being placed in analysis. Informed consent was obtained verbally by the psychologist from the first twenty-five patients; the last five accepted patients received, and returned, an informed consent form before an appointment for testing was arranged. The testing was completed prior to the patient's meeting with his potential analyst.

tive distress within a given sphere, e.g., work or relationships. Other areas of functioning remain relatively conflict-free and are perceived and dealt with realistically.

Narcissistic character: Conflict resides within the perception and feelings about the self. Polar images of grandiosity and worthlessness oscillate. Discomfort comes from the failure to regulate self-esteem. The sense of vulnerability to criticism is acute and a 'false self' may be presented to ward off the feared attack. Other people are viewed in terms of their 'need-satisfying' aspects rather than as whole, separate people.

Borderline: Conflict impairs some aspects of ego functioning. Projection, denial, and introjection are relied upon without more neurotic defenses available. Intense affective experiences are feared and there is difficulty in recovering from such stressful experiences. Relationships are characterized by shifting and tenuous contact. This state of adaptation remains relatively stable. There is no clear loss of reality testing.

Borderline with active psychotic process: Same as borderline, but in addition temporary flooding by primary process. This may occur in circumscribed areas or affect multiple areas and functions under stressful circumstances. Recovery and readaptation follow but the balance remains precarious. There is often, though not invariably, the presence of some observing ego when psychotic experiences occur.

Psychotic character: A circumscribed area is continually distorted to delusional proportions and there is no observing ego in this sphere.

Incipient psychotic state: Differentiation between self and object representation is precipitously lost under any stress and a total loss of reality testing also occurs. There is no observing ego at these times.

The agreement between the ratings of the two psychologists in assessing the patients—*reality testing*, level and quality of *object relations*, *affect* availability and tolerance, and *motivation*—were highly significant in all four criteria, as is seen in the following table.

TABLE 1—INTERCORRELATION MATRIX

	<i>Psychological judge</i>
1. <i>Reality testing</i>	
Examining psychologist	.87*
2. <i>Object relations</i>	
Examining psychologist	.68*
3. <i>Affect</i>	
Examining psychologist	.56*
4. <i>Motivation</i>	
Examining psychologist	.62*

* $p < .001$

The over-all intercorrelations of the scales indicate that they appear to be relatively statistically independent. Thus each scale seems to be assessing a separate dimension of the patient's ego functioning which does not show significant overlap with any of the other variables. Preliminary correlations were made with the clinical ratings but since these raters had not been systematically trained, we felt the results to be inconclusive. The research had not been developed far enough at the time to make this a meaningful correlation. What did emerge is that on the whole more patients appeared suitable judged by clinical interview than by test results. This is in accord with previous studies. Only follow-up will tell whether the psychological assessment was oversensitive to signs of dysfunction and failed to detect signs of strength, or whether the clinical assessments erred systematically in the opposite direction.

DISCUSSION

The data indicate that there is highly significant agreement on the ratings of all four variables for the two psychologist observers. Their correlations were from 0.87 (the highest) to 0.56 (the lowest). The ordering from highest to lowest (reality testing, object relations, motivation, affect) corresponds to a subjective sense of confidence and comfort with the scales.

Reality testing seemed the clearest and easiest variable to assess.

No patient accepted was blatantly psychotic; all retained the ability to pursue their work and relate, at least superficially. The one patient who seemed in a state of active deterioration was extremely bright, articulate, and not cognitively impaired. He was in touch with his distress but the components seen by the testers as delusional may have been obscured in interviews by his histrionic style. In general, those patients in whom psychotic material was found by the psychologists did not experience it as dystonic. The serious distortions often did not appear in relation to the area of conscious complaint. Nonetheless, the responses, primarily on the Rorschach, pointed to striking distortions and misperceptions of the world for almost a third of the sample. While it is possible, and even likely, that stress may impair a usually higher level of functioning, it seems quite unlikely, even if the testing situation is assumed to be particularly anxiety provoking, that it could evoke pathological distortions in perception. Blocking, narrowing of focus or interests were viewed as manifestations of a more neurotic nature. For the most part, there was little question in the psychologists' judgment about rating patients on the dimension of reality testing.

In the area of *object relations*, the majority of patients were seen by the psychologists as predominantly focused on preœdipal issues; their investments seemed more in fantasy than in reality; their orientations were seen as largely narcissistic. This was, of course, an assessment of their current functioning and could have been the result of a regression from œdipal conflicts for which they were seeking help. It is probable, however, that the most significant areas of conflict for these patients were preœdipal.

In a follow-up of patients in the Knapp study (1960), Levin (1960) noted that interviewers had mistakenly based their predictions of a capacity for good object relationships on an apparent warmth and superficial capacity to relate to the interviewers. Levin felt that intellectual ability and attractiveness of the patient influenced the interviewers in judging their potential for relating.

The assessment of narcissistic and borderline features in superficially well-functioning people is often extremely subtle. At times, the tests themselves are difficult to evaluate in these areas. The psychologists disagreed on three cases where this differential diagnosis was in question. The factors determining the more favorable assessments by the testing psychologist were predominantly subjective. Warmth, lack of defensiveness, and ease of relating to the examiner and the tests led to the tester's evaluating the test protocols in a more favorable light. This suggests that subjective factors may play a role even in the 'more objective' data obtained from testing; however, corrections can be made by re-examining the tests at a later date. A rereading of all test protocols, six months to a year after they had been given, when the influence of subjective, positive responses based on the personal contact around the testing was less well remembered, led the examiner to see these three patients in a less favorable light and concur with the diagnosis of borderline in all three. A rereading of all the other records did not lead to a change in assessment.

Motivation proved harder to assess than expected. The thematic material does permit some evaluation of the extent to which expectations in areas related to therapy are based on magical, wishful thinking, as contrasted with readiness to put in the actual work to attain a goal. Difficulties in assessing the patients' motivation for psychoanalysis from the psychological tests point up the problems that arise in going from test results to meaningful behavior, as there may be certain dimensions and strengths that are more readily assessable from an interview that assimilates a life history and explores the conscious reasons for directions taken and choices made by the patient.

Although it is extremely difficult to get a clear assessment of a patient's motivation prior to beginning psychoanalysis, it may be the most crucial variable to try to refine. A person's wish to change himself and to come to terms with internal conflicts may be the ultimate factor determining whether or not a psychoanalysis will succeed or fail.

Of all the variables *affect* remains the most troublesome to evaluate. The reliability, while still significant, was the least high on this variable. In part this is due to the conglomerate nature of the scale. Both availability and tolerance of affect were assessed simultaneously. The two do not necessarily go together. The scale provides a variety of descriptions to try to solve this problem. Thus 'depressive orientation', 'strong somatization', and 'difficulty in recovering from stress' are all for different reasons considered as 'questionable' ways of dealing with affect for someone undertaking psychoanalysis. The scale was meant to assess affective modulation and the ability to regress 'in the service of the ego'. It is striking that the psychologists found very few patients 'acceptable' in this dimension. This was true even for patients who were otherwise viewed as having problems of a neurotic nature.

It also seems important to try to assess systematically the role of anxiety and depression and the tolerance for these affects. At present these are evaluated and discussed only in the clinical write-up; scaling for them has not yet been attempted. They are crucial aspects of the evaluation of affect, and methods will have to be developed for assessing them reliably. Affect is a complex and confused concept theoretically. The theory of affect is still not well developed. It refers to physiological states and reactions as well as to subjective emotional experiences that can be conveyed only by self-report. There are conscious and unconscious aspects to affective life. Thus affect has different levels and arises from different systems.

In this paper we have attempted to highlight the contribution psychological tests can make to the evaluation of patients' suitability for psychoanalysis. While the accuracy of the evaluation cannot yet be determined, even a simple follow-up of the first year of psychoanalysis may give us important information. For example, the clearest manifestation leading to a diagnosis of psychosis, and therefore lack of suitability for psychoanalysis, is interference in thought functions. If one patient with severe psychotic manifestations is in a workable therapeutic relationship at

the end of one year, it would be essential to look at other aspects in the tests, such as his object relations and motivation in order to obtain an understanding of the strengths that enabled him to endure and work in psychoanalysis. Investigations of this nature might broaden and refine the approach to assessing patients for psychoanalysis.

The present measures of a patient's functioning and psychological structure are, of course, in many ways limited. It is hoped that the results of this will eventually help us to better decide what the crucial determinants of analyzability are. The follow-up data may suggest other ways of analyzing the data and be more useful than the four variables selected as criteria. This can be more easily done retrospectively on test data than on interview write-ups. The strengths and vulnerabilities of each patient will be revealed in psychoanalysis with a depth, complexity, nuance, and detail that the still relatively crude measures of assessment cannot begin to approximate. From this kind of follow-up data, we hope to learn how to sharpen and refine methods of clinical assessment.

SUMMARY

The present paper describes a methodology for the use of psychological tests in the first phase of a longitudinal, prospective study of suitability for psychoanalysis. Four variables were selected for intensive study: 1, reality testing; 2, level and quality of object relations; 3, affect, and 4, motivation for treatment. A detailed description of the manner in which these variables were evaluated is presented. This method was applied to thirty patients seeking psychoanalysis. There was statistically significant agreement between the raters in their assessment of these patients in all four dimensions.

APPENDIX A
For tester & Judge

REALITY TESTING:

1	2	3	4	5	6	7
<i>Maximally Suitable</i>		<i>Acceptable</i>		<i>Questionable</i>		<i>Unsuitable</i>
F+% hold throughout		Tendency to see internal issues as external		Psychotic distortion		Delusions
wide use of Rorschach determinants and categories		remnants of magical thinking—omnipotence & exaggeration—overgeneralization of experience		primitive defenses projection denial		bizarre ideation inappropriate content contaminated images
minimal distortions occurring around central conflicts		distortion in circumscribed areas experienced as dystonic				
		arbitrary & idiosyncratic but not distorted				

OBJECT RELATIONS:

1	2	3	4	5	6	7
<i>Maximally Suitable</i>		<i>Acceptable</i>		<i>Questionable</i>		<i>Unsuitable</i>
Triadic relations (œdipal)		Predominantly ambivalent relations		Dyadic relations (one to one-Mo.)		Failure of self-object differentiation
unresolved issues predominantly œdipal level		major conflicts in relations with one but not all of following: male, female, self		narcissistic orientation		paranoid schizoid
capacity for seeing others as real people & caring about them		major focus on pre-œdipal issues with people still real		shifting & tenuous contact & alliance		
capacity to tolerate ambivalent feelings for same person				major focus on pre-œdipal issues—investment in fantasy rather than real objects		

APPENDIX A (continued)

AFFECT AVAILABILITY AND TOLERANCE: (circle one)						
<i>Maximally Suitable</i>		<i>Acceptable</i>		<i>Questionable</i>		<i>Unsuitable</i>
1	2	3	4	5	6	7
Generally well-modulated		blocks, inhibitions, anxiety or impulsivity related to central conflict—not pervasive		wide mood swings		flooding
wide affect range				depression orientation		rampant impulsivity
inhibitions or anxiety in close relations only		use of isolation intellectualization, reaction formation are strong		strong proclivity to act out		massive inhibition
resilient				difficulty recovering from stress		inappropriate affect
capacity to delay gratification		strong need to be in control rather than modulated so comes out with strain		intolerance for delay		lives in fantasy
				wallowing in pain		
				somatization strong		
				brittle 'either or' ways of handling affect		
MOTIVATION: (circle one)						
<i>Maximally Suitable</i>		<i>Acceptable</i>		<i>Questionable</i>		<i>Unsuitable</i>
1	2	3	4	5	6	7
recognizes internal conflict		some externalization of conflict		failure to follow through in many areas		perceives problem as external
suffers						comes to please others
follows through		failure to follow through in area of conflict		minimal initiative		
initiative				though some realistic expectations mainly unrealistic gratification sought		mainly seeks unrealistic or inappropriate gratification
curious about self		aware of discomfort				

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Boston Psychoanalytic Institute
 15 Commonwealth Avenue
 Boston, Mass. 02116

REM Sleep and the Analytic Process: A Psychophysiologic Bridge

Ramon Greenberg & Chester Pearlman

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REM SLEEP AND THE ANALYTIC PROCESS: A PSYCHOPHYSIOLOGIC BRIDGE

BY RAMON GREENBERG, M.D. and CHESTER PEARLMAN, M.D.

Recent research on the physiology of REM sleep has supported the hypothesis that it serves processes of psychologic adaptation. This study examines the relationship between physiologic parameters of REM sleep and evidence in analytic material of the need for adaptation. Significant correlations were found between defensive strain before sleep and REM latency, and between change in defensive strain from evening to morning and total REM time.

In our studies, we have been trying to correlate the physiology of Rapid Eye Movement (REM) sleep with the meaning and importance that Freud ascribed to dreams. Recent ego psychologic studies have stressed the significance of manifest dream content. Greenson (1970), French and Fromm (1964), and Altman (1967) consider the manifest dream to be an important source of clinical insights. Garma (1946), Erikson (1954), Maeder (1916), Stekel (1943), Jung (1934), Adler (1936), Hadfield (1954), and Bonime (1962) had previously stressed the importance of the manifest dream and characterized dreaming as an attempt to deal with current psychologic disturbance in a manner analogous to physiologic processes of adaptation. The contiguity of manifest dream and REM sleep has been indicated by several laboratory studies which have shown a relationship between dream content and the physiologic processes of REM sleep. The clearest examples are the vivid dream recall following awakening from REM periods and the association between the dream report and both the direction and number of eye movements (Roffwarg, et al., 1962). Thus, the manifest dream seems to indicate that there is a solid link between psychologic and physiologic processes.

From the Veterans Administration Hospital, Boston, Massachusetts. Supported in part by a grant from the Boston Psychoanalytic Society.

Other laboratory studies have directly examined the specific relationship between psychologic (behavioral) processes and REM sleep without reference to the manifest dream. This work has indicated the importance of REM sleep in psychologic adaptation. Studies of REM deprivation in humans have shown evidence of shifts in defensive processes (Greenberg, et al., 1970). In rats, training at a task which is foreign to the animals' habitual behavior produces increased REM sleep for a few hours after each learning session (Leconte and Hennevin, 1971). REM deprivation during this period prevents learning of the task (Pearlman and Greenberg, 1973). REM deprivation in humans impairs adaptation to a repeated viewing of a stressful movie (Greenberg, et al., 1972a), an effect comparable to that on retention in rats. Laboratory studies of manifest content have also supported this adaptive conceptualization of dreaming. Material from stressful movies, group therapy, or impending surgical procedures regularly appeared in dreams concurrent with these stresses (Witkin, 1969; Breger, et al., 1971).

All of these findings suggest that REM sleep and dreaming are involved with, and perhaps necessary for, handling psychologically important events. We recently explored this possibility in patients with war neuroses (Greenberg, et al., 1972b). These patients, who had undergone severe psychologic trauma, seemed to be under great pressure to dream, as indicated by several nights in the sleep laboratory with very short REM latencies (time between sleep onset and the first REM period). Assessment of their presleep and postsleep mental state enabled us to make statistically significant predictions about REM latency and REM time (the amount of Stage REM during the night). On nights with high REM time, manifestations of disturbing material prior to sleep were less apparent on the following morning. These findings supported the hypothesis that REM sleep or dreaming is involved in dealing with psychologic trauma.

In the present study the relationship between psychologic state and REM parameters was explored in greater depth. A limitation of the war neurosis study was that the assessment of

presleep and postsleep mental state was based on five-minute verbal samples. The present study used psychoanalytic interviews, permitting a fuller characterization of psychologic factors which might affect REM sleep. It was expected that the impact of the psychoanalytic process on the subject would be analogous to that of other psychologic stressors, evoking an adaptive reaction measurable by both psychologic and physiologic techniques.

STUDY

A patient in psychoanalysis agreed to be studied in our sleep laboratory on twenty-four separate nights, one night a week for four weeks with a month between each group of four nights. The patient's regularly scheduled analytic hours were on the evening before and the morning after his night in the sleep laboratory. While in the sleep laboratory, the patient alternated nights when he slept undisturbed and nights when he was awakened after REM sleep to record any dreams he might recall. The analytic hours were tape recorded and transcribed.

The study was organized into two parts: 1, the relationship of the analytic material to REM latency and REM time, and 2, the relationship of the dream material to the analytic material. In this report only the former will be considered.

The analytic hours were scored by each investigator independently. Sleep records were not scored until after the analytic material had been assessed. A measure of defensive strain devised by Knapp, Mushatt, and Nemetz (personal communication) was utilized. This included three subsections: 1, degree of emotional disturbance produced by the material appearing in the hour; 2, relative prominence of safe and threatening self-other fantasy constellations; and 3, flexibility of modulation, i.e., degree of efficiency of defensive function. Each subsection was scored on a 16-point scale of lesser to greater degree of strain. The sum of the three parts was the defensive strain score. The basic hypothesis was that a high defensive strain score would indicate a need for REM sleep or a pressure to dream. Therefore, presleep hours were ranked for defensive strain with a

prediction that high defensive strain would be followed by nights with short REM latencies and that low strain hours would be followed by nights with longer latencies. Also, changes in strain from evening to morning hours were ranked with the prediction that low REM time would be associated with increase in strain (greater need for REM) and high REM time with decrease in strain (less need for REM).

It soon became clear that reliable scoring of the analytic material required a thorough understanding of this particular patient. The original scoring system used common psychoanalytic concepts, such as characteristic defenses, libidinal level of conflicts, etc. The problem was to determine this man's characteristic defenses and his most threatening conflicts and to distinguish painful from ego-syntonic affects. Our scores for each presleep-postsleep pair of analytic hours were discussed before scoring the next pair. This process aided our understanding of the patient. After comparing the defensive strain scores of the first twelve pairs of hours (half of the total) with the scores of the sleep records, it appeared that, although the hypothesis about the relationship of defensive strain to REM parameters seemed correct, one or both examiners had scored some hours or pairs of hours in a way which clearly contradicted the hypothesis. While this might indicate that the hypothesis was incorrect, it also seemed possible that the wrong predictions resulted from the difficulty of scoring the complex analytic material.

Therefore, these hours were re-examined for evidence that the discordance between REM parameters and strain assessment resulted from inadequate understanding of the analytic material. This re-examination further improved the formulation of the relevant cues for scoring the patient's defensive strain. A new scoring system was developed in which the major subsections were: 1, defenses—from characteristic and smoothly effective to hectic and inefficient; 2, assessment of conflicts active during the hour scored from none to peripheral to central; and 3, subjective experience ranging from no discomfort to vague or well-rationalized affects to dystonic affects related to his main

problems. Using both the new system and the former one the remaining twelve pairs of hours were scored independently.

A few examples of scoring are given here.¹ Two pairs of hours illustrate some of the extremes. The first pair occurred near the beginning of the study. In the prelaboratory hour the patient ruminated about feeling anxious and not understanding why. He searched his daily life for an explanation, finally hitting on the idea that it might be related to a girl with whom he was getting involved. He also expressed frustration with a consultant analyst whom he had hired for his business and who made him feel like a child. He expressed some fear of somatic illness, which he equated with helplessness. He explicitly denied any concern about the sleep laboratory. The main self-other fantasy constellation seemed to be that of a dependent, weak child in relation to the powerful analyst. The conscious anxiety, heightened obsessional defensiveness, and thinly disguised expression of a very threatening self-other constellation produced a high defensive strain score.

On the next morning the patient was much less anxious. His main affect was justifiable (to him) irritation at the sleep laboratory technician. He spent most of the hour recounting a long dream which was symbolically meaningful but to which his associations were unproductive. While concern about closeness to the analyst was noticeable, this was much less prominent than in the preceding hour. The principal self-other fantasy constellation was the comfortable one of a phallic, self-sufficient man who could control himself and handle others effectively. This hour was given a low defensive strain score.

The second pair of hours occurred shortly before the analyst's vacation. In the presleep hour the patient talked about cutting down the number of hours a week he came for treatment. He claimed that he did not need analysis. He tended to intellectualize and focus on outside activities such as getting dates, business matters, and righteous anger at his parents. He ex-

¹ A brief account of the patient's personality and fantasy systems has been reported by Knapp (1969).

pressed slight anxiety about his sexual ability. Self-other constellations oscillated between the phallic self-image with some concern about inferiority and that of a young boy being victimized by a powerful, attacking parent. While the level of threatening interpersonal conflict seemed relatively high, the well-modulated defenses and low subjective distress contributed to a relatively low defensive strain score.

In the morning session, a very different picture appeared. The patient talked about his father's death and cried openly. He felt very uncomfortable about his inability to control his crying which he felt represented weak, feminine feelings. He saw himself as castrated and full of passive longing for a good father. There was a defensive breakdown with transient appearance of irrational suspicion as well as the failure to eliminate unpleasant ideas and feelings. A high defensive strain score was given to this hour.

Examination of the physiologic measures revealed for the first pair a short REM latency (high presleep defensive strain) and a high REM time (fall in strain), while in the second pair there was a longer REM latency (lower presleep defensive strain) and a very low REM time (increase in strain from evening to morning).

A workshop at the Boston Psychoanalytic Society has also participated in this study. The group consisted of two analysts (one was the patient's analyst), an experienced analytically oriented psychiatrist, and two psychologists and a psychiatrist who were analytic candidates.² This group scored the first eight pairs of hours by the original scoring system to see if individuals of various levels of clinical experience and training could do reliable scoring of psychoanalytic material.

RESULTS

A basic assumption of this study was that variability in the psychological state would be associated with, and allow prediction

² Participants were Drs. Peter Knapp, Judy Kantrowitz, Murray Cohen, and Jerome Sashin, as well as the authors.

of, variability in physiologic measures. The variability of the physiologic parameters will first be described.

REM latencies ranged from a low of 39 minutes to a high of 174 minutes, with thirteen nights either below 49 minutes (8) or above 76 minutes (5). Thus, there was considerable variability with about half the nights distributed on the extremes of high and low latencies. REM time also varied from a low of 22 minutes to a high of 78 minutes. Five nights had more than 70 minutes of REM sleep and seven nights were below 50 minutes. High and low latencies or REM times occurred randomly throughout the study. For this psychoanalytic patient the commonly reported tendency for sleep parameters to become relatively constant following adaptation to the laboratory did not occur.

For comparison with a subject not undergoing psychoanalysis, the sleep of a man of similar age, intellectual endowment, and marital state (single) was recorded. For this man, REM latency was relatively constant, 28 to 47 minutes (most in 30's), while REM time showed greater variability, similar to that of the experimental subject.

We had similar questions about the scoring of the analytic material. Did it show variability? Could it be done reliably? The defensive strain scores ranged from a low of 8 to a high of 38 on a 48-point scale. The change in defensive strain from evening to morning hours varied from -18 to +15. Thus considerable variability was found. As for reliability, on eleven of the twenty-four presleep hours, the independent defensive strain scores were within three points of each other (a very stringent criterion—circa, 5 per cent). There were fifteen pairs of hours in which the scoring of the change of defensive strain from night to morning was comparably close.

Another test of reliability was the scoring of the first eight pairs of hours by the workshop group. These scores were done independently and represent original scores or a second scoring of some of the hours after extensive discussion of the scoring system and of the analytic material. For this group, the scoring ranged

from 4 to 38. Of the sixteen hours scored, twelve had four or more scorers within a 5-point range. Thus, the scoring of the analytic material for defensive strain could be done with fair reliability. Furthermore, one should note that the imperfect reliability, reflecting a limited ability to achieve a consensual characterization of analytic material, could only tend to obscure psychophysologic connections.

The connection between presleep defensive strain and REM latency was evaluated statistically by the Spearman rank-order correlation. Our prediction that the higher the presleep defensive strain, the greater the need to dream, and therefore the shorter the REM latency was supported by the results. Both examiners found an inverse relationship between defensive strain scores and REM latency significant at the .05 level for one scorer (CP) and 0.1 level for the other (RG). All the statistics were based on initial independent scores of each hour obtained before scoring of the sleep records. For the eleven hours on which the defensive strain scores showed closest agreement, the correlations between defensive strain and REM latency were more significant: $p < .025$ (CP) and $p < .07$ (RG). This finding implied that psychophysologic correlations might be more apparent when the analytic material was unambiguous.

The scoring of eight hours by the workshop group showed that five of the six participants distinguished between the two longest and the two shortest latency hours by their defensive strain scores. Of particular interest was the fact that the scores by the patient's analyst were the best predictors of latency. His eight scores correlated with latency at the highly significant level of $p < .01$. Although he was sceptical about the hypothesis of the study, his better understanding of both the patient and of the scoring system led to scores strongly supporting our hypothesis.

Thus, defensive strain did appear to relate to pressure to dream, as indicated by REM latency. Did change in defensive strain from night to morning reflect amounts of REM in a similar manner? Again, the predictions were confirmed. Since eight of the twenty-four nights had essentially the same amount

of Stage REM, a rank-order correlation of overnight changes in defensive strain with REM time seemed less meaningful than the ranking of REM latencies. Accordingly, the extremes were considered. By this method, each examiner distinguished the eight nights with the most REM from the eight nights with the least REM (RG $p < .03$; CP $p < .05$). As with the latencies, for the nights on which there was greatest agreement about change in defensive strain, correlations with REM time were even closer.

DISCUSSION

This study showed clear, statistically significant, correlations between psychologic state (defensive strain) and physiologic measures of dreaming (REM latency and REM time). Several points about these findings deserve comment. The psychologic measure, defensive strain, was selected because it encompassed an aspect of mental activity pertinent to a hypothetical adaptive function of REM sleep. In papers by Greenberg, et al. (1972a, 1972b) and Breger, et al. (1971) the adaptive function of REM sleep was characterized as follows: During the day individuals may have experiences which arouse old, unresolved conflictual material, and during the night REM sleep serves to integrate these new experiences with those of the past, instituting maneuvers to resolve or defend against the aroused conflicts. Defensive strain involves aspects of analytic material directly related to this hypothesis. Threatening conflictual fantasies, affects, and related defensive maneuvers are explicitly assessed. Use of this measure requires a clear formulation of the characteristic intrapsychic and interpersonal behavior of each patient. This global conceptualization could not be adequately sampled by simpler measures, such as quantities of affect, personality profiles, level of libidinal conflict, etc.

