

Raymond Gosselin, M.D. 1899-1975

To cite this article: (1975) Raymond Gosselin, M.D. 1899-1975, The Psychoanalytic Quarterly, 44:4, 507-507, DOI: [10.1080/21674086.1975.11926727](https://doi.org/10.1080/21674086.1975.11926727)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926727>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

RAYMOND GOSSELIN, M.D.

1899-1975

We record with deep sorrow the death of Raymond Gosselin on August 20, 1975, at his home in Heritage Village, Connecticut.

Dr. Gosselin was associated with *The Quarterly* from 1934 until his death. He was its Editor-in-Chief for sixteen years, from 1943 to 1959, but before assuming the Editorship and after retiring from it, he was a dedicated member of our Editorial Board.

Born in Troy, New York, he graduated from Albany Medical College in 1923. After internship at Albany Hospital, he was on the staff of New York Hospital Westchester Division from 1925 to 1928. He studied at the Berlin Psychoanalytic Institute from 1928 to 1930, and on his return to New York became an Instructor at the New York Psychoanalytic Institute. He served as a Commander in the United States Navy during World War II.

Ray Gosselin had a fine baritone voice and was particularly interested in music and the theater. For many years he thoroughly enjoyed his Connecticut gardens.

Just a year ago, in our October 1974 issue, in celebration of his seventy-fifth birthday we published an appreciation of Dr. Gosselin's many contributions to our journal.

His wife, Evelyn Marie Gosselin, died recently. He is survived by a sister, Mrs. Franklin Jones of Washington, D. C., and a stepson, Herbert Patterson of Los Angeles.

THE EDITORS

The Structural Hypothesis- Theoretical Considerations

Jacob A. Arlow

To cite this article: Jacob A. Arlow (1975) The Structural Hypothesis- Theoretical Considerations, The Psychoanalytic Quarterly, 44:4, 509-525, DOI: [10.1080/21674086.1975.11926728](https://doi.org/10.1080/21674086.1975.11926728)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926728>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)



Article views: 1



Citing articles: 6 View citing articles [↗](#)

THE STRUCTURAL HYPOTHESIS — THEORETICAL CONSIDERATIONS

BY JACOB A. ARLOW, M.D.

Freud reformulated his model of the psychic apparatus because certain clinical observations did not fit into the earlier framework of his theory. In the new theory, he emphasized the role each element plays in psychic conflict. Because Freud philosophically was committed to a materialistic, non-teleological, biologically based theory, he carried over into the new formulations some of the metapsychological assumptions of the earlier theory. It is suggested that this transposition is responsible for some of the confusion concerning the application of the structural theory. It is proposed that if a more strict usage of the concept of metapsychology with more precise conceptualization is employed, some of the problems connected with the application of the structural theory may be overcome.

To assess the position of *The Ego and the Id* (1923) after fifty years, it is necessary to consider its place in the development of psychoanalytic theory and to appreciate in historical context the purpose for which it was written. Between the years 1905 and 1923, the range of Freud's clinical observations expanded enormously and he came upon data which challenged and contradicted the fundamental scheme or model of mental life he had described in Chapter VII of *The Interpretation of Dreams* (1900-1901).

This model of mental functioning was a topographic one, i.e., it related to regions of the mind whose boundaries and qualities were determined by the overriding criterion of accessibility to consciousness. In these terms, psychopathology and much of normal mental life represented the outcome of a dynamic conflict between those elements that are readily accessible to con-

This paper and the papers by Drs. Joseph, Peterfreund, and Holt which follow were presented at the First Annual Bertram D. Lewin Memorial Symposium held in Philadelphia on November 3, 1973, sponsored by the Philadelphia Psychoanalytic Institute with the invited collaboration of the Philadelphia Psychoanalytic Society.

sciousness and other elements that can become conscious only with great difficulty, if at all. Using this fundamental demarcation of mental contents, Freud could marshal the data of observation into relationships that revealed new and coherent meanings. At the same time, the model served to establish in a systematic way the principles that governed psychic events. Thus, the operation of the system *Ucs.* became manifest in psychological derivatives that were necessarily irrational, impulsive, unstructured, instinctual, and childish. Both the strivings and the *modus operandi* of the unconscious were inherited and biologically determined. They reflected the archaic aspects of the mind, archaic in both the ontogenetic and phylogenetic sense. In dynamic opposition to this area of the mind was the system *Cs.-Pcs.* Its derivatives were necessarily controlled, anti-instinctual, structured, reality-oriented and, in terms of genesis, mature.

What then were the considerations that led Freud to revise the topographic model which had served him so well for more than twenty years? The considerations were predominantly clinical: as stated above, new data contradicted and challenged the fundamental paradigm that had been developed in Chapter VII. These findings forced upon Freud the need to revise his theoretical framework in order to bring it into harmony with clinical observation. Briefly these new findings can be discussed under three headings.

First was the anomalous role of unconscious fantasy. Freud noted that unconscious fantasies contained structured object-representations and formal concepts typical of the system *Cs.-Pcs.* but, by virtue of their other characteristics, unconscious fantasies should properly be assigned to the system *Ucs.* It was in this connection, in the essay, *The Unconscious* (1915), that Freud commented that the criterion of accessibility to consciousness may not be, after all, a reliable one on which to build a theory of psychic systems.

Second was the observation that anti-instinctual forces like guilt could be and often were unconscious. Many of Freud's most incisive clinical observations in the years preceding *The*

Ego and the Id concerned themselves with exactly this sort of problem. The most noteworthy among these were criminality out of a sense of guilt, self-induced defeat as a consequence of success, the paradoxical unconscious sense of guilt which showed itself in a persistent need for punishment (Freud, 1916), and, from the technical point of view, the vexing problem of the negative therapeutic reaction (Freud, 1920). To complicate matters further, the same defenses employed against the instinctual trends of the unconscious could be observed in action against the anti-instinctual forces of guilt and self-punishment.

Finally, we come to those observations that Freud felt were most decisive in changing his theory. The mechanisms of defense, the very measures the mind uses to ward off or repress the sexual and aggressive wishes of the unconscious, are themselves unconscious. Much interpretative effort has to be expended in order to make the patient aware of their existence. Accordingly, Freud recognized that within the topographic model two elements in conflict—both of them unconscious—placed his formulations in an untenable position. He realized that a fundamental dichotomy between unconscious instinctual forces opposed by conscious anti-instinctual forces was no longer supportable. He decided, in *The Ego and the Id*, to approach matters differently. The various phenomena of mental life, he proposed, should be grouped according to the role each element played in conflict, disregarding the quality of accessibility to consciousness.

It may appear that I have gone into great detail to describe what is already well known and well documented in the literature of psychoanalysis. I have done so for several reasons. First of all, I wish to emphasize the fact that the conceptual innovations proposed in *The Ego and the Id* were above all clinically determined. What was new and different was introduced for the purpose of bringing theory in line with clinical observations. The new formulations corresponded to that level of conceptualization that Waelder (1962) described as the level of clinical theory.

My second purpose is to emphasize how the new theory was intended to expand and refine the role of intrapsychic conflict as observed in the clinical setting. The clinical setting of psychoanalysis—the investigative tool we use—is the psychoanalytic situation. By its very organization, the psychoanalytic situation is skewed in favor of facilitating the emergence of derivatives of intrapsychic conflict (Arlow and Brenner, 1964) and of studying the interaction of contradictory or conflicting psychological trends. Compared to the *Project* (1895), Chapter VII (1900-1901), *The Unconscious* (1915), or *Beyond the Pleasure Principle* (1920), *The Ego and the Id* stands quite apart for its intimate connection to clinical observation, for its emphasis on the richness and variety of derivatives of intrapsychic conflict, and for its prospect, on the basis of the foregoing, of finding new meanings in the data. This promise of immediate utility probably contributed to the enthusiasm with which *The Ego and the Id* was received and which presumably led to its prompt establishment, as some have said, as the central paradigm of psychoanalysis.

If the value of a new paradigm is judged by how it makes possible the discovery of new relationships in data and leads in turn to the elaboration of further valid generalizations of experience, *The Ego and the Id* proved to be a valuable instrument indeed. Freud's generalizations about the danger situation in mental life and his theory of signal anxiety (*Inhibitions, Symptoms and Anxiety*, 1926) may be considered as direct extensions of the hypotheses advanced in *The Ego and the Id*. The same may be said of Anna Freud's *The Ego and the Mechanisms of Defence* (1937). This work cleared the way for a systematic and disciplined approach to problems of psychoanalytic technique. The working theory of psychoanalytic therapy was revised and extended in direct consequence. Early investigators concentrated primarily on the ego's function of defense. A more systematic approach to the choice and organization of defenses made possible new insights into the perversions and the borderline states, eventuating in what Stone (1954) later called the widening scope of

application of psychoanalysis as a therapeutic technique. It would seem that it is in the realm of technique and theory of therapy that The Ego and the Id had and continues to have the greatest influence on psychoanalysis. This is not to demean the significance of many other contributions regarding superego function, identification, adaptation, and object relations whose study was richly advanced by the so-called structural theory.

In spite of what has been said, it would be misleading to give the impression that psychoanalysts are unanimous in their estimate of The Ego and the Id and its position in current practice. Of those who take exception to the structural theory, there seem to be two schools of thought. The first approach seems to say that The Ego and the Id contained nothing that was fundamentally new in psychoanalysis. The principles advanced in the book, they say, were implicit in psychoanalysis earlier, even if they were not explicitly spelled out in any one place in Freud's writing. This point of view recognizes no inherent contradictions between the earlier topographic approach and the later structural one. The two theories may be used together without doing violence to the total structure or logic of psychoanalytic theory. One approach may be more useful for certain phenomena, e.g., dreams, while the other may do better for other purposes, e.g., symptom-formation.

The second school of thought maintains that the paradigm of psychoanalysis advanced in *The Ego and the Id* in itself is no longer tenable. It no longer fits the data of observation. It should be discarded and replaced by some new model of mental functioning.

What I propose to do now is to examine these two approaches and to try to evaluate their significance in the light of more recent developments.

The first viewpoint—the one that holds that the two theories are mutually compatible and may be used interchangeably—at first seemed hard to understand. Freud's clinical arguments seemed so cogent and the theoretical and technical consequences seemed so liberating, it was difficult to imagine how one could

miss the distinctive value of these new ideas. It was only after I realized how one-sided had been my own approach to the subject that I felt I could understand the origin of this first point of view. As mentioned above, what was new and different in *The Ego and the Id* had been determined by clinical considerations. What had been overlooked was the fact that Freud brought over into the new paradigm a whole set of metapsychological propositions he had developed in connection with his earlier theory. Energetic concepts of bound and free cathexes were foisted upon the newer structural concepts. Accordingly, while the substructures of the mind in the new theory were defined in terms of their function, the quality of their operation and organization was at the same time related to distinctive types of energetic investment (*cf.*, for instance, Freud, 1940 [1938]). To account for the noninstinctual mode of ego functions—that is to say, in an effort to try to explain ego operations phenomenologically by direct reference to energetic investment—, concepts of neutral energy and drive fusion and defusion became necessary.

This trend logically culminated in Hartmann's (1939) concepts of neutralization, deneutralization, etc. Accordingly, if the id were described as a seething cauldron of free cathexes seeking discharge, it was hardly to be distinguished from the earlier concept of the unconscious consisting only of instinctual cathexes seeking gratification. In the same vein, by centering on the nature of the bound energetic investment exclusively, the ego can easily be seen as identical with the system *Pcs*. Again in 1915, in his paper, *The Unconscious*, in which he gave fresh accent to economic considerations, Freud was aware of some of the difficulties involved. He wrote that psychoanalysis is like a pyramid. Its base is in its clinical discoveries. Theories are its superstructure which can be altered or discarded as the data dictate.

Freud, however, could not do without some system of metapsychology. It was an indispensable aspect of his philosophy of science. From the *Project* to the *Outline*, Freud's reliance on a set of assumptions he hoped would be free of teleology, founded in materialistic neurophysiology, objective in the tradition of

physical science, runs like a scarlet thread. His allegiance to the school of Helmholtz and its dedication to seeing explanations for all phenomena, including the psychological, in terms of physics and chemistry, did not deviate (*cf.*, Bernfeld, 1944).

This blending of metapsychological propositions with clinical theory has, in my opinion, resulted in further confusion as far as psychoanalytic research and treatment are concerned. Fifty years after *The Ego and the Id*, it remains an open question whether metapsychology is a boon or a burden to psychoanalysis. Hartmann (1959) indicated one source of this confusion. In *Psychoanalysis as Scientific Theory*, he says: 'The three aspects of psychoanalytic theory—the topographic, the dynamic, and the economic—represent Freud's first approach to what he called metapsychology. It is postulated that a satisfactory explanation of human behavior includes considerations in relation to all aspects of metapsychology. The "meta" in this term points to a theory going beyond the investigation of conscious phenomena. This word, generally accepted in psychoanalysis, has proved misleading for many outside analysis. Actually metapsychology is nothing but a term for the highest level of abstraction used in analytic psychology' (p. 13).

This quotation from one of the leading exponents of the structural theory demonstrates how emphasis on the fundamental criteria of accessibility to consciousness continued to be regarded as the basis for the highest level of abstraction in analytic psychology.