Nevertheless, it is possible that defensive strain is not the most precise correlate of REM parameters. Since strain reflects several elements which are somewhat interdependent, one of these elements might be a major predictor or contributor to the changes in sleep parameters. While such a simple factor may

eventually be demonstrated, at present the use of a complex psychodynamic formulation of defensive strain seems validated by the psychophysiologic correlations between mental activity and REM parameters found in this study.

The feedback between psychologic and physiologic data which we found suggests a way to improve understanding of analytic material. Analysts have regularly presented consistent and plausible explanations of their observations. Unfortunately, the same observations have sometimes evoked contradictory but equally convincing explanations. Thus an objective check of formulations (outside of the analytic situation) is desirable. Studies of psychosomatic illnesses have been used for this purpose. The REM-dreaming correlation which occurs normally and regularly may offer a more suitable check. The present study gave an example of the usefulness of this outside validation. Once the general correlation between defensive strain and the REM parameters had been determined, it was possible to use instances of disagreement between physiologic and psychologic measures to refine the scoring system so that subsequent scores correlated with increasing precision. Thus, a homing-in process gradually occurred, leading not only to an increased understanding of the patient, but also to the development of a quantitative method of assessing analytic material which can be clearly formulated and communicated to others.³

A further implication of these findings should also be noted. The demonstrated relationship between defensive strain and REM sleep (dreaming) adds further conviction to the formulation of dreaming as a problem-solving, adaptive process. Since dreaming occurs every night, the correlation of amount of dreaming with change in defensive strain suggests that defensive strain involves issues which are active and changing on a day-to-day basis. Experience with the patient studied suggested that close attention to these elements can clarify an analytic hour by alerting the analyst to currently active conflicts, defenses, and

³ See article by Knapp, et al., pp. 404-430.

affects. Examination of dream material from this viewpoint can indicate the patient's current adaptive tasks. This concept is similar to that presented by French and Fromm (1964).

A final matter to consider is the impact of the analytic process on the physiologic aspects of dreaming. Fluctuations in resistance, transference, and defensive operations alter the level of defensive strain. The subject of this study showed marked variability in REM latency, whereas the control subject, not in analysis, showed much more constant REM latencies.

Earlier studies have shown the effects of REM deprivation on psychologic functions. This study indicated the responsiveness of physiologic mechanisms to psychologic processes. Thus there seems to be a reciprocal relationship between the psychologic and physiologic processes involved in dreaming.

In summary, this study adds to an understanding of the adaptive function of REM sleep. It also demonstrates that the use of analytic concepts can deepen an understanding of physiologic processes and, conversely, that physiologic findings can clarify analytic formulations.

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Veterans Administration Hospital
150 South Huntington Avenue
Boston, Mass. 02130

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Peter H. Knapp, Ramon Greenberg, Chester Pearlman, Murray Cohen, Judith Kantrowitz & Jerome Sashin

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CLINICAL MEASUREMENT IN PSYCHOANALYSIS: AN APPROACH

BY PETER H. KNAPP, M.D.; RAMON GREENBERG, M.D.;
CHESTER PEARLMAN, M.D.; MURRAY COHEN, PH.D.;
JUDITH KANTROWITZ, PH.D.; JEROME SASHIN, M.D.

Measurement of the complex phenomena in psychoanalysis is approached by defining interrelated elements in the analytic situation and specifying the range of their variation in scales which can be both generalized and made specific for an individual patient. Using this approach in transcripts of psychoanalytic sessions, we rate painful emotion, impairment of defensive maneuvers, and activation of threatening conflictual fantasies. This preliminary study involved rating of tape-recorded sessions by psychoanalytically oriented judges. Quantitative estimates appeared to relate in many ways to qualitative fluctuations in the patient's state. Such an approach may be helpful in developing more effective clinical theory about emotions, defensive processes, and transference fantasies.

INTRODUCTION

Any discipline that seeks scientific status must find its appropriate methods of measurement. In psychoanalysis, which deals with the full complexity of human personality, difficulties in finding appropriate methods of measurement have been a major deterrent to research.

Recently several workers have attacked this problem with a variety of approaches which are summarized in the recent review by Luborsky and Spence (1971). Computer science has opened important vistas which have been explored by Dahl (1972). Luborsky (1967) made quantitative comparisons of the immediate verbal context of repetitive symptomatic events during analysis with 'control' segments from nearby portions of the analytic record (see also, Knapp, et al., 1970). Spence (1970) has

From the Boston Psychoanalytic Society, the Boston University Medical School, and the Veterans Administration, Boston, Massachusetts.

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combined these approaches in psychophysiologic studies. The linguistic-naturalistic search for structure, advocated by Schefflen (1963) has been applied to psychoanalytic material by Knapp (1972). These methods are all in various stages of development and require a large investment of research time and energy. As yet they remain relatively remote from the clinical concepts of psychoanalysis.

An alternative strategy is to use the clinician himself as a measuring instrument. He is asked to direct his attention to specific phenomena, the range of variability of which is defined for him. Using these guidelines, he assigns his clinical material to a place along a scale. To aid him, the metric can be graphically displayed, as Stevens (1966) has suggested in his studies of 'social consensus'. This approach has a long history (*cf.*, Heyns and Lippitt, 1954); it has been one of the major methods in psychiatric research, although not widely applied to psychoanalysis. We have attempted to apply this method in a study involving the relationship of psychoanalytic data and dreaming. Psychophysiologic results have been reported separately (*cf.*, the preceding paper by Greenberg and Pearlman). Here the design, the psychological methods, and some psychoanalytic findings from the pilot phase of this study in clinical measurement will be presented.

Measurement must be reliable. More than one observer must agree to observations and inferences, and these must become public. Once these goals have been achieved further questions arise, usually subsumed under the term 'validity'. Since agreement may represent only shared bias, other phenomena, described or measured by different means, should correlate with or be predicted by the agreed-upon observations. Closely related are questions of generalizability across cases, and also of relevance. What is most feasible to study may be most trivial.

In previous studies broadly aimed at elucidating psychophysiological relationships, it has been possible to rate with some accuracy not only specific emotions but also some aspects

of global defensive function and at times shifts in two-person fantasies. These estimates have had both success and difficulties as predictors of change in somatic function (*cf.*, Greenberg and Pearlman, 1975; Knapp, et al., 1966a, 1966b, 1966c, 1970; Heim and Knapp, 1967). Correlations usually leave unexplained variance which is compounded if the psychological elements in the correlation, even though rated reliably by more than one observer, are complex or diffuse. Specific theoretical weaknesses aggravate such tendencies. Psychoanalysis lacks a penetrating theory of emotion as Rapaport (1953) and others (*i.e.*, Modell, 1971) have noted. In particular the unconscious processes underlying manifest affect are poorly conceptualized. Also, as Waelder (1951) remarked, we lack an 'alphabet of defenses'.

Our previous efforts to define and judge specific separate defense mechanisms had only limited success. This was also true of attempts to deal with crucial but elusive fantasies of self and other (*cf.*, Knapp, 1969). In the present study three sets of processes were formulated more rigorously: painful emotion, defensive maneuvers, and constellations of two-person fantasy. A metric was developed consisting of a hierarchy of cues for each of these areas and one case was studied by noting cues for that particular patient which would allow assessment of his variation within the predefined scales.

THE PROJECT

Our method was developed and applied to material furnished by the treating analyst (Dr. A).¹ The sleep researchers (Drs. B and C) independently approached the patient with the proposal that he spend twenty-four nights in the sleep laboratory over an eighteen-month period, falling between the tenth and the twenty-eighth month of his analysis. This report concerns material obtained for the most part in sessions occurring the evening before and the morning after the first eight of those laboratory nights. For technical reasons material from one ses-

¹ Drs. A, B, C, D, E, and F were the six judges used in the study.

sion is missing and from two sessions is incomplete. To refine the system of measurement, six available transcripts of hours not related to the sleep laboratory were also examined. A workshop group studied these records. After some attrition this comprised the three physicians already mentioned, two analytically trained psychologists (Drs. D and E), and an analytically trained psychiatrist (Dr. F).

The broad hypothesis of Drs. B and C, the dream investigators, was that Rapid Eye Movement (REM) sleep (that sleep phase associated with dreaming) plays a role in maintenance or restoration of defensive organization. They predicted that disruption of defensive organization with concomitant emergence of primitive emotion and fantasy would lead to an increased 'need' to dream and that this need would be reflected by a shortening of the REM latency (time from sleep onset to first REM period). Furthermore, they predicted that changes in these parameters from evening to morning would be influenced by the amount of REM time (total REM sleep) on a given night. Thus, they felt that alterations in defensive organization, demonstrable in the analytic material, would enable predictions of changes in the physiologic parameters of REM latency and REM time. Others in the research group attempted to formulate some alternative hypotheses.

The sleep investigators' hypothesis about the relationship between defensive disorganization and REM sleep parameters led to an initial focus on aspects of the analytic material which would assess relative amounts of emergence of painful affects, disruption of defensive maneuvers, and presence of threatening interpersonal fantasy constellations. In preliminary sessions the group worked out a set of measures with cues fashioned for this patient—that is, 'ipsative' rather than 'normative' scales. These were aimed at processes that could be categorized as defensive integrity versus disorganization, and that were consistent with the hypothesis about dream function which generated this study. The approach defined three categories that could be conceptualized for all patients but which might differ in manifestations

among different persons at different times. The categories were: 1, *painful emotion*; 2, impairment of *defensive maneuvers*; and 3, activation of latent threatening *conflictual fantasies*. Each category was defined in general terms and then scale ranges were developed for this patient. Judges were reminded that the variables must be judged clinically; that is, a variety of affects, defenses, and fantasies would be presumed to be present but an estimate should be made for the whole analytic session under consideration of the over-all level of intensity of each of these three categories.

A 0-10 scale was used. Ranges for all three categories were defined as: minimal, low, moderate, and high. Guidelines were provided for each range in a number of statements along a continuum. Judges were asked to write down the evidence for their scores to match against the hypothetical descriptions. A further reminder was that although the extremes and the directions were clear, no single statement could be taken as absolute. Rather a clinical synthesis had to be made, estimating the patient's overall position on each scale at the given period in time. Thus the material was taken as a sample of his psychologic state shortly before and shortly after his experience in the sleep laboratory.

Drs. B and C had had some contact with the physiologic data at the time they made their contribution to the rating system. Their major suggestion was to introduce, in the 'affect' area, a single category 'Painful Emotions'. The rationale was that feelings tend to occur in clusters which as a whole have a greater or lesser distressing quality and the amount of distress related to a particular affect is more significant than the type of affect experienced. The step poses some complications. It is hard to sort out the quality of 'painfulness' from an inference that defenses in some way are failing or that threatening fantasies are being activated.²

THE ANALYSAND

The patient, a thirty-five-year-old single man at the start of analysis, has been described elsewhere (*cf.*, Knapp, 1969) in the

² The actual scales used for this patient are presented in the appendix.

following terms. He was highly successful in his work, seeking analysis because of intermittent functional gastrointestinal symptoms and because of less obvious long-standing difficulties in the interpersonal sphere. At the start of analysis, while living with two roommates, he was barely emancipated from his widowed mother with whom he spent two or three nights each week.

An only son, with a sister two and a half years younger, he had been born into a hard-driving, ambitious family. He had always seen his father as a giant, technically well educated, and as a compulsive, striving man with whom the patient had been associated professionally. He constantly compared himself to his father. His incessant self-reproaches of inadequacy were amplified by constant criticism from his mother, an active, energetic, strict, and domineering woman. The patient had a vivid memory of how his powerful father had broken down once late in his life and cried, saying that the mother was a 'castrating witch'. Both parents had united in demanding that the patient be inordinately strong and competent. At the same time both of them had had major weaknesses. The mother had suffered an episode of gastrointestinal bleeding when the patient was in early adolescence; later in life she allegedly developed some kind of malignancy, although she kept the details of this obscure. Three years before the beginning of analysis the father developed gastrointestinal cancer and died within a year. The patient had enormous anxiety and guilt over trying to 'fill father's shoes'.

The patient's character structure was dominated by activity aimed at warding off his conflicts. In college, and afterward, he was skilled at sports, often reaching a championship level, but always losing crucial matches. He often suspected that this was deliberate, but once he clearly knew it was. One time when both parents came to watch him, he consciously thought he 'couldn't give them the satisfaction' of seeing him win. A similar pattern betrayed itself in school where good marks alternated with mediocre ones, often in clear relationship to competitive feelings toward his younger sister.

In analytic sessions he frequently had images of planes, tanks,

and cannon explosions. Physically spare, he kept himself well conditioned and took pride in everything that surrounded him, such as clothes and furniture. Indeed he would debate interminably whether to buy something for fear it was not the 'best'. He was incessantly active in pursuing girls, although his relationships to them always ended without sustained involvement. He kept his evenings scheduled weeks in advance. On the few times when he was left alone with nothing to do he would telephone, sometimes all over the country, to speak to various girls. Once when phone service was disrupted by a snow storm and he was left alone for an evening, he went into a near panic.

He had deep anxieties about sexual closeness. He was able to relate some of these to highly specific requirements in a girl. She had to be thin, intelligent, active, the image of a beautiful woman whom he dimly remembered from childhood. He thought of his mother as her present aging, stout self, but recollected that she had been good looking. He recalled a secret guilty preoccupation with an even more attractive young matron in the neighborhood. Girls never measured up to this image. In particular they seemed fat as his mother now was and like his sister. This disgusted him and 'turned him off'. As might be expected, his feelings contained deeper disgust about the details of physical intimacy. Actually closeness of any sort disturbed him. He felt in danger of being trapped, swallowed up, controlled. He dreaded the image of being tender and soft, which to him meant being weak. His main satisfaction came from male camaraderie. At times he wondered if he should give up the struggle and resign himself to being a bachelor, though his dwindling list of bachelor friends made this an uneasy compromise.

The transference was equally uneasy. In the first interview he burst into tears thinking of his father's death. He was frightened by such open longing, and his wish for a strong, giving father persisted as a disguised thread. He frequently expressed the feeling that the analyst was too distant and too controlling. What became clear was the danger of getting the strength he wanted from the father; this might be by theft and he might be attacked

in retaliation. Conversely, if he got this strength, he might turn with violence on the woman and destroy her. These dangers made him swing to a passive, feminine position. The perils of submitting, of being attacked, and of being helpless to resist terrified him. His image of the woman contained similar fears: if he did not kill her, he might be enslaved by her or poisoned. The dangers again led from helplessness to death.

The patient entered psychoanalysis with the understanding that all sessions would be tape recorded for the personal use of the analyst, although many, by necessity, would have to be discarded. Any further use of them would be only with professional groups and would be discussed with the patient. The initial contract also included a statement that in the future some other research dimensions might be proposed, but that these would be negotiated separately. The dream laboratory experiment had not materialized at that time. When it did, six months later, it was mentioned to the patient by the treating analyst as a possible study which the dream research team wished to conduct. All the details of this study were, in fact, negotiated separately. The reactions and reverberations were, of course, extensively analyzed. The introduction of this powerful research thrust into the analysis would require separate and much more extended discussion than is possible here.

Suffice to say that the analysand reacted with ambivalence which was characteristic for him. He wished to please and the fantasy emerged of finding a kind father figure in the dream research investigator who would have the warmth that he felt the analyst lacked. At the same time he revealed the less accessible image of an all-seeing mother who could read his mind, find out if he were crazy, actually suck out his brains.

RESULTS

Table I shows the ratings³ of the six judges for eighteen psychoanalytic typescripts using all three scales, called hereafter

³ See appendix for rating scales.

TABLE I
RATINGS OF SIX JUDGES

Judges			A	B	C	D	E	F	Mean
<i>'Sleep Sessions':</i>									
*	Feb. 12	I	3.5	5.0	5.0	5.5	5.0	5.0	4.8
		II	6.5	7.5	7.0	6.0	7.0	7.0	6.9
		III	6.0	8.0	8.0	7.0	8.0	5.0	7.1
*	Mar. 4	I	4.5	3.0	3.0	2.5	1.5	5.0	3.2
		II	3.5	3.0	1.0	2.0	3.0	7.0	3.2
		III	4.0	3.0	3.0	1.0	3.5	3.0	2.9
**	Mar. 5.	I	2	3.0	2.5	1.5	5.0	3.5	2.9
		II	5.5	6.5	4.0	2	7.0	4.5	4.9
		III	4.5	6.5	6.0	1	4.0	4.0	4.3
*	Apr. 1	I	5	5	4.5	5.5	4	4	4.7
		II	6.5	5	5.0	3.5	4	5	4.8
		III	6.0	5	4.5	4.5	4	4	4.7
**	Apr. 2	I	1.5	3.5	2	1.0	1.5	2	1.9
		II	2.5	4	2	2.0	1.5	2	2.3
		III	3.0	3	2	2.0	1.5	1	2.1
*	Jul. 25	I	3.5	3.5	5	6	4	7	4.8
		II	4.0	3	4	5.5	4	7	4.6
		III	4.5	5	4	4	6	7	5.1
**	July 26	I	6.5	8	7.5	6	9	9	7.5
		II	5.5	7.5	4.5	7.5	8	9	7.0
		III	6.0	7.5	8.0	4	9	7	6.9
*	Sept. 12	I	5.5	5.0	5.0	3.0	6.0	4.5	4.7
		II	5.0	5.5	4.0	4.0	6.0	4.0	4.8
		III	5.0	5.5	4.0	4.0	5.0	4.5	4.7
*	Sept. 19	I	5	2	2.5	1.5	3.5	1	2.6
		II	3	2	2.0	2.5	4	1	2.4
		III	3	2.5	2.5	4.0	5	1	3.0
**	Sept. 20	I	1	3.5	2	3.5	4.0	4	3.0
		II	3.0	4.0	2.5	4.5	4.5	6	4.1
		III	2.5	5.0	2.5	4.5	6.0	5	4.2
*	Sept. 26	I	3.0	1.5	2.5	1.0	2.5	2.0	2.1
		II	4.5	4.5	4.5	2.0	4.0	5.0	3.6
		III	5.5	6.0	5.0	2.0	3.5	8.0	5.0
**	Sept. 27	I	2.5	2.5	2.5	2.0	1.5	1.5	2.1
		II	3.5	4	3.5	3.5	3.0	2.0	3.2
		III	3.0	3.0	3.0	3.0	2.0	2.0	2.7

Table I (continued)

Judges			A	B	C	D	E	F	Mean
<i>Additional Sessions:</i>									
±	Nov. 29	I	7.0	7.5	5.0	6.5	6.5	6	6.4
		II	6.5	8.0	5.0	6.0	5.5	8	6.8
		III	6.0	8.0	6.0	8.0	5.0	8	6.9
±	Dec. 1	I	1.5	2.5	2.5	2.5	2.0	0.1	1.8
		II	4.5	5.0	3.5	5.0	2.5	1.0	3.6
		III	5.0	7.5	5.0	3.5	3.0	2.0	4.3
±	Jan. 2	I	2.5	3.5	1.5	3.0	4.0	1.5	2.7
		II	2.0	3.0	2.0	2.0	3.5	2.5	2.5
		III	2.5	3.0	4.0	2.5	3.0	2.0	2.8
±	Mar. 25	I	7.0	5.0	3.0	3.5	6.0	8.0	5.4
		II	7.0	5.0	4.0	4.5	7.5	8.0	6.0
		III	8.0	5.0	6.0	4.5	6.0	7.0	6.1
±	Mar. 26	I	3.5	3.5	1.5	3.5	4.0	3.0	3.2
		II	2.5	4.0	2.5	3.0	2.5	4.0	3.1
		III	4.0	6.0	3.5	4.5	3.0	3.0	4.0
±	Nov. 18	I	5.0	3.0	2.5	3.0	6.0	4.5	4.0
		II	5.5	5.0	3.5	4.5	6.0	5.0	4.9
		III	6.0	6.0	5.0	3.5	5.0	4.0	4.9

* = Night before sleep lab

** = Morning after sleep lab

± = These sessions, though in the last group rated ('additional'), occurred chronologically in the year before the sleep experiment

'Emotion' (I), 'Defense' (II), and 'Fantasy' (III). The first twelve sessions, as indicated, occurred immediately before or after a night in the sleep laboratory. The remaining six hours were rated chronologically later as part of a continued assessment of reliability.

The judges' ratings vary conjointly at levels far beyond chance expectation, despite occasional divergence between one or more raters. Agreement does not simply reflect bunching of ratings at one part of the scale; there is a fairly wide distribution of scores, going from Dr. A, who showed the least (11 half-points on one scale) to Dr. F, who showed the most (19 half-points on one scale).

Table II shows the correlation of *each judge* with the others on all three scales. Highly significant values were obtained. The vast majority were better than $p < .01$; only 4 of 45 correlations were as low as $p < .10$.⁴

There were minor differences in patterns of rating. Drs. A, B, and C, those who knew this patient the best and who were the most experienced clinically, each had his highest correlation between 'defense' and 'fantasy'. Drs. D, E, and F, less experienced in both respects, each had his highest correlation between 'emotion' and 'defense'. If this pattern persists in subsequent ratings it will deserve careful scrutiny.

A last point with important implications is the over-all correlation among *scales* irrespective of judges. The correlation between 'emotion' and 'defense' was .78 ($p < .01$), 'emotion' and 'fantasy' .68 ($p < .01$), 'defense' and 'fantasy' .83 ($p < .001$). It is clear that these scales are not statistically independent. We can observe however that on a few occasions they do diverge: on February 12 'emotion' ratings are relatively low, the other two high; on July 26 'emotion' is relatively high, the other two lower; on September 26 'emotion' and 'defense' are both low, 'fantasy' high; on December 1 'emotion' is low, the other two high. Only further careful study of a larger number of sessions could establish whether such permutations recur and can help to develop hypotheses about causal factors.

Table III gives abbreviated vignettes of the analytic data for each session given here in *chronological* order, along with the mean of all six raters for each scale. Two of the sessions, July 25 and July 26, illustrate at more length the nature of the clinical material. The session of July 25 occurred before the patient

⁴ A comprehensive measure of agreement among all raters can be obtained using Hoyt's (1951) test of reliability by analysis of variance. Over-all rater agreement is highest for 'emotion' ($r = .927$), somewhat less for 'defense' ($r = .898$) and 'fantasy' ($r = .885$), and highly significant for all three scales ($p = .001$). Values in Table II are Pearson Product Moment correlations (r). Objection to use of this statistic might be raised, arguing that these data are not necessarily normally distributed. We also applied a non-parametric technique, Kendall's coefficient of concordance (w), and got essentially identical results.

TABLE II
Intercorrelation Matrix

Judges	A	B	C	D	E	F
A		.649**	.602**	.505*	.669**	.662**
B			.781***	.786**	.777***	.742***
C				.748***	.654**	.731***
D					.610**	.710***
E	AFFECT					.729***
F						
A		.754***	.802***	.544**	.743***	.587*
B			.769***	.620**	.676**	.522*
C				.606**	.603**	.442
D					.545*	.582*
E	DEFENSE					.648**
F						
A		.633**	.753***	.401	.494*	.659**
B			.802***	.533*	.518*	.591**
C				.406	.673**	.598**
D					.524*	.408
E	FANTASY					.602**
F						

p values

* p .05

** p .01

*** p .001

p .10

.05

.02

.01

.001

r .400

.468

.542

.589

.708

resumed his sleep laboratory experience, having taken four months away from it to 'think it over'. During that time there was considerable analysis of his feeling of being used, exploited, and helpless. He gained some feeling that the analysis had priority and was separate from his participation in the experiment. The session also came shortly before the second interruption of analysis for a summer vacation. (The first summer vacation came shortly after starting treatment, at which time he had denied any feelings whatsoever and had gone off on a hectic trip to Europe, met a beautiful girl but fled from her.) By the second summer interruption, his meaningful involvement in the analysis was starting to become clear, though it was still met by many defenses.

The hour on July 25 started on a note of resistance. Perhaps he should cut down analysis to twice instead of four times a week.

TABLE III
Clinical Detail

No. (in original chronology)	Date		Mean	Ratings
1	29 Nov.	Patient spends hour sitting up due to intense anger at his mother, which seems largely displaced from transference. Growing passively tinged longings for the father are warded off.	I II III	6.4 6.8 6.9
2	1 Dec.	Calm after a storm. He feels tranquil, presents frank feminine imagery in a fragmented fashion. Massive reaction-formation against hostility.	I II III	1.8 3.6 4.3
3	2 Jan.	He deals with concerns about his self-image in a derivative way swinging between an uneasy preoccupation with another patient he saw in the waiting room, who looked weak, and 'bragging' about a weekend with a new girlfriend. Some doubts about analyst; but relaxed.	I II III	2.7 2.5 2.8
4*	12 Feb.	Session before his first night in a dream lab. Anxiety is denied consciously but there is pervasive evidence of strained defensive maneuvers, jumbled imagery and ideas of violence or destruction.	I II III	4.8 6.9 7.1
5*	4 Mar.	Session before his third night in dream lab. He is preoccupied by a beard he has grown, thinking it is dirty. He denies concern over the lab though there are multiple symbolic allusions to the dangers of passivity. Strongly defended.	I II III	3.2 3.2 2.9
6**	5 Mar.	Classical resistance. He recalls no dreams, has many doubts about analysis. Some evidence of growing disruption of language, thought and imagery.	I II III	2.9 4.9 4.3
7	25 Mar.	Resolves to complete this series of lab experiments, then take six months to see whether he wants to continue. Shows signs of concern over his wish to replace father and be like the analyst. Retreats to disguised passive concerns.	I II III	5.4 6.0 6.1

TABLE III (continued)

No. (in original chronology)	Date		Mean	Ratings
9*	1 April	He is planning to cut off his beard. Concern over rivalry with men is marked, though disguised. He avoids mention of the sleep lab but when confronted with it thinks of 'maniacs' and repeats several times that it is a 'pain in the ass'.	I II III	4.7 4.8 4.8
10**	2 April	A scary dream ending in triumph, well encapsulated. He is bland in his associations, seems to feel a characteristic relief at having come through the night successfully, and has disguised passive associations, counteracted by phallic recollections.	I II III	1.9 2.3 2.1
11*	25 July	See text—resistance and counterphobic fantasies before lab and before vacation.	I II III	4.8 4.6 3.1
12**	26 July	See text—a flood of anger, anxiety and longing related to separation.	I II III	7.5 7.0 6.9
13*	12 Sept.	He brings in a copy of Playboy as part of warding off passive attachment. It leads him to recall oedipal fantasies, then the prohibiting tyrannical mother and finally sleeping in father's arms.	I II III	4.7 4.8 4.7
14*	19 Sept.	He has the fantasy of sleeping in the waiting room but then spends most of the hour reassuring himself that he's a fighter in business like his father, and able to attract many girls.	I II III	2.6 2.4 3.0
15**	20 Sept.	He is very strongly defended, thinking of a triumph at work and planning a battle with his mother; he will go off to hear a musician and miss a family reunion.	I II III	3.0 4.1 4.2
16*	26 Sept.	His denial about the sleep lab experience still present but under calm affect are	I II	2.1 3.6

TABLE III (continued)

No. (in original chronology)	Date		Mean	Ratings
		signs that it is breaking down. Has fears and doubts about it, shows some momentary suspicion. Confesses to having looked the doctors up in a Directory.	III	5.0
17**	27 Sept.	An hour that reveals underlying passive concerns but has them buffered, reporting a dream of a gigantic watch dog, both a phallic assertion and a disguised expression of his fused image of self and witch-like mother.	I II III	2.1 3.2 2.7
18	18 Nov.	Strongly mobilized anger and oscillatory ambivalence: longing for a good father and rage at the cold rejecting authoritarian father.	I II III	4.0 4.9 4.9

* Pre-sleep lab

** Post-sleep lab

He went on to express veiled anger, displaced from the immediate analytic situation. Then he revived a characteristic theme, that of travelling abroad during August when he might meet a 'princess' who would solve all his problems. The analyst was relatively passive during this session but challenged this fantasy. He also faced the patient with the fact that the sleep laboratory seemed to be causing him some continued irritation and anxiety. The patient dismissed these concerns. He did deal with the imminent vacation but largely by denial. In passing, he made a hidden reference to the 'pregnant' function of dreams. Then he returned to the theme of the 'princess'. As he continued to talk about it, some anxieties appeared. Without the support of the analysis he had a fear that sexual problems would recur. He reassured himself that women do find him attractive. Yet he wondered about all his qualities, thinking of a 'dirty' beard he had grown in the winter and how he had cut it off, and also

recalled smashing his glasses. Longing for a strong father crept in toward the end of the hour. He thought of himself as a strong uncle but expressed an increasing need for words from the analyst. Mixed with this theme was that of envy toward his sister and hidden rage toward his mother, leading to guilt. As the hour ended, he again reassured himself and denied his concerns, returning to the fantasy that the 'princess' would cure his difficulties after all.

The hour the next morning, July 26, represented a dramatic breakthrough of strong emotion with temporary loss of control. The patient again started the hour with resistance and talked of cutting down the number of analytic hours in the fall. He became mildly blocked. The analyst remarked that he seemed to be fighting both the process and the analyst. The patient thought of silences with his father, then rage at both his parents. He recalled hatred for them, rushing upstairs from the dinner table, saying that he would be a child psychologist when he grew up in order to treat children as they should be treated. He expressed a tremendous longing for a strong father, sobbing almost uncontrollably. His feelings were painful; he was ashamed of them, fearful that he would stay helpless. The analyst was able to interpret not only the persistence of these feelings from the past, but their present mobilization by the partial abandonment taking place in the analytic situation itself. At the end of the hour the patient had recovered some of his poise, mentioning his many women friends, and asking whether the analyst would be back one or two months hence, remarking that he, too, would be away for a considerable part of that time.

The judges uniformly saw an increase in the indices of defensive disorganization in the second hour. All of them felt that painful emotion was much higher. They were divided as to whether or not the scoring of impaired defensive maneuvers showed as much of an increase, some feeling that the overt expression of emotion, despite some loss of control, had some healthy aspects.

DISCUSSION

The results show high inter-rater reliability. The judges had examined the first twelve 'sleep lab related sessions' (as listed in Table I) in working out their final scoring instrument. In the purest sense they were not completely 'blind' when they used the final scales. However, this was not true of the last six sessions they rated (November 29, December 1, January 2, March 25 and 26, November 18). Their agreement was as great, if not greater, on these sessions as on the earlier ones. Only the next phase of study will show whether, using this measuring device, they continue to judge further material reliably.

The question arises whether this instrument holds up when individual raters rescore an hour at a later time. The material of this particular phase of the patient's analysis had been worked over so extensively and is, therefore, so familiar that it would not be useful for this particular kind of test. This question will be addressed in a subsequent phase of the study.

Such a demonstration of reliability is not unique. The disciplined use of judges, embodying both clinical skill and rigor in formulating and applying the criteria they use, has been fundamental to much psychiatric research. It is no less important in psychoanalytic investigation, but this procedure poses special difficulties and questions. Psychoanalysis allows in some ways a more complete knowledge of a human being than any other form of encounter, but its very comprehensiveness militates against constructing a simplified model for testing its conclusions. One always has a sense that the particular flavor of the individual and the situation is lost. That was true here. The summaries of sessions as well as the ratings leave a feeling of being not only selective but incomplete. This system is perhaps a step on the road toward capturing some ingredients that are essential to the process of involvement and change in psychoanalysis with its inevitable repercussions on all strata of the personality.

One might ask why a segment as large as a whole hour was chosen as the unit of study. Would it not be simpler, as, for example, Mintz and Luborsky (1971) have done, to pick much

smaller stretches of material for detailed study? Here the over-all purpose of the research enters prominently. An hour tends to have a certain inner structure, complex as this may be. This investigation required an assessment of the patient's psychological life before and after an event occupying much of the intervening night. The same strategy was followed in an earlier study of asthma by Knapp, et al. (1970) and also by Freedman, et al. (1970) in a study similar to ours of a subject investigated in a dream laboratory.

A broader methodologic question might be asked. Since the psychoanalytic method is being used, why not study elements more characteristically encountered in the psychoanalytic situation, such as 'transference' or 'resistance', not to mention 'libidinal' or 'aggressive' drives? Again the purpose of this study indicated the selection of factors relevant to the physiologic processes (REM sleep) under scrutiny. Moreover, such psychoanalytic processes are themselves complex and not readily caught in a rating net. They must first be reduced to operational terms and specific criteria must be formulated for them. This, in fact, is what was done in studying the over-all defensive organization of the ego in this patient. In an earlier scheme, attempts at formulation of transference and resistance encountered serious difficulties. Transference is a broad term covering a wide variety of affective and fantasy processes; resistance occurs in many forms, all of them highly characteristic when encountered but not lying along one neat dimension. The different defensive maneuvers that we have delineated actually become visible in the ebb and flow of resistant behavior during the psychoanalytic encounter. Furthermore careful reading of the instructions shows that these psychoanalytic elements are far from ignored; rather, *they make the ratings possible*. The manifestations of transference and struggles with resistance provide the criteria for judging the fluctuating levels of affect, defense, and fantasy as shown by this patient. Probably that is the greatest strength of the psychoanalytic situation both for therapy and for investigation. It mobilizes powerful regressive forces and allows the study of a

wide gamut of organization and disorganization. While the aspects of the analytic hour assessed in the present study do not capture everything that occurred, they do include major, meaningful indices of the patient's current psychologic position in the analysis. In addition, this assessment requires more than a descriptive kind of response. There must be a sophisticated clinical judgment of features that require analytic acumen and an integration of material which could not be obtained by a more descriptive scoring of individual scales of affects, defenses, or drive.

Further, one might ask how such an 'ipsative' scale, based on criteria which have emerged during the early phases of an analysis might hold up in studying an individual over the full sweep of psychoanalytic treatment. This is an empirical matter, requiring study in the future. The impression is that material so extensive as that obtained from the first year of an analysis will in fact show most of the range of which the patient is capable, though the more highly adaptive parts of his personality may appear in only fleeting or potential form. Here is where further study might lead to better understanding of the evolution of transference and the modifications of resistance that gradually permit integration of painful feelings and primitive conflicts by strengthened ego adaptive capacities.

Another question is whether, or how, such case-specific scales might be applied to other patients. The processes identified, 'emotion', 'defense', and 'fantasy', though having idiosyncratic *manifestations*, are clearly general in nature. It is possible to generalize from ipsative scales by finding common elements across cases which would permit progress toward normative measures of these elements.

What about validity? Do these elements correspond to other actual phenomena in the real world? What is measured? The most precise though the narrowest answer is obtained by finding out if they are valid predictors of some external criterion. In this case sleep measures were used. Separately two of us (RG and CP) have reported promising early results (*cf.*, the preceding

paper). It remains to be seen whether these findings will hold up in further study of this patient and finally whether they, too, can be verified in other individuals.

Even if successful, this approach may not tell which aspects of the psychological field are most relevant. This raises still other questions about the method of measurement, e.g., the great redundancy in the three scales. Is all the elaboration of cues in them really necessary? Perhaps only some diffuse global disturbance is judged, and a crude estimate might suffice, such as: how 'upset' is the patient? Even if the situation were as monolithic as that, the specification of many cues might be helpful in forcing judges to examine the evidence before making an estimate. To put it another way, this scoring system presents in an organized manner a psychodynamically meaningful definition of the question 'how upset is the patient?'

In fact, the reason for this redundancy is not clear. It could result from a subjective 'halo' effect. For example, when one is asked to rate 'frankness' and 'attractiveness', one might estimate the former because he is subjectively swayed by, and confuses it with, the latter. Redundancy may also result from genuine conceptual overlap. If 'frankness' and 'sincerity' are the rating task, they may be rated in parallel fashion because they embody a common trait. Still another possibility is that redundancy reflects differing processes which co-occur or diverge according to concomitant circumstances. For example 'frankness' and 'discretion' may or may not occur together under circumstances of deep concern for another person, depending upon other modifying factors in the situation. This latter possibility seems the more probable. With better specification of evidence and sharper conceptualization, different patterns of perturbation may be found. For instance, primitive fantasy constellations may be rampant but defenses tightly organized and affect tranquil, in contrast to alternative situations of primitive fantasy mobilization plus signs of distressed defensive maneuvers, or, finally, situations when all three types of disorganization are maximally present.

It seems likely, both on the basis of analytic hours where divergence of the scale occur and on the basis of theoretical considerations, that there is not necessarily a redundancy of scoring. Furthermore, the occurrence of divergence offers the possibility of being able to assess change in analysis in a more rigorous manner than is usually available by noting when and how such divergence occurs. It also seems possible that the different elements may be predictors of differing bodily processes. One could speculate, for instance, that fantasy constellations could correlate with long-term endocrine change, whereas manifest painful emotion might correlate with short-term autonomic nervous phenomena.

This kind of effort at measurement has importance for the development of clinical theory. By forcing one to formulate the processes with which one is dealing, such an effort lays bare modes of clinical inference. Not only do questions appear but also the possibility of finding answers to them emerges from this approach. For example, what are painful emotions? Can a vocabulary of terms expressing them be developed? Can generalizations across cases be made? As more primitive and deeper strata are regressively aroused during analysis, what are the commonalities and what are the differences between patients of different character structure? In what way do various patterns of defense fit together? Can a lexicon of cues for them be evolved? To what extent do these correlate with what is subsumed in general nosologic classifications? Are particular maneuvers, in fact, used against particular instinctual conflicts? For instance, when this patient was struggling, as he did at times, with destructive soiling impulses, were his obsessive mechanisms prominent? Hysteric mechanisms also played a definite part in his character; were they more prone to appear when libidinal conflict was maximal? Are fantasies about the self and key other persons, in fact, closely correlated, so that they serve as 'programs', initiating large segments of behavior? Can change be seen both intermittently and progressively during treatment, and can a more accurate definition be made of what brings about

such change? The work of Jacobson (1964), Kohut (1971), and others suggests that systematic examination of these processes may be the most fruitful direction in which this work might move. Such extensions of this approach would involve, of course, equally careful examination of the role and activity of the analyst.

If the scoring system presented here is accepted as reliable and as assessing issues which are psychologically meaningful to analysts, then it becomes possible to see how application of such a system can help answer some of the questions noted above. It becomes possible to compare one analytic hour with another, at different times in analysis. Change can be assessed in a reliable manner. Analysts and researchers have been bound, up to now, by either superficial descriptive assessments or by complex factors requiring over-all clinical or metapsychological formulations which are difficult to communicate or to validate except by persuasion. The present scoring system maintains the important depth of psychoanalytic assessment and, in addition, provides a method for reliably assessing and communicating important psychodynamic events.

APPENDIX

The Rating Instructions

Judges were instructed to rate three aspects of this patient's material on a 10 point scale. A scoring form displays the scale visually. Categories were to be rated by circling points on this scale. Half intervals were allowed so that the scale was, in fact, expanded to a 21 point instrument. This promotes enhanced sensitivity, as Hamburg (1958) points out, while at the same time preserving aspects of visual display embodied in the Social Consensus approach of Stevens (1966).

I. *Painful emotion.*

Definition: Emergence of emotions which for this patient are distressing, having an urgent painful or unpleasurable quality (though at times mixed with pleasurable components) which is difficult or impossible for him to tolerate.

*Scale:*0-2.5 *Comfortable*

No definite emotion. States of relaxed confident tranquility.

Mild exhilaration and sense of energy.

Feeling of being keyed up: mild tension.

Aggressive feeling which is assertive—not sadistic or destructive—linked to feeling of pride.

Irritability with feeling of plausibility and self-justification.

2.5-5 *Strong nondisruptive emotion*

Worried anxious feeling but sense that it is controllable.

Sense of urgency and feeling need to swing into action.

Active erotic feeling with a mixture of pride and anxiety.

Definite anger with tone of stubborn determination or righteous indignation.

Guilt associated with anger or erotic feelings, countered by a sense of pride or justification.

Transient or fluctuating feelings of weakness or discontent with self.

5-7.5 *Moderate Discomfort*

Clear anxiety associated with concern about bodily or sexual functions or about his psychologic state.

Transient feeling of loneliness and mild longing.

Persistent feeling of worthlessness and guilt or self-disgust.

Feeling of being weak, soft, passive, vulnerable, 'rotten'.

7.5-10 *Severe Distress*

Frightening feelings of being (sexually) attracted to a man or men.

Sense of violent destructiveness out of control.

Panicky loneliness and longing intensifying to tears.

Intense sobbing or tearfulness.

Acute depression and suicidal urge.

Panic over complete sense of helplessness.

II. *Impaired Defensive Maneuvers*

Definition: The extent to which habitual, efficient, relatively mature maneuvers (for this man), serving to ward off unacceptable affects, impulses and ideas, are replaced by devices that are relatively immature, that show evidence of struggling yet failing to master unacceptable elements, and that are mixed with signs of impairment of habitual automatic cognitive and executive function.

0-2.5 *Habitual Defensive Operations*

Automatic, relatively complete, evasion and screening out of disturbing elements, which can only be inferred by context. Plausible, easy denial and minimizing of the impact of such elements.

Direction of attention to manageable aspects of external reality, away from self or disturbing relationships, so that 'displacement' is not obvious.

APPENDIX (continued)

Intellectualization is minimal and unobtrusive, appearing in the form of occasional plausible, cliché-like rationalizations.

Behavior largely dominated by 'flying into action' and by some realistic plans or fantasies.

Dream reports are fleeting, fragmentary or reality bound, often not remembered.

Transient, mild somatic symptoms—chiefly respiratory or G.I.

2.5-5 *Accentuated Defensive Activity*

Clearly identifiable and well-rationalized steering away from obvious disturbing themes. Concerns about self or disturbing relationships arise but are displaced from the analytic or immediately disturbing precipitant, directed toward peripheral figures or put in socially acceptable terms such as: warm feelings toward older business man or father in adversity; sexual interest, without real involvement, in father's former secretary.

Emergence of dreams and imagery which seem connected through clearly discernible symbolic links to obvious current conflicts though connections are not, or at best dimly, realized by the patient.

Activity which seems exaggerated and unnecessary, often satisfying grandiose fantasies.

Goes to some trouble and becomes emphatic in denial; unawareness may yield temporarily to confrontation but recurs.

Persistent, clear-cut mild to moderate somatic symptoms—G.I., respiratory or headache.

Disturbing issues may reveal their presence by errors or speech slips. Intellectualization becomes enhanced and noticeable: voluble, spun-out attempts to analyze, label, and rationalize.

Efforts to be thorough, meticulous; control of impulses by being very reasonable.

Mild, realistically based distortion, such as projective critical reaction to a girl for seeming weak, demanding, greedy, and so forth, but without disturbance of reality testing.

5.0-7.5 *Beginning Instability of Maneuvers*

Occurrence of obvious disturbing elements, or any feeling connected with them, is flatly and inappropriately denied. Repressive and denying mechanisms may fleetingly break down so that threatening elements impinge upon awareness. Confrontation leads to some degree of disorganization, often angry repudiation.

Dreams with overtly threatening content.

Frantic activity (e.g., phoning all over the country), rushing into action with no calculation or reflection. Errors of judgment or impulsive irregularity (missing appointments, slipping up on time, near car accidents, etc.).

Conventional and realistic thought are transiently disrupted by dissociated images and fantasies, e.g., crazy man in dream lab, sudden feeling of dissolving in puddle in analysis.

Obsessive ruminations with doubt and indecision. Language may be confused transiently.

Massive, sustained somatization.

Projective distortion with a tinge of impaired reality testing (as, for example, concern over what will happen to his records).

7.5-10 *Defensive Breakdown*

Struggle to avoid, deny or repudiate threatening elements fails. They may emerge directly aimed at key persons, especially the analyst.

Flooding with bizarre dream or fantasy imagery clearly related to threatening primitive impulses.

Inability to sustain his pattern of hectic activity; near paralysis.

APPENDIX (continued)

Gross suspicion, and distorted ideas about key person (such as the analyst or sleep lab personnel).

Inability to think clearly: confusion and intellectual helplessness. Periods of jumbled language where for some time it is hard to follow his thought.

III. *Activation of Threatening Conflictual Fantasies*

Definition: The extent to which fantasy constellations, of self and others, that are threatening, dangerous and composed of unacceptable conflictual sub-elements are activated (that is, playing an important part in behavior though not necessarily conscious and verbalizable).¹ The rating is based on the relative predominance of a particular fantasy level.

0-2.5 *Unthreatening fantasy constellation*

'Safe' picture of *self* as 'pseudophallic' male, having evidence around him of strength and success in work and with women (big car, masculine clothes, pretty girls, etc.). *Others* are pretty women who are adornments, women who are nagging, to be rebelled against, competitors who are relative equals and the 'old gang'.

2.5-5.0 *Slightly threatening fantasy constellation*

Self-image openly phallic with erotic and strong aggressive components. Representation of others is as seductive mother image and/or authority figures against whom competitive-assertive efforts are required. Strength and mastery are in oscillating relationship to opposite fantasies of being weak or open to control or attack by critical mother or stern father.

5.0-7.5 *Moderately threatening fantasy constellation*

Sees self as stubborn and defiant or as cruel infant in uneasy struggle with attacking, castrating mother or powerful unassailable father. Sees self as vulnerable to sexualized attack or humiliation or control. Image of self as lonely boy longing for father and as weak and helpless.

7.5-10 *Activated threatening constellation*

Clear passive feminine fantasy. Representations of self as hungry infant, devouring or fusing with mother, so that image of self and other is not clearly separated or opposite constellation of violent destructive infant and dead, dying or abandoning parent.

¹ Here the concept of a 'safe position' is important. By and large the scale goes from developmentally more advanced to primitive undifferentiated representations. However, this patient (and others) has, we postulate, found an ego-syntonic position of compromise, having relatively immature elements. As he tries to move beyond that to a more mature position, primitive early layers are stirred up, along with intense anxiety, and he is thrown back to more regressive positions. (Cf., Knapp et al., 1970, for further use of this concept.)

Rating Sheet

Pt. _____ Occasion _____ Rater _____ Date _____

*Summary and specification of affects, defenses and constellations—opposite side**Scales—(Key words are guides only—consult complete definitions)*(1) *Painful Emotion*

Comfortable	Nondisruptive emotion	Discomfort	Severe distress
Calm exhilarated keyed up irritable	Worried; hectic active erotic righteous anger guilt, mild	Depression mild defiance passive, weak clear anxiety	Soft feminine longing weeping panic suicidal urge

(2) *Impaired Defensive Maneuvers*

Habitual defense	Accentuated defense	Beginning instability	Defensive breakdown
Smooth elimination focus on manageable reality for man of action	Subtle denial 'Walter Mitty' fantasies ultra methodical and thorough Impulse displacement for key person	Gross denial fleeting emergence of disturbing thought Frantic activity obsessive indecision	Failing efforts to eliminate Bizarre disturbing ideas Inability to think clearly Suspicion

(3) *Activation of Threatening Conflictual Fantasies*

Unthreatened	Slightly threatening	Moderately threatening	Active conflict
'Safe' armor pretty girls competing	Phallic aggressive erotic seductive mother stern authority mildly inferior	Defiant savage powerful attacking parent castrated passive defeated	Fusing feminine self violent destructive

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Veterans Administration Hospital
150 South Huntington Avenue
Boston, Mass. 02130

On Hearing and Inspiration in the Composition of Music

Martin L. Nass

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ON HEARING AND INSPIRATION IN THE COMPOSITION OF MUSIC

BY MARTIN L. NASS, PH.D.

The observation that composers experience inspiration as a source external to the self is considered, using reports of early and modern composers. This is related both to earlier psychoanalytic work on creative inspiration and to modern ego psychology. The postulation that an auditory sensory style in composers has early developmental roots and becomes their primary sensory mode is considered together with some possible determinants in its development.

The world of the musician, particularly of the composer, is a world of sound: musical themes and sounds constantly flood his consciousness. This matrix of sound organized into music structures the composer's world and flows continuously in his life's experience. It forms the basis of his unique sensory style around which he organizes his perception of the world. In his creative endeavors the composer reaches into this stream of material and shapes his composition. He uses his auditory approach to the world as the basis for his creation and then experiences the creation as having a source outside of himself. This experience in the visual and literary arts has been studied and described by Kris (1952). I will attempt to illustrate this phenomenon as it pertains to music by presenting introspective reports of some classical and modern composers in which they reflect upon their style of composing music. While this approach presents the problem of using verbal means to describe nonverbal phenomena and involves all of the difficulties inherent in presenting early forms of thought processes by means of more structuralized forms, there is a body of biographical literature which provides some valuable information and insight into the musician's experience during inspiration. This paper focuses primarily on the inspirational

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phase, not on the actual details of the process of composition.

In an earlier paper (Nass, 1971) I described the 'auditory style'. Briefly, early listening and hearing experiences serve to develop a sensory style in certain children which is used by the ego as a means of adapting to and mastering reality. 'Hearing and music may be seen as attempts to employ early sensitivities and early pathways in the struggles of the infant and young child to relate to and master aspects of the world. Its early use may be as a channel of contact between mother and child [A. Freud, 1963] . . .' (Nass, 1971, p. 306). Such children appear to use the auditory apparatus as their primary sensory mode. In *The Psychopathology of Everyday Life*, Freud (1901) commented on sensory preference in referring to forms of memory: 'Some people remember in visual images; their memories have a visual character. Other people can scarcely reproduce in their memory even the scantiest [visual] outlines of what they have experienced. Following Charcot's proposal, such people are called *auditifs* and *moteurs* in contrast to the *visuels*' (p. 47). Although Freud mentions it strictly in relation to memory, this appears to be one of the earliest statements regarding sensory preference.

There has subsequently been considerable discussion of how the preference for sound develops. A physiological hypersensitivity to sound seems to be present in some individuals, together with significant listening and hearing experiences (*cf.*, Bergman and Escalona, 1949; Niederland, 1958). This auditory preference, in fact, seems in some instances to have a cultural basis, suggesting that early experiences with sound are of critical importance. J. S. Carothers has discussed the role of sound in various African cultures and observes the relatively greater importance of sound experiences to sight experiences in these groups (*cf.*, Tanner and Inhelder, 1956). Similar observations regarding the influence of early sound experiences have been made by A. Freud (1963) and Spitz (1963). Escalona (1968) observes, however, that in infants up to eight months of age the auditory modality does not play a central role in reducing excitation but may contribute to a general soothing, involving holding

and rocking. She does not indicate how these experiences may relate to a later preferred modality—a line of communication described by Anna Freud. But the connection between sound and movement has been noted by some writers (*cf.*, Isakower, 1939; Nass, 1971; Niederland, 1958). Sound and movement experiences relate to body rhythm and dance, and appear to originate in early rocking and holding experiences in the mother-infant relationship.

The process of musical composition has been described by several composers. In their descriptions, a consistent theme emerges. First, the auditory mode is the primary vehicle of contact, not only in the act of composing but in the over-all manner of experiencing the external world. Thus, Roger Sessions (1970) states: 'Composers think in terms of musical sounds, not of words or verbal concepts' (p. 107). Their world is a world of sound. Descriptions of fragments of music constantly running through their thoughts are frequent in the introspective reports of musicians and composers and in their associative material in analysis. Sound as a continuous presence is important in supplying a constant source of stimulus input in the maintenance of structure (Piaget, 1952; Rapaport, 1957) and in providing a 'companion' to ward off loneliness and isolation. Much of the work in the area of sensory deprivation (*e.g.*, Solomon, et al., 1961) as well as in the structure of the analytic situation involving silence and deprivation bears on this issue. In patients who utilize an auditory style, one frequently finds that silences are extremely difficult to tolerate. There is also a constant listening for the presence of the analyst.

The dependence upon auditory cues for the maintenance of psychic structure has been clearly shown by George Klein (1965). In an experiment demonstrating the importance of non-conflictual cues involving informational feedback, Klein interfered with his subjects' perceptions of their own voices by masking their voices. He found an increase in drive-related content when the subject was unable to hear his own voice. His

findings on the function of stimuli in the maintenance of the sense of self and on their absence resulting in its disruption are in accord with other studies of sensory deprivation (*cf.*, Solomon, et al., 1961). One central aspect of the creative act has been formulated as the building and maintenance of structure (*cf.*, Coltrera, 1965). The composer approaches this through his composition.

The composer's stance with respect to his experience of inspiration brings into focus issues of activity and passivity, and the issue of whether the source of inspiration is internal or external. In the majority of descriptive reports of composers, the source of inspiration is experienced as external. Kris (1952) describes this phenomenon as it appears in other art forms: 'It is not the subject who speaks but a voice from out of him. . . . In a state similar to intoxication, elated, in a trance, not conscious of what he does . . . the poet sings his song. The voice of God speaks through him to men' (p. 293).