Strictly speaking, the term 'metapsychology' should refer to concepts and propositions beyond psychology—beyond what can be derived and inferred from generalizations based on interpretation of psychoanalytic data. The unorthodox use of 'meta' in this context has proved misleading not only to many outside psychoanalysis but to many inside as well. By encompassing topographic, economic, dynamic, structural, adaptive, and genetic concepts under the same heading, it becomes easy for psychoanalysts to fall into the assumption that these conceptualizations are of the same order of abstraction and of equal

relevance to the data of observation. Clearly this is not the case. Economic concepts, for example, based on the principles of thermodynamics borrowed from physics, constitute a priori assumptions when applied to psychoanalysis. The genetic viewpoint, on the other hand, derives from empirical findings. The relevance of childhood experience to the etiology of adult psychoneurosis can be demonstrated regularly from the data of observation. Topographic concepts fall somewhere in between these two extremes and require a different set of inferences to validate their usefulness. Structural concepts, on the other hand, may be viewed as organizing hypotheses which marshal the data of clinical observation without necessarily making a priori assumptions beyond data which can be derived within the psychoanalytic situation.

The transposition of metapsychological propositions to the clinical framework of the structural theory has compounded confusion. Beres (1965) was among the first to call attention to some of the problems. He pointed out that many aspects of the id could perhaps fit more cogently under the heading of unconscious aspects of ego functioning. Modell (1975) has noted a growing tendency in the psychoanalytic literature to expand the realm of the ego at the expense of the id. On the other hand, some authors (*cf.*, Schur, 1966; Gill, 1963) make it clear that some form of organization must be ascribed to the structure of the id. Furthermore, the idea that the ego as a structure operates with neutral or bound energy alone is not substantiated by clinical observation. Clinically, it can be demonstrated that many functions of the ego are characterized by a driving, impulsive quality, ordinarily identified with the *modus operandi* of the id (Arlow and Brenner, 1964).

Thus, it would seem that while the clinical aspects of the structural theory had an enriching impact on psychoanalysis, the metapsychological propositions that were carried along with it had the opposite effect. In a previous communication (Arlow, 1971), I examined some of the consequences of the immediate application of metapsychology to the data of observation. I use

the term metapsychology in this connection in the sense in which I defined it earlier—namely, *a priori* assumptions beyond hypotheses derivable within the clinical setting. By and large, the practical consequences of economic theory and biological analogies seem to have been meager indeed. It is doubtful if our knowledge of sublimation, for example, has been advanced to any considerable degree by defining it in terms of a shift in the quality of the energy used. Nor does it seem in keeping with the clinical data in view of the fact that many sublimatory activities are characterized by a high degree of investment with so-called unneutralized energy—that is to say, phenomenologically the mode of functioning resembles the impulsiveness of activities ordinarily ascribed to the id. Interpreting clinical data in terms of formal phenomenological qualities tends to bypass the contribution of the defensive operations of the ego and at the same time minimizes the role of persistent unconscious fantasy thinking.

Nonetheless, metapsychological speculation has become quite popular. The recent psychoanalytic literature has been dominated by contributions directed toward a very high level of abstraction, elaborating and refining metapsychology with little or no relevance to the consequences for clinical investigation or validation, while clinical studies—which Freud called the basis of our science—appear much less frequently in the literature. The unique contribution of psychoanalysis—the ability to study man not as a laboratory specimen but as a unique individual—seems to be receiving much less attention.

One result of these trends is a general diminution of the significance of intrapsychic conflict in psychoanalytic theory and clinical investigation. The element essential in Freud's thinking when he revised his theoretical model apparently is being relegated to a secondary role in psychoanalytic thought.

To summarize this section, we have considered the views of those who maintain that The Ego and the Id introduced nothing fundamentally new into psychoanalysis and that the topographic and the structural theories can be used side by side, or in-

terchangeably. I have tried to demonstrate what I believe to have been Freud's innovation in *The Ego and the Id*: to establish a frame of reference that would render more comprehensible the data obtained from the clinical setting of psychoanalysis, emphasizing how organized groups of mental functions relate to each other in the course of intrapsychic conflict. However, Freud carried into this new frame of reference certain metapsychological propositions which were important to his materialistic philosophy of science. It was this carry-over of metapsychological concepts that caused the inevitable confusion in our consideration of the topographic and structural points of view.

The principle contributions stemming from *The Ego and the Id* have been in the area of clinical elucidation. The elaborations of metapsychological theory have not, in my opinion, proved equally valuable. On the contrary, they have resulted in a proliferation of highly theoretical views which have done little to advanced our understanding of many puzzling clinical phenomena. Metapsychological analyses of clinical problems—for instance, depersonalization—are for the most part in the nature of tautologies, restating observations in terms of another level of discourse (*cf.*, for example, Nunberg, 1924).

Finally, one must mention the denigration of the role of intrapsychic conflict and the attendant flight from interest in patients (*cf.*, Kubie, 1971) in favor of preoccupation with propositions and theories, most of which can neither be validated nor disproven through psychological research in the psychoanalytic setting. It would appear then that these trends in large measure serve to vitiate the very purpose for which *The Ego and the Id* was written—namely, to illuminate the data of clinical observation from the vantage point of mental functions organized in conflict.

Now let us examine the views of those who maintain that the paradigm of psychoanalysis advanced in *The Ego and the Id* is no longer tenable because it does not fit the data of observation and should, therefore, be discarded or replaced by some new model of mental functioning. Most of these authors quote Kuhn

(1962) on the history of scientific change. The impetus for scientific work resides in the discrepancy between the facts of the science and its theory. The fit between theory and observation is always imperfect. When there is tacit agreement among the practitioners of the science that the fit is good enough, the fundamental theory—the central paradigm—remains unquestioned. This Kuhn calls the phase of ‘normal science’.

A second phase of evolution occurs, however, when there is less certainty regarding the ability of the central paradigm to organize the facts of the science. A sense of disquietude is generally shared, at times approaching a crisis regarding the future of the science itself. At such a point, there are two possibilities: either the central paradigm can be modified in accordance with the new facts, or the paradigm itself has to be abandoned. Modell (1975) and others believe that psychoanalysis at the present time is in the second phase of scientific development. They say The Ego and the Id remains the central paradigm of psychoanalysis. The question is, can it be modified in accordance with new facts of clinical experience or should it be abandoned? To date there has been no agreement on a new central paradigm which would replace the old one. We are not yet in the phase of a successful scientific revolution.

A number of new alternative models have been proposed. Two such models seem to be most prominent: a model based on neurophysiology (*cf.*, Rubinstein, 1965) and a model based on systems theory (Peterfreund, 1971). Although it is admitted that the fit between the data of observation and the proposed models is as yet incomplete, there are a number of distinct advantages that, it is claimed, would follow the translation of many psychoanalytic concepts into the language and concepts of other disciplines. For one thing, communication between psychoanalysts and scientific workers in other fields would be enhanced. The language of psychoanalysis, especially its metapsychology, seems too special and too esoteric for workers in other disciplines. Second, there is the feeling that by being able to establish a parallelism or congruence between the interpretation of

psychoanalytic observations and the interpretation of observations in other sciences regarding the same phenomena, psychoanalysis would be placed on a firmer footing. It would become, so to speak, more respectable from the scientific point of view.

However, when one examines the arguments advanced by those who would replace the structural theory, we find that they are directed not against the clinical aspects of the theory but against the biological assumptions and implications of psychoanalysis—namely, its metapsychology. Amacher (1965) and Holt (1965) in several scholarly and penetrating studies, were able to trace the origin of Freud's biological theories to the viewpoints of his teachers which, at the time, were very much in vogue (*cf.* also, Panel on the Ideological Wellsprings of Psychoanalysis, 1974). Ideas of tension reduction, discharge, constant states, cathexis, and displacement were prominent in the biology of the day.

The real question is: To what extent is psychoanalysis of today bound to its biological tradition? It seems to me that there is a definite trend in psychoanalysis, on the part of those who emphasize the clinical-conflictual aspects of the structural theory, to conceptualize the data of observation as far as possible within the psychological framework, and to rely less and less on biological assumptions and hypotheses which are in themselves beyond the scope of psychoanalytic investigation. This, it seems to me, is the unmistakable trend in the recent work by Brenner. His proposed modification of Freud's theory of anxiety depends upon developmental sequences for maturation of the anxiety signal (Brenner, 1953). In connection with the theory of aggression, Brenner (1971) states that the evidence suggesting the need for the assumption of an aggressive drive is primarily clinical and psychological. Similarly, Anna Freud (1972) stated that much of the difficulty psychoanalysts encountered with the theory of the aggressive drive resulted from an attempt to foist upon the phenomenology of aggression biological concepts that are more appropriate to the manifestations of the sexual drive. In a recent

paper on the theory of affects, Brenner (1974) formulates his hypotheses exclusively within the clinical framework.

Psychoanalysis and the psychoanalytic situation constitute a body of knowledge and a method of studying behavior which is unique. Because the human individual can speak, he can report what he thinks and sees and feels. Gathering such observations under the standard conditions of the psychoanalytic situation, the psychoanalyst can reveal the hidden meanings in behavior in terms of intentionality, motivation, and conflict resolution.

Klein (1973) says: 'The essential *clinical* propositions concerning motivation . . . are inferences of *directional* gradients in behavior, and of the *object relations* involved in these directions. They describe relationships needed and sought out, consciously and unconsciously, and how they are fulfilled through real and conceptual encounters, symbol and action. The key factors, then, in the psychoanalytic clinical view of motivation are relational requirements, encounters, crises, dilemmas, resolutions, and achievements—not a hypothetical "tension" reduction' (p. 108). He continues the logic of this clinical approach by stating: 'physiological terms cannot substitute for psychoanalytic terms descriptive of the meaning of object relations; for it is these purely psychological considerations, not the physiological ones, which make behavior coherent to the analyst. Even if finer levels of physiological occurrences were measurable during the analytic hour, physiological theory could never be primary for the personal meanings of such events—their psychological significance—require so-called mentalistic and teleological terms' (p. 109).

Informational models based on systems analysis, together with some of the more recent neurophysiological research (*cf.*, Pribram, 1962, 1969a, 1969b) offer interesting and at times illuminating perspectives on some of the clinical data of psychoanalysis. Wiedeman (1972) and Rosenblatt and Thickstun (1970), to mention only a few of many contributors, have noted how conceptualizing clinical and theoretical problems could be simplified and made more coherent by applying informational

principles. In my own work on unconscious fantasy and the integration of perception (Arlow, 1969b), I could appreciate the usefulness of such perspectives. For example, the mutual influence of unconscious fantasy and the data of external sensory perception can well be conceptualized in cybernetic language in terms of reciprocity of signal and feedback. Also, the manner in which the unconscious fantasy needs orient the ego to scan the data of perception and to select specific impressions for the purpose of drive discharge corresponds very closely to the so-called 'best fit phenomenon'. In the final analysis, however, the goal of introducing such models is the same as before—to substitute a set of impersonal, objective propositions to explain a theory of psychological interactions in terms of another realm of discourse. None of these models can really apply to the complex of motivation, defense, and conflict resolution which make up the essence of human experience as observed in the psychoanalytic situation and integrated into the clinical theory of psychoanalysis. On other occasions I have examined the specific pitfalls of methodology and the blind alleys of interpretation that follow upon attempts to explain clinical phenomena in extra-clinical terms (Arlow, 1970, 1971).

To conclude, the change in clinical theory Freud proposed in *The Ego and the Id* is as relevant and as significant today as it was when it was first introduced. Appreciation of its utility has been obscured by the fact that the clinical theory has been linked to nonpsychological speculations that are essentially irrelevant to the psychoanalytic endeavor. In the papers just referred to, I tried to show how biological and metapsychological speculation has interfered with disciplined and consistent inference from the data obtained in the psychoanalytic situation. At one extreme this has led to a one-sided reliance on intuition in the interpretative process, creating a sort of 'mystique' surrounding psychoanalytic technique. At the other, this has led to exaggerated and unsupportable reconstructions based on phylogenetic and ontogenetic analogies in place of analyzing the

data in terms of acceptable criteria of relevance, cohesion, and consistency.

In sum, I think that what was new in *The Ego and the Id* fifty years ago points to the need to reorganize and unify psychoanalytic theory on the basis of clinical psychological principles which can be brought into relation with data in a manner that will enable us to verify theory and expand our understanding of meanings and generalizations in human behavior. Obviously such theories must not be inconsistent with demonstrable findings from other disciplines. They should be able, as Rosenblatt and Thickstun (1970) said, to 'articulate' with such theories without necessarily being identical with them. But on the other hand, in no sense should clinical theory be considered other than the primary, fundamental base upon which to build psychoanalytic concepts. And for the purposes of clinical explication, the model offered in *The Ego and Id* remains the best available frame of reference in which to conceptualize the data of observation within the psychoanalytic situation.

REFERENCES

- AMACHER, P. (1965): *Freud's Neurological Education and Its Influence on Psychoanalytic Theory*. Psychological Issues, Vol. IV, No. 4, Monograph 16. New York: International Universities Press, Inc.
- ARLOW, J. A. (1969a): *Fantasy, Memory, and Reality Testing*. This QUARTERLY, XXXVIII, pp. 28-51.
- (1969b): *Unconscious Fantasy and Disturbances of Conscious Experience*. Op. cit., pp. 1-27.
- (1970): Some Problems in Current Psychoanalytic Thought. In: *The World Biennial of Psychiatry and Psychotherapy, Vol. I*. Edited by Silvano Arieti. New York: Basic Books, Inc., pp. 34-54.
- (1971): *The Dehumanization of Psychoanalysis*. Annual Freud Lecture read at meeting of the Psychoanalytic Association of New York, May 17.
- and BRENNER, C. (1964): *Psychoanalytic Concepts and the Structural Theory*. New York: International Universities Press, Inc.
- BERES, D. (1965): *Structure and Function in Psycho-Analysis*. Int. J. Ps., XLVI, pp. 53-63.
- BERNFELD, S. (1944): *Freud's Earliest Theories and the School of Helmholtz*. This QUARTERLY, XIII, pp. 341-362.
- BRENNER, C. (1953): *An Addendum to Freud's Theory of Anxiety*. Int. J. Ps., XXXIV, pp. 18-24.
- (1971): *The Psychoanalytic Concept of Aggression*. Int. J. Ps., LII, pp. 137-144.