Kris related this to the turning of activity into passivity through attributing the creation to a supernatural being, the artist thus acting as an agent. According to Kris, the tendency toward passive reception recaptures periods of longing for passive nurturance and remnants of the time when passivity was a precondition of early need gratification—the nursing period. The fantasies associated with the process of inspiration derive in content from early incorporative fantasies associated with conflicts over oedipal wishes. In Kris's patients, a passive, homosexual fantasy involving incorporation of the paternal phallus was present. In form, the inspirational act affirms a sense of incompleteness which moves toward closure. In content, it is related to fantasies of introjection and projection involving a gift-giving substance from the outside. Impregnation fantasies are frequently seen in such material. Greenacre's (1963) description of the inspirational state as involving the surrender to a power felt to be outside of the self highlights the creative person's bisexuality and his passivity in the quest for an ideal father. Arlow (1974) described a musician who, during performances, ex-

perienced inspiration as coming from the light of the sun through her body and into her fingers—a fantasy rooted in incorporative wishes.

In the discussions covered by the present paper, although the focus is on the structural characteristics of the act of inspiration, issues related to the content and to the underlying fantasies should be kept in mind. Emphasis on ego and structural aspects of a phenomenon will not exclude the important drive-related aspects (*cf.*, Hartmann, Kris, and Loewenstein, 1946).

In composing music, the act of inspiration is an auditory one in which the material is often experienced as heard and thus the internal theme is felt to be external. Composers frequently describe an ambiguous state during this experience which seems to be related to early cognitive experiences around hearing and the auditory modality. Audition seems to facilitate this shift to earlier modes because of its developmental closeness to movement experiences. During the process of inspiration many of these early feelings are recaptured. In attending to and working with these modes, highly organized cognitive processes are not in use initially, and the altered state of consciousness so characteristic of the creative experience is paramount (Ghiselin, 1955). It is noteworthy that this quality is described by composers. Thus, Paul Hindemith (1952) states, 'The baby's own crying, whining, and playful crowing is probably the primordial material which . . . assumes a very primitive musical meaning after comparison with the already experienced feeling of general motion' (p. 38). Roger Sessions (1941) also makes this connection, stating ' . . . it is easy to trace our primary musical responses to the most primitive movements of our being—to those movements which are at the very basis of animate existence' (p. 108). The linking of movement with early experience involving body sensations is basic to Piaget's (1952) and Rapaport's (1953) formulations on the development of the sense of internal and external through action toward the object, and to formulations concerning the sense of incomplete closure in the creative individual

toward which the creative act moves (*cf.*, Coltrera, 1965; Greenacre, 1958b).

The shift to a more loosely organized state of consciousness is characteristic of the act of musical composition. As a consequence, there is the experience of ambiguity and confusion over the internal and the external. Whether or not this needs to be conceptualized as a regressive phenomenon is questionable; some recent writers (Coltrera, 1965; Schachtel, 1959; Weissman, 1967) dispute the contention that it is regressive and hold that it may be more closely related to cognitive shifts connected with altered states of consciousness (*cf.*, Klein, 1959).

The creative individual thus has the capacity to call forth earlier ego states with their less structured cognitive organization and the resulting internal-external ambiguity. The shift enhances his capacity to work with earlier forms of thought which of necessity involve a more loosely organized separation between inner and outer stimulation. His own impulses are thus experienced as external in origin and he becomes the copyist and not the creator. This appears in fields other than music. Gide called it *le part de Dieu*. It involves a particular psychology which seems to be partly a response to heightened sensory awareness and an extremely close, often sensuous mother-child interaction, factors so well described in several of Greenacre's (1957, 1958a) works. The capacity to shift to more 'open' states is characteristic of the creative individual and has been conceptualized as a uniquely organized apparatus of consciousness within the ego, able to distribute and pattern attention cathexis of varying modalities (*cf.*, Coltrera, 1965).

The attribution of the source of inspiration to the outside appears in the introspective reports of a number of nineteenth and early twentieth century composers who were interviewed by Arthur M. Abell (1955). Abell, who died in 1958, was a music critic, amateur violinist, and writer who was the European correspondent for the now defunct Musical Courier. He interviewed Brahms, Bruch, Grieg, Humperdinck, Puccini, and Richard Strauss on their subjective experiences in composing. His work is

unique in providing a source of material not available otherwise. Abell's interviews were rich in anecdotal detail and contained material about these great composers that provides invaluable insights into their creative processes. The parallels between the subjective reports of these men and our observations concerning the external origin of inspiration are noteworthy.¹

Thus, Brahms, whose interview with Abell (1955) was transcribed stenographically, insisted that Abell not release the details of the 1896 interview for fifty years. He described his experience in composing:

Straightway the ideas flow in upon me, directly from God, and not only do I see distinct themes in my mind's eye but they are clothed in the right forms, harmonies and orchestration. Measure by measure the finished product is revealed to me when I am in those rare, inspired moods. . . . I have to be in a semi-trance condition to get such results—a condition when the conscious mind is in temporary abeyance and the subconscious is in control, for it is through the subconscious mind, which is a part of Omnipotence, that the inspiration comes. I have to be careful, however, not to lose consciousness, otherwise the ideas fade away (pp. 21-22).

. . . I am in a trance-like condition—hovering between being asleep and awake; I am still conscious but right on the border of losing consciousness, and it is at such moments that inspired ideas come. All true inspiration emanates from God and He can reveal Himself to us only through that spark of divinity within—through what modern psychologists call the subconscious mind (pp. 25-26).

The conceptual model illustrated in Brahms's description is a topographic one, although it predates the formulation of the topographic theory. The description of a state of consciousness as such is the crucial factor. Applying a structural point of view, one can see that the less precise states of consciousness have a more loosely organized cognitive and perceptual character and

¹ Hebb (1974) has an interesting physiological explanation for the phenomenon, relating it to the recent work on the split-brain procedure.

that reaching into this material involves a high order of ego strength and flexibility. Brahms's evoking divine inspiration suggests a need to deny his own power or omnipotence and to indicate that there is only one Creator. The evocation of an ambiguous ego state is also apparent in Brahms's statement, 'I felt that I was in tune with the Infinite, and there is no thrill like it' (Abell, 1955, p. 99),—a clear reference to the ambiguity encountered in the shift to a more loosely organized state of consciousness and in the recapturing of an infantile experience of bliss.

In his interview with Abell, Puccini makes a similar statement about his inspiration. In regard to *Madama Butterfly* he said, 'The music of this opera was dictated to me by God; I was merely instrumental in putting it on paper and communicating it to the public' (pp. 156-157) and, 'I know from my own experience when composing that it is a supernatural influence which qualifies me to receive Divine truths' (p. 155).

Richard Strauss, at age twenty-six told Abell, 'When in my most inspired moods, I have definite compelling visions involving a higher selfhood. I feel at such moments that I am tapping the source of Infinite and Eternal energy from which you and I and all things proceed. Religion calls it God' (p. 120). 'I realize that the ability to have such ideas register in my consciousness is a Divine gift. It is a mandate from God, a charge entrusted to my keeping . . .' (p. 137).²

Similar statements were noted in descriptions by Wagner and Bruch, the latter composer suspending consciousness completely in his comment, 'My most beautiful melodies have come to me in dreams' (p. 190).

Probably the most famous example of the appearance of the composer's inspiration in a dream comes from the eighteenth

² The evocation of God goes beyond the issue of the religious tenor of the times. Current attributions to 'chance' or 'luck' in explaining the source of inspiration are but more modern renderings of the same phenomenon (see also Kris, 1952, pp. 296-297). The passive nature of inspiration is also illustrated in Freud. In his letter to Fliess regarding the *Irma* dream he speculates on the marble tablet which states that '*. . . the Secret of Dreams was revealed to Dr. Sigmund Freud*' (Freud, 1887-1902, p. 322, italics added).

century Paduan violinist and composer, Giuseppe Tartini. Tartini described the inspiration for his famous 'Devil's Trill' sonata as follows:

One night in the year 1713 [Tartini would have been 21] I dreamt I had sold my soul to the devil. Everything went as I had wished; my new servant anticipated my every desire. Among other things I gave him my violin to see if he could play. How great was my astonishment on hearing a sonata so wonderful and beautiful, played with such great art and intelligence, as I had never even conceived in my boldest flights of fantasy. I was so delighted, so enchanted, so bewitched that I forgot to breathe and thus awoke. I immediately grasped my violin in order to retain, in part at least, the impression of my dream. In vain! The music which I at this time composed is indeed the best that I ever wrote, and I still call it the 'Devil's Trill', but the difference between it and that which so moved me is great (Abell, 1908, p. 9).

The form of this dream presents a clear statement of the creative process so fully described in many introspective reports of composers and artists (*cf.*, Ghiselin, 1955). The creative impulse originates in an altered state of consciousness which is characterized by a less precise sense of inside and outside. The composer acts as a recorder and experiences the act of composition in a passive manner, as noted in the previous instances. In some experiences, the inspiration is felt to emanate from God; in Tartini's case, from the devil. Schumann experienced an alternation, particularly during his developing psychosis (Schauffler, 1963).

The factors relating to the appearance of the devil as Tartini's inspiration are of interest in relation to their content as well as form. According to biographical sources (Capri, 1945; Blom, 1955), Tartini was in hiding at the monastery at Assisi after having eloped with the daughter of a dependent of Cardinal Giorgio Cornaro.³ The Cardinal strongly objected to the marriage when

³ Several sources say that the woman, Elisabetta Premazone, was a niece of the Cardinal. However, the more recent biographical data suggest that she was the daughter of one of his workers and that the Cardinal was particularly interested in her. She studied violin with Tartini.

he learned of it and, according to the story, Tartini was forced to flee.⁴ In Assisi he spent two years in hiding and studied composition and violin. His dream at the age of twenty-one, then, was dreamed in a monastery when Tartini was fleeing from a Cardinal and inspired by Satan. He reportedly found asylum at Assisi through the sexton who was a relative of his mother.

Tartini's relationship with his father was fraught with rebellion. The father, who was a landowner and a member of the staff of the Public Salt Works at Pirano, wished his son to enter the priesthood, a move the young Tartini refused to make. Instead, he initially studied law at the University of Padua and gave fencing and music lessons. He was an excellent fencer as well as an accomplished violinist. The violinist Albert Spalding (1953), in his biographical novel, *A Fiddle, a Sword, and a Lady*, captures the vivacious character of this man. The study of music alienated him from his family, who regarded him as an outcast, two of his brothers having followed the father in family pursuits. Thus, while he is living in the house of God, fleeing from an emissary of God, and rebelling against his father, who is connected with the image of the pursuing Cardinal, Tartini the fugitive constructs his greatest composition, dictated by the devil in a dream. Clearly the conflictual meaning of his rebellion emerges in the dream: the devil provides this would-be priest with the means to further his gift and thereby to extend his rebellion and alienation from his family.

The extent to which the Devil's Trill dream and Tartini's problems with passivity are related raises some additional questions regarding the passive nature of inspiration and the role of passivity in the character structure of the creative person. Rapaport (1960) and Piaget (1952, 1954) have described the human organism as stimulus-seeking and in constant need of some kind of stimulus input. This conception has followed the

⁴Despite the fact that this version appears in virtually every biographical source encountered, there is one writer, Capri (1945), who suggests that the evidence connecting her with the Cardinal is not definitive. I wish to express my thanks to Dr. Rachel Milano for translating substantial portions of Capri's biography.

shift from the early topographic view of the mind as strictly a tension-discharge organization. Yet, the creative individual almost universally describes an externally focused experience and seems to deny his own role in the inspirational process. He is thus able to deny the fact that he is truly creating and to maintain a passive image. Tartini copied the devil's composition; Brahms and Puccini copied God's.

A good part of the literature dealing with the creative act has followed the topographic model, viewing the creative act as close to pathological since the simplistic view of primary process thinking as pathology is locked into the theory; alternative explanations to account for the availability of shifts in mode of experience are not possible. One sees this particularly in writings on the understanding of music, in which music is explained strictly as id derivative as well as in those dealing with general issues in creative work (*cf.*, Eissler, 1971; Michel, 1960; Montani, 1945).

Ego psychology has made it possible to consider these issues within the normal developmental framework. This is particularly true in its application to the cognitive realm. Rapaport's (1951) and Klein's (1959) work on states of consciousness and their influence on the perceptual experience has helped to provide the basis for moving the conceptualization of the creative process into a more solid theoretical framework. This framework rests on a developmental basis that relates to the formation and maintenance of psychic structure and to the quest for stimulus nutriment. The operation of the creative act has been described as 'more in accord with the economy of non-motivational attention cathexis rather than according to those of motivational cathexis' (Coltrera, 1965, p. 670). It can be conceptualized in this connection as independent from psychopathology or regressive shifts and as operating in the service of structure building rather than exclusively as an expression of conflict and conflict resolution.

Modern composers (Amram, 1968; Copland, 1952; Hindemith, 1952; Rosner and Abt, 1972; Sessions, 1941, 1950, 1970) have

described their insights in terms less animistic than those used by the earlier composers. The experience of passivity and of recapturing early ambiguous states is present. In discussing inspiration, Sessions (1970) notes that composers think in terms of musical sounds and are constantly improvising musical patterns. At times musical ideas occur in 'flashes', are worked over, and elaborated. He states that the process of composing may take many different forms. The initial idea is most likely to come at a moment when it is quite unexpected, although in some manner the soil has been prepared. Thus, an idea will 'seize the attention of the composer'. It may 'bring with it' other patterns, often contrasting: 'Two extremely contrasting ideas came to me in such rapid succession that there was never any question in my mind that I must bring them together as parts of the same design' (p. 79). Here Sessions is referring to a synthetic function that brings together a higher level of integration, not unlike a good piece of analytic interpretive work. The form of these descriptions speaks to the passivity of the composer, although he does not attribute inspiration to a supernatural force. Sessions comments on the open mind in hearing music and in listening without preconceived ideas or strained effort. The analogy to Freud's (1912) description of the analyst's evenly suspended attention is noteworthy.

The auditory sensory style in composers and the fact that the ear and auditory pathways are hypersensitized in many musicians and composers require further study. Several possible determinants immediately come to mind: physiological hypersensitivity to sound, repeated exposure to sound and music, although often of a traumatic nature, or some experience with a special focus on the auditory area. The content may be related to mastery and organization of auditory trauma (*cf.*, Nederland, 1958), and the experiences of sound and listening may be highly libidinated. Instances of hearing disturbance or ear disease are common in the history of musicians and might be one of several factors in hypercathecting the ear. Experiences of pain in the ear and ringing or buzzing in the head during

childhood appear frequently in biographical and clinical material. While this is a dimension independent of talent, it may serve to heighten auditory cathexis.

Among the world's great composers, Beethoven, Schumann, Smetana, and Fauré had serious auditory symptoms with related confusion over inside-outside differentiation. Beethoven's deafness, almost total by 1817, was progressive for about twenty years before then. In a letter to Dr. Franz Wegeler, June 29, 1801, he stated that the humming in his ears continued day and night (*cf.*, Beethoven, 1801). His deafness was accompanied by incessant noises, ringing, whistling. 'There were ear-aches and headaches for the rest of his life. The ear-aches being particularly troublesome every February. . . . During the bombardment of Vienna (1809) he went to the cellar and covered his ears with cushions . . . ' (Cooper, 1970, p. 440).

Schumann had a history of depression and in 1844 at the age of thirty-four, suffered what was referred to as a 'breakdown' following the birth of his second daughter. One of the characteristics of his illness was extreme irritation while listening to music. He stated in a letter, 'For a while I could not stand listening to music. It cut into my nerves like knives' (Schauffler, 1963, p. 184). In 1854 he suffered auditory hallucinations and made a suicidal attempt. Schumann described a 'pronounced and painful auditory affection'. He was kept awake by a single maddening tone, occasionally replaced by one other tone. This culminated in his leap from a bridge into the Rhine and his subsequent institutionalization. During the weeks between the onset of the tone and the suicide attempt he heard entire pieces of music played by full orchestra and he heard unusual instruments.

Smetana describes a similar kind of experience. According to the diary of Eliska Krasnohorska he stated:

. . . when I look at the written music it comes to life in my imagination without any effort of will on my part, as though I could really hear the instruments and voices; only if I persist for some time, then I feel a most unpleasant vibration in my head and the ringing

increases . . . the greatest torture is caused me by the almost continuous internal noise which goes on in my head and sometimes rises to a thundrous crashing. This dark turmoil is pierced by the shrieking of voices, from strident whistles to ghastly shrieks as though furies and demons were bearing down on me in furious rage . . . (Smetana, undated, p. 212).

It is conceivable that for some composers, the auditory symptoms contribute to some of the confusion between internal and external sources of inspiration. Problems in the auditory apparatus make it especially difficult to differentiate the external or internal origin of the ringing or buzzing sounds. The noises inside the head often seem to have an external origin. This distortion is associated with a more diffuse state of consciousness and a less structured cognitive organization. It is my belief that the musician is 'primed' for these experiences by an auditory sensory style which builds upon his hypersensitivity to sound. Pain and other symptoms of ear disease may also contribute to a greater degree of maternal hovering and closeness; this kind of behavior has been described by Greenacre (1957) in her work on the childhood of the gifted.

The inside-outside discrimination has a further connection with the issue of Beethoven's deafness, during which time he composed his most profound works. Medical reports of his autopsy and medical discussions concerning the nature of his deafness are examined in the literature. Earlier reports suggested that his deafness was due to labyrinthitis and that his inner auditory apparatus was intact. Rolland (1929) in correspondence with a Dr. Marage, whom he describes as a specialist in the study of hearing and its variations, developed a romanticized notion that Beethoven's deafness was related to the fact that he responded more to inner cues and 'overworked' his auditory apparatus. Dr. Marage suggested that although Beethoven was deaf to outer stimulation his auditory centers were 'in a state of constant excitement, producing musical vibrations and hummings that he sometimes perceived with the utmost intensity' (p.

283). However, the kind of hearing he suggests does not appear to be physiologically possible. According to Edward Larkin (Cooper, 1970), the opinion most favored by otologists is that Beethoven's deafness was caused by otosclerosis, 'mixed type with degeneration of the auditory nerve' (p. 440). 'Otosclerosis is due to a constitutional tendency, usually hereditary, for the cartilage rim of the opening to the inner ear to turn into bone thus immobilizing the ossicle (stapes) whose base fits into the opening and transmits the sound waves' (Cooper, 1970, p. 441). Consequently, the physiological impossibility of hearing the sounds as described by Marage is clear.

It should be indicated again that difficulty with the auditory apparatus is but one of several possible sources of auditory hyperacuity in composers. The chief determinant of a low threshold for sound beginning in infancy and an auditory acuity and hypersensitivity common among musicians is probably constitutional (*cf.*, Nass, 1971; Noy, 1968). The use of sound as the central vehicle of communication between mother and child is also important (A. Freud, 1963).

Characteristic of the process of musical inspiration and composition is the ability to be open, to shift into and out of a more loosely organized state of consciousness. With the few exceptions cited, most composers appear to feel that the experience is external and that they are not in charge of the process. There is a common fantasy among composers that their special gifts help them to participate in divine inspiration that floats down from above. A composer's denial of his own activity in inspiration involves the denial of his own aggression. The phenomenological experience of the self is defended against so that the composer will not feel its intensity while composing. This narcissistic defense against the aggressive self-experience has a phobic quality. For the composer to acknowledge his own separateness and control over creative impulses may be tantamount to the abandonment of early object ties, particularly those involving passive nurturance. To be able to contact this feeling and then to shift back to a more organized, active, critical state is a difficult

and demanding task. The process involves an acknowledgment of a creative imagination which places one in the awesome position of making unique organizations of experience built upon a fundamental base of separateness. Greenacre's (1963) statement, '... if there is to be the fullest fruition of the creative force, there must be a coming to terms with and inner acceptance of the creative ability as belonging to the individual himself' (p. 22), is relevant here. In her terms, what is involved is the resolution of the search for a powerful, idealized father. The creator's acceptance of his own creativity is facilitated by conflict resolution with diminution of guilt and self-defeating tendencies.

Similarly, Kris (1952) states that the feeling of full control mobilizes deep layers of the personality. Thus, it seems plausible to suggest that the composer's acceptance of his own creative role becomes the true statement of his independence. He can rely upon his capacity to explore the ordinarily regressed residues of past experience, contacting contents that are simultaneously unknown, awesome, and blissful. In this mobile exploration he can often recapture early experiences with sound and movement that are selectively used in the creative work.

Because of the anxiety and aggression released by contact with early experiential modes and by the shift to less organized psychic structure, however partial and temporary, it is understandable that the composer tends to stay close to the defensive experience of receiving his inspiration from outside. That this experience is not only defensive but gratifies passive wishes might be a precondition for the progression of the creative drive to artistic creation.

S U M M A R Y

Abundant biographic and autobiographic data from the lives of classical and modern composers lead to certain psychoanalytic inferences regarding hearing and inspiration in musical creativity. The composer (and gifted performer) has an increased auditory acuity, a hypersensitivity to sound and rhythm that appears to originate in the infant-mother sensorimotor

relationship. The preference for sound during childhood establishes hearing as the chief sensory modality in organizing the composer's cognitive functions, his object relations, and his perception of the world. Some of the many determinants of the composer's auditory style and hypercathexis of hearing are discussed.

The composer typically experiences his inspiration as coming from without, frequently as God-given. His passivity in this experience, as well as other aspects of his creativity, is strikingly similar to that of the graphic artist and writer as described by many psychoanalysts. Study of the data and the psychoanalytic literature on creativity leads the author to favor the structural theory, particularly as it pertains to ego development, in approaching an understanding of the creative process in the composer.

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19 West 9th Street
New York, N. Y. 10011

Scarred: A Contribution to the Study of Facial Disfigurement

William G. Niederland

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SCARRED: A CONTRIBUTION TO THE STUDY OF FACIAL DISFIGUREMENT

BY WILLIAM G. NIEDERLAND, M.D.

'I have always had a scar on my face', a middle-aged woman said in a tense, almost inaudible voice during her first interview. I did not see a scar. All I saw was a rather attractive, well built, noticeably anxious, somewhat depressed woman, with a girlish, almost childlike appearance and attire. There were no overt signs of scarring or visible facial alterations, but after she mentioned that she had a scar on her right cheek, I became aware of a slight asymmetry of her facial features and a trace of heavy make-up on the right side.

It turned out that she really did have a scar on her cheek, or more precisely, a disfiguring, congenital haemangioma which, according to her *initial* description, was the size of a quarter and was located in the middle of her right cheek, half an inch or so beneath the zygomatic bone. This was her scar, or birthmark as she told me. But I never saw it. Much later, when in the course of a long analysis her ego strength had increased enough for her to tell the truth, the patient revealed that the haemangioma actually extended over the major part of her cheek from the orbital region to the lower edge of the mandible. It was so well covered with cosmetics, powders, and creams that it was never seen by anyone outside her immediate family.

What I shall discuss in this brief case report are the multiple and, in a sense, massive psychological reverberations as they emerged slowly, painfully, and for the most part in bits and fragments over several years of analytic work. The patient was referred to me because of frequent attacks of anxiety (with tachycardia and shortness of breath in the absence of organic findings), phobic fears (especially of strangers), and recurrent episodes of depression. It soon became apparent that what she called her 'scar' was felt by her to be an overwhelming burden

and in fact had been one of the greatest sorrows of her life since early childhood. It was a serious narcissistic injury and a source of constant anxiety.

Despite her initial, partial disclosure, the patient used extensive denial as her principal defense and did so to such a degree that it affected her reality testing, object relations, and ego and superego development. Although she had been aware for almost a lifetime that her facial anomaly was a crucial issue in her life, she maintained great distance from her affect and said almost nothing about the lesion during the first year of treatment.

What she told me briefly during the first interview and had kept from the referring colleague, she tried to keep 'under cover', literally, for many months following the initial disclosure. To keep the problems connected with her facial deformity out of focus, the patient tried to eliminate whole areas of her life from the analysis, especially her feeling that she was ugly and had a facial 'monstrosity'. John Rickman (1940), in his paper on ugliness, comments: 'Ugliness is not merely displeasing in the highest degree, a cause of mental pain, giving no promise of peace, it is something which stirs phantasies so profoundly that our minds cannot let the subject alone' (p. 311). This was the case with my patient, who had neither peace nor rest because of her anomaly, yet had kept silent about it for most of her life and continued to do so for a long time in the analysis. During childhood she had frequent temper tantrums, broke glasses and mirrors, tore her clothes, etc. As an adult, too, she would easily become enraged with little or no provocation on the part of others; but such outbursts were usually short-lived and invariably followed by deep, long-lasting periods of depression. Since I have already considered such problems at length in an earlier paper on congenital or early acquired physical malformations (Niederland, 1965), at this time I shall only comment briefly upon the narcissistic pathology and the florid, often depressive and archaically tinged fantasy life of the individuals discussed in my previous report.

The English word 'ugly' derives from the Gothic *ogan*, meaning

to incite fear, to terrify. It is related to the German verb *äugen*—to stare, to eye intensely and with fear. The old Norse *uggligr* connotes something dreadful or hideous in the sense of its being offensive to the sight. The German *hässlich* (meaning ugly) adds a further dimension to this; it is derived from *hassen*, i.e., to hate. The Italian *brutto* is akin, at least phonetically, to the English ‘brutal’, ‘brutality’, and the Spanish *feo* is derived from the Latin *foedus*—repulsive, feeling or causing disgust; *foeditas* means hideousness.

I have mentioned these etymological details because all the meanings adduced above, and more, emerged in depth and with full force during the analytic exploration of my patient’s feelings about her facial lesion. (Incidentally, she knew only English and never mentioned the word ‘ugly’ or its cognates.) When she was a child between three and six or seven years of age, her parents took her to numerous doctors in the hope of finding a ‘cure’. According to the patient, the doctors who examined her would ‘knead’ her face, ‘tug’ at her cheek, and then suggest that a ‘repair job’ be done later in life. Actually, the ‘repair job’ was never done, since the doctors said that there would be too much bleeding from the haemangiomatous vessels and that it was doubtful that the lesion could be mended by plastic surgery. During her early school years the patient was in constant fear that teachers and students alike would stare ‘mercilessly’ at her face. She was not teased or insulted, however. When the mother began to teach the child how to use make-up on her face, she became rebellious and often broke the make-up jars. From the age of nine or so, the mother insisted firmly that the lesion be covered by layers and layers of cream. This became, and in large part still is, the patient’s daily way of dealing with the lesion: she stands before the bathroom mirror for twenty or thirty minutes and covers her cheek with a carefully selected array of creams, powders, and salves. She becomes panicky when this ritual is interrupted and never leaves the bathroom before it is completed. This ‘cover-up’ procedure, punctuated by various mishaps such as letting the jars drop and break, is filled with anxiety-

producing doubts. Will the make-up stay on through the entire day? Will it be too much or too little? Will the color change or fade under the influence of sunlight or electric light at nighttime? These have been regular, daily preoccupations since her ninth or tenth year of life.