- (1974): *On the Nature of Development of Affects: A Unified Theory*. This QUARTERLY, XLIII, pp. 532-556.
- FREUD, A. (1937): *The Ego and the Mechanisms of Defence*. New York: International Universities Press, Inc., 1946.
- (1972): *Comments on Aggression*. Int. J. Ps., LIII, pp. 163-171.
- FREUD (1895): *Project for a Scientific Psychology*. Standard Edition, I, pp. 295-397.
- (1900-1901): *The Interpretation of Dreams*. Standard Edition, IV/V.
- (1915): *The Unconscious*. Standard Edition, XIV, pp. 166-215.
- (1916): *Some Character Types Met with in Psycho-Analytic Work*. Standard Edition, XIV, pp. 311-333.
- (1920): *Beyond the Pleasure Principle*. Standard Edition, XVIII, pp. 7-64.
- (1923): *The Ego and the Id*. Standard Edition, XIX, pp. 12-66.
- (1926): *Inhibitions, Symptoms and Anxiety*. Standard Edition, XX, pp. 87-174.
- (1940 [1938]): *Outline of Psycho-Analysis*. Standard Edition, XXIII, pp. 144-207.
- GILL, M. M. (1963): *Topography and Systems in Psychoanalytic Theory*. Psychological Issues, Vol. III, No. 2, Monograph 10. New York: International Universities Press, Inc.
- HARTMANN, H. (1939): *Ego Psychology and the Problem of Adaptation*. New York: International Universities Press, Inc., 1958.
- (1959): *Psychoanalysis as a Scientific Theory*. In: *Psychoanalysis, Scientific Method, and Philosophy. A Symposium*. Edited by Sidney Hook. New York: New York University Press, pp. 3-37.
- HOLT R. R. (1965): *A Review of Some of Freud's Biological Assumptions and Their Influence on His Theories*. In: *Psychoanalysis and Current Biological Thought*. Edited by N. S. Greenfield and W. C. Lewis. Madison/Milwaukee: University of Wisconsin Press. pp. 93-124.
- KLEIN, G. S. (1973): *Two Theories or One?* Bull. Menninger Clinic, XXXVII, pp. 102-132.
- KUBIE, L. S. (1971): *The Retreat from Patients*. Arch. Gen. Psychiat., XXIV, pp. 98-106.
- KUHN, T. S. (1962): *The Structure of Scientific Revolutions*. Chicago: University of Chicago Press.
- MODELL, A. H. (1975): *The Ego and the Id: Fifty Years Later*. Int. J. Ps., LVI, pp. 57-68.
- NUNBERG, H. (1924): *States of Depersonalization in the Light of the Libido Theory*. In: *Practice and Theory of Psychoanalysis*. New York: Nervous and Mental Diseases Publication Company, 1948, pp. 60-74.
- Panel on the Ideological Wellsprings of Psychoanalysis* (1974) [Amacher, P.; Burnham, J. C.; Ritvo, L. B.; Serota, H. M.; Sterba, R. F.]. This QUARTERLY, XLIII, pp. 218-242.
- PETERFREUND, E. (1971): *Information, Systems, and Psychoanalysis. An Evolutionary, Biological Approach to Psychoanalytic Theory*. Psychological Issues, Vol. VII, Nos. 1/2, Monographs 25/26. New York: International Universities Press, Inc.
- PRIBRAM, K. H. (1962): *The Neuropsychology of Sigmund Freud*. In: *Experimental Foundations of Clinical Psychology*. Edited by Arthur J. Bachrach. New York: Basic Books, Inc., pp. 442-468.
- (1969a): *Neural Servosystems and the Structure of Personality*. J. Nervous & Mental Disease, CXLIX, pp. 30-39.
- (1969b): *The Neurophysiology of Remembering*. Sci. American, CCXX, pp. 73-86.
- ROSENBLATT, A. D. and THICKSTUN, J. T. (1970): *A Study of the Concept of Psychic Energy*. Int. J. Ps., XLI, pp. 265-278.

- RUBINSTEIN, B. (1965): Psychoanalytic Theory and the Mind-Body Problem. In: *Psychoanalysis and Current Biological Thought*. Edited by N. S. Greenfield and W. C. Lewis. Madison/Milwaukee: University of Wisconsin Press.
- SCHUR, M. (1966): *The Id and the Regulatory Principles of Mental Functioning*. New York: International Universities Press, Inc.
- STONE, L. (1954): *The Widening Scope of Indications for Psychoanalysis*. J. Amer. Psa. Assn., II, pp. 567-594.
- WAEELDER, R. (1962): Review of *Psychoanalysis, Scientific Method, and Philosophy*. Edited by Sidney Hook. New York: New York University Press. J. Amer. Psa. Assn., X, pp. 617-637.
- WIEDEMAN, G. H. (1972): *Comments on the Structural Theory of Personality*. Int. J. Psa., LIII, pp. 307-314.

120 West 59th Street
New York N. Y. 10019

Clinical Formulations And Research

Edward D. Joseph

To cite this article: Edward D. Joseph (1975) Clinical Formulations And Research, The Psychoanalytic Quarterly, 44:4, 526-533, DOI: [10.1080/21674086.1975.11926729](https://doi.org/10.1080/21674086.1975.11926729)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926729>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)

CLINICAL FORMULATIONS AND RESEARCH

BY EDWARD D. JOSEPH, M.D.

The Ego and the Id has served as an organizing model which has advanced psychoanalysis as a science and as a therapy. The paradigm offered by the structural formulations provided a framework for many developmental and clinical studies as well as an approach to a general psychology of human behavior. Therapeutic advances have been made, but the art of therapy has not kept pace with the scientific advances. Dissatisfaction with psychoanalysis and psychoanalytic theory is discussed. Theories have become too far removed from their clinical base; a changing sociologic climate that has reduced the impact of the rational attitude offered by psychoanalysis and the failure of psychoanalytic therapy to cure all ills have contributed to the dissatisfaction.

The Ego and the Id is a clinical theoretical formulation based upon observational data which Freud had been accumulating and collecting for almost twenty-five years. That these observations and data did not fit into his topographical theory, which had evolved from the Project through The Interpretation of Dreams to the metapsychological papers of the mid-teens, apparently convinced him of the need to revise and alter the theoretical superstructure he had erected up to that time.

Contrary to claims that Freud was an armchair theorist, he was first a scientist who knew that the essential basis of scientific work and its advancement was observation and the collection of data; only then could he attempt to work out a theory to account for the findings. But Freud knew that if his data and observations did not fit his pre-existing theory, after a careful check of the validity of the data, he could not alter the facts with which he worked to fit the theory; naturally the theory had to be changed. Thus The Ego and the Id attempts to provide a new frame of reference to explain the observations and, like any good theory, to open the way for further studies. In The Ego and the Id, Freud was eminently successful in doing this. Much valuable work has

come in the fifty years since it was first published. Furthermore Freud's revision of the theory of anxiety three years later, signaled the beginning of marked changes in psychoanalytic observation, therapy, and theory formation.

In his encyclopedia article, Freud defined psychoanalysis as a mode of therapy, as a method of research, and finally as a theoretical system. The tendency has been for the theoretical system to become more and more extended, more and more abstruse, and more and more removed from the base upon which psychoanalysis rests. It is not coincidence that Freud defined psychoanalysis first as a therapy, second as a research tool, and only third and last as a theoretical system. He was presenting things in the order of importance. As a therapy, the psychoanalytic situation offers an opportunity to observe and to study human behavior in its manifold and individualistic displays. If we utilize it in that way, the system of organizing the data that Freud offered in *The Ego and the Id* provides a guide to understanding the clinical situation as well as a guide to research.

The impact of this book has been felt in many areas of psychoanalysis. It set into motion the utilization of psychoanalysis as a therapy that expanded its role from the treatment of the classical transference neuroses (hysteria, phobias, etc.), to the treatment of character disorders, to the present work of Kernberg (1970) and Kohut (1971) in treatment of narcissistic disorders. In his autobiography, Oberndorf (1953) illustrated the change that occurred subsequent to publication of *The Ego and the Id*. He described going to Vienna after World War I to be analyzed by Freud and of being told after a few months of analysis that he was normal. Oberndorf then added that if Freud had known then about character neurosis he would not have made such a remark. So the science of psychoanalysis has progressed in its therapeutic possibilities.

Another outgrowth of *The Ego and the Id* was the work of those (*cf.*, particularly, Hartmann, Kris, and Loewenstein, 1953) who expanded the explanatory scope of psychoanalytic

findings, suggesting the exciting possibility of psychoanalysis becoming a general psychology of human behavior. Hartmann's (1939) concept of autonomy, i.e., ego functions not being in a state of conflict at all times, is an example. Still another consequence of the work done in the past fifty years has been seen in the United States where psychoanalytic clinical findings and clinical theory (which *The Ego and the Id* contains) have served to enrich the field of general psychiatry and to become part of the basic training of most American psychiatrists.

In research there has been a vast extension of our understanding and knowledge of the developmental processes whereby the various ego functions evolve to the level seen in the psychoanalytic situation. This research is solidly based upon data obtainable both in the analytic situation itself and in appropriate studies based on or derived from psychoanalytic hypotheses. The developmental studies at Yale and Hampstead, for example, have all served to enhance the clinical base from which Freud's ideas are obtained.

The observational studies of Spitz (1965) on the first year of life and the careful work of Mahler (1968) showing the gradual evolution of self-object differentiation have come out of this theoretical base. The clinical research studies of Lewin on the dream screen, mania, elation, and depression (*cf.*, Lewin, 1973); the work of Jacobson (1972) on depression; of Greenacre (1968, 1969) and Bak (1953, 1968) on fetishism and perversions, and other studies, have also derived from this model. Similarly, research has been stimulated in the study of the development of object relations (Solnit and Provence, 1963); of memory systems (Rapaport, 1942; Joseph, 1966); of perceptual systems (Arlow, 1969); of psychophysiological processes. Within the study of psychophysiological processes would be work on various disease entities such as anorexia nervosa (for instance, Kaufman, 1964; Bruch, 1973), and in the area of sleep and dream research in which analysts such as Fisher (1954) have led the way. The paradigm offered by *The Ego and the Id* has proven its value in stimulating research and new studies.

From whence, then, comes the dissatisfaction so often expressed by the statement that the paradigm formulations offered in *The Ego and the Id* have outlived their usefulness, that they no longer serve to organize the material being collected, and that it is time to look for a new paradigm in order to continue to advance the field?

I think the dissatisfaction with psychoanalysis has several roots. Waelder (1962) has pointed to two possible sources of such dissatisfaction, both of which lie outside the field of psychoanalysis and are of a more sociologic nature. The first is a tendency to regard anything that has existed for a number of years with suspicion and to want to replace it with something new, modern, and therefore presumably better. Waelder's other suggestion pertains to the fact that psychoanalysis requires a high degree of rationality and self-control. For whatever reasons, modern society has been more antirational, more anti-intellectual, and more irrational with lesser degrees of self-control inherent in it. This 'modern attitude' speaks out against psychoanalysis as a therapy, research tool, and theory of human behavior. The still small voice of reason is even more faint today than at the time of Freud.

Another source of this dissatisfaction is the tendency for ever-increasing abstruse theoretical formulations, attempting to explain unknown processes in terms of other unknowns, which is particularly true for example in terms of the economic theory. There has been a tendency to concretize or reify abstract concepts which are far removed from the clinical data and the level of clinical theory evolving from that data. These include theory formations at a high degree of inference and certainly far removed from the level of the clinical work and the clinical base being used. There is no doubt that there has sometimes been a trend in psychoanalytic literature to present these abstract conceptualizations as though they were as valid as the clinical information gathered from the couch in the psychoanalytic situation. At times, there is a failure to distinguish between the data of observation and the abstract conceptualizations derived from such data. They are all treated as being of equal significance.

However, I think there is another cause of the dissatisfaction with psychoanalysis today. In part this lies in the definition offered by Freud that psychoanalysis is a form of therapy. The Ego and the Id has led to an increased application of psychoanalytic principles and techniques to an ever-widening number of psychoneurotic disorders. The more widespread its application, however, the less successful have been the methods that were originally devised to deal with a much narrower range of disorders, particularly those based upon intersystemic and intrasystemic conflict. Thus the therapeutic promise of psychoanalysis, as a mode of therapy alone, has failed to live up to its advance billing. To the extent that there has been this failure, there has been a tendency toward disillusionment with psychoanalysis and a turning away from it as a mode of therapy. This has resulted in a tendency to ignore all of its findings as though they rest upon the measure of therapeutic success rather than upon the measure of the scientific validity of the findings, regardless of therapeutic gains that might be made.

Those who would state that psychoanalysis has run its course and that new theories are needed to account for the observational data often quote Kuhn (1962). I have found on rereading Kuhn that he seems to describe the psychoanalytic field accurately in delineating the scientific revolution offered by Freud's conceptualizing the existence of unconscious mental activity and psychic continuity, and demonstrating the role of internal conflict with its implications of forces at work that must be taken into account. The validity of the findings of this scientific revolution remain with us today. It seems to me that the new paradigm offered in *The Ego and the Id* helps organize most of the data and most of the observations currently being collected in the field in a variety of ways.

That some of the superstructure built upon that paradigm has not served its purpose merely indicates the possibility of misled or misguided utilization of a basic model. But it is not the basic model that needs to be altered as much as it is the surrounding superstructure that needs to be discarded so that the model can

be utilized to its fullest. The many confusions and discontents that are seen by some as indicating a state of chaos requiring new model formation is derived less from the failure of the validity of the model to organize than it is, I believe, from the failure of the therapeutic advantage that one is seeking. There is no question, of course, that were there a uniformly successful treatment for the various pervasive neurotic and psychotic disorders, psychoanalysis would be glad to offer it. However, because it is not inherent in psychoanalysis, it does not mean that psychoanalysis and its model should be discarded.

It seems to me that a possible pitfall in a biological or behavioral science is that of being a mixture of science and art. The goal, after all, of treatment is improvement in the human condition; that is part of the art or the therapy of the field. The science of the field, though, is offered by the greater body of knowledge that can be acquired and encompassed with the basic model. The failure of one aspect does not, of course, indicate a failure of the other. Needless to say, as in any science, were a new model or paradigm to be offered which is more advantageous, it would not be refused. Analysts, like all scientists, are always looking for new theories to advance the field. A paradigm search does not have to be organized from outside; it is always inherent in the field.

To say that the thinking and language of psychoanalysis is arcane and not compatible with that of other scientific fields is really to say that there has been, as in most sciences, the development of a specialized language common to the workers in the field and serving to advance that field. The neurophysiologic knowledge now available is not sufficient to provide a direct translation between the psychological and the neurophysiological. That such a time will come was, of course, the hope of Freud and is the hope of all of us. But just as was necessary many years ago, it is important to keep on studying and developing the psychological knowledge that we have of human behavior until such time as it is possible to translate it more directly into the equivalent terms of other sciences. To provide

such a translation before the time is ripe is merely to exchange one unknown for another; it does not further inform but rather deceives by seeming to provide an explanation.

Even when neurophysiologic knowledge has advanced and many mental processes can be described in their terminology, we will still need a psychological level of explanation to enhance and add to the neurophysiological level. In this regard I will cite Seymour Kety (1967) who said that even when memory functioning can be explained in terms of macromolecular processes and micromolecular biochemical interchanges, we will still need a psychological level of explanation of memories. That is a role for psychoanalytic psychology.

REFERENCES

- ARLOW, J. A. (1969): *Unconscious Fantasy and Disturbances of Conscious Experience*. This QUARTERLY, XXXVIII, pp. 1-27.
- BAK, R. C. (1953): *Fetishism*. J. Amer. Ps. Assn., I, pp. 285-298.
- (1968): The Phallic Woman: The Ubiquitous Fantasy in Perversions. In: *The Psychoanalytic Study of the Child, Vol. XXIII*. New York: International Universities Press, Inc., pp. 15-36.
- BRUCH, H. (1973): *Eating Disorders. Obesity, Anorexia Nervosa, and the Person Within*. New York: Basic Books, Inc.
- FISHER, C. (1954): *Dreams and Perception: The Role of Preconscious and Primary Modes of Perception in Dream Formation*. J. Amer. Ps. Assn., II, pp. 389-445.
- GREENACRE, P. (1968): Perversions: General Considerations Regarding Their Genetic and Dynamic Background. In: *The Psychoanalytic Study of the Child, Vol. XXIII*. New York: International Universities Press, Inc., pp. 47-62.
- (1969): The Fetish and the Transitional Object. In: *The Psychoanalytic Study of the Child, Vol. XXIV*. New York: International Universities Press, Inc., pp. 144-164.
- HARTMANN, H. (1939): *Ego Psychology and the Problem of Adaptation*. New York: International Universities Press, Inc., 1958.
- ; KRIS, E.; LOEWENSTEIN, R. (1953): The Function of Theory in Psychoanalysis. In: *Drives, Affects, Behavior, I*. Edited by Rudolph M. Loewenstein. New York: International Universities Press, Inc., pp. 1-37.
- JACOBSON, E. (1972): *Depression. Comparative Studies of Normal, Neurotic, and Psychotic Conditions*. New York: International Universities Press, Inc.
- JOSEPH, E.D. (1966): *Memory and Conflict*. This QUARTERLY, XXXV, pp. 1-17.
- KAUFMAN, M. R. and HEIMAN, M., Editors (1964): *Evolution of Psychosomatic Concepts. Anorexia Nervosa: A Paradigm*. New York: International Universities Press, Inc.
- KERNBERG, O. (1970): *Factors in the Psychoanalytic Treatment of Narcissistic Personalities*. J. Amer. Ps. Assn., XVIII, pp. 51-85.

- KETY, S.; EVARTS, E. V.; WILLIAMS, H. L., Editors (1967): *Sleep and Altered States of Consciousness*. Baltimore: Williams & Wilkins Co.
- KOHUT, H. (1971): *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. (The Psychoanalytic Study of the Child Monograph No. 4) New York: International Universities Press, Inc.
- KUHN, T. S. (1962): *The Nature of Scientific Revolutions*. Chicago: University of Chicago Press.
- LEWIN, B. D. (1973): *Selected Writings of Bertram D. Lewin*. Edited by Jacob A. Arlow. New York: The Psychoanalytic Quarterly, Inc.
- MAHLER, M. S. (1968): *On Human Symbiosis and the Vicissitudes of Individuation. Vol. I. Infantile Psychosis*. New York: International Universities Press, Inc.
- OBERNDORF, C. P. (1953): *A History of Psychoanalysis in America*. New York: Grune & Stratton, Inc.
- RAPAPORT, D. (1942): *Emotions and Memory*. Baltimore: Williams & Wilkins Co.
- SOLNIT, A. and PROVENCE, S., Editors (1963): *Modern Perspectives in Child Development. In Honor of Milton J. E. Senn*. New York: International Universities Press, Inc.
- SPITZ, R. A. (1965): *The First Year of Life. A Psychoanalytic Study of Normal and Deviant Development of Object Relations*. New York: International Universities Press, Inc.
- WAELDER, R. (1962): *Review of Psychoanalysis, Scientific Method, and Philosophy. A Symposium*. Edited by Sidney Hook. New York: New York University Press, 1959. J. Amer. Ps. Assn., X, pp. 617-637.

Mt. Sinai School of Medicine
Department of Psychiatry
1 East 100th Street
New York, N. Y. 10029

The Need for a New General Theoretical Frame of Reference for Psychoanalysis

Emanuel Peterfreund

To cite this article: Emanuel Peterfreund (1975) The Need for a New General Theoretical Frame of Reference for Psychoanalysis, The Psychoanalytic Quarterly, 44:4, 534-549, DOI: [10.1080/21674086.1975.11926730](https://doi.org/10.1080/21674086.1975.11926730)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926730>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)



Citing articles: 5 View citing articles [↗](#)

THE NEED FOR A NEW GENERAL THEORETICAL FRAME OF REFERENCE FOR PSYCHOANALYSIS

BY EMANUEL PETERFREUND, M.D.

This paper briefly discusses some of the serious problems in current psychoanalytic metapsychology and the need for a new general theoretical frame of reference. It highlights the lack of explanatory power and the primitive nature of current metapsychology. The paper suggests the usefulness of an information processing and systems model which is consistent with neurophysiology.

Since I am strongly identified with the point of view that the paradigm implicit in *The Ego and the Id* needs to be replaced (*cf.*, for instance, Peterfreund, 1971; Peterfreund and Franceschini, 1973), I will address my remarks to this issue.

To avoid confusion and misunderstanding it is first essential to emphasize fundamental distinctions. I believe that distinctions exist between phenomena of observation and levels of theory about these phenomena. Although these distinctions are not always simple or clear and the scientific and philosophical issues involved are enormous, nevertheless it is useful to begin with the idea that practical, useful distinctions can be made.¹ Specifically, patients have experiences—sensations, feelings, images, fantasies, thoughts, and so on—which can be thought of as the raw data of psychoanalysis, the phenomena of observation. These experiences are communicated both verbally and nonverbally, and the words used by a patient can be thought of as the language of persons, or the language of ordinary discourse. The psychoanalyst also uses the language of persons as one level of clinical language. When he communicates to a patient, for example, he tries to use the patient's own personal images, metaphors, and analogies. Other levels of clinical language include the language used to express clinical inferences. For instance, a patient is using the language of persons if he says, 'I hate my

¹ Waelder (1962) has made similar distinctions.

boss; I am furious; I would love to annihilate him; he makes me feel like a screaming, helpless, frustrated child'. When the analyst says that this patient was quite tense and agitated, he is using clinical language to express his inferences about the patient's inner state.

There is a level of conceptualization in psychoanalysis which may be called the level of clinical empirical generalization. If we say that all children tend to have sexual thoughts and feelings, we have suggested a clinical empirical generalization. There is also a level of clinical theory, and the term 'defense' is a good example of a clinical theoretical term. When we say that a patient is defending himself, implicitly we are saying that he does not allow himself to experience something that is painful. The level of clinical empirical generalization and the level of clinical theory are both fairly close to empirical observations.

In all sciences there are high-level theories which use terms that are quite abstract and remote from the observable phenomena. For example, everyone can observe the phenomenon described as a 'thunderstorm', and an empirical generalization about thunderstorms may state that they tend to occur in the spring. Note how this empirical generalization is fairly close to observables. But high-level theories about this phenomenon are expressed in a language appropriate for physical systems and use terms that are abstract and remote from observable phenomena—electrical and mathematical terms, for example. Psychoanalysis, as a science, has also attempted to develop a body of high-level, abstract theory. It has been given the name of 'metapsychology', and it uses such terms as 'ego' and 'psychic energies'.

From my first acquaintance with the writings of Freud I was deeply impressed with the meaningfulness and significance of psychoanalytic clinical phenomena and clinical theory. I have no doubt that clinical psychoanalysis, and especially the psychoanalytic process, will ultimately be viewed as one of the most profound contributions to science. I do not hesitate to make such statements even though, for quite some time, I have felt that ex-

tremely serious scientific problems exist at the clinical level. For example, many clinical concepts, repression for instance, are actually catchall ideas that embrace many different phenomena. And in many ways the psychoanalytic process is not well understood; there are few generally accepted criteria for evidence and the analytic process means very different things to different analysts.

In contrast to what I always felt about the clinical base of psychoanalysis, from the very first the higher level of psychoanalytic theory—its metapsychology—was almost completely unacceptable to me. After struggling for years to come to grips with it, I finally abandoned it altogether. I then turned to the data and phenomena of clinical psychoanalysis and attempted to build new theoretical concepts based on the very area where my understanding was most secure. Since clinical work was meaningful to me, I hoped it would be possible to find higher-level theories that were equally meaningful. I finally arrived at a theoretical approach that linked readily with theories now at the forefront of scientific interest—information processing and systems concepts and models. This frame of reference was infinitely more satisfying than ego psychology and the structural hypotheses and, in addition, it helped me to think through in a more explicit and formal way why I had always intuitively objected to so much of ego psychology.

My position about ego psychology after fifty years—our symposium topic—is that what may have been acceptable fifty years ago is now no longer acceptable. A new basic paradigm—a new fundamental model or frame of reference—is urgently called for. The basic frame of reference which we have all been uncritically taught—the ego, the psychic energies, the dream work, primary and secondary processes, and so on—must now, I believe, be abandoned. No small emendation, correction, or redefinition will suffice to undo the existing difficulties. Indeed, in my opinion in the past generation what we have been seeing is not the development in psychoanalysis of ‘a general theory of mental development, broader, both in its assumptions and scope, than

any other psychological theory', as Hartmann (1939, p. 5) claimed, but a phenomenon well known in the history of scientific thought—the breakdown of a paradigm, an issue discussed by Kuhn (1962) in *The Structure of Scientific Revolutions*. When a theory becomes increasingly vague, convoluted, and laden with epicycles; when the complexity of a theory increases far more rapidly than its explanatory accuracy; when a discrepancy corrected in one place shows up again in another place; when there seem to be as many versions of a theory and as many definitions of terms as there are practitioners—then history tells us that the existing paradigm is untenable. And I believe that the conditions just described do portray what has been happening in psychoanalysis in recent years.

Arlow (1975) has presented still another version of psychoanalytic theory, wherein such concepts as the ego are deemed to be parts of clinical theory and apparently revisions in the metapsychology are suggested. In coming years we can expect many such efforts to rescue psychoanalytic theory as we know it. I believe that all such efforts are fundamentally fruitless and will point out a few of the reasons why I hold this view, approaching the situation first clinically, then from a broader perspective.

Let me begin with clinical phenomena that reasonable observers can agree are taking place. Included too will be some simple, reasonable inferences. I am speaking; you are listening. Words have been selected from an enormous store of all possible words. They have been ordered and organized with an intent to communicate. I am using a grammar learned early in life. I have organized my presentation on the basis of a set of priorities and strategies, with some ideas about what will be meaningful to the audience. Obviously, I am using many past experiences, the results of which are stored in some form and are available to me. I have an eye on the clock, an eye on the audience. I am attending to limited input from internal and external sources. Fleeting sexual and aggressive fantasies or emotions of various kinds do not significantly interrupt my thoughts or the flow of

speech; if they did, the outcome would be considered pathological. I am monitoring my comments on the basis of learned standards of accuracy and acceptability. If I detect errors, hopefully I will correct them. If I am questioned or interrupted, I might postpone the answer, resume my comments, and return to the question later. It is reasonable to suggest that something related to the question was stored somehow and subsequently retrieved. On the other hand, I might interrupt my comments, answer the question, and then return to my discussion. Again, it is reasonable to suggest that something was stored and subsequently retrieved. My talking has innumerable meanings to me, many of which can be discussed openly; many, however, are appropriate only for an analytic couch.