The patient suffered a great deal from the harsh restrictions imposed on her by her anomaly and its unsightliness. Throughout childhood and early adolescence whenever a visitor arrived unannounced in the home or a neighbor rang the doorbell, the mother would send her into the bathroom to remain hidden for the duration of the visit, or would ask her to sneak out of the hiding place so as not to be seen by the stranger. She was rarely taken on outings by the family and when she was, she had to behave in an inconspicuous and totally *self-effacing* manner (again, literally so) to avoid notice of her facial anomaly. During the analysis, in the transference setting this was repeated for a long time by a silent, almost shadowy way of entering and leaving the office, remaining speechless during the early part of the session, and behaving as though she were not even present. As an adolescent and young adult, she was told that she would never marry because no man would ever want to live with her. (In fact, she is married to an understanding, sensitive man and has two children.)

I shall not consider all of the multiple facets of this case, such as the early mother-child disequilibrium so prominent in cases of congenital malformation (*cf.*, Niederland, 1965) or the sado-masochistic, oral, anal, castrative, narcissistic, aggressive, and exhibitionistic components. Instead I shall concentrate at this time on certain specific features of a partly magical-compulsive-adaptive and a partly therapeutic-restitutive-creative nature.

Through childhood until well into adolescence the patient would frequently wake up in the morning without the slightest recollection that there had ever been a facial blemish. She would rush to the mirror and be shocked at the sight of the birthmark. She described it as a reddish-pinkish-bluish network of veins, fibers, discolored flesh and skin, often 'hot' and pulsating. In the

analysis, the unconscious equation of the lesion with the female genital, as a *caput medusae* with dangerous, horrifying connotations, became evident. The affected body area had a special egotonus, as Erikson (1946) has described it. At times the patient's right cheek felt larger, more prominent, tingling, and 'hotter' than other body parts; at times it felt smaller, shrunken, and almost disembodied. Frequently it seemed to be dissociated from the rest of her face, while at the same time she felt that it absorbed the attention of people with whom she spoke. She avoided talking with people, especially strangers. When she was forced to do so, she kept her right cheek averted by sitting rigidly on her chair with her head tilted sideward so that only her left cheek was turned toward the stranger.

She had many dreams about monsters and witches who attacked and killed people or were themselves attacked by monstrous creatures. In her associations, these monsters were her mother and herself engaged in savage combat, ultimately devouring and being devoured by one another. She also had numerous dreams about water in which she sat placidly at the seashore or came out of the 'watery blue', i.e., dreams about birth and rebirth, in which she was reborn as a boy, free from bodily defects.

The patient was extremely sensitive to light and color. She was compulsively preoccupied with various types of lighted surfaces, especially with the 'reflection and intensity of light' and the 'blending of colors'. She knew exactly and, in fact, studied the ways in which sunlight shone through the windows of her home and was reflected off the walls, the fabric of the chairs, the carpets, and so on. When she bought dresses, she took great care to choose just the proper texture, color, and fabric. She said: 'I am very texture oriented. . . . The color, design and glitter of the material, its reflection in the light, all are very important to me'. She had various dressmakers who had to alter her dresses, blouses, and hats again and again to make them perfect. Since no one succeeded in making them really perfect for her, she frequently fought with these women—often somewhat elderly

(‘mothers’)—, flew into rages, threw the dresses on the floor, kicked and discarded them, made the dressmakers cry, and in despair felt that she would never find the perfect costume. As for her compulsive preoccupation with light and fixtures, she said: ‘I have more bulbs in my home than a hardware store has. The reflection of light is everything to me.’

The patient was a compulsive collector of precious and semiprecious stones of a certain quality and appearance. The stones had to be of a special color combination with streaks of veins and iridescent cleavage lines in the structure. The patient bought the stones (rubies, sapphires, opals, emeralds, jade) in antique shops or purchased them at auctions, and they had to be imbedded in materials which reflected the light ‘in intersecting bands and streaks’. She spoke of the ‘pigmented fibrous texture’ of the gems and, although she did not ignore their real value, they had a magical quality for her in which they combined perfection with consolation and knowledge with purity (counteracting the ‘impurity’ of her damaged body). Unconsciously this had the aim of healing her defective body image. It took a good deal of analytic work before she could see the relationship between her compulsive attention to the veins in the minerals and their pigments, and the surface features of her birthmark.

For years the patient had examined the make-up on her face in various kinds of light in order to be sure, she said, of ‘the reflection and appearance constancy’ in both daylight and artificial light. The cosmetics she applied early in life gave her face ‘an opaque, lifeless, immobile appearance like that of a dead mummy’, she said. In fact, some of her dreams dealt with ‘dead mummies’. She could not do anything about it for a long time because cracks would appear in the make-up when she smiled or moved her facial muscles. She was terrified of such cracks, the connection of which with the *caput medusae* became clear in the course of the treatment during which she gradually became less anxious, less compulsive, and concomitantly more expert in her collecting activities. She even became more efficient in the use of her

cosmetics. The dreams about 'dead mummies' had a two-pronged unconscious meaning: a death wish against the mother and a feeling about her own 'mummy-like' face.

She was a successful buyer and seller of houses. She would spend years repairing, decorating, and redecorating a new house. Then she would sell it, since her assiduous efforts to repair and redecorate it would appear to her to have been in vain. When she became aware that the planned 'repair job' had failed, she would become anxious and depressed, but would soon focus her attention upon another building or apartment where she undertook similar compulsive attempts at repairing and redecorating. In every new house she was especially concerned with the windows, curtains, and draperies, concentrating on how the light came in through the openings and was reflected in the rooms, on the fabrics, etc. When the results did not satisfy her, as was the case more often than not, she promptly discarded the 'old' material and purchased a new set of curtains and draperies. One aspect of the obsessional defense system in these activities involved the patient's rage against her mother, in which her feeling of ugliness and deformity attached itself also to her œdipal guilt ('I killed mother').

The patient came to my office many times with a new, extremely colorful dress and hat. Usually she looked many years younger than her age. In analyzing this, she spoke of herself as 'Tinkerbell',¹ the fairy with magic powers in Barrie's Peter Pan. On further analysis, it became clear that she unconsciously strove to recover a facial intactness which she fantasied had existed *prior* to the disfigurement. This is what lay behind her youthful, girlish appearance and attire. The exhibitionistic quality of this is also clear. But there was more to it. Without the 'Tinkerbell' magic, she felt her face and, via *pars pro toto* extension, her whole self to be akin to a 'lump of foul deformity'.² In

¹ On analysis, the 'Tinkerbell' fantasy turned out to be a variant of the 'little man' phenomenon discussed by me elsewhere (Niederland, 1956).

² I have described such an attitude in a previous paper (Niederland, 1965) about individuals afflicted with congenital or early acquired physical malformations.

the transference I was frequently the benevolent father who had spoiled her in childhood. At other times I was the 'bad' and dreaded mother who had given her the facial injury and the obnoxious female genital.

Finally, after much of this complex material had been revealed and the concomitant unconscious fantasies had been worked through, including those about birth, rebirth, castration, the feelings of ugliness and monstrosity, the feeling that she was a member of another species, etc., the patient became less anxious and compulsive; her outbursts of rage became less frequent and intense, and in the end subsided. Her recurrent states of depression became rare and she began to write poetry. She had written poetry occasionally in high school but had abandoned it entirely in adulthood. During the last two years of work with me she wrote many poems about the sea, rivers, lakes, water, birth and rebirth, poems which I believe were quite beautiful. Although she gave them various titles, she spoke of them as her 'poems of rebirth'.

For obvious reasons I cannot present an example of the patient's poetry in which the themes of suffering, isolation, ugliness, and what she called her 'rebirth through the treatment' were movingly expressed. For the same reasons I must refrain from a full analytic discussion of the clinical material. Therefore I shall complement the clinical findings with some observations on facial disfigurement acquired from applied analytic research. As a pertinent example, I shall examine some creative work from another field and epoch—the art work of the great French painter Jacques Louis David (1748-1825), who founded the neoclassicist school and later on became court painter to Napoleon.

I have always been struck by the smoothness and the conspicuous evenness of many of David's paintings. They have a glassy, almost frozen, glacially symmetric quality. Most art critics have commented on this, often criticizing the painter for the excessively even and smooth quality of his works, which leave the viewer feeling somewhat cold or at least indifferent, in the

face of what is nevertheless recognized as great art. Fellow artists, such as Delacroix, have spoken of the 'frigid execution' of David's paintings and contemporary art historians have pointed to the 'layer of iciness' and the 'sterile', glacially smooth, and overly pure appearance of many of his paintings.

Looking at David's art from the vantage point of a psychoanalytic frame of reference, I came to postulate, on theoretical grounds, that there might have been something about the artist's body image, the representation of which in his artistic work contributed to these special characteristics of his paintings, as well as to his early search for and turn to classical perfection. In studying David's life and art, I came upon an unfinished self-portrait painted in 1794, which shows a disfiguring tumor on the artist's right cheek near his upper lip. I found further biographical confirmation: Jacques Louis David had a disturbing, permanent disfigurement of his face which made it appear asymmetrical, uneven, and distorted, the reverse of what can be seen on most of his classically and symmetrically elaborated canvasses. That both reversal and denial are here involved can, of course, only be *assumed*.

Other examples from art history can also be adduced. Michelangelo, for example, had a marked facial disfigurement. When he was about fourteen years old, his nose was fractured by a blow from an older boy, which crushed his face '*come un biscotto*', like a biscuit (*cf.*, R. and E. Sterba, 1956), leaving permanent facial damage. Michelangelo's production of artistic creations representing superb masculine beauty and harmony, such as his celebrated statues of David and Moses, may have derived in part from the psychological effects of this disfiguring injury. These extraordinary and genuinely classical marbles possess a fullness and beauty rarely attained in any artist's creative life.

Although it would probably be preposterous to attribute the attainment of such artistic beauty and greatness to the urge toward restorative repair alone, it would be equally erroneous, in my view, to ignore the integral role of an unconscious thrust toward restitution and acquisition of perfection in the creative

activity of some artists. It is especially the human face to which the terms beautiful or ugly are usually applied, and to 'save face' represents something akin to life and death in many areas of the world.

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108 Glenwood Road
Englewood, New Jersey 07631

Parapraxis and the Mother-Child Relationship

Ira L. Mintz

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PARAPRAXIS AND THE MOTHER-CHILD RELATIONSHIP

BY IRA L. MINTZ, M.D.

An intelligent, sophisticated mother was seen in therapy preparatory to the treatment of her six-year-old son who was suffering from severe eczema. The referring analyst had already suggested to her that she refrain from exposing herself to her son and exercise appropriate modesty. In the initial sessions, it became clear that her husband's long-standing impotence, leading to infrequent sexual relations with him, had contributed to her transferring unconscious sexual feelings to her little boy.

One discussion centered on the way in which she had modified her previous behavior and introduced modesty into the household. She had abruptly begun to close the doors to her bathroom and bedroom to prevent her son from entering, but she did so without giving him any explanation. As this was explored further, she added that her son still called her into the bathroom when he was in the tub so that she might see his 'pusticles'. When I expressed puzzlement, she explained: 'His pusticles, his pusticles, you know, his skin disease'. I pointed out that this was a curious term, that the word was 'pustules', and asked what occurred to her when she thought of 'pusticles'. She immediately associated the term to testicles but claimed not to understand the connection. I remarked that perhaps while consciously she did not understand the connection, unconsciously she was aware of the seductive nature of her child's invitation—that 'pusticles' represented a fusion of 'pustules' and 'testicles'. She replied angrily that 'all psychiatrists think about is sex'. Later she recognized that her outburst reflected fear that I was criticizing her the way her husband did and that guilty feelings about her relationship with her little boy had provoked her furious response.

Although this mother had sent her son for treatment of his eczema, she still had an unconscious stake in maintaining the boy's symptom, partly in the service of perpetuating the gratification of her own exhibitionistic wishes. The child in turn, using what Fenichel (1945) called a 'magical gesture' to indicate to his mother what he wished her to do, signaled to her via his behavior that he wanted to continue, in a disguised form, their mutually exhibitionistic activities. The invitation to his mother to look at his eczematous lesions thus represented a form of secondary gain from illness. To disguise the sexual nature of what they were doing, they collaborated in displacing the conscious focus of observation from genitals to skin lesions, bridging the two by use of the neologism 'pusticles'.

Such mothers usually require treatment prior to treatment of the child. With therapeutic help, frequently they are able to achieve an early, though limited, understanding of their own role in maintaining the child's illness.

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39 Park Place
Englewood, New Jersey 07631

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Henry Lowenfeld

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BOOK REVIEWS

LIBIDO UND GESELLSCHAFT. STUDIEN ÜBER FREUD UND DIE FREUDSCHE LINKE (Libido and Society. Studies on Freud and the Freudian Left). By Helmut Dahmer. Frankfurt/Main: Suhrkamp Verlag, 1973. 466 pp.

In Germany after the lost war in 1918, the great hopes awakened by the revolution were soon followed by deep disappointment. In this mood many young intellectuals looked longingly to the Soviet Union, expecting a solution to the problems of social injustice through the realization of Marxist doctrines. A group of younger psychoanalysts hoped that the addition of psychoanalytic insight to Marxist economics would provide the theoretical foundation for a new society. There were many passionate discussions about how to combine Marx's dialectical materialistic concept of history with psychoanalytic knowledge of the human psyche. With no thorough understanding of economics, these young analysts accepted Marx's theories and predictions unquestioningly.

In Germany today the same strong currents are appearing again. After the downfall of the Third Reich and the partition of the country, many people had one aim: to try to forget what had happened by striving only for tangible goods—for money, cars, television, etc. No ideas, no ideals, no promises had proved valid; all had failed. But even the *Wirtschaftswunder*, the economic miracle, did not make people happy, and now the intellectuals, succeeding the religious leaders of former times, are searching for new ideals, perhaps for new utopias.

This important book is a sign of this search. The author is a brilliant scholar and thinker who has a profound knowledge of philosophy, Marxism, and psychoanalysis. A teacher of sociology and the editor of the excellent German psychoanalytic monthly, *Psyche*, Dahmer is one of the younger men whose studies have been influenced by Professor Mitscherlich and the Sigmund Freud Institute and by Horkheimer and his pupils of the former *Institut für Sozialforschung*, both in Frankfurt. Dahmer's book deserves a thorough critical appraisal. But to do full justice to it, one needs not only a knowledge of psychoanalysis, but expertise in the works of Marx, the later works of Marxist scholars, and those of the present neo-Marxist thinkers. I can only review the main

ideas in this ambitious discussion of new trends among European analysts and add a few thoughts of my own.

One is almost overwhelmed by the richness of apt quotations from both of the fields the author studies. A great part of Dahmer's work is devoted to a critical review of former attempts to combine psychoanalysis and Marxism in the years following the first World War until the rise of Hitler. This is a very instructive and valuable section of his work. The struggles of an almost forgotten period in psychoanalytic history which deserve to be remembered are brought to life again. Dahmer lets the leading figures—Reich, Bernfeld, Fenichel, Fromm, and others—express their thinking through ample quotations from their writings.

Dahmer conceives of psychoanalysis, as well as Marxism, as 'critical theories' of society. He claims that Freud's defining psychoanalysis as a science (*Naturwissenschaft*) influenced his followers to do the same, leading to a misunderstanding that has made us blind to the social character of psychoanalysis. The first generation of the freudian left retained this mistaken conception. The new interpretation of psychoanalysis as part of sociology aims at opening our eyes to the 'social conditionality and function of psychoanalysis'. Dahmer quotes Herbert Marcuse: 'I believe that Freud's theory is in its very substance "sociological"'. Freud's work, says Dahmer, is a 'theory of society *sui generis*'. By proving this assumption he hopes to 'further the historization of psychoanalytic categories' and to develop psychoanalysis as a critical social theory.

Dahmer states that Freud discovered the family as agency of socialization. But he reproaches psychoanalysis for keeping societal situations out of individual analysis, as a rule. In dealing with man, psychoanalysis is not dealing with 'nature', but with historically modified nature. 'Respecting the reality of the reality principle, to which psychoanalytic theory subscribes, at the same time removes the pseudo nature of society from criticism.' The psychological encounter of the individual in analysis takes place in the background of the class struggle and ends in compromise. Both psychoanalysis and historical materialism are criticisms of 'pseudo nature', but this pseudo nature is not attacked by analysis. By submitting to the compulsions of society as if they were laws of nature, psychoanalysis runs the risk of 'leaving unused the chance for liberation'. Freud hoped for a more rational foundation for the individual and for cultural rules through a nonreligious

and more realistic upbringing. But according to Marx, only the proletarian revolution can create a true human being, free of 'false consciousness'. Individuals who, through their analyses, are liberated from their own 'false consciousness' remain prisoners of the 'false consciousness' they develop in bourgeois society and of its ideology. Psychoanalysis fails in its striving to heal, Dahmer claims, because of its attitude toward a revolutionary change in society.

Dahmer's sociological attitude leads him to doubt some analytic concepts. He writes that ego strength or weakness is the result of the social position of individuals, of their real autonomy or their powerlessness. These real factors have their psychological mirror in the relation of the psychical agencies. And he sees the mechanism of repression as a means of denial of reality, not of a drive.

It is certainly understandable that Dahmer accepts Marx's criticism of capitalistic society, but he also seems to accept implicitly his predictions: the collapse of capitalism, the withering away of the state, the hope of freedom for the individual (particularly the worker), and the development of a new 'true' human being in a Marxist society. Historical evidence suggests that even short-term predictions by Marxists have proved mostly erroneous, whereas psychoanalytic concepts have often been useful in anticipating the future course of history. Paul Federn, for instance, in a remarkable paper in 1919,¹ expressed the hope that the departure of the Kaisers and kings would lead to a government based on the democratic concept of brotherhood, but at the same time he presciently expressed the fear that the wish for the father would once again destroy attempts to achieve a genuinely free society.

There are two major objections to Dahmer's critical attempts. In his view of analysis as a sociological body of knowledge, he neglects the true biological nature of the human animal which is to a large degree independent of changing economic and social conditions. Pre-capitalistic societies had problems similar to those of today; the Œdipus myth was not created in a capitalistic society. That the general cultural climate shapes character as well as contributing to neurosis is certainly true. Different historical periods create different restrictions of the drives and different outlets and sublimations. Freud did not

¹ Federn, Paul: *On the Psychology of Revolution: The Fatherless Society. Based on Lectures Delivered at the Viennese Psychoanalytic Association and in the 'Monistenbund'*. Der Aufstieg, Neue Zeit- und Streitschriften, No. 12-13. Vienna: Anzengruber, 1919.

overlook this. He pointed to this very fact in describing and analyzing 'a seventeenth century demonological neurosis'.²

The other objection concerns Dahmer's utopian belief that a different society following a revolution would remove the difficult problems that the individual has to solve in his necessary adjustment to society. One may hope that other societal conditions would be more favorable, but simply to assume it without any substantiation proves only one's utopian longings. It is not possible, in fact, to validate such expectations scientifically.

In spite of these serious critical objections, Dahmer's book is a rich and stimulating work which will be of great value for anyone interested in an important period of psychoanalytic history and in the sociological influences of psychoanalytic theory at the present time.

HENRY LOWENFELD (NEW YORK)

NAISSANCE DU PSYCHANALYSTE DE MESMER À FREUD (The Origin of Psychoanalysis from Mesmer to Freud). By Dr. Léon Chertok and Dr. Raymond de Saussure. Paris: Payot, 1973. 292 pp.

In this well-researched book Chertok and de Saussure attempt a historical reconstruction of one aspect of the genesis of psychoanalysis by studying the development of the scientific approach to 'animal magnetism'—hypnosis and its relation to hysteria. The first primitive attempts at formulating the workings of animal magnetism were embedded in superstition, myth, and fantasy. When they are compared with the slow, painstaking work of Freud, the gap between the two is dramatically emphasized.

The intense need to deny the role of transference and the erotic relationship between subject and hypnotist is well documented. Chance and incorrect formulations played a vital role in the slow process of discovery. For example, Charcot's insistence on the basically physiological aspect of hypnosis phenomena and his denial of the psychological counterpart made hypnosis reputable. It became a valid subject of scientific study rather than being relegated to the quasi-demonic mystical area. This allowed Freud to develop his growing interest in psychological phenomena without giving up his attempt to relate them to physiological substrates.

² Freud: *A Seventeenth-Century Demonological Neurosis* (1923[1922]). Standard Edition, XIX, pp. 72-105.

In attempting a reconstruction of the evolution of a field, there is always a danger of distorting the facts, and the authors do not entirely avoid this. When seen in hindsight rather than in context, a selected passage may seem more prophetic than it actually is. Such a reconstruction may also impose a greater unity and flow of ideas in a field than was actually the case.

The book, however, is documented by a thorough bibliography and will be of interest to all who are concerned with the development of Freud's early concepts. The material on Freud's stay in Paris, for instance, is well-researched and becomes more meaningful when seen in the context of the developing theories about hypnosis. Admiration for Freud cannot but increase as the reader witnesses again his capacity to be objective about himself and his patients' erotic attachment to him—in contrast to Breuer. This allowed him to discover the phenomenon of transference, though not without much personal turmoil and very human conflict as he groped his way along uncharted territory. One last section of the book includes a rather sketchy outline of the development of the concept of the unconscious.

FRANCIS BAUDRY (NEW YORK)

INTRODUCCIÓN A LAS IDEAS DE BION (An Introduction to Bion's Ideas).

By Leon Grinberg, Dario Sor, and Elizabeth T. de Bianchedi.

Buenos Aires: Ediciones Nueva Visión, 1972. 112 pp.

In this lucid and stimulating volume the authors synthesize Bion's concepts as they have developed over his thirty years of contributions to psychoanalytic theory. The reader must be acquainted with classical approaches to evaluate Bion's innovative formulations critically. Widely accepted by now are his concepts on small groups—basic assumption groups and work groups. His conceptualization of the psychotic personality is also discussed and made clear for the reader.

For Bion, 'psychotic personality' is not a psychiatric diagnosis but a mode of mental functioning, the manifestations of which become evident in behavior and language and in their effect upon the observer. The individual with a psychotic personality uses pathological projective identification mechanisms, and his object relations are characterized by the formation of bizarre objects. These bizarre objects are composed of forms of primary process thinking, which Bion calls beta elements, as well as remnants of ego, self-ego, and external objects. Projection of

bizarre objects onto external reality causes severe impairment of reality testing.

The psychotic personality also uses pathological forms of splitting that affect the link between symbols and words so that words are deprived of their usual meaning. Another kind of pathological splitting is called 'forced splitting'. In this form there is isolation of feelings of gratitude to, and denial of dependence on an object who is treated not only as a part object but also as an inanimate one. The authors illustrate these formulations of Bion with clinical vignettes. His object relations theory provides a framework for understanding severe forms of psychopathology and therefore facilitates formulations for therapeutic intervention in the psychoanalytic psychotherapy of borderline and schizophrenic conditions.

Bion's formulations on thinking and transformation processes and their application to psychoanalysis are all of heuristic value. He uses concepts from spatial geometry to present a model of transference in neurosis and psychosis. With the current increased interest in new models of the psychoanalytic process, his concept of vortex evolution (the particular point of view from which the analyst and the patient organize their communication), catastrophic changes, and his suggestion for recording psychoanalytic material are pertinent. Bion uses two coördinate tables in which the vertical coördinate represents the progressive complexity of thought, corresponding to the genetic axis, and the horizontal coördinate represents the use given by the subject to the different categories enumerated in the vertical axis. For example, a thought may be classified along the vertical axis as representing a conception rather than a primitive fantasy (alpha-element), and on the horizontal axis as reflecting an action at a particular point in time, rather than passive attention to that thought.

Bion's reflections on the uniqueness of the analytic situation in terms of the privation, isolation, and aloneness it imposes help crystallize an understanding of the circumstances under which the analyst works.

In this brief work the authors have gathered together and presented succinctly Bion's ideas on groups, his theory of psychosis, and his reflections on psychoanalytic practice. In addition, there is a useful glossary and a summary of Bion's works. Anyone who wants to be informed about developments in psychoanalytic theory in the English school will find this book equal in quality, brevity and clarity to the monograph by Hanna Segal on the work of Melanie Klein. Therefore, I

would strongly recommend that the authors have this book translated for the English speaking reader.

PAULINA F. KERNBERG (BRONX, N.Y.)

PSYCHOANALYSE DES GELDES. EINE KRITISCHE UNTERSUCHUNG PSYCHOANALYTISCHER GELDTHEORIEN (Psychoanalysis of Money. A Critical Investigation of Psychoanalytic Theories of Money). By Ernest Borneman. Frankfurt/Main: Suhrkamp Verlag, 1973. 465 pp.

Borneman has brought together works by German, English, and French analysts, including Ferenczi, Jones, Abraham, and Róheim, in a collection of papers inspired by Freud's Character and Anal Erotism. This basic paper stimulated the interest of psychoanalysts in the problem of money and its relation to dirt in the unconscious, in dreams, language, and myths. A bibliography of one hundred twenty-three psychoanalytic and psychological papers on the history and origins of money completes the book. Since such a collection has not been presented before, the volume is useful for anyone interested in studying a phenomenon in which we can trace a serviceable societal invention to infantile origins.

The author adds his own criticism to the reprinted papers in his book. Borneman, who has published a number of books on applied psychoanalysis, studied with Róheim. Róheim traced the invention of money to biological anal drives only; he did not accept the influence of realistic needs which derived from the division of labor and led to barter and eventually to the practical invention of money. Borneman's criticism of Róheim's interesting but one-sided theory primarily follows Fenichel's paper on the drive to amass wealth.¹ Money seems to be closer to the drives than are other products of civilization, but the basic problem is the same with all. How did man create cultural products and achievements in which we can still see expressions of our drives, defenses against them, restrictions, and sublimations?