In other words, the audience is actually observing innumerable, extraordinarily complex phenomena. It would be a major task just to describe what is taking place; conceptualizing the phenomena in any adequate way is an impossibility at the present time, especially since most of the processes involved are unaccompanied by awareness.

Whether we consider the concept 'ego' to be part of clinical theory or part of psychoanalytic metapsychology, what can ego psychological theories or the structural hypothesis tell us about the phenomena? Ego functions are operating—motility functions and memory functions. My ego is talking to your egos; your egos are listening to my ego. My ego is thinking; your ego is paying attention, using attention cathexis perhaps, whatever that may mean. I hope that my point is clear. Are such explanations meaningful, do they contribute to knowledge and understanding? Are they even explanations at all? Or are they empty tautologies? And where can such approaches ever go? Perhaps a few more ego functions may be postulated and perhaps a few more permutations and combinations of psychic energy, but that is about all. And what hope and promise do ego psychology and the structural hypothesis offer that the situation will ever be otherwise?

It is my opinion that other paradigms offer greater possibilities

for conceptualizing and explaining the phenomena. Information and systems models, memory models, linguistic theories, neurophysiological models, for example, all offer innumerable beginning explanatory ideas and, most important, unlimited possibilities for the future.² Here I can only recommend a perusal of the vast literature in the fields mentioned and note that all of these disciplines are growing and developing, while many feel that psychoanalysis is now stagnating—an observation that perhaps should tell us something.

Let me turn to another example, one related to conflict. Here, very briefly, is some material typical of the kind of clinical data for which I have found ego psychological and structural hypotheses to be of very limited use.

The patient was a young woman married to a man with severe emotional problems. He was very passive, depressed, and had sexual difficulties. At the forefront of the analytic work for some time was her conflict about her marriage, characterizable approximately as follows: *if* she continued her marriage, *then* she would have to face her inability to tolerate her husband's passivity and depression and what they meant to her; she would have to deal with the violent feelings that he evoked. Also, *if* she continued her marriage, she would *then* have to face a limited sexual life with all that this meant to her in terms of her own sexual needs and her feelings about herself as a woman. *If* she separated from him, *then* she would have to face innumerable anxieties, problems related to her children, and problems related to being alone, an especially difficult issue for her. Also, *if* she separated, she would *then* have to come to grips with her sexual life; feelings about herself as a remarriageable woman, for example, which were associated with pathological feelings about her body, residues apparently of early traumatic events. Indeed, one could elaborate the clinical picture here into a complex hierarchically arranged, branching tree of contingent situations characterizable as: '*If*

² Cf., Winograd (1972) for a recent, most interesting and impressive work on issues of language and meaning. This is only one example of the vast body of work being done in the information sciences that is relevant to psychiatry and psychoanalysis.

such and such happens, *then* such and such would be the possible consequence'. How can one even begin to conceptualize such complex contingent situations in a parsimonious way using the limited notions of ego, id, and superego, and the structural hypothesis? But, I may add, very interesting beginnings can be made using information-processing approaches because such elaborate branching-tree contingent situations are common information-processing problems.

Another example is that of an extremely ill young woman with massive anxieties, hypochondriacal symptoms, and agoraphobia. She could not be out of her home unless accompanied by a familiar person. On analysis it became clear that she feared total collapse of her body, which she experienced as consisting of unorganized, disconnected parts, essentially lifeless flotsam. She feared, for example, that she might become ill in a crowded department store, faint, and then be trampled upon and destroyed by a deaf and oblivious world. Sexual problems were very prominent. They were related in great part to her fear that mounting sexual excitement could destroy her body, blow up the parts only tenuously held together. Her self-image was that of a dazed, glassy-eyed child, living in a bombed-out world. She often compared herself to the pictures of dazed children commonly seen in advertisements soliciting funds for war victims. Her mother was a severely depressed woman who required shock treatment on several occasions during the patient's early years, and there was every reason to believe that the patient had experienced massive frustration and overwhelming rage and excitement at that time. The high likelihood that the patient's symptoms were connected with her extremely traumatic early environment is, I believe, clear enough.

At the level of clinical theory, as we generally understand this theory, one can certainly begin to conceptualize the above case material, especially if one is open to the significance of the early years of life and if one is able to empathize with the preverbal period. But what can one do with such case material in terms of

such concepts as the ego, the id, and the structural hypothesis? A major difficulty is that one cannot truly distinguish between the ego and the id. For example, the id apparently represents such things as drives, both sexual and aggressive. But drives are genetically ordained, attachment behavior is found in lower animal forms, pubertal development is quite predictable, and psychoanalysis itself emphasizes the universal nature of early sexual experience. Do not such phenomena speak for order, organization, control, and adaptation within the so-called id, characteristics which are generally attributed to the ego? In the second case mentioned, the patient feared a breakdown in the organization of all biological and psychological processes. She feared a breakdown in the organization of her body; she feared going wild, emotionally and sexually; she feared a breakdown in many cognitive areas. Order and organization were the dominant themes and these cut across anything that can be conceptualized in terms of either 'ego' or 'id'. Finally, I should note in regard to the usefulness of alternative paradigms that the study of order, organization, control, and adaptation is at the forefront of general scientific interest.

To conclude the clinical aspects of this discussion, I wish to emphasize one major point. Those who seek new explanatory paradigms do so for the very same reason that led Freud to advance the structural hypothesis and to write *The Ego and the Id*. They seek better, more exact, more parsimonious ways to explain the extraordinarily complex nature of clinical phenomena. In addition, they seek better ways to explain what empathic clinicians increasingly recognize: the significance of the preœdipal period and the importance for later pathology of the first two years of life. In their efforts to explain and to understand they have been forced to abandon such classical concepts as the ego, the id, and the structural hypothesis because such ideas are more than merely limited; they actually inhibit clinical understanding. They even limit our understanding of the nature of conflict, the core of clinical analysis.

Now I shall discuss a somewhat different perspective. When one reads Freud it is clear that the ego has all of the attributes of an intelligent person: it experiences, decides, postpones, guides, strives, avoids, expects, foresees, and is able to make intelligent and thoughtful decisions. Brenner (1955), when speaking of the ego, refers to 'its mother's departure' (p. 88); Greenson (1967) writes of a patient that 'his ego could differentiate between his mother and his wife' (p. 25); and Max Schur (1960) speaks of the 'ego's experience of complete helplessness' (p. 80), and also says that the ego can seek and enjoy an orgasm (Schur, 1955, p. 127).

The confusion in the above ideas can be stated simply: people think, and we need theories about thinking, but a theoretical concept about thinking cannot be said to think. People have mothers, wives, and orgasms, and we need theories about all of these phenomena, but a theoretical concept about mothers, wives, and orgasms cannot be said to have mothers, wives, and orgasms. Psychoanalytic theory has done little more than give the ego all of the attributes of a person. The theory assigns to an unknown and unexplained entity all of the phenomena it claims to be explaining. In actuality, ego psychology has done little more than say that mind is explained by virtue of the fact that another mind exists within the mind to be explained.

Interestingly, our leading theoreticians seem to have accepted such primitive ideas with little question and apparently with some degree of awareness of how anthropomorphized the ego is. Brenner (1955), apparently quoting Hartmann, even refers to the ego as 'anthropos itself' (p. 58). The confusion here is clear enough. Only a man is anthropos itself; a theoretical concept about a man cannot be said to be a man.

Historically, a deeper understanding of ego psychology is possible. Before Freud, man generally thought that he had complete free will, that he had conscious control of his thoughts, actions, and feelings. Descartes saw the soul as a free agent. For him there were no unconscious processes. Freud, however, discovered the biology of the mind and the lawfulness of mental phenomena. He taught that we are not free agents, that we do not have the kind of control over our actions, thoughts, and feel-

ings that we think we have. We are actually subject to the constraints implicit in the idea of unconscious processes. This understanding of Freud's is basic in clinical work. We recognize that our patients are not free agents; they cannot determine their moods; they cannot will away a depression or a fantasy. And as therapists we know that it is useless to attempt to argue a patient out of a mood or to exhort him to feel better. In psychoanalysis, for example, we work constantly to get patients to accept these basic attitudes, to realize that they must 'let it happen', permit experiences to emerge while verbalizing them. Indeed, what I have just described is probably the essence of the idea of free association.

Freud's clinical discoveries changed man's view of himself and of the world, just as had the discoveries of Copernicus and Darwin. These three thinkers forced man to face some very basic anxieties. All three rooted man in the mainstream of time, as only one element of a larger, physical, biological, evolving universe.

Paradoxically enough, the model of man on which the concept of the ego is based is a pre-Freudian one. There are no laws, no restraints, no limitations to the ego. I know of no process, activity, or function which, in principle, the ego cannot carry out. If it can think, feel, experience, make intelligent decisions, have a mother, a wife, and even experience orgasm, what indeed is left? The concept of the ego as it has developed these many years preserves for us that archaic pre-Freudian view of man which we all find so difficult to abandon, essentially a free agent, unrestrained, subject to no laws, uniquely able to supersede all of biology and all of evolutionary time.

Why has psychoanalysis been forced to maintain such primitive ideas as the ego, as well as other primitive concepts—the psychic energies, for example? I suggest that our difficulties stem from two fundamental assumptions of psychoanalytic theory that emerged from Freud's attempt to remain on psychological ground, a position he adopted when he was forced to abandon neurophysiological approaches. Both assumptions are now untenable.

First, psychoanalytic theory assumes that the mind is separate from the body, that it is an entity distinct from biological structure. Despite all of the disclaimers in psychoanalysis, this assumption is implicit in all higher-level thinking. It is nicely revealed in Freud's (1915) famous definition of an instinct as a 'measure of the demand made upon the mind for work in consequence of its connection with the body' (pp. 121-122). Implicit in this definition is the idea that mind is a thing separate from but connected to the body and capable of work. The second fundamental untenable assumption in psychoanalytic theory is that mind is unique to man. Certainly this idea is implicit in Hartmann's (1950) definition of the ego as a 'substructure of personality' (p. 114). To how many organisms other than human beings can the term 'personality' be applied?

The idea that mind is an entity separate from the body, yet able somehow to control it, has an intuitive reasonableness. It was the position advocated by Descartes, for example, who postulated the existence of a soul possessed only by man and able to control and govern the body. Similarly, psychoanalysis postulates an ego, a substructure of personality, according to Hartmann, somehow divorced from the body, yet capable of controlling and governing it. How this is done is not explained. Because of its conceptual abandonment of any biological frame of reference, because of the insistence that it remain on psychological ground, with the assumption of a mind separate from the body and unique to man, psychoanalytic theory has never been able to employ the meaningful concepts of matter, physical energy, and information to explain mental phenomena. And it has never been able to employ one of the most important ideas in history—the concept of biological evolution. Indeed, Freud's Lamarckian point of view is very evident in *The Ego and the Id*. Bowlby (1973) has recently discussed this very important issue.

That clinical psychoanalysis cannot go on with a primitive theory fundamentally based on a pre-Freudian view of man is clear to many of us. But although new paradigms are available, they will be difficult to introduce into psychoanalysis. There is a

notable tendency on the part of many colleagues to dismiss these new paradigms almost automatically on the ground that they are 'mechanistic', 'reductionistic', 'dehumanizing', etc. For example, Arlow (1975) quotes Klein (1973) as saying that 'physiological terms cannot substitute for psychoanalytic terms descriptive of the meaning of object relations'. The important point is the use of the word 'substitute'. And Arlow himself essentially dismisses new paradigms on the ground that 'none of these models can really apply to the complex of motivation, defense, and conflict resolution which make up the essence of human experience . . .'. After speaking of 'pitfalls' and 'blind alleys' that 'follow upon attempts to explain clinical phenomena in extra-clinical terms', Arlow refers to his unpublished paper on the dehumanization of psychoanalysis (Arlow, 1971). While Klein argues that physiological terms cannot *substitute* for psychoanalytic terms, Arlow, as I understand him, is apparently concerned that the new models being proposed will dehumanize psychoanalysis.³

As I believe that these objections to new models and paradigms reflect some serious misunderstandings of the nature of scientific theory, I will close with a few remarks on this issue, elaborated more fully elsewhere (*cf.*, Peterfreund, 1971; Peterfreund and Franceschini, 1973; Peterfreund, *in press*).

Scientific explanations attempt to make useful generalizations about phenomena of observation. And, as already noted, it is essential to distinguish between clinical phenomena and levels of theory about these phenomena. Each level may have its own vocabulary. Higher levels of theory tend to move away from the specific data of observation and are generally expressed in a language that differs from the language that is used to describe human experience. Therefore they tend to seem dehumanized. But this apparent dehumanizing is of necessity the case; it is inherent in theory building because higher-level generalizations

³ Other analysts have also advanced this idea.

encompass a much wider world than the immediate data of observation. Even the most abstract theory, however, if it is a meaningful one, can be directly linked to the specific phenomena that we observe. Thus, appreciating the glories of a sunset is not inconsistent with or negated by an electromagnetic theory about this phenomenon. Similarly, to feel and sense a patient's anguish, joy, depression, or sadness is not at all inconsistent or negated by information-processing, systems, neurophysiological theories, or other high-level explanations of these phenomena.

Note that scientific explanations are not *substitutes* for the phenomena to be explained; they are merely useful general statements *about* the phenomena. Klein is therefore misleading when he argues that physiological terms cannot substitute for psychological ones. No one has claimed that they can. Interestingly enough, psychoanalytic ego psychology actually uses the concept of the ego as a substitute for a person; the ego has been given all of the attributes of humans. As a result, the concept of the ego is not at all a meaningful theoretical term. But those who are proposing new paradigms of the kind that I have mentioned are not offering substitutes for psychological language or for persons; they are not making the error that ego psychology has made for many years.