Borneman does not seem to appreciate the difference between neurosis and cultural developments, in the genesis of which we find infantile and partial drive origins. To him, the invention of money is of neurotic origin. The capitalist system shows 'unambiguous signs of a

¹ Fenichel, Otto: *The Drive To Amass Wealth*. This *QUARTERLY*, VII, 1938, pp. 69-95.

compulsive-neurotic syndrome'. As the child believes he can do what he pleases with his feces, so the capitalist behaves with his possessions. Our economic system is a remnant of oral and anal-sadistic drives, and the present methods of training in the anal stage serve to retain the system. Borneman comes to the conclusion that Freud's 'dynamic model of neurosis is only a disguised political model of a prevented revolution'. He complains that the thought that the patient may in reality be healthy and the society sick is not even considered by analysts. Borneman does not accept the idea that a certain adaptation to one's environment is an inevitable part of mental health and that this does not preclude free criticism of society's faults or striving for a better society.

Borneman's attempted criticism of a difficult analytic problem is not of much practical or theoretical value. However, it is of interest as a symptom of a developing trend among analysts on the European continent. It may be seen as another version of the well-known wish to retreat from Freud's concept of the power of the drives. At the same time, it tries to create a scientific basis for political hopes and longings.

HENRY LOWENFELD (NEW YORK)

PSYCHOANALYSIS AND CONTEMPORARY SCIENCE. *An Annual of Integrative and Interdisciplinary Studies*, Vol. I. Edited by Robert R. Holt and Emanuel Peterfreund. New York: The Macmillan Co.; London: Collier-Macmillan Ltd., 1972. 399 pp.

This volume is conceived as the first of a series devoted to fostering the growth of psychoanalysis as a science. The editors' ambitious aims are exemplified by the broad range of topics they will accept for inclusion. They invite the full range of investigative methods used in the biological and behavioral sciences, as well as philosophical, clinical, and review articles. Contributions from the findings of other disciplines relevant to psychoanalysis are especially encouraged.

Volume I consists of fifteen essays divided into five sections. In the first section, *General Theoretical*, Holt's paper entitled Freud's Mechanistic and Humanistic Images of Man, attempts to classify Freud's thinking and writing into these two categories and to contrast the underlying assumptions of each of them. It is a provocative essay and, based upon the author's particular philosophy of science, calls for

the replacement of current metapsychological thinking in psychoanalysis by a scientific humanism. In *The Nature of Psychological Change in Individuals and Its Relation to Cultural Change*, Lawrence Kubie examines questions that require consideration in developing precise qualitative and quantitative tests of significant psychological change. For Kubie, significant change implies a shift toward increased conscious and preconscious control and away from unconscious processes, with a concomitant increased freedom to learn from experience. He concludes that in the search for cultural progress those somatic and psychological factors that restrict the inner freedom of human beings must be altered and that childhood intervention in a facilitative manner offers the best hope for mankind. Frederick Worden's charming, humorous, and opinionated essay, *Questions About Man's Attempt To Understand Himself*, stimulates and challenges the reader to re-examine his thinking regarding the place of psychoanalysis in science in general.

Three essays in the second section of the volume, *Psycholinguistic*, are to this reviewer of particular interest. David Freedman's paper, *On Hearing, Oral Language, and Psychic Structure*, is a model for the effective use of research evidence, much of which comes from outside psychoanalysis. Freedman effectively integrates this evidence to demonstrate the place of speech and hearing in the development of psychic structure, particularly in the differentiation of self and object. The paper is a particularly good example of how data generated non-analytically, as well as that from naturalistic psychoanalytic observations and data from psychoanalyses per se, can be complementary and mutually enriching. Benjamin Rubenstein's paper, *On Metaphor and Related Phenomena*, is a scholarly review of the theory of metaphor from a linguistic-analytic perspective. It considers the role of unconscious factors in the choice and interpretation of metaphor, as well as dream symbolism. Rubenstein's paper points up particularly well the advantages to psychoanalytic theory and clinical practice that ensue from viewing data in the light of technology from a different discipline. This has great heuristic value and can only serve to clarify and refine psychoanalytic thinking in the area of linguistics.

A section called *Developmental*, includes an essay by George Klein, *The Vital Pleasures*. In an analogy to anxiety, Klein proposes a developmental sequence of pleasurable experiences similar to the types of anxiety postulated by Freud. Hartvig Dahl's paper, *The Quantitative Study of Psychoanalysis*, appears in the section entitled, *Clinical*

or *Quantitative*. Dahl's methodology involves intricate coding, factor analysis, and key word analysis using the Harvard III Psychological Dictionary. Though complex and perhaps open to criticism, especially on the point of the primary data, this paper grapples in a most creative manner with the problem of adapting computer technology to psychoanalytic data. The final section, *Psychohistorical and Psychobiological*, contains papers by Robert Lifton and Bernard Meyer on the application of psychoanalytic approaches to history and biography, respectively.

Because of the very broad scope of papers included in this volume, not every reader will be attracted to each paper with the same degree of interest. However, all of the essays are of high quality. Any reader interested in the application of the philosophy of science and other disciplines to psychoanalysis, including the presentation of innovative research strategies borrowed from other fields, will find many of the papers quite satisfying. Some of the papers, though examples of sound research and of significant psychoanalytic importance, are a bit tangential to the central theme. For example, *The Stimulus Barrier in Early Infancy* by Katherine Tennes, et al., might have greater interest to readers of journals dealing with child development than those who would be attracted to this volume.

For this reviewer, the principle value of the book is in its providing a concise overview of applied psychoanalysis as well as the application of nonpsychoanalytic thinking and research methodology to psychoanalytic scholarship. The volume clearly demonstrates the advantages of such approaches as well as illuminating some of the potential pitfalls. By confining their criteria for inclusion of papers to these areas in future volumes, the editors might be able to present in an increasingly precise and definitive fashion, the gains and losses of such strategies. This would have great interest at this time when the place of psychoanalysis as a science is under such severe and often hostile investigation. There is a need for such an annual and in this first volume the editors have made a very fine beginning.

RONALD M. BENSON (ANN ARBOR, MICHIGAN)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOL. XXVIII. New Haven and London: Yale University Press, 1973. 511 pp.

Since its inception, *The Psychoanalytic Study of the Child* has enjoyed a fine reputation for offering excellent contributions to the

literature of behavioral science. This edition, by maintaining the high standards previously established, attests to the wisdom of the current editors.

The volume begins with two obituaries: one of Bertram D. Lewin by Lawrence Kubie, the other of Marian Cabot Putnam by Eleanor Pavenstedt. Both serve as touching reminders of the professional and personal contributions made by these two psychoanalysts.

The first section of Volume XXVIII, *Aspects of Normal and Pathological Development*, includes Dorothy Burlingham's paper titled *The Preœdipal Infant-Father Relationship*. Burlingham presents a number of significant findings based on personal observations, the analyses of young men, and observations of infants at the Hampstead Clinic. At times, maternal attitudes of the father can compensate for deficiencies in the mother-infant relationship. Eye contact, smiling responses, and the first feelings of stimulation of enjoyment can all serve to enhance and deepen the father-child relationship from the earliest weeks. While there are individual differences, Burlingham observed that fathers generally tend to stimulate and excite their children more than mothers do. This stimulation is considered an aid in the development of the infant's body image. The author discusses her observations of a child's preference for father, his greeting father after an absence, and his demands for father's care at specific times for specific reasons. She also notes the danger of a narcissistic wound to the father if he happens to be the first recipient of the infant's eighth-month 'stranger anxiety'. Burlingham believes that in spite of changes in child care brought about by current attitudes toward the equality of the sexes, characteristics of femininity and maleness of parents will continue to exist and evoke in infants differentiated emotional reactions as well as differentiated experiences of pleasure. She feels that without such differentiated reactions the child would develop a less varied and therefore flatter, more uniform affective life.

In another paper in the first section, Aaron Esman reviews the literature dealing with the clinical construct of 'the primal scene' as a traumatic experience. He finds that cultural attitudes and the ego resources of both the parents and the child are significant determinants in the child's response to primal scene exposure. Esman emphasizes the need for further careful study of this experience and suggests that some generally accepted assessments of the effects of early primal scene exposure be reconsidered.

In their paper, *He Can, But He Won't*, C. Janet Newman, Cynthia Fox Dember, and Othilda Krug deal with the problem of gifted children who do not succeed academically. Nonachievement is the problem for which parents most frequently seek psychiatric help for their children. This carefully executed study describes fifteen boys whose academic work was consistently poor despite high ratings on IQ and achievement tests. The authors found that these children revealed uneven patterns of ego development beginning in the second year of life and tended to be poor 'doers' in general. In verbal areas they ranked in the very superior range and reflected a kind of intelligence that shows up well on the verbally loaded IQ tests. However, the discrepancy between the levels of development of verbal ability and other ego functions was striking. Speech was a relatively isolated function detached from action, rational thinking, and emotional expression. The authors offer several theories of the origin of this ego disharmony. One is that interference in the meeting and joining of the curves of development of thought and speech occurred. The developmental interference might have resulted from excessive or deficient stimulation of other functions, or from interference with some functions at critical periods when each was most vulnerable to influence. Another theory proposes that familial compliance with a deviant trait in the child may have led to a discrepancy in the development of speech and motor activity, resulting in an intrasystemic conflict in the ego. Enhancement and compliance may produce a delayed but severe neurotic conflict. For these children, verbalization may assume a defensive function similar to the use of thinking processes in obsessive patients. Acting out through words may also occur, thereby weakening the use of language for impulse delay and emotional control. The authors feel that psychotherapy with interpretation of oedipal fantasies and aggression is too superficial to be helpful with many of these cases. An ultimate bedrock of ego disharmony is difficult to modify. Awareness of it is important for evaluating character structure and planning for treatment. A psychotherapeutic approach combined with education techniques is often required. The combination is important, especially for the development and enhancement of neglected skills.

In the section titled *Clinical Contributions*, several papers are noteworthy in their approach to specific aspects of theory and treatment. Erna Furman offers two case vignettes to illustrate some aspects of the psychic struggle of adolescence and to further assess the role of infantile

separation-individuation in adolescent development. She observes that the adolescent's partial and selective identifications with parents have the aim of assisting decathexis of the incestuous aspect of the parental object representations and enabling the adolescent to become a sexual adult like his parent. The patients Furman describes needed to use regressive solutions in the resolution of their incestuous attachments. These regressive solutions included not only those derived from their experiences as toddlers, but also those based on the resolution of their œdipal phase and those related to their current problems with genitality and its associated fantasies. The developmental task of adolescence differs so greatly from the separation-individuation phase of infancy that Furman rejects the use of the term 'individuation' or 'second individuation' as applied to adolescence. Though these terms may be useful for scientific study, she feels they tend to emphasize only specific aspects of personality function and distort the total view of the developing individual.

Stanley H. Shapiro offers a fascinating study of preventive analytic therapy. He describes the treatment of a four-and-a-half-year-old girl who witnessed her mother's precipitous delivery of an eight-month stillborn baby. Relying on psychoanalytic insights into the developmental process and on the coöperation of the child's mother (who was present during most of the therapy sessions), the analyst was able to reconstruct the traumatic event with the child. Several follow-up interviews after ten years confirmed the success of the treatment. Fostering verbalization, using educative measures and the presence of the mother aided the analytic therapy. The author maintains that the child analyst can intervene on the side of the ego to prevent occurrence of pathogenic repression and fixation and to ensure continued ego development.

In *Ego Strengthening Prior to Analysis*, Annemarie P. Weil recommends a treatment approach which includes educational activities somewhat similar to those used by Shapiro. She believes, however, that nonanalytic interventions should be carried out by someone other than the analyst. Otherwise, early educational work will interfere later with the development of the transference and other aspects of the analytic process, especially if the child's mother is included in the educational work. For many patients, she believes, ego structuring has been arrested because of difficulties in the rapprochement period. The use of therapeutic educational work can make up for deficient experiences in the past, particularly if attempted before latency. With the develop-

ment of neurotic difficulties in a child following preparatory educational help, interpretation is frequently more effective. Although many children seen at the present time by child analysts do seem to fall into the category described by Weil, whether or not the preliminary work can be done and the analysis subsequently successfully conducted by the same person is still an open question.

The section titled *Psychoanalytic Theory* contains four excellent papers. Especially recommended is a study of psychoanalytic interpretation by Stanley A. Leavy. Martin H. Stein's *Acting Out as a Character Trait* is a timely work because of the current focus on early developmental disturbances and ego pathology. Stein points out that the term 'acting out' is subject to abuse. The tendency to act out may be a character trait. As such, it occurs in neurotic character disorders which are particularly suited for analytic study and treatment. There is a danger, he says, 'that even applying the terms "narcissistic" or "pregenitally determined" may influence the analyst to decide too readily to dispense with the usual psychoanalytic method' (p. 360). The analyst should carefully determine whether the patient's conflicts are being expressed in the form of fantasy-bound complex actions, rather than in more typical neurotic symptoms, before the patient is deprived of the type of treatment that is most effective for neurosis. He notes that in neurotic characters the ego functions that control actions are unstable. However, the disturbances of function are limited in scope and duration and are, in these patients, shifted into the analytic situation because of the pressure and opportunity offered by the transference. Often, acting out is a signal of the development of a transference neurosis which is essential to the advance of the analytic process.

In the final section, *Applications of Psychoanalysis*, Dale R. Meers presents further material from his studies of the intellectual functioning of black ghetto children. He offers additional convincing evidence that retardation in the ghetto child is frequently a culture specific expression of psychopathology. Psychiatric, psychoanalytic, and educational help, while desperately needed, cannot compensate for the lack of effective community action. Direct social and political action is necessary to bring about correction in the social milieu.

Volume XXVIII of *The Psychoanalytic Study of the Child* contains studies of psychoanalytic theory and practice of the quality we have come to expect in this distinguished annual. A brief review can touch only a few highlights among the many scholarly contributions. A

careful reading of the entire book is recommended to those concerned with the psychological understanding of human beings.

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

BASIC CONCEPTS OF PSYCHOANALYTIC PSYCHIATRY. By Elizabeth R. Zetzel, M.D. and W. W. Meissner, M.D. New York: Basic Books, Inc., 1973. 312 pp.

At the time of her death in 1970, Elizabeth Zetzel, with W. W. Meissner, was in the process of expanding her lectures and seminars for psychiatric residents, medical students, social workers, and other hospital personnel into the present volume. Their aim was to offer 'a clear, correct, informative, and intellectually challenging introduction to the basic concepts of psychoanalysis'. Granted that individual differences exist among analysts and that some of Zetzel's views—particularly with respect to the therapeutic alliance—have been controversial, the main objectives have been strikingly achieved. The work may be read with profit even by quite experienced analysts. Indeed, were it not for the assurance that the material was very well received by its primary audience, one might be inclined to wonder if it was not rather difficult to assimilate. The treatment of 'basic concepts' is fairly comprehensive. As a background for lectures and as a reference work, it is very useful and should encourage others to aspire to similar high standards in attempting to communicate with such audiences.

The application of psychoanalysis to psychiatry is undertaken on the basis of distinctions made between unconscious contents of the mind illuminated by analytic technique and broader efforts to conceive 'the development, structure, and function of the human mind in both its healthy and disturbed forms' (pp. 5-6). To achieve these aims, all facets of metapsychology as well as adaptation are considered unflinchingly. In addition, the history of psychoanalysis and of Freud himself is lucidly integrated. The organization and scope of the book may be gleaned from the headings of successive chapters: Understanding Anxiety, Repression, The Development Hypothesis (this is in close harmony with Erikson's 'epigenesis'), Narcissism, The Ego and Its Development, Object Relations, Neurotic Development and Analyzability, Approach to the Borderline Patient, and Psychoanalysis as Therapy, among others.

The psychiatrist, the authors point out, may accept analytic personality theory without practicing its techniques. Freud himself is brought into conjunction historically with Kraepelin, Bleuler, Hughlings Jackson, and others to show that his orientation in itself represented evolutionary trends in neurology and psychiatry. Freud's unfolding works—*The Project*, *The Interpretation of Dreams*, and so forth—and the mental models he constructed may be appraised accordingly. This reviewer would differ with the authors in some of their assumptions which, it must be conceded, are common enough among analysts. For instance, they attribute Freud's concepts of psychic determinism and energy too much to his neurophysiological orientation and too little to necessary clinical applications. Freud was well aware that memory and anxiety have normal and adaptive components; he would certainly not have regarded their dysfunction in every instance as analyzable, like the manifest content of a dream (p. 60). Such variations in outlook become truly significant when they are made the basis for hints that the analytic viewpoint has outlived such fixations on the past and requires updating.

Many of Zetzel's notable and original ideas are treated in the course of the book. Her well-known emphasis on the preœdipal stage of development and the influence she believed it should have on analytic treatment, as described in her writings on the therapeutic alliance, are fully expounded here. So too is her individual approach to the borderline patient, for whom she recommended reality-strengthening and antiregressive contacts at relatively infrequent intervals—once weekly. And there is detailed discussion of the dynamics and treatment of hysteria and the obsessive neuroses.

It becomes apparent in these writings that Zetzel's criteria for analyzability, the maintenance of the analytic situation, and the vicissitudes of the therapeutic alliance wander far from the polarizing role which Freud assigned to the fundamental rule in these matters. Although it is disappointing that so little is said of specific forms of psychosis in a book that undertakes to establish the applicability of psychoanalysis to psychiatry, we should nonetheless be grateful for the merits of this presentation, the product of a lifetime dedicated to psychoanalysis. Dr. Meissner has very creditably brought the work to completion after the guiding hand of the senior author was withdrawn.

MARK KANZER (NEW YORK)

TALKING WITH PATIENTS. By Brian Bird, M.D. Second Edition. Philadelphia and Toronto: J. B. Lippincott Co., 1973. 363 pp.

Brian Bird's new edition of his very popular and successful 1955 volume makes one wonder whether a very good original work can ever be significantly improved by revision. Perhaps the addition of footnotes or a brand new book with a new title and format would be better approaches. The original may suffer in the revision by overexpansion and repetitiousness, as is the case here. In addition to seemingly needless padding with examples, the author sometimes rambles in a philosophical, speculative vein that detracts from the intention of the original to function as a primer. Perhaps more was intended here, but the result is an uneven and at times tedious hypertrophy.

The new edition is nearly three times longer than the original and contains eleven entirely new chapters, while seven others have been substantially rewritten and greatly expanded. Sometimes the revised chapters contain the original text at the beginning or in the middle; at other times the original text is altered in the direction of a more informal contemporary literary style that may be in keeping with the stated aim of updating the material in response to much favorable reaction to the original. This rationale also appears to account for what seem to be digressions into philosophical and sociological commentaries and opinions. One such commentary is on the greater freedom to express dissent and aggression in our society today than there was twenty years ago, with special attention to the medical profession as a typical institution under attack. The author then makes a statement about the doctor's 'right' and 'duty . . . to speak his particular piece'. This comes at the conclusion of the chapter entitled *The Angry Patient* and while not inappropriate in the context, it exemplifies the sort of indulgent expansion Bird has allowed himself.

Another example of particular interest to analysts, who are (or were at one time) medical doctors and who frequently treat physicians or medical students analytically, is the four-page discussion of an 'undefined' quality one needs in 'becoming a doctor' which has been added to the chapter titled *Specific Technical Points*. This quality is 'a unique sense of responsibility for human life, a responsibility built on an almost arrogant kind of confidence in [oneself], a quality that has evolved from the age-old tradition of patient care'. Later Bird describes

this quality as the ability of the individual to think of himself 'as extraordinary' when 'doing extraordinary things' in his doctor role and as 'one of the most difficult-to-establish aspects of being a doctor'. It is also called 'benevolent arrogance' and is recommended as part of every doctor's necessary psychological persona. When Bird speaks of it as something that cannot be taught, it is reminiscent of, but totally different from the basic talent for psychological-mindedness that we look for in psychoanalytic candidates. The physician's special narcissism often proves a stubborn problem in his psychoanalytic training. In everyday life also, we are all too familiar with the excesses of narcissism in many physicians' overblown sense of omnipotence and omniscience. The medical profession can be a dangerous vocation for those with severe narcissistic personality disorders. I regret that there is no discussion of this negative side of the coin, nor any warning about these excesses. Bird's examples, however, never seem to manifest the recommended arrogance; happily, they rather lean the other way. There is reason to question whether this discussion suffers from becoming too philosophical for the book's more modest goal. As presented, it becomes a controversial issue, while the necessity for healthy self-esteem and self-confidence with appropriate humility is not.

As in the original, Bird studiously avoids using psychoanalytic terminology throughout. While this has merit, he could easily have included a bare minimum of terms such as 'transference', 'displacement', and 'unconscious'—since the concepts are clearly explained by example and discussion. The avoidance of them is almost painful. It is as though the author feels their inclusion might offend the young physician rather than educate him.

Despite all this, the book remains likely to continue to fill a useful need for those to whom it is addressed, and it is a more thorough psychoanalytically sophisticated treatise on interviewing technique than its predecessor, albeit a more tedious one. The new chapters—The Alcoholic Patient, The Psychosomatic Patient, The Delirious Patient, Talking about Sex, and the four on the surgical patient—are repetitious and fulsome unless one regards the work as an encyclopedia, which it is not. These additions could usefully have been condensed and included within the original chapters, with perhaps one addition on special problems in interviewing surgical patients.

GEORGE H. ALLISON (SEATTLE)

PSYCHODYNAMICALLY BASED PSYCHOTHERAPY. By Leon J. Saul, M.D.
New York: Science House (Jason Aronson, Inc.), 1972. 842 pp.

This book discusses psychoanalysis and psychoanalytic therapy from a viewpoint at variance with certain essential principles that characterize classical psychoanalysis. There are shortcomings in conceptualization, and valid psychoanalytic process cannot evolve because the technique aims at deliberately avoiding regression. Instead, the therapist uses his influence to persuade the patient to change. Although insight is allegedly used to bring changes about, it is a predetermined insight arrived at by the therapist in the first interview or 'in the next few'. (The familiar approach of the so-called corrective emotional experience is thus signaled.)

In Parts I and II of the book, Approach to Psychodynamically Based Psychotherapy and Practice of Psychodynamically Based Psychotherapy, the outlook and its shortcomings are readily evident. The main point made with regard to goals of treatment is that beyond insight, the mind has to be freed from outmoded childhood patterns. In this task the analyst is advised *promptly* to evaluate the early life influences in order to judge what the patient must do to mature. Further, the analyst is to 'analyze out' the infantile, he is to discuss with the patient 'certain fundamentals in living', and he is to *correct* the patient's 'central emotional forces'.

It is natural enough, in view of this approach, that all cases seem relatively easy to understand and explain. Anxiety and psychopathology are alleged to stem mainly from hostility, which in turn is the result of various vicissitudes of dependent love needs ('more or less eroticized'). Libidinal development, in this framework, is relegated to a defensive role, one of 'flight by regression'. Hence, the troublemaker is hostility, and the analyst's job is 'to detect, disclose, and resolve it'.

In seeking support for his approach, Saul repeatedly refers to two formulations attributed to Freud. The first is a reference to Civilization and Its Discontents to the effect that all guilt derives from hostility, even when it seems libidinal. My understanding of what Freud actually proposed is that in the relationship of drives to symptom-formation, it is not simply a matter of guilt resulting from aggression, but coequally the repression of libidinal elements. 'When an instinctual trend undergoes repression, its libidinal elements are turned into symptoms, and its aggressive components into a sense of guilt.'¹

¹ Freud: *Civilization and Its Discontents*. Standard Edition, XXI, p. 139.

The second reference, one which Saul relies upon heavily to justify his approach, is to *An Outline of Psycho-Analysis*. In this work, Freud enlarged the goal of treatment to include an after-education to correct the blunders of the parents. But if the rest of the relevant paragraph is left out, Freud's intent is distorted:

If the patient puts the analyst in the place of his father (or mother), he is also giving him the power which his super-ego exercises over his ego, since his parents were, as we know, the origin of his super-ego. The new super-ego now has an opportunity for a sort of *after-education* of the neurotic; it can correct mistakes for which his parents were responsible in educating him. But at this point a warning must be given against misusing this new influence. However much the analyst may be tempted to become a teacher, model and ideal for other people and to create men in his own image, he should not forget that that is not his task in the analytic relationship, and indeed that he will be disloyal to his task if he allows himself to be led on by his inclinations. If he does, he will only be repeating a mistake of the parents who crushed their child's independence by their influence, and he will only be replacing the patient's earlier dependence by a new one. . . .²

In addition, Freud warned us to 'never fail to make a strict distinction between *our* knowledge and *his* knowledge'.³ In the author's clinical illustrations, the analyst's superego seems regularly to be substituted for the parent's superego, a process which can hardly be expected to lead to that freedom for the ego which psychoanalysis espouses. (This, despite the fact that in the chapter on countertransference, the author takes note of the pitfalls of idealization.)

In placing selective emphasis on the aggressive drives in psychopathogenesis, the body aspects of the ego are neglected, as is the role of unconscious fantasy (in contrast to 'basic human motivations', as though these were necessarily divergent rather than interdependent). In applying his conceptualizations to his numerous clinical illustrations, Saul misses what is central: the phase-specific conflicts that determine pathogenic development and symptom-formation are organized around bodily strivings and fantasies that give meaning to the interpersonal constellations. These have to be uncovered through *regression* in the analytic process so that the *experiencing* ego can make sufficiently clear to the *observing* ego all that is involved in the reliving of transference. Otherwise explanation is relied upon excessively, and exhortation replaces the freeing of the ego that comes with the undoing of repression.

² Freud: *An Outline of Psycho-Analysis*. Standard Edition, XXIII, p. 175.

³ Freud: *Op. cit.*, p. 178.

The two case reports that comprise Part III of the book carry out all of the author's principles already described. In the first case the sessions are one-half hour and held weekly or less—truly brief therapy. But in the second case, treated five days weekly and represented as full-scale analysis, we see again a deliberate blocking of regression. (Saul believes it is poor technique to use the couch before 'clear understanding of the patient's dynamics', and he waits in this case until the one hundred sixty-fourth hour, even then feeling that there was not much reason for the couch.) An instructing attitude is taken as he urges the patient to renounce infantile patterns. The patient is still hostile at the conclusion of the verbatim report, and the transference is clearly unresolved. Saul adds a concluding paragraph saying that the transference was then reduced in intensity by analyzing it. Could an analytic process have taken place in the light of the limitations described above?