Information-processing models, systems models, neurophysiological theories about mental phenomena are only models or theories, nothing else. And all of us accept this general approach in innumerable branches of science. None of us automatically objects to the idea that fatigue may be explained in terms of thyroid function values. The physiologists who propose such ideas are not saying that there are no other explanations for the feeling of fatigue, or that one can use a thyroid function value as a *substitute* for the feeling of fatigue, or as a *substitute* for a clinical description of this experience. People feel fatigue; theoretical concepts do not. The term 'fatigue' is a clinical term that refers to human experience. A mathematical value for thyroid function is only a mathematical expression for one theoretical idea *about* the psychological experience of fatigue. Similarly, an information-processing concept, for example, is

only one quasi-mathematical expression of one theoretical approach *about* human psychological experience.

In general, we have learned to use all of the attributes of artificial systems—electrical, chemical, mathematical, informational—and all of the known natural physical laws to help us understand the biology of the human organism. Vitalism (the thesis that life cannot be understood in terms of natural law and which invokes mysterious ‘vital forces’ to explain natural phenomena) has done nothing throughout history but obstruct the progress of science. Those who are proposing newer physiological, informational, systems, or mathematical paradigms to explain motivation, emotion, and cognition may perhaps not be proposing accurate theories, but certainly they are working in the tradition that has led to major advances in biology and medicine in the past several centuries.

Those who are disturbed by the newer paradigms of human psychological processes should recognize that in the ultimate sense there is only one world. It is rather questionable whether an easy distinction can be made between animate and inanimate, artificial and natural, human and subhuman. After all, the concepts which we use to understand the world—electrical, chemical, mathematical—are human creations. They reflect the way human beings view the world. A mouse does not recognize the word ‘mouse’, cannot describe the members of its class, and cannot understand its place in evolutionary history. To attempt to conceptualize the mind in terms of concepts created by human beings is hardly dehumanizing. For me it is dehumanizing not to use the most advanced creations of the human mind to attempt to explain the mind itself.⁴

⁴ Other aspects of Arlow’s paper—for instance, his general theoretical position—are also unclear to me. For example, what does he mean by the term ‘metapsychology’? He apparently includes psychic energy concepts under this term while the concept of the ego is arbitrarily deemed to be a clinical term, contrary to the understanding of most analysts. But what about such concepts as primary and secondary processes, the dream work, and so on? How are they classified? Furthermore, if one abandons psychic energy concepts (and I certainly agree that they should be abandoned) how does one explain the phenomena that statements using such concepts are supposed to explain—e.g., motivation and those phenomena described as ‘peremptory’. Rapaport (1960), for instance,

REFERENCES

- ARLOW, J. A. (1971): *The Dehumanization of Psychoanalysis*. Annual Freud Lecture of the Psychoanalytic Assn. of New York, May 17.
- (1975): *The Structural Hypothesis—Theoretical Considerations*. This QUARTERLY, XLIV, pp. 509-525.
- BOWLBY, J. (1973): *Attachment and Loss, Vol. II. Separation*. New York: Basic Books, Inc.
- BRENNER, C. (1955): *An Elementary Textbook of Psychoanalysis*. New York: International Universities Press, Inc.
- FREUD (1915): *Instincts and Their Vicissitudes*, Standard Edition, XIV, pp. 117-140.
- (1923): *The Ego and the Id*. Standard Edition, XIX, pp. 12-66.
- GREENSON, R. (1967): *The Technique and Practice of Psychoanalysis, Vol. I*. New York: International Universities Press, Inc.
- HARTMANN, H. (1939): *Ego Psychology and the Problem of Adaptation*. New York: International Universities Press, Inc., 1958.
- (1950): Comments on the Psychoanalytic Theory of the Ego. In: *Essays on Ego Psychology. Selected Problems in Psychoanalytic Theory*. New York: International Universities Press, Inc., pp. 113-141.
- KLEIN, G. S. (1973): *Two Theories or One?* Bull. Menninger Clinic, XXXVII, pp. 102-132.
- KUHN, T. S. (1962): *The Structure of Scientific Revolutions*. Chicago: The University of Chicago Press.
- PETERFREUND, E. (1971): *Information, Systems, and Psychoanalysis. An Evolutionary Biological Approach to Psychoanalytic Theory*. (Psychological Issues, Vol. VII, Nos. 1/2, Monograph 25/26) New York: International Universities Press, Inc.
- (in press): How Does the Analyst Listen: On Models and Strategies in the Psychoanalytic Process. In: *Psychoanalysis and Contemporary Science: An Annual of Integrative and Interdisciplinary Studies, Vol. IV*. Edited by D. P. Spence. New York: International Universities Press, Inc.

seemed to believe that such phenomena were explainable only with the aid of psychic energy concepts. Elsewhere (Peterfreund and Franceschini, 1973), we have attempted to begin to explain motivation and 'peremptory' phenomena using information-processing concepts and abandoning psychic energy ideas.

Finally, I am puzzled by Arlow's statement that 'biological and metapsychological speculation has interfered with disciplined and consistent inference from the data obtained in the psychoanalytic situation. At one extreme this has led to a one-sided reliance on intuition in the interpretative process creating a sort of "mystique" surrounding psychoanalytic technique. At the other, this has led to exaggerated and unsupportable reconstructions based on phylogenetic and ontogenetic analogies in place of analyzing the data in terms of acceptable criteria of relevance, cohesion and consistency.' No specific examples are given to illustrate these remarks. In general, I believe that the significant clinical and theoretical differences between Arlow and the author can be resolved only by direct examination of clinical problems: the psychoanalytic process, and specific and exact clinical examples. I have touched upon these issues elsewhere (cf., Peterfreund, 1971, pp. 345-348; Peterfreund, in press).

- and FRANCESCHINI, E. (1973): On Information, Motivation, and Meaning. In: *Psychoanalysis and Contemporary Science. An Annual of Integrative and Interdisciplinary Studies, Vol. II*. Edited by Benjamin B. Rubinstein. New York: The Macmillan Co., Inc.; London: Collier Macmillan, Ltd., pp. 220-262.
- RAPAPORT, D. (1960): On the Psychoanalytic Theory of Motivation. In: *Nebraska Symposium on Motivation, 1960*. Edited by Marshall R. Jones. Lincoln: University of Nebraska Press, pp. 173-247.
- SCHUR, M. (1955): Comments on the Metapsychology of Somatization. In: *The Psychoanalytic Study of the Child, Vol. X*. New York: International Universities Press, Inc., pp. 119-164.
- (1960): Discussion of Dr. John Bowlby's Paper. In: *The Psychoanalytic Study of the Child, Vol. XI*. New York: International Universities Press, Inc., pp. 63-84.
- WAELDER, R. (1962): Review of *Psychoanalysis, Scientific Method, and Philosophy. A Symposium*. Edited by Sidney Hook. New York: New York University Press, 1959. J. Amer. Psch. Assn., X, pp. 617-637.
- WINOGRAD, T. (1972): *Understanding Natural Language*. Cognitive Psychol., III, pp. 1-191.

1148 Fifth Avenue
New York, N. Y. 10028

The Past and Future of Ego Psychology

Robert R. Holt

To cite this article: Robert R. Holt (1975) The Past and Future of Ego Psychology, The Psychoanalytic Quarterly, 44:4, 550-576, DOI: [10.1080/21674086.1975.11926731](https://doi.org/10.1080/21674086.1975.11926731)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926731>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)



Citing articles: 2 View citing articles [↗](#)

THE PAST AND FUTURE OF EGO PSYCHOLOGY

BY ROBERT R. HOLT, PH.D.

Having six roots in ordinary observation and introspection, ego psychology has a long pre-Freudian history, which influenced Freud's first usages of Ich. His works before 1923 contain much that is substantively ego psychology; The Ego and the Id was not a paradigm change but a consolidation of pre-existing ideas. The structural theory replaced a model (topographic) which Freud actually used very little, especially clinically, and he failed to remedy its gravest methodological faults. The ego-id model is an integral part of meta-psychology, and will pass out of use as the latter dies, with no detriment to clinical psychoanalysis.

Ego psychology is one of several disciplines of which it may be said that it has a short history but a long past. Its history, which has been adequately covered elsewhere (e.g., Rapaport, 1958), is often thought to begin in 1923 with *The Ego and the Id* but its past extends back beyond human history.

I. THE PAST

The past of ego psychology may be said to extend so far back because the conception of the ego manifestly grows out of a number of observational roots: ways of noticing certain kinds of phenomena which today occur in the early life of almost every human being and which are the inevitable consequences of the person's structure and organization.

'The ego is first and foremost a bodily ego' (Freud, 1923, p. 26). In these words, Freud asserts that the first observational root of the ego concept is the fact that the bodily part of an organism is persistently perceptible. A baby spends much of his time looking at, feeling, and otherwise getting perceptually familiar with all

Preparation of this paper was supported by a United States Public Health Service Research Career Award, Grant No. 5-K06-MH-12455, from the National Institute of Mental Health.

parts of his body, and the continuity and relative sameness of these percepts is often cited as a core for the 'sense of self'. We know nothing of any sense of self in nonverbal animals, but plainly many species can and do become aware of their own bodies and treat them as something special in their perceptual worlds. This quality of specialness, as Freud points out, is attributable to the unique dual perceptibility of the body. For instance, I can see my hand and feel it with my other hand, while at the same time enjoying proprioceptive information about it from within. Following Schilder (1935), psychoanalysts have come to refer to the lasting precipitate of many such perceptions as the body image, and to accept Freud's declaration that it is an important constituent of the ego.¹

A second historical root extends as far back as the first observation of the fact of death—another perceptual event that is older than mankind itself. We know from studies of chimpanzees that they not only can discriminate the difference between a living and dead organism, but that they react to a dead member of their own species in a way that suggests they feel something close to the human experience of uncanniness—an irrational fear and ambivalent loathing (Hebb and Thompson, 1954). I suspect that by the time *Homo sapiens* was a clear-cut species, this reaction was elaborated into superstitious awe and, quite possibly, into the beginning of a concept that there is a distinction between the body and a 'something else'—something that has to do with breathing, with initiating movement, and with conscious awareness—all of which constituted life. Even today, each of us struggles with the profound philosophical problems of life and death in early childhood, when the dying of a family member makes death very real. Grandfather is there, cold and still, and at the same time, as we say, 'gone'. Even a nonreligious family finds it hard to explain

¹ Let us take note here of the fact that the body image is a relatively unambiguous, operational (that is, concrete) concept, and that Freud never clarified in what way it was related to the other components of his complex concept of ego—the functions, the abstract structural concept, the identifications, the ego energies, etc. The organ of synthesis itself was left in an unsynthesized state.

this paradox to the bewildered grandchild without recourse to some version of the soul theory.

From anthropology we know that something very much like the soul of Judaeo-Christian theology is part of almost every culture's religion. As elaborated by the early church fathers, the animistic conception of the soul had already many recognizable aspects of what we today call 'ego psychology'. Despite his personal irreligiousness, Freud was a participant in a culture in which these religious ideas were thoroughly ingrained—quite aside from the influence of his Catholic nanny with her terrifying stories of souls burning in hell.

On a slightly higher developmental level, many of the elements of the animistic soul theory reappear as the vitalism of *Naturphilosophie*, to which, according to Bernfeld (1944), Freud seems to have been exposed during his adolescence. These were the philosophical inclinations, he told Jones, to which he had found it so tempting to yield, and which he had deliberately suppressed by immersing himself in the reductionistic scientism of physicalistic physiology. Elsewhere, I have said that the influence of vitalistic concepts may be plainly seen in the concept of psychic energy (Holt, 1967a), and that the speculative works of Freud's later years, from Totem and Taboo through Moses and Monotheism, embody many returns of the exiled *Naturphilosophie*.

This second, relatively unrecognized, source of ego psychology is important I believe, and not a mere intellectual curiosity, because the primitive animism of the soul theory is the intellectual equivalent of a fixation: not just Freud, but all of us are exposed to the constant temptation and danger of regressing to it. We must not neglect to apply to ourselves this lasting contribution of psychoanalysis not only to psychology but to all intellectual work: that most of autonomy is relative and that the capacity to think maturely—according to the secondary process—is a fragile, never securely won, achievement with developmentally earlier (primary process) ways of thinking always operating in the background and always ready to influence conscious thought when the going gets difficult.

In this sense, therefore, the soul theory is not only a historical antecedent of ego psychology, but an omnipresent mode of thought (or in Piaget's term, *scheme*) that any of us is in danger of falling back on at times. That observation is cast in the form of a warning because animism involves a number of serious philosophical fallacies, which may be found cropping up in ego psychology quite pervasively if one is attuned to them—dualism,² anthropomorphism, reification, essentialism and the like. More specifically, the soul is a reification of the sense of self and of the abstract concepts of life and consciousness; it is the essence of a personality or individuality. Both of these closely related, rather primitive ways of trying to grapple with basic observations about people are dualistic in that they assume that the body is one kind of reality, temporarily inhabited by a spirit or essence which in some ghostly way epitomizes the psychological facts about a person and is conceived to be somehow ontologically different from its 'tenement of clay'. And while it may seem strange to think that anthropomorphism could be inappropriate in a discussion of *anthropos*, the criticism is valid, for the whole is not identical with any of its parts.

Anthropomorphism points to the redundant and confusing custom of postulating an additional entity beyond the observable organism and then giving this abstraction many of the properties of an entire person. Freud's (1900) concept of consciousness as '*a sense organ for the perception of psychical qualities*' (p. 615) is an excellent example of this kind of tautologous and concretistic confusion as it shows itself in ego psychology. The eye is a sense organ;

² I quite agree with Royce (1973) that the terms 'person' and 'self' need not imply dualism, but I am not persuaded by his argument that the concept of the soul, as used in Catholic Thomist psychology following Aristotle, does not imply dualism and in fact represents an alternative to both dualism and monism. He extends the argument quite far back in time, claiming that 'the ancient Sumerians and Egyptians . . . held a unified view of the nature of man. . . . and that the Hebrew Old Testament tradition was not dualistic in any Platonic or Cartesian sense, and the biblical expressions "I said to my soul" or "to lose one's soul" would be better translated as "I said to myself" or "to lose one's self"' (p. 883). This gloss on the rendition of the Bible's Hebrew I find interesting, though I cannot evaluate it, and I remain unconvinced that the ancient religions he cites were free of implicitly dualistic animism.

there is no need to postulate any little man crouching behind it to perceive its pictures—or if there were, there would be no escape from the infinite regress of homunculi each taking in the perceptual laundry of his predecessor in line. The very concept of ego exposes us to all these temptations, and surely in its everyday use by most of us it becomes a prime mover, a kind of insubstantial '*shabbas goy*' who is called upon to do everything for the indolent, unemployed, and (by psychoanalysts) almost totally ignored *person*.

A third observational root of the ego concept is linguistic, and therefore distinctively human. The process of individuation or what Schafer (1973b) calls representational differentiation makes an important advance as the infant gradually becomes aware that the adults who tend him consistently use one word to refer to him, a personal name. It has long been noticed (e.g., Preyer, 1882) that the child learns and uses his own name well before any personal pronoun, the correct use of which marks another conceptual advance (see, Moore, 1896; Gesell and Ilg, 1943).

For present purposes, these and many related facts may be lumped together into the statement that human beings universally learn to employ their own personal names, and later first-person pronouns and other words to refer to themselves. This fact is often cited as another nucleus of self, as a point around which the self-concept crystallizes, and the like. A less obvious point, which I wish to emphasize, is that language is both freeing and confining. On the one hand, the ability to name oneself gives the infant the power not only to observe himself but to think about himself, which is the beginning of a kind of autonomy. It is Descartes inverted: if *I* exist, I can think; therefore, I am 'a third force'—something beyond other people and objects that make demands on me, and something beyond the aches and urges that trouble my sense of well-being (or, if you prefer, the exigencies of such needs as hunger and pain avoidance). On the other hand, we are all vulnerable to the danger of assuming that when a word exists, a thing must exist to which it refers. This is the familiar fallacy of reification, which arises from such paleological pseudo

sylogisms as this: all things have names (concrete nouns); therefore, any name or noun must refer to a thing. The necessity of first-person pronouns and names is attested to by the fact that all known languages contain them and no tribe or similar group of people has ever been found who did not use them. But the legitimacy of 'I' does not necessarily imply that there is an entity, *'the I'*, widespread though such a concept was long before Freud. This feature of language is another reason for the treacherousness of the ego concept and its liability to fallacious misuse.

A fourth observational root of ego psychology seems to be another uniquely human capacity: self-observation beyond mere bodily perception. As soon as a child notices not only the world but also the fact that he notices the world, this reflexive awareness introduces a new paradox, a new set of philosophical dilemmas that are intrinsically difficult enough to have provided intellectual fodder for generations of our best philosophers. Small wonder that the most gifted of us, as a child, necessarily solves these problems in ways that do not stand up well to adult scrutiny. If I find that I can observe myself, even in the reflexive act itself, it is difficult to resist the conclusion that two entities must be present, signified by the two different words 'I' and 'myself'. The 'I' is what does the observing, and it seems subjectively identical with the internal possessor of sensations and memories, and with the wisher who conceives of goals and plans, or strategies to get them, and originates actions of all kinds. This 'I' does not seem identical to or completely coterminous with the body image, or with the total person or organism, though it is inextricably and bafflingly interwoven with them. This set of observations lies behind the familiar freudian concept of the 'observing ego', with whom the therapeutic alliance is made. (For a highly sophisticated modern treatment of these issues, see Chein, 1972).

I am following the British tradition of substituting the Latin 'ego' for Freud's straightforward '*Ich*' when I refer to his terminology, but it is not unimportant to recall that he himself did

not particularly like and very seldom, if ever, used the word 'ego'. From the beginning, he adopted the prevalent practice of speaking about 'the I' (*das Ich*) to mean that hypothetical entity, the part of the person that does the self-observing and seems generally in charge. As Strachey points out (Freud, 1923), 'the term had of course been in familiar use before the days of Freud' (p. 7), though he does not remind us that it was used as a technical term by such teachers of Freud's as Meynert, whose theory of primary and secondary *Ich* anticipates Freud's distinctions between id and ego, primary and secondary processes.

But Meynert was himself the inheritor of a considerable psychiatric tradition, a major figure in which was Wilhelm Griesinger. In 1867, two years before his death, Griesinger published an enlarged and widely read edition of his 1845 textbook on psychiatry. There, in the words of the distinguished historian of psychiatry, Ellenberger (1970), he 'developed an entire ego-psychology. Distortions of the ego can result from nonassimilated clusters of representations, which then may face the ego as though they were a stranger and come in conflict with it' (p. 241). These ideas were hardly original even with Griesinger but were in general currency; his French contemporary Durand, for example, 'claimed that the human organism consisted of anatomical segments, each of which had a psychic ego of its own, and all of them subjected to a general ego, the Ego-in-Chief, which was our usual consciousness. . . . The sum total of these subegos constituted our unconscious life' (*ibid.*, p. 146).

Notice how similar these propositions are to the following from Freud's 1892 paper in which he made his first published use of '*das Ich*'. He was dealing with the problem of how it is that what he called *antithetic* ideas (which seem to be the same ones called *pathogenic* in *Studies on Hysteria*) 'gain the upper hand' in cases of exhaustion. The exhaustion is only partial, he says. 'What are exhausted are those elements of the nervous system which form the material foundation of the ideas associated with the primary consciousness . . . the chain of associations of *the normal ego* . . .' (emphasis added). The ideas excluded from it, 'the inhibited and

suppressed ideas, are *not* exhausted . . . [but] . . . emerge like bad spirits and take control of the body, which is as a rule under the orders of the predominant ego-consciousness' (Freud, 1892-1893, pp. 126, 127).

These usages point to a fifth root of ego psychology, another ancient piece of self-observation—the fact that we have two kinds of impulses or desires, which Freud called ego-syntonic and ego alien. Before him, they were better known as voluntary and involuntary actions. The notion of a division of the self into higher and lower natures, the former—the source of voluntary actions—controlling the latter—the source of involuntary actions—is virtually as old as philosophy. By Freud's time, the discussion of that and a great many other problems, which we subsume under the heading ego psychology, had become a substantial part of academic psychology. Fortunately, for anyone interested in looking into the then contemporary status of these discussions, there is a readily available and deliciously readable source: William James's masterpiece of 1890, *Principles of Psychology*, especially Chapter X, *The Consciousness of Self*. As Rapaport (1960b) reminds us, James spoke of the distinction between actions that were voluntary, a matter of conscious will, and those that were peremptory or involuntary as 'one of the basic unsolved problems of psychology' (p. 869). Some other topics covered in James's Chapter X are the empirical self or me; the material self; the social self; the spiritual self; emotions of self; what self we love in self-love; the pure ego; the verifiable ground of the sense of personal identity; theories of self-consciousness; the mutations of the self; insane delusions; alternating selves.

Later, James became an admirer of Freud and read a fair amount of his work, but there is no record that Freud read James. I do not mean to imply that Freud should have read James or that he would have learned much from him; Freud did not learn by reading philosophical books, no matter how profound or brilliant. Indeed, he frequently complained of a disinclination to read philosophy, aided by what he called a 'constitutional incapacity' (Freud, 1925 [1924], p. 59). Freud's way of

learning was primarily observational; his main teachers after 1890 were his patients. And when he came to write about what he had seen and heard, though he seldom shrank back from the desirability of conceptualizing his findings and even spinning theories about them, his theorizing was almost always focused on the matter at hand—the puzzling behavior that confronted him and which he needed to understand.³ Only in the Project (Freud, 1950 [1895]) did he set out to write a virtually complete psychology for neurologists, probably modeled on Exner's (1894) similar attempt to synthesize the ideas of their common teachers, Brücke and Meynert. The Project contains not only an ego, a subset of cortical neurones with striking resemblances to Meynert's secondary ego, but an extensive discussion of topics we now think of as being within the province of ego psychology, particularly in Part III, Attempt to Represent Normal [psi] Processes. Thereafter, however, just because he was not an academic professor deliberately trying to construct a comprehensive system of psychology, but a psychotherapist whose patients brought him baffling symptoms, his attention was constantly engaged by the pathological, rarely by the normal.

Freud first defined his theoretical attempts, the construction of a metapsychology, as a 'psychology that goes beyond consciousness'. The fact that the traditional definition of *Ich* or ego had virtually equated it with consciousness is a plausible explanation for the relatively late emergence of ego psychology as an explicit focus of psychoanalytic theorizing—it was what psychoanalysis was to transcend, not incorporate. Implicitly, however, much of it was there all along. The contemporary academic psychology dealt with such topics as conscious perception, thought, will—voluntary action—in short, with adaptive, ego-syntonic functions; it was a psychology not only of consciousness but of normal, conflict-free, everyday behavior. Much of it was little more than the formalization (or translation into jargon) of common sense. Freud saw no need to traverse this

³ For further discussion of Freud's ways of thinking and working see Holt (1974).

well-trodden ground. He wanted to make original discoveries, and he had a method superbly adapted for doing so but not well suited for helping him contribute to normal psychology. Even after Hartmann (1939) sounded the call for psychoanalysis to become a general or total psychology, not just a theory of neurosis or psychopathology, this limitation of method held back his efforts as well as those of other classical psychoanalysts whose experience was confined primarily to treating patients in private practice. Freud's own feeling was that he was limited in what he could learn about ego psychology because psychoanalytic method did not seem suitable for treating schizophrenics and others who suffered from major interferences with ego functions.⁴

Recently, I made a special scrutiny of the Dora case and attempted to identify every theoretical proposition, explicit or implicit. Implicitly, there are a large number of concepts and assumed propositions that make up the common-sense psychology of the time, which Freud took for granted and which, closely examined, turns out to be what today we call ego psychology. One might call this psychology the explanation of nonpuzzling behavior—the very kind of phenomena Freud found of little interest because they were so perspicuous and the prevalent theory so self-evident. For instance, let us consider the following explanations of why people act as they do.

1. Some experiences (e.g., sex, eating) are directly pleasant and we act to attain them for that reason, while others (notably pain) are unpleasant and we act to avoid them. It is perfectly evident that Freud believed this proposition, which is in fact a way of formulating the pleasure-unpleasure principle, even though by 1905 he had not yet stated it in so many words. (It is put in terms of the metapsychological model in *The Interpretation of Dreams*.)

⁴ It is worth noting that the modifications of classical technique that have made it possible to treat psychotics have not been of the kind that would be necessary to study the characteristic psychotic defects in perception, memory, conceptual thinking, motor coordination, and the like; hence it should not be surprising that no great advances in ego psychology have come from analysts who have learned ways of treating schizophrenics.

Similarly, his occasional references to an instinct of self-preservation indicated his implicit subscription to the next proposition.

2. Some activities (breathing, eating, drinking, evacuating, avoiding pain) are obviously necessary for survival and others are indirectly necessary for survival (working for a living, fighting off threats), which is, at least in part, why we do them.

3. There are a number of states that do not seem obviously necessary to life yet are almost universally wanted and sought (the good opinion of others and oneself; love; security; power and competence generally), and there are complementary or opposite states which we feel it is perfectly natural to dislike and to act so as to avoid experiencing them (shame; inferiority; guilt; anxiety; contempt, etc.). Similarly, if the reaction is proportional to the grievance, people will feel hurt and angry, become irritated or develop rages and hatreds when they are thwarted by others in getting what they need or want, or when they are insulted or assaulted.

When we limit our purview to such forms of behavior (as academic psychologists tend to do), it is easy to believe that people are mostly rational: that is, they choose to do what is obviously good or leads efficiently to rewarding experiences and to shun what is bad, self-defeating, or hurtful. Moreover, people seem to act as they do because of conscious intentions and values. As every science must at some point include the precise formulation of the obvious, let us examine more closely the common-sense ego psychology contained between the lines of *Fragment of an Analysis of a Case of Hysteria*.

In the Dora case, Freud frequently uses such terms as *wish*, *desire*, and *longing*, which imply much of what I have already spelled out, in particular the proposition that everyday behavior is motivated by subjective representations to yourself of what you want or do not want. But Freud also uses another set of similar terms, *intention*, *will*, and *conscious effort*, which imply that at some point a wish ceases being just a state of desire and passes into the status of what Klein (1970) has called an 'executive intention'—a

process of choice or decision made to carry out a line of action in order to satisfy the wish. Further, terms like *will* imply that it is possible for a person to make a difficult decision and to stick by it. When something wanted is not easy to obtain or when there are obstacles, something we call *effort* is possible. By summoning up a certain conscious state of mind, sometimes called *will*, a person can redouble his level of activity and striving for a goal. When, during his early therapeutic work, Freud presented his patients with 'the solution' to an understanding of their neurotic symptoms, he expected them to be able to face unpleasant facts, which implied his faith that they could summon up the effort to do what they naturally and normally would not want to do. 'Where id was, there shall ego be' makes no sense if we do not include under it the recognition that mature, nonneurotic people usually have the capacity to make free choices.