The principle of abstinence should apply to an analyst's imparting of his personal viewpoints to patients, as well as to more readily recognized forms of transference gratification or influence. It is a principle weakness of this book and of the author's version of psychoanalysis that this factor does not seem to be fully appreciated.

DANIEL S. JAFFE (WASHINGTON, D.C.)

PSYCHOLOGICAL BASES OF WAR. Edited by Heinrich Z. Winnik, Rafael Moses, and Mortimer Ostow. New York: Quadrangle Books, 1973. 261 pp.

Impelled by the need for increased understanding of the central question in the 1932 Freud-Einstein exchange of letters, a conference of eminent American and Israeli psychoanalysts was held in Jerusalem in 1972. This book is a collection of papers that emerged from this conference addressed to the question, 'Why War?'. Reflecting the uneasy lull between the Six-Day War and the 1973 Yom Kippur attack, the conference was relevant and timely. Ruth Jaffee's report on the reactions of Israeli soldiers to the Six-Day War underlines the sense of urgency of the question, 'Why War?'.

The papers convey a rich knowledge of and commitment to psychodynamic concepts and discipline. As the question the authors address themselves to is clearly beyond the scope of a single discipline, one hopes this will be the first of a series of volumes presenting a distil-

late of current contributions of other disciplines, e.g., social psychology, sociology, history, and anthropology, to the study of war.

Aside from the seminal studies of Muzafer Sherif, presented by Bryant Wedge, experimental studies in psychology, such as those of Stanley Milgrim on obedience and Solomon Ashe's work on leadership, are largely ignored. Delgado's studies of the biochemical aspects of aggressive behavior are also relevant as attempts to understand individual aggressive behavior. From ethology, the work of Jane Goodall, David Hamburg, Roger Ulrich, and Konrad Lorenz should also be included in a volume on aggressive behavior. In addition, sociological and anthropological theories and approaches may well shed light on the question Freud raised about the channeling of aggression by society. In their recent book, *Psychoanalytic Sociology*,¹ Weinstein and Platt point out the benefits to be gained in rigorous attempts to comprehend the present discontinuities between such theories, and then to bridge them.

As Louis Linn points out, the papers in *Psychological Bases of War* address themselves to 'four distinct issues: aggression, violence, fighting, and war'. Aggression receives the lion's share of space and provides some of the most convincing material in the volume. Attention is drawn to the positive role of aggression as a force for human growth, for creativity, and for effectiveness, particularly in papers by Linn, Albert Solnit, and Naomi Glucksohn-Weiss. Ruth Jaffee's conclusions are also very instructive: 'a most important objective' of the effective fighting men in the Israeli Army was a 'wish to do a good job', and 'affects such as hatred and vengefulness generally did not add to fitness for fight'. These observations recall the earlier work of Douglas Bond on ace flyers, and the findings from the World War II studies of Edward Shils and Morris Janowitz. Shils and Janowitz suggested that the wish to retain primary relations with and the esteem of comrades—rather than hatred or fear of the enemy—was the more powerful force in keeping soldiers fighting even when their side was clearly losing. Such observations should make us cautious about explaining war by relying too heavily on individual aggression.

In the beginning and at the end of the book, the editors acknowledge that theories developed to understand individual behavior have limited use in explaining group behavior. As Shimon Peres, Israel Minister of

¹ Weinstein, Fred and Platt, Gerald M.: *Psychoanalytic Sociology. An Essay on the Interpretation of Historical Data and the Phenomena of Collective Behavior*. Baltimore: The Johns Hopkins Press, 1973. Cf., review by Bennett Simon, *This QUARTERLY*, XLIII, 1974, pp. 668-674.

Transport and Communications, observes in his introductory remarks, 'It is easier to understand an individual than a nation because you can meet an individual. You must imagine a nation.' In their turn, the papers by Ruth Jaffee, Bryant Wedge, Samuel Atkin, and Arnold Rogow each caution us about the need to distinguish between the individual phenomenon of aggression and the social phenomenon of war. Mortimer Ostow summarizes cogently: 'Making war is an activity of the community rather than the individual'.

This is a point well taken. Some readers may be made restive by the tendency of a few participants to forget this caveat and shift too easily from one level of generalization to another. Theories derived from studies of individual behavior become less than elegant and accurate when applied to a group or a nation. To speak of a society or a group as a kind of 'big' individual with its own defense mechanisms, its own senses, has a kind of poetic grandeur. It is appealing and may stimulate thinking, but if the analogy is confused with reality, as is done in a few of the papers in this volume, the result is an almost inevitable misplaced assurance that a phenomenon has been dealt with adequately and explained—or that it is inexplicable.

As one hopes a scientific book will do, this volume draws attention to a problem, begins to deal with it, and stimulates a call for more study. One can only admire and be grateful for the intellectual courage of the authors for taking on a subject of such magnitude and complexity.

EMILY MUMFORD (NEW YORK)

THE PRESENT OF THINGS FUTURE. *Explorations of Time in Human Experience.* By Thomas J. Cottle and Steven L. Klineberg. New York: The Free Press, 1974. 290 pp.

When speaking about time, one cannot avoid the temptation to use the language of phenomenologists and existentialists—'being' and 'becoming' and 'essence'—obviously because one has to deal with experience. The study of experience has been pursued most explicitly, indeed exclusively, by phenomenologists, dating as far back as Hegel, if not the ancient Greeks, the pre-Socratic philosophers such as Heraclitus, Empedocles, and Democritus.

The present book is phenomenological in inspiration, social-psychological in detail. Its goal is to describe the way people of different ages and sociocultural backgrounds deal with the ubiquitous ex-

perience of time: how they integrate or fail to integrate their experience of time in their lives and circumstances and how such factors as age, sex, culture, social class, and personal needs shape the experience of time. The emphasis, as the title indicates, is on the concept of time as future and its experiential equivalents of anticipation and anxiety in the face of the uncertain, the ambiguous, and the unknown—all of which defines, of course, the present and, experientially, is but the present. For one cannot experience the future except in fantasy or in the wish and ability to cope with the present. The same may be said about the past, except that there is no way to conceptualize the past without the concept of the future, either as a lively anticipation that saves the past from extinction and in effect mistakes it for the present, or as a dreadful eventuality that throws one back to the past as to a fatal, irresistible force whose magnetic field dominates the present.

The authors take for granted that time is a mysterious something that can be 'experienced only through the changes that occur within it'. In essence, they treat the concept of time as a sociocultural dimension rather than as a dynamic experience deriving from the need to cope with conflictual situations and early object relationships. Their interest is in examining why people handle the temporal aspects of experience as they do. The authors deal with the sense of time in terms of cognitive, animal, and social psychology, sociology, and cultural anthropology, with little or no recourse to psychodynamics. The result is a scholarly but rather superficial synthesis which offers a great deal of interesting information about temporality as a dimension or vehicle of experience but provides little help in understanding the nature of time as experience, either normal or pathological.

The book sets out to examine the normal human ability to act in the present according to what one anticipates will happen in a relatively distant future. 'Unless images of the future give rise to present emotions', the authors point out, 'anticipations will have little effect on a person's behavior'. The future achieves motivating power by 'self-projection', a process based on a person's ability to transpose the image of himself into probable situations and thus 'to experience *now* some of what he would experience if he actually found himself in those situations'. This ability may be defined as empathy. The person with whom one establishes an empathic relationship is one's own self in an imaginary future situation. This raises the question of whether such an ability can develop if one is not first able to establish the ability to em-

pathize with another person. We are led to wonder about the importance of meaningful object relationships in the establishment and maintenance of the sense of time, especially in its future tense.

There is an intriguing and often surprising relationship between temporal orientation and learning of sex roles, social attitudes, and values. A man in our Western world is trained to plan for the future, to pursue occupations or careers (which are designated as 'work'), while a woman is expected to be present-oriented and deal with day-to-day activities (which are referred to simply as 'homemaking'). In their pursuit of success and constant planning for the future, men appear to be alienated from their past and possibly from their present as well. Women, like children, seem to plan their lives to a significantly shorter distance into the future than men.

Consistent with their sociological orientation, the authors conclude that people's ability to imagine an 'ideal' future for themselves is limited by the circumstances of their actual reality. This is indeed the standard explanation for the present-oriented, hedonistic or nihilistic attitude of members of the black ghetto in this country and the subculture of poverty anywhere. Such an explanation ignores the role of internal object relations and derivative intrapsychic structures, particularly the superego and the ego ideal, in determining the individual's orientation in time and his ability to conceive of a personal future apart from the limited or oppressive circumstances of the present. The authors correctly reject the frequently quoted argument that 'extreme present-orientedness, not lack of income or wealth, is the principle cause of poverty in the sense of "the culture of poverty"'. Present-orientedness can probably be induced by special conditions in the environment—for example, by the circumstances of a battlefield or a concentration camp—in anyone. But the likelihood is that such present-orientedness would be defensive or regressive in nature. On the other hand, the present-orientedness of a person who has grown up under the malevolent conditions of a broken family, whether in an inner city ghetto or in an affluent suburban neighborhood, is more likely to be the result of a defective superego formation and therefore more pervasive and resistant to change.

I would like to say a few words about the life studies that conclude each of the three parts of the book, illustrating how the sense of time and concern about the future can make human experience sound human. These studies include an old man in a hospital, past-oriented,

ready but not willing to die; a young prostitute in a city ghetto, cheerful, sentimental, resilient, present-oriented; a middle-aged lower middle class couple, the husband future-oriented, bored, and angry but diligent and persistent, the wife present or past-oriented (it is difficult to tell which), tender and practical, slightly depressed, wanting to be a little girl again rather than to avoid growing old, missing the easy-going figure of her childhood father.

These life studies read like short stories with a human, warm touch and a common-sense wisdom. And they do convey the sense of time in a person's life in a marvelous, unpretentious way that makes one empathize with the experience of people who seem exceptional without being heroes or patients—just humble, ordinary, lonely but proud people who do not, did not, and never will count much in life, except in so far as some friends, like the authors of these studies, are concerned.

PETER HARTOCOLLIS (TOPEKA)

THE DENIAL OF DEATH. By Ernest Becker. New York: The Free Press; London: Collier Macmillan, 1973. 314 pp.

This book attempts to provide a comprehensive answer to the questions of what human normalcy is and what the basic problem of human pathology is. The approach is existential in style as well as in content: mental functioning consists of a constant, all-pervasive struggle with the fear of death.

The author, an anthropologist in Canada, suggests that the best and only answer is Rank's mystico-religious response. Neuroses, perversions, and psychoses are the attempted solutions to the insoluble problem of the contradiction between the living soul and the decaying body. The fear of death, according to Becker, is at the root of all those anxieties and conflicts to which Freud attributed—erroneously, in Becker's opinion—great significance for the course of human development. Becker believes that Rank achieved an explanation for the problems that Kierkegaard 'the psychoanalyst' (according to Becker) had initiated. Rank recognized that cultural life, social revolution, science, and Freud's psychoanalysis are illusions and poor substitutes for the 'absolute transcendence'.

Becker's references to psychoanalysis, apart from a few superficial and misunderstood quotations, are of the prestructural era, corresponding to the date of Rank's departure from psychoanalysis. He

disregards the development of ego psychology with all its clinical and theoretical implications for the origins and repercussions of human anxiety. In addition, he totally neglects the findings of the research in child development during the last half century in psychoanalysis and other branches of psychology and their significance for a general theory of anxiety.

Becker devotes a chapter to Freud's well-known neurotic symptoms and to the impact of his personality on his theories. Disappointingly, he misses the challenging opportunity to discuss in similar fashion the influence of Kierkegaard's and Rank's psychopathology on *their* ideas. We do know of their severe childhood traumata. We know of Kierkegaard's lifelong, moving struggle with what was probably a psychosis and the impressive sublimatory processes he achieved. A great deal could have been said about the psychopathological dynamics of Rank's brilliance and about its affective and intellectual vicissitudes in the course of the development of his ideas.

A further important chapter in a book on anxiety for the analyst reader would have been a discussion of the interesting parallels between some of Rank's ideas and several findings of ego psychology in the course of the last fifty years. Problems of the earliest forms of anxiety, the role of the mother, separation, and inter- and intrasystemic conflicts can all be detected in Rank's propositions, although he presented them in his typical, flamboyantly vague style and without clinical foundations.

For the psychoanalyst, this book is tedious in what it offers and frustrating in what it omits.

ANDREW PETO (NEW YORK)

YEATS. A PSYCHOANALYTIC STUDY. By Brenda S. Webster. Stanford, Calif.: Stanford University Press, 1973. 246 pp.

This study of Yeats's early poetry (*The Wanderings of Oisín*), plays, and mystical prose (*A Vision*) is an effort to explain the poet's magical uses of poetic and dramatic devices—image, symbol, mask—as the attempt to manage various childhood traumata, oedipal conflicts, generalized fears of loss, a problematic body image, and a confused sexual identity. Stressing Yeats's crucial relationships with women (his mother, his wife, Olivia Shakespear, Maud Gonne, Lady Gregory) and the prevalence in his works of oedipal fantasies of dreamlike, immortal

women who entice and inspire, Webster suggests a pattern of psychic development from identification with a woman, leading to passivity and castration anxiety, to a stronger sense of male potency achieved through art. The effort to create through literature (the 'word-sword') a new and potent self-image becomes a heroic gesture surrounded on one side by fear, and on the other by ultimate submission and a retreat to masochistic fantasy if the gesture fails. 'Though life as Yeats saw it is tragic', Webster writes, 'there is compensation in the workings of imagination' (p. 104).

To characterize the style of that imagination and the nature of its compensation, Webster looks at Yeats's biography as well as at his plays. She moves from large generalizations (such as equating Ireland with island refuges with mother, and London with dark demonic towers with father) to more specific counterpoint between lived events and poetic image. She has read Yeats's letters and journals, as well as unpublished material, and quotes variant versions of the works and previous critical commentary on them.

I did not find the book unconvincing, but I did find it unsatisfying because of its excessive reliance on standard 'freudian' symbology and its immediate tendency to translate poetry into psychosexual allegory. 'A represents B' is the typical rhetorical strategy of Webster's sentences. From her early awareness of the tentativeness of mere symbolic decoding, when her arguments take the form of 'If this symbolism is valid, then . . .', she soon slips into the style of the old-fashioned dreambook where trees 'like sooty fingers' are 'obviously phallic' (p. 190; but why fingers, and why sooty?); or where 'the womb-like quality of the cavern is obvious' (p. 23); or where 'a window is a female image' and tongue equals phallus (p. 112). In fact, every convex object in Yeats's work appears to represent the phallus—'the phallic beak and legs of the herne' (p. 146); 'the phallic eels' (p. 149)—as if there were only one kind of phallicness.

Webster seems to regard Yeats's plays and poems simply as dreams and dreams simply as sexual allegories. Indeed, three of her chapters are entitled *The Dreamer Dramatized*; *Dream, Vision, and the Poet*; and *The Dreamer Recast: Late Plays*. Her opening sentence asserts that 'few poets have been so acutely aware of dreams and their importance to art as William Butler Yeats'. At one point, she describes the construction of one of Yeats's plays, *The Player Queen*, as 'somewhat like the construction of dreams' (p. 135). As simile such statements may

be useful—Yeats's plays are frequently 'dreamlike'—but plays are not dreams and dramaturgy is not dreamwork. I think Webster has taken her simile too literally, and herein lies my discomfort with her heavy reliance on dreambook decodings of texts.

And yet, there is little denying Yeats's own fascination with sexuality and symbolism, and his own explicit connections between eroticism, mysticism, and poetry. The critic's emphasis on 'the primal scene' throughout Yeats's work is matched by the poet's many fantasies of bestiality, in which various beasts copulate with a woman. And the man who wrote, 'Certainly we suck always at the eternal dug', and who underwent a Steinach operation to rejuvenate his testicles in later years seems a prime object for psychosexual interpretation. Webster's book would have been more interesting to me if she had continued her occasional dovetailing of Yeatsian imagery and mysticism with freudian symbolism and theory. Yeats did in fact know Freud's work (although how well is a question), and at one point Webster devotes a few pages to a comparison of the poet's and the psychologist's two 'systems' of incestuous emotional origins (pp. 107, ff.). But such imaginative insights are frequently laden with the standard convex = phallus, concave = womb interpretive strategy.

It is perhaps finally a question of rhetoric. An overreliance on freudian symbolism has been the bane of psychoanalytic literary criticism for decades. 'A window is a female image', writes Webster. Well, it *can* be, but it does not always have to be. Objects and images may *function* as sexual symbols in certain contexts or minds (authors' and readers'), but they need not essentially and always *be* such symbols. The matter of symbolic interpretation is very problematic in recent psychoanalytic criticism, and this review is not the place to give it extended consideration. Perhaps Yeats should have the last word. He once wrote about a short poem, Cap and Bells, which Webster 'treats' to a straightforward symbolic interpretation that is convincing but almost superficially obvious: 'The poem has always meant a great deal to me, though, as is the case with symbolic poems, it has not always meant the same thing'. In Webster's system of dream interpretation, such poems and images always mean the same thing. What more is there to say after the 'real' message has been deciphered? Symbology paralyzes a poem; criticism ought to help awaken its visible life and audible breath, as well as reduce it to its primary 'latent content'.

DAVID P. WILLBERN (BUFFALO, N.Y.)

Bulletin of the Menninger Clinic. XXXVIII, 1974.

S. Warren Seides

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ABSTRACTS

Bulletin of the Menninger Clinic. XXXVIII, 1974.

Drugs and the Discontents of Civilization. R. E. Reinert. Pp. 49-56.

While man lusts for new experiences to relieve his frustrations and quiet desperation, civilization tends to limit his pleasure. It condones pleasure obtained through such channels as work, intellectual pursuits, the arts, innocuous play, and genital sexuality. Its efforts to control drug use, however, have never been completely successful for man desires to achieve greater pleasure than that which is available through the legitimate channels. Thus some drug use, most drug abuse, and all drug addiction result from the gratification of primitive instincts. Promiscuous use of pleasure-giving drugs has destructive consequences for it becomes an end in itself, aborts the necessary development of acceptable channels of obtaining pleasure, and undercuts character development. Society could strengthen its approaches to controls through greater emphasis on education, encouragement of instinctual pleasure intense and reliable enough to offer competition to drug use, and assumption of control of the supplies of drugs, with subsequent usage designed to re-enforce socially desirable behavior.

Man's Struggle for Freedom: A Psychoanalytic Inquiry into the Individual and Social Dimensions of Human Autonomy. Nathaniel Ross. Pp. 209-221.

In examining the psychological phenomena embracing the concept of freedom, Ross cites Freud's statement to the effect that the liberty of the individual is not a benefit of culture. Masochism is one example of the way restrictions on human freedom originate not only in the external world but within the human psyche itself. Aggression is a drive which can be used in either healthy or pathological ways in the ego development of the child. If basic needs such as hunger and thirst are frustrated, violent explosions of aggression may arise in attempts to grasp freedom from those forces which are trying to destroy it. Equally impressive manifestations of attempts to overcome restraint are carried out in pursuit of libidinal and aggressive aims that are not of direct survival value.

Ego psychology points to the infant's gradual struggle from passive symbiosis with the mother to active separation and individuation. Ross assumes that there is a drive within the individual upon which the need for separation and individuation is based. This drive is opposed by the persistent attraction of the symbiotic state. Later, the properties of individualism and self-assertion as seen in a free democratic society oppose official repression and impediments to the free exercise of dissent. The aim of psychoanalytic therapy is not the unthinking acceptance of the status quo in society, but the achievement of healthy change. Ego ascendancy over superego harshness will enable man to deal effectively with rapidly changing conditions in society. Current threats to our freedom and democracy are enhanced by authoritarian upbringing of children. The powerful forces, corporate and governmental, which own and run our country seem more concerned with destroying dissent and remaining in power than in propagating democracy. It has become an urgent matter to preserve man's liberty through active involvement and vigilance for individual rights.

On the Possible Preconscious Awareness of Impending Death. M. S. Nadelman. Pp. 250-256.

Although there has been much interest in the treatment of the dying patient, little emphasis has been placed on the question of whether a human being can be unconsciously or preconsciously aware of his developing disease before its clinical manifestations. If the onset of a terminal illness makes itself known to an individual on such a level, then a broader rationale for the treatment of the dying patient may be developed. Nadelman presents several vignettes involving statements made by individuals shortly before their deaths from sudden unexpected cardiovascular collapse. Each statement seemed to anticipate the individual's actual demise with a psychic representation from the repressed penetrating consciousness for a moment. Anxiety dreams and dreams dealing with death in the manifest content are contrasted with the vignettes. The author concludes that even though a terminal illness may make itself known on an unconscious or preconscious level, it is best to let the dying patient lead the way in facing death, for to try to make this material conscious to the patient might cause needless suffering.

The Prediction of Terminability in Analysis. Dennis Farrell. Pp. 317-342.

Following a review of the literature on analyzability and termination, Farrell reports an analytic case showing the 'desperate intensification' of the transference so frequently observed in the terminal phase. What was predictable in the beginning about the termination of the case was the patient's capacity for relatively mature object attachments, motivation for overcoming intrapsychic problems, and psychological mindedness. A statement early in the analysis of the patient's 'tragic feeling' about beginning treatment was premonitory in reflecting the affect of the terminal phase. Farrell suggests that special care be taken in examining the history of a patient's struggles toward identity and maturation in adolescence and early adulthood in predicting terminability. During adolescence, real separation from primary objects is required and the ego must adapt to the broad range of real possibilities at its disposal. Our understanding of adolescent moods, the satisfactions achieved, and the disappointments suffered may help us to predict the patient's experience in the terminal phase.

The Myths of Thomas Szasz. Lawrence S. Kubie. Pp. 497-502.

Dr. Kubie was moved to answer the many articles written by Thomas Szasz because he believed that Szasz had developed fallacies in the extreme positions he gradually assumed over the years. Szasz's calling mental illness a 'myth' only provides fuel for all the human beings who are so terrified of mental illness that they want to deny its existence. Kubie emphasizes that although our system of classification of psychological disturbances is faulty, psychological illness nevertheless exists. A process of illness is produced whenever a pattern of behavior is frozen so that its automatic repetition precludes change. Kubie denies that hospitalization of patients should be regarded as punishment (as Szasz regards it); removing some patients from the scene of conflict and pain may have enormous positive advantages, especially in making him more accessible to treatment. Kubie doubts whether the adversary system in our courts is able to ascertain the truth about

patients and particularly whether it can be used effectively to bring expert knowledge into the legal process. He feels that Szasz has in general aimed at the wrong targets.

S. WARREN SEIDES

Journal of Nervous and Mental Disease. CLIX, 1974.

Depression and Hostility. A. P. Schless, et al. Pp. 91-100.

In their interesting study the authors tried to test experimentally the psychoanalytic concept that depressed patients turn against themselves the hostility that had originally been directed at others. The experimenters attempted to distinguish the relationship between the two variables in the two situations of the depressed state itself and a depressed character trait existing prior to clinical depression. As might be expected, the results point to some lack of clarity in defining the specific nature of the hostility and the intensity involved. One conclusion was that patients who were most severely depressed had an increase in both inwardly and outwardly directed hostility. A possible conceptualization for these findings is that depression as a primary emotional state acts as a signal emotion. The authors propose that depression, anxiety, and hostility may have a parallel relationship as a response to a common stimulus. It is further speculated that hostility of both types may be activated as a defense against depression.

Care-Eliciting Behavior in Man. By Scott Henderson. Pp. 172-181.

Henderson begins with the premise that dependency is the most fundamental determinant of social behavior. The term 'care-eliciting', based in part on the work of Bowlby who uses the word 'attachment', seems to be chosen to reflect the true bidirectional nature of the relationship as well as to avoid the pejorative connotations of 'dependency'. Such behavior remains a normal part of the human repertoire throughout life. Its phylogenetic origins are discussed along the lines of Scott's 'et-epimeletic' behavior in which birds and mammals call or signal for help and attention. In humans, this serves an important species function. It appears to have the biological importance of maintaining affectional bonds for reproductive purposes, as well as maintaining strong social bonds between members of a group as a complement to intraspecies aggression. Abnormal care-eliciting behavior is felt to occur in parasuicide, neurotic depression, conversion hysteria, anorexia nervosa, and a number of other symptoms. Although the author discusses the relationship between 'secondary gain' and care-eliciting behavior, this connection may require further delineation before any clinical usefulness for the new concept can be postulated. It is noted that care-eliciting syndromes all share the property of evoking ambivalent responses in others, particularly health professionals.

1902-1944. The 42-Year Editorship of Smith Ely Jelliffe. James B. Mackie. Pp. 305-318.

Mackie surveys the professional life and some of the background of one of the early adherents of psychoanalysis in the United States. Jelliffe had a most impressive early career, working successively as an engineer, a pathologist, a neurologist, a psychiatrist,

and a psychoanalyst. Along the way he earned degrees in medicine, classics, and a Ph.D. in botany. Although the article deals extensively with his role in the *Journal of Nervous and Mental Disease*, many other facets of his broad interests are presented.

HAROLD R. GALEF

Psychoanalytic Review. LXI, 1974.

Fantasy and Fear of Infanticide. Dorothy Bloch. Pp. 5-31.

Bloch presents the case of a three-and-a-half-year-old girl to demonstrate the traumatic effects on the child of her awareness of her father's violent disposition and both parents' unconscious filicidal wishes. The patient displaced her fear onto monsters and onto herself as a bad child. This allowed her to deny the parents' hostile impulses and maintain the fantasy that they loved her.

Toward a Body Therapy. Herman Weiner. Pp. 45-52.

Therapy that produces only 'insights' does not allow characterologic changes to take place. Catharsis is a currently undervalued phenomenon. Experiences that are re-experienced with high levels of bodily arousal (rather than being merely recalled and understood intellectually) allow for real abreaction and subsequent change. Janov has made a true contribution in pointing out the value of 'intense catharsis'.

Psychoanalysis and the Mind-Body Problem. Michael J. Carella. Pp. 53-61.

Freud's concepts superseded the mind-body distinction inherent in dualistic theories that equated mind with consciousness. He explained human behavior and behavioral continuity by inferring underlying unconscious states. Consciousness became an epiphenomenon whose relation to physical processes is explained.

Psychoanalysis and Women's Liberation. Betty Yorburg. Pp. 71-77.

Times have changed and, with them, economic conditions and needs, family structure, and psychoanalytic ideas. Penis envy, passivity, masochism, and faulty superego development 'as a necessary consequence of feminine anatomy are no longer usually regarded as accurate'. Conflicts over sexual and hostile wishes based on envy remain problems for both sexes.

A Research Method for Investigating the Effectiveness of Psychoanalytic Techniques. Phyllis W. Meadow. Pp. 79-94.

Meadow compares the effect of traditional 'classical' transference interpretation with the effect of 'contact functioning' as developed by Spitz. Transcripts of patients' verbalizations following the different interventions were evaluated by independent judges, and the 'contact' interventions were felt to be more potent in reducing inhibition in communication.

An Approach to the Treatment of Schizoid Phenomena. Gerald Appel. Pp. 99-113.

The author feels that a reconstructive object relationship experience facilitates the treatment of the schizoid patient. The schizoid individual is the result of a disturbed primary parent-child relationship that leads the infant to turn to fantasy and withdrawal for safety. Appel's approach to treatment seeks to enable the patient to reverse the withdrawal process and to experience his own self and ego.

Sleep and Dreams in the Analytic Hour: The Analysis of an Obsessional Patient. Lillian H. Robinson. Pp. 115-131.

After a review of some of the clinical literature on sleep during the analytic hour, the author presents the case of a patient who had a number of sleep episodes during analytic sessions. She demonstrates the complexity in the various aspects of the structure of this symptom in relation to the transference and genetic factors. These include confusion and admixture of feelings of anger, fear, and sexual excitement, as well as defensive and wishful elements.

ERNEST KAFKA

Journal of the History of the Behavioral Sciences. X, 1974.**Alfred Adler and the Dialectic.** Robert H. Dolliver. Pp. 16-20.

Dialectical reasoning, which goes back to Heraclitus and Protagoras, stresses an active role for the mind in which meanings are generated by opposing any term or proposition to its opposite. It serves as a base for the personality theories of Freud and Jung, which were anticipated by Adler in 1908 when he formulated the principle of the transformation of a drive into its opposites. Similarities and differences between Adler's and Freud's approaches to dialectical apperception and the problem of thesis-antithesis-synthesis are discussed. Included in the discussion are 'male-female', 'above-beneath', individual and society, and the resolution of conflicts by synthesis. The influence of Hegel is mentioned but, surprisingly, not that of Marx.

Freud and American Sociology, 1909-1949. Robert A. Jones. Pp. 21-39.

Forty years of the major sociological journals—the *American Journal of Sociology* and the *American Sociological Review*—are reviewed to evaluate Freud's influence on American sociology. The one hundred seventy-five references are in themselves a gold mine of data for the researcher. But Jones also describes the antifreudian and profreudian attitudes of leading sociologists and the reasons therefor. Noteworthy is the receptiveness of these journals to papers by analysts from the early 1930's on.

Psychology of Religion, 1880-1930. Benjamin Beit-Hallahmi. Pp. 84-90.

The decline of religion as a focus for psychological inquiry is discussed with brief clarity. The double-edged blessing of psychoanalysis led to increased interest in religion, but not to its acceptance in academic circles.

The Influence of Psychoanalytic Thought on Benjamin Spock's 'Baby and Child Care'. William G. Bach. Pp. 91-94.

Spock's book is considered a reasonably accurate statement of Freudian psychology despite the fact that it is devoid of some of the basic concepts of psychoanalysis, such as dynamics, the pleasure principle, and topographic and structural theories. The book is appealing because of its presentation in acceptable form of the concepts of infantile sexuality, the unconscious, and œdipal conflicts, as well as its legitimization of such parental feelings as anger. Bach discusses the reasons for the popular acceptance of Spock's book and its relative neglect by psychoanalysts in contrast to Anna Freud's *Psychoanalysis for Teachers and Parents*, which is accepted by analysts but regrettably generally ignored by the public.

Freud in the Light of Classical Rhetoric. Patrick J. Mahony. Pp. 413-425.

It is doubtful that Freud had a clear notion of the formal Greek rhetorical tradition, the art of persuasion. The closest he came to it was in his promotion of the general category of literary criticism as desired training for an analyst (*cf.*, Freud: *The Question of Lay Analysis* [1926]. Standard Edition, XX, pp. 183-258). Lacan went further in advocating rhetoric as part of an analyst's education. Because classical rhetoric anticipated psychoanalysis as logotherapy, and because Freud's personality and the therapy he invented have a remarkable affinity in the light of rhetoric, Mahony develops the theme of examining psychoanalysis in terms of the five elements of rhetoric: *inventio* (logical, ethical, and pathetic appeals), arrangement, style, memory, and *pronuntiatio* (voice and gesture). The paper, a fascinating excursion into Freud with Aristotle's rhetoric as a base, is rich and rewarding.

NORMAN REIDER

International Journal of Psychoanalytic Psychotherapy. II, 1973.

Character Disorders: With Special Reference to the Borderline States. Peter L. Giovacchini. Pp. 7-20.

Although this is a useful discussion of borderline states, one is left with the impression that the therapeutic technique described is successful as applied by the author; that is, that his success derives from some attribute which is not communicated here.

Some Aspects of Unconscious Fantasy. Harold F. Searles. Pp. 37-50.

Searles differentiates two types of pathological therapeutic symbiotic alliance: one in which the patient's fantasy life is unduly repressed and one in which there is insufficient repression. The analyst finds himself doing the fantasizing for both patient and analyst in the first instance and as the only one with a hold on reality in the latter. Searles does not discuss the mechanism for these developments other than to suggest that the origins lie in the early mother-child symbiosis. He states that the analyst must become comfortable with his own fantasies and share them with the patient. Through this process, the patient can learn to fear his own fantasies less and to pursue individuation with greater success.

A Short-Term Technique of Psychotherapy for Psychotic Depressive Reactions. Robert J. Sokol. Pp. 101-111.

The author claims success with a new technique derived from psychoanalytic theory: attack the punitive denial by re-enforcing the hostile feelings of the patient toward the lost object. The patient initially defends the lost object, but then is able to express negative affects as well, all of which brings the mental apparatus to bear on a problem previously held in abeyance. This technique appears rather like that involved in getting a mule to follow instructions: first you hit him over the head with a two-by-four to get his attention. It may be this aspect of the treatment that is important rather than the specific one of supporting id versus superego, as suggested by the author. In any case, clinical improvement would seem to fall into the category of transference cures; no intrapsychic shift would have occurred. The research task would be not just long-term clinical follow-up but specifically a study of how future losses are handled.

Narcissistic Problems in Patients and Therapists. William F. Murphy. Pp. 113-124.

In this useful article, the necessary condensation leaves one with the impression of conceptual oversimplification and even premature crystallization in an area of psychic functioning which continues to be highly complex.

JOHN HITCHCOCK

Journal of the American Academy of Child Psychiatry. XIII, 1974.

Interpretation in Child Analysis: Developmental Considerations. Melvin Lewis. Pp. 32-53.

In a systematic study of analytic interpretations with children, the author lists and defines categories of intervention. These include setting statements ('interventions aimed at creating the necessary conditions of setting . . . ' for psychoanalysis), attention statements (directing the patient's attention to content and paradoxes, aimed at producing new material), reductive statements (to reduce apparent disparities to their common form), situational statements, transference interpretations, and etiological statements. For each of these 'subdivisions' the author considers the developmental requirements and limitations. Thus cognitive capacities, observing ego capacities, actual dependency situations, degree of autonomy of secondary processes, and chronological closeness or distance from the phase being 'reconstructed' are examples of the aspects considered in determining the usefulness of a given interpretation. Issues of timing, dosage, context, and order are also examined in a developmental framework.

The Clinical Dimension of Baby Games. Selma Fraiberg. Pp. 202-220.

This article is of particular interest to practicing analysts because of its clear implications concerning an aspect of parenting that can readily be generalized to ordinary parents. Fraiberg's data is based on her observations of parent-infant games invented by parents of blind infants. She stresses the adaptive role of parent-baby games in safely

discharging—while defending against—forbidden parental impulses. 'The game . . . keeps the biological contract in which parental love protects the child against aggression.' Examples are presented of failure of healthy play, in which parental acting out is ritualized into the games. Knowledge of this area of parental behavior can be of great importance in evaluating and predicting parental functioning.

ALICE KROSS FRANKEL

British Journal of Psychiatry. CXXV, 1974.

Speech Perception in Schizophrenia. H. C. Bull and P. H. Venables. Pp. 350-354.

Instead of examining the performance of schizophrenic patients in tasks involving the perception of sentences, as earlier workers did, the authors attempted to use individual words as stimuli in a series of tests of speech perception in three groups: paranoid schizophrenics, nonparanoid schizophrenics, and a normal control group. They first tested the mean auditory thresholds for these groups and found no significant differences, concluding that any differences in speech perception subsequently found between the groups could not be attributed to differences in auditory acuity. This was a little surprising in view of previous findings that schizophrenics have raised auditory thresholds. In comparing speech perception, the authors found no significant difference between the scores of the schizophrenic groups and the control group on their list of 'phonetically balanced words at the initial 80 decibel level', although the score for the control group was higher. However, the control group did perform significantly better than the schizophrenic groups when filtered speech tones were used. This was particularly so at low rather than high intensities. From their conclusion that schizophrenics do have impaired speech perception in comparison with the control group, the authors suggest that various reports of schizophrenic impairment in many areas (e.g., 'on information processing tasks, learning tasks and short term memory') should be reconsidered from the point of view that the impairment may be in the perception of the spoken material.

A Hundred Cases of Suicide: Clinical Aspects. B. Barraclough, et al. Pp. 355-373.

To examine the clinical aspects of death and suicide, the authors studied one hundred suicides that occurred between 1966 and 1968 in the West Sussex area of England. The witnesses at inquests who had been identified as most likely to know about the suicide were visited by the investigator shortly after the inquest, with no advance warning, and were interviewed. The examiners found that this procedure made acceptance of the investigator more likely and caused little distress. The most important finding was the high proportion of people—93%—who had been diagnosed as mentally ill prior to their suicides. Mood disorders were the predominating disturbances. At the time of their suicides, 25% of the cases were in psychiatric treatment, 85% suffered from depression or alcoholism, 80% were seeing a doctor, and psychotropic drugs had been prescribed for 80%. Over half had given warnings of suicidal thinking. While some of the patients may have been unresponsive to the available methods of treatment, the authors felt that many

did not receive an accurate diagnosis or appropriate treatment. Lithium prophylaxis might have prevented relapse and, hence, suicide in at least half of the 40% who had a previous episode of affective disorder. Similarly, the authors felt that prophylaxis of attacks of depression with tricyclics might have proven to be of value. Only nineteen of the sixty-four suicides with a depressive illness and only one of the nineteen alcoholics with depression were receiving antidepressant drugs. None of the six cases suffering from depression associated with other conditions received these drugs. Barbiturates, the most common cause of suicidal deaths, were liberally prescribed by general practitioners and often repeated without seeing the patient, who had either telephoned or left a note.

Genetic Factors in Puerperal Psychosis. Ingar Thuwe. Pp. 378-385.

A study was made of the frequency of psychiatric morbidity in children and grandchildren of women who had been under treatment for puerperal psychosis. This revealed that a record of mental illness or psychiatric treatment was significantly more common among the children of women who had been treated for puerperal psychosis than among the control group selected from the population register. While the same tendency is evident in the grandchildren, it is not statistically significant. The author dismisses the argument that growing up with a mother who has been treated for psychosis might produce psychological stress and contribute to the cause of mental illness. This stand is supported by the distribution of the cases: all twenty-eight of the mentally ill children belonged to only twenty of the forty-three women in the study whose children reached adulthood. And these twenty-eight children had thirty-nine unaffected siblings. In both groups of women—those who had mentally ill children and those who did not—half of the women had been discharged as well and never subsequently came back for treatment. The author suggests that the illness of the mother had little influence on the children and concludes that her study provides strong evidence of genetically operating factors in the general category of puerperal psychosis.

How Depressives View the Significance of Life Events. Arthur P. Schless, et al. Pp. 406-410.

Using the social readjustment rating questionnaire of Holmes and Raag, in which life events are quantitatively evaluated in terms of the readjustment required in relation to other events, the authors found that 'non-psychotic depressed patients view a wide variety of events as involving a significantly greater adjustment than do non-depressed subjects'. The general persistence of this pattern after discharge from the hospital (when the patients had significantly fewer symptoms), as well as its independence of severity of symptoms, suggests that in these patients the increased weight given the stresses is not a transient phenomenon. The authors could not determine whether this phenomenon is the result of the clinical depression, or perhaps reflects some aspect of the personality of the individuals who develop clinical depression.

Journal of Psycholinguistic Research. II, 1973.

The following abstracts appeared in the *Journal of Psycholinguistic Research* and are reprinted with the permission of the publisher.

The Most Frequently Used Words of Spoken English. Joseph M. Wepman and Barbara Lozar. Pp. 129-136.

In 1963 a method was published for the analysis of word frequencies in spontaneous (story-telling) spoken language. The immediate purpose was to provide a means for computer analysis of part-of-speech usage in a study of linguistically impaired aphasic patients. A dictionary of most frequently used words in response to a twenty-card administration of the Thematic Apperception Test based on the verbal output of twelve subjects was compiled. The present paper is a revision of the dictionary based on fifty-four adults. An alphabetical listing of the words in the new dictionary with part-of-speech identification of each word is included.

Can Chimpanzees Learn a Phonemic Language? Alice F. Healy. Pp. 167-170.

Two groups of investigators have recently reported some success in teaching language to chimpanzees. This finding has been generally attributed to the choice of a favorable communication modality. However, the fact that the languages employed were not phonemic also seems critical. It is doubtful whether chimpanzees could learn a phonemic language.

Patterns of Paralexia: A Psycholinguistic Approach. John C. Marshall and Freda Newcombe. Pp. 175-199.

A sample of the literature on acquired dyslexia is reviewed with special reference to the nature of paralexia errors. Linguistic studies of six cases of dyslexia are presented, with appropriate neurological and psychological details; there are two cases of each of three hypothesized types of impairment: visual dyslexia, 'surface' (grapheme-phoneme) dyslexia, and 'deep' (syntactico-semantic) dyslexia. Finally, a scheme for acquired dyslexia is proposed and related to the error patterns observed in 'normal' adult readers and in children learning to read; our approach to lexical look-up is one that the diagram makers may have found sympathique.

Grammatical Properties of Sentences as a Basis for Concept Formation. William J. Baker; Gary D. Prideaux; Bruce L. Derwing. Pp. 201-220.

A concept-formation study was run using sets of sentences in eight different syntactic patterns as target categories. These were based on all possible combinations of voice (active or passive), mood (declarative or interrogative), and modality (affirmative or negative). Subjects were thirty-two senior high school students who participated as volunteers in the computer-controlled experiment. Subjects were able to categorize sentences based solely on sentence types rather than semantic content, but an analysis of

the errors committed in the course of learning showed that it was the semantic significance of different types rather than pattern differences, as such, to which a subject responded. The implications of this for grammatical formulations and the interpretation of psychological research are discussed.

Phonology, Reading, and Chomsky and Halle's Optimal Orthography. Danny D. Steinberg. Pp. 239-258.

Chomsky and Halle claim that an orthography based on their underlying phonological representations (UPR) of lexical items would be optimal for English. This paper challenges three of Chomsky and Halle's basic phonological assumptions: that their vowel shift rule is valid; that the UPR is the only sound representation to be listed in the lexicon; and that derived words do not appear as wholes in the lexicon. A less abstract phonological representation level based on the conscious perceptions of speakers, the surface phonemic (SPR), is proposed. An SPR-based orthography has advantages which a UPR-based orthography would not: it is easy to learn and teach, it can be learned at an early age, and it permits rapid detection of rhyme. It is concluded that an orthography based on SPRs, and not UPRs, would be optimal.

A Cross-Sectional Study of the Acquisition of Grammatical Morphemes in Child Speech. Jill G. de Villiers and Peter A. de Villiers. Pp. 267-278.

Speech samples were taken from twenty-one children aged sixteen to forty months, covering a wide range of mean utterance length. Presence or absence of fourteen grammatical morphemes in linguistic and nonlinguistic obligatory contexts was scored. Order of acquisition of the morphemes was determined using two different criteria. The rank-orderings obtained correlated very highly with a previously determined order of acquisition for three children studied longitudinally. Age did not add to the predictiveness of mean length of utterance alone for grammatical development in terms of which morphemes were correctly used. The approximately invariant order of acquisition for the fourteen morphemes is discussed in terms of three possible determinants of this order. Frequency of use in parental speech showed no correlation with order of acquisition, but grammatical and semantic complexity both correlated highly with acquisition order.

On Psycho-Linguistic Paradigms. Arthur S. Reber. Pp. 289-319.

Some frustration and confusion are detectable in the work of those researching the psychology of language. The suggestion is made that the lack of focus is due, in part, to the lack of a dominant paradigm or over-all system within which to view recent developments. It appears possible to isolate three broad and conflicting perspectives within the contemporary *Zeitgeist*: an Association position with behaviorist traditions; a Process approach with origins in general cognitive theory; and a Content approach which has evolved along with the resurgence of a nativist position in linguistic theory. Several issues—empirical, theoretical, and philosophical—are discussed, each within the context of the three potential paradigms. Although no effort has been made to be prescriptive, it would appear that the Process orientation provides the most radical alternative, and it is implicit throughout the paper that the *Zeitgeist* is moving in this direction.

'Conversational' Coupling of Gaze Behavior in Prelinguistic Human Development. Joseph Jaffe; Daniel N. Stern; J. Craig Peery. Pp. 321-329.

Mathematical regularities in the gross temporal pattern of infant-adult gaze behavior are identical to those found in adult verbal conversations. Both types of interaction conform to a Markov chain model. Such regularities suggest some universal property of human communication which predates the onset of speech. The infants in this study were three and a half months old.

Word Association and Availability of Response in an Aphasic Subject. Ruth Lesser. Pp. 355-367.

Confirmation of the claim that verbal responses are elicited more easily in aphasia when the range of possible responses is restricted was obtained by comparing stimulus words from a word association test to which an aphasic subject gave three types of responses and those to which she made no response. Contrary to expectation, words of lower frequency in the language did not present more difficulty as stimuli and were given more often as responses than are such words in the norms. It is suggested that a generative model of semantics may be better able to account for such findings than an interpretive dictionary model.

Meetings of the Psychoanalytic Association of New York

Daniel S. Papernik & S. Warren Seides

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NOTES

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

May 21, 1973. *THE ILLUSION OF FREEDOM* (Eighth Freud Anniversary Lecture). Otto E. Sperling, M.D.

Dr. Sperling maintains that free will is an illusion, in fact, the externalized result of the interaction of conflicting forces. People feel free when what they are being forced to do makes sense; they feel unfree when what they have to do appears irrational. For more than four hundred years, science was based on the philosophy of determinism which maintains that all events, even moral choices, are completely determined by previously existing causes. In reviewing the psychoanalytic literature on determinism, many writers, including Jones, Abraham, Jokl, and Knight, followed Freud in believing that determinism governs mental life. But following publication in 1927 of Werner Heisenberg's Uncertainty Principle, which set intrinsic limits to the precision of experimentation, many metaphysicians and some psychoanalysts disavowed determinism. Waelder and Rangell, for instance, regarded free will as the wave of the future.

The modern computer, the author notes, shows the inherent advantage of the deterministic approach; it can be programmed to make decisions in the same way that the human mind does, weighing the options, their effects, their probabilities, and considering a multitude of factors—all based on determinism. Thus, if a computer can make decisions without a free will, man does not need free will either, and the concept becomes an unnecessary interpolation. If there are enough motivations to proceed with a certain course of action, a person does it, and this can be accompanied by the illusion that he has a free choice in doing it. The author presented a clinical case to demonstrate that free will is always on the side of the stronger motivation.

Although Dr. Sperling denies freedom of will, he does not imply that he underestimates the need to feel free. Objective political freedom and subjective feelings of freedom do not necessarily go together. A person suffers and feels unfree when he is forced to do something against his better judgment. If a person has intelligence, it gives him pleasure to use it and he feels unfree if he has to do something which is irrational. Further, people may feel unfree because of pressure from the inside. The ascetic adolescent, for instance, can feel sexuality as a hateful pressure and be tempted to castrate himself in order to again feel free. The compulsion neurotic suffers most from feeling unfree; the more foolish the action that he is compelled to take, the less free he feels. Many who suffer from neurosis or addiction try to rationalize their behavior. In the course of analysis, the patient fights desperately to retain the rationalization as it gives him the illusion of being free and a normal, rational human being. If it is the appearance of rationality that makes people feel free, what then is rational? Dr. Sperling believes most people would agree that rational behavior serves the goal of self-preservation and adaptation to the society in which the individual lives.

The author then expanded his discussion to societies. Popular leaders maintain good morale by demonstrating to the people that they have a deeper sense of morality than other people or by giving them hope, promises, and illusions; bad morale results from the

seeming irrationality of leadership or laws. In *Civilization and Its Discontents*, Freud wrote of the restrictions imposed on liberty by civilization. In spite of these restrictions, Dr. Sperling believes many enjoy an illusory feeling of being free. The malaise which Freud described applies only to those whose superegos are more powerful than id and ego. In his paper on libidinal types, Freud added the erotic and narcissistic types to the superego type. The happiness of the erotic type is very vulnerable; the narcissistic type has good morale. The mood of moderate elation, according to Mahler, can be seen in children between nine and eighteen months of age when they are preoccupied with narcissistic pleasures. Felix Deutsch has shown that the erotic type can find euthanasia by new object relationships. Dr. Sperling adds that the compulsive type can find peace by concentrating on work and the narcissistic type by pleasurable activity.

The fact that people have the illusion of freedom even when there is none must have been known intuitively since ancient times by kings and dictators. The art of governing consists of making as many people as possible obey and still feel free, but the people must be convinced that this is rational. The irrationality of obeying orders which would not bring any benefits to the individual can only be understood by the fact that the individual feels he is free and that what he is doing is rational. It is the author's belief that societies where the doctrine of free will and feelings of guilt exist have a better chance of survival.

In this paper, Dr. Sperling presents a new argument for Freud's confidence in reason. The irrational is accompanied by a feeling of being unfree; the rational is felt to be in the realm of freedom, even if it is unpleasant. In conclusion, the author paraphrased a thought by Pascal: the authority of reason is far more imperious than that of a master, for he who disobeys his master gets fired and does not see him again, but he who disobeys reason, knows he is a fool and cannot escape this knowledge.

DANIEL S. PAPERNIK

October 15, 1973. NARCISSISM, ADOLESCENT MASTURBATION FANTASIES, AND THE SEARCH FOR REALITY. Charles A. Sarnoff, M.D.

As the upsurge of instinctual drives during adolescence normally forces shifts in objects sought for gratification, Dr. Sarnoff postulates that during adolescence a series of developmental steps must be negotiated before successful adult object relationships can be achieved. These steps involve the changing relationships between drives, fantasy, masturbation, and reality. After reviewing the literature on the developmental relationship between masturbatory activity and fantasy, Dr. Sarnoff drew attention to the degree of concordance between masturbatory fantasies and behavior patterns as being an indicator of the ability to respond to reality and healthy object choice.

Two clinical cases were presented. The first, a sixteen-year-old boy, had developed a masochistic masturbatory fantasy of self-cutting at age eleven, which he was able to replace with a realistic object after maturational achievement of orgasmic potential. However, a tendency toward self-demeaning object choices remained. The second case involved treatment of severe homosexual conflicts in a twelve-year-old boy. Here the emphasis was on his adolescent narcissism and efforts to resolve his omnipotent masturbatory fantasies. Dr. Sarnoff suggests that fantasies which are familiar and have been mastered in the past are used by some adolescents to establish a bridge to new objects

through projections of fantasy elements onto the new object. Once real objects are cathected, the door to reality is opened and reality can replace fantasy.

DISCUSSION: Dr. Maurice Friend wondered how one can dissociate fantasy from behavior in adolescence: masturbation should not be distinguished as an activity from any other activity of adolescence. He questioned the meaning of narcissistically cathected fantasies in adolescence since all adolescents have such fantasies and use them in an attempt to reduce tension due to increased drive energy.

Dr. Cecilia Karol agreed that masturbatory fantasies are used as a bridge which enables libido in the mental representation of the body-self to flow first to part objects, then to whole fantasy objects, and ultimately to objects in real life. At times the adolescent may treat the fantasy as if it were real, while the actual masturbatory act is denied or made devoid of its sexual meaning.

Dr. Melvin Scharfman felt there should be more clarification of what is normal in adolescent development and what is pathological. He agrees that we should further our understanding of the vicissitudes of narcissism along developmental lines but felt that Dr. Sarnoff's presentation of case material did not serve this purpose. Rather than a simple projection of narcissistic masturbatory fantasies, the many shifts and reorganizations that take place during adolescence modify the nature of those fantasies. Changes in fantasy levels of organization do not always correlate with changes in the real level of object relationships.

Dr. Alan Eisnitz made the point that masturbatory fantasies play a role in ego development, but not in isolation. Changes in the masturbatory fantasy itself reflect changes in ego organization, and therefore are an aspect of maturation. The adolescent does not overcome narcissism; heightened narcissism in adolescence is a normal occurrence in response to increased instinctual drive pressure and exacerbated castration anxiety.

S. WARREN SEIDES

The Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held at the Waldorf Astoria, New York City, December 17-21, 1975.

At the Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION in May 1975, the following officers were elected: President: Francis McLaughlin, M.D.; President-Elect: Herbert S. Gaskill, M.D.; Secretary: Rebecca Z. Solomon, M.D.; Treasurer: Alex H. Kaplan, M.D.; Councilors-at-Large: Paul Gray, M.D. and Charles Kligerman, M.D.

At the meeting of the AMERICAN PSYCHOSOMATIC SOCIETY in March 1975, the following persons took office: Sidney Cobb, M.D., President; Albert J. Silverman, M.D., President-Elect; Donald Oken, M.D., Secretary-Treasurer.

LE PRIX MAURICE BOUVET for 1975 has been awarded to Jean-Luc Donnet for recent articles, and to Sami-Ali for his book, *L'espace imaginaire*.