Briefly, my understanding of free will (see also Holt, 1967c) is that freedom not only is not the antithesis of determinism but is in fact meaningless without a belief in the strict and lawful determination of behavior. The hypothetical freedom postulated by some philosophers as the reverse of determinism is complete spontaneity, acting in a totally unpredictable fashion. It takes only a moment's thought experiment to bring the realization that such freedom would actually be a kind of slavery. If I were free in that sense, I would not be able to act in a self-consistent way, according to my own desires and values, for that would mean that my behavior was determined by something; nor would I be able to approach potential benefits nor to avoid ominous threats in my environment, for again my behavior would be determined by external stimuli in just the way this supposed freedom rules out. Meaningful freedom of will or choice presupposes a stable and lawful world. For some philosophers this does not pose a problem since they assert that determinism holds throughout the universe, except in the behavior of human beings. What they overlook is the fact that the significant reality for us is other persons. If everyone else were free and completely unpredictable, I could have no usable freedom; communication

among persons, for example, would be impossible. The universe of the philosopher of free will in this sense must therefore be completely solipsistic: only I have freedom, everyone else's behavior is lawfully determined.⁵

When the issue is conventionally formulated, virtually everyone chooses determinism, even though it seems to mean that we must often give up as an illusion the very freedom of choice that we manifestly do have. On the assumption of determinism, a genuine and meaningful kind of freedom becomes possible. It is the freedom that distinguishes a wise and mature woman from her wilful child, trapped in his own tantrum. It distinguishes the successfully analyzed person from the neurotic who is caught in a compulsion to repeat an unsatisfactory pattern of self-defeating behavior, or from the psychotic whose echolalia and echopraxia exhibit the most extreme form of stimulus slavery or loss of autonomy from the environment. Indeed, a patient with no remaining vestige of free will is not analyzable for he cannot decide to coöperate, to keep his appointments, and to keep working at his problems despite the pull of resistance.

Like most other scientists of his day, and of ours too, Freud unquestioningly accepted the false antithesis of freedom and determinism, and had to live with the implicit contradiction between his rejection of the idea that patients could make rational (free) choices and the fact that his therapeutic method required that his patients do so. He tolerated such contradictions unusually well; indeed, as I have argued elsewhere (Holt, 1974), his creative achievements depended on his ability to defer neat syntheses. But I believe that he was delayed and generally hampered in accepting the conception of autonomy because of its implication that a person can attain some freedom from the pushes and pulls of his inner necessities and external pressures.

To summarize, ego psychology has a long past because it is founded on five virtually universal kinds of observations: the

⁵ Amusingly enough, that is precisely the position of those who, like B. F. Skinner, propound the opposite explicit theory, rejecting all freedom of will (except, implicitly, for themselves).

body image, the fact of death, the use of self-words, reflexive self-awareness, and the feeling that we are in control of some impulses but not of others. Moreover, ego psychology is often briefly defined as 'relations to reality', reality being construed as what appears real to ordinary observation. But the very fact of its prescientific beginnings means that ego psychology began with an unrecognized heritage of conceptual problems. All of these observations give rise to a number of extraordinarily subtle, complicated, and controversial issues when one tries to conceptualize them in a systematic and consistent way, issues that are central to a great deal of philosophy.

Unfortunately, ego psychology has been developed by persons—predominantly by Freud, of course, but also by other psychoanalysts—who were not well read in philosophy and who therefore tended to take relatively naïve positions on complicated issues as if they were self-evident. This is one major source for some of the fallacies built into ego psychology. My contention is that ego psychology has a short history because Freud was mainly concerned with conceptualizing his clinical observations, and because he felt, I believe erroneously, that his commitment to strict determinism limited the degree of ego autonomy he could postulate. The fact that his method required him and his patients to focus on precisely those areas of their lives in which their freedom was limited also must have tended to delay his emphasis on 'the primacy of the intelligence' (Freud, 1927). Nevertheless, if we define ego psychology in terms of its propositional content then we must admit that there is quite a bit of ego psychology in Freud's writings from the beginning.

II. THE EGO AND THE ID RECONSIDERED

Freud's 1923 paper marks the formal beginning of ego psychology. Arlow (1975) believes that this was so fundamental a theoretical change that it can be called a paradigm shift, in Kuhn's (1962) phrase. I do not agree; to me it is not a revolution but is one of several periods of slightly accelerated evolutionary change in Freud's thinking.

Freud used the term, *das Ich*, almost from the beginning. Except for a few passages dealing with the egotistical nature of dreams (Freud, 1900, pp. 267, 322, ff.) he abandoned it temporarily for a decade when he began work on *The Interpretation of Dreams*, in which he introduced the topographic model. In the works written during this ten-year period, the term occurs rarely and unsystematically. But starting in 1909 with his revisions of the dream book and with the lectures delivered at Clark, he began to use the term regularly, particularly in connection with the idea of defense and other oppositions to the libido, the opponent of which for awhile became the *Ichtriebe* (ego instincts). By the time of the metapsychological papers, Freud was using it frequently and in an increasingly technical and systematic way.

By contrast, a remarkable fact about the topographic model is how rarely Freud used it after setting it forth in 1900. The *Five Lectures on Psychoanalysis* (Freud, 1910 [1909]) given at Clark contain no mention of it, though this was Freud's first major public summary of his ideas. *The Psychopathology of Everyday Life* (Freud, 1901) contains but a couple of passing references to preconscious and unconscious *systems*. (Of course, throughout his career Freud wrote about unconscious wishes, ideas, memories, etc., and often referred to them collectively as 'the unconscious', but that is different from using the topographic *system Ucs.*) The book on jokes (Freud, 1905b) contains a fairly extensive passage in the discussion of the joke work that uses the topographic model, but most of the volumes of the Standard Edition between that and the one containing the metapsychological papers (Freud, 1917 [1915]), where the topographic model is explicitly reconsidered, have not even a single index entry for 'preconscious'.

I can see two major reasons for Freud's neglect of his model during this period. First, it was not intended to be a theoretical basis for his clinical work or for any of the other tasks for which he needed conceptual tools, except the understanding of dreams. And second, it was not a systematically constructed theory, nor one oriented to data, but more of an expository device. As such, it served him well in helping to organize the presentation of his

ideas on how a dream came about, but we should not forget that the title of the seventh chapter is *The Psychology of the Dream-Processes*; that was Freud's deliberately limited intent. As if daunted by the failure of his ambitious Project to create a total neuropsychological model, he probably intended a strategic retreat into modesty; and he was undoubtedly right in his feeling that it had been a mistake to try to create a grand, all-purpose model of the nervous system that would account for normal and abnormal behavior, thought, affect, and other human functioning. Even today, it may be premature.

Freud was clearly ambivalent about the topographic model even as a rhetorical device: no sooner had he expounded it than he began to find difficulties with it and, to his evident satisfaction, managed 'to replace a topographical way of representing things by a dynamic one', which, as Gill (1963, p. 8, n.) notes, would today be called economic—'the existence of two kinds of *processes of excitation or modes of its discharge*' (Freud, 1900, p. 610). Yet on the next page, Freud argues that it is 'expedient and justifiable to continue to make use of the figurative image of the two systems'. His phrase 'figurative image' indicates that he conceived of it in more nearly rhetorical than theoretical terms, as does his immediately following attempt to justify it by analogy to the virtual image of a telescope, in which connection he remarked again that the systems 'are not in any way psychical entities themselves and can never be accessible to our psychical perception' (Freud, 1900, p. 611). Elsewhere in the same work, he had introduced yet a third way of conceptualizing the difference between preconscious and unconscious ideas: the former alone were connected with verbal memories. He left these three conceptualizations standing side by side without any attempt at synthesis.

The concept of '*das Ich*', by contrast, with its many observational roots, seemed more nearly 'accessible to our psychical perception' and was already established in nontechnical usage. Hence it was undoubtedly more palatable to his followers and perhaps to Freud himself than a confusingly abstract *system Pcs.*, or *Cs.*, or *Pcs.-Cs.*, for Freud could not make up his mind which to

invoke as the antithesis of the *system Ucs.* As Schafer (1973a) has argued, the person—the obvious originator of action—has no conceptual status in the theory, and the ego is more nearly suitable as a stand-in for it than any of the topographic systems. The later clinical utility claimed for the ego-id model (Arlow, 1975) may very well lie in its susceptibility to anthropomorphic reification, a back-door entry for the concealed idea of the person.

The clinical observation that was apparently most salient for Freud was the ubiquity of conflict in his patients. There are doubtless other reasons for his pervasive interest in binary concepts, but that seems to be the main clinical basis for his feeling that there must be two types of drives or instincts, constantly clashing. And when he did postulate systems or structures in triads, in practice he almost always reduced them to an antagonistic pair: *Pcs.* versus *Ucs.*, ego versus *Ucs.*, ego versus id. Unfortunately, these ways of conceptualizing conflict are not only unnecessary but strongly facilitate the anthropomorphic fallacy; they lend themselves all too easily to vivid figurative writing depicting struggles between homunculi. Surely The Ego and the Id is pervaded by just such personification.

To return to the topographic model, in their respective monographs, Gill (1963) and Arlow and Brenner (1964) have well summarized the difficulties Freud found with it in the metapsychological papers. In those papers Freud (1915, pp. 186, 190-193, 195; 1917 [1915], p. 232) not only anticipated the principal objection to the old model in his 1923 critique but went beyond it, bringing out two other difficulties. As Gill notes, the solution to the main problem, the necessity to classify the repressing as well as the repressed forces as unconscious, did not resolve these other problems, 'nor did Freud explicitly attack these problems in later writings'. They derive from the fact that he had set up two criteria by which mental contents were to be assigned to the various systems: relation to consciousness and mode of organization (primary process versus secondary process); but these criteria were not perfectly correlated. There were conscious con-

tents (e.g., dreams, jokes) that were organized in a primary-process way, and there were unconscious contents (certain fantasies) that were organized in a secondary-process way. Defining the ego as in large part unconscious did nothing to account for either of these problematic observations.

Even in terms of his own critique of his topographic model, then, Freud's new model was no great advance, nor did it contain conceptual novelties. The term superego was new, but the 'agency' referred to had been introduced under the name, ego ideal (Freud, 1914), and the new model did not clarify the relationships among the three systems or structures.

The topographic model had numerous grave deficiencies which made it methodologically untenable and practically unworkable. Unfortunately, almost all of them were carried over into the structural model, never having been explicitly noted by Freud. A good many theorists have enumerated these flaws, especially during the past decade (e.g., Apfelbaum, 1966; Holt, 1967a, 1967b, 1967c, 1968, 1974; Klein, 1975; Rubinstein, 1967; Schafer, 1973a, 1973b, 1973c). What I wish to emphasize here is that Freud's theoretical models are an intrinsic part of his metapsychology, being the embodiment of first the topographic and later the structural point of view.

I am unable to follow or agree with Arlow's (1975) contention that the model of the ego and the id is part of the clinical theory (as opposed to metapsychology) or that it is more intimately connected to clinical observation than the topographic model. The concept of ego is no more observable than that of the *system P's.*, and the inferential chain between clinical observation and either set of concepts is of equal length. Concepts like projection and isolation, unconscious guilt, and regressive impulses are close to direct observation and are undoubtedly integral parts of the clinical theory. When we try to assign them to different parts of a hypothetical psychic apparatus, however, we are doing precisely what Freud urged as one of the three tasks of metapsychology. Likewise, I do not find convincing the argument that various theoretical and technical developments of the past fifty

years demonstrate the value of the structural model. An equally plausible case may be that since it was quickly adopted as the official language of psychoanalysis, any new formulations had to be couched in its terms. Could it not be argued just as well that the change from German to English as the dominant tongue of psychoanalytic authors has made possible and 'cleared the way for' the principal contributions to ego psychology of the past thirty years? As to therapeutic technique, I find more persuasive Schafer's (1973c) argument that it has been hampered by the model than Arlow's (1975) that it was significantly advanced.

My critical position, therefore, is not that 'the paradigm of psychoanalysis advanced in *The Ego and the Id* . . . no longer fits the data of observation'. I see no real change in the degree to which the model fits psychoanalytic data; in my estimation, neither one ever fit them in a usable way. As I have already said, it is extremely difficult to use it without reification or personification; instead, the very concepts themselves as well as Freud's own habit of slipping into these philosophical fallacies have encouraged clinicians to lose sight of the fact that it is the patient who talks, dreams, and acts in the real world, not his ego, superego, or id, or some coalition of these soul-like entities.

As I see it, the crisis of psychoanalytic theory generally is not that new facts have been piling up that embarrass the old model, but that the fundamental methodological—that is, basically philosophical and conceptual—weaknesses and fallacies of the theory have been exposed. Similarly, psychoanalysis needs new biological foundations because the old, hidden but immanent ones are outdated biology. Klein (in the passage quoted by Arlow) misunderstood what Rubinstein (1967) and I intended in our calls for a new protoneurophysiological model: we have no intent to attack or replace clinical concepts or observations, nor to reduce meanings to physiological measurements. The issue is very simple, as I see it. Is psychoanalysis to try to become a pure psychology by turning its back upon the body, or is it to remain faithful to its psychosomatic heritage? Surely the mind is not disembodied; sex, for example, is ineluctably a biochemical,

anatomical, physiological, even genic matter, as well as one of conscious and unconscious meanings: longings, passions, fantasies, and interpersonal transactions. And, I would add, it also has important legal, institutional, cultural, economic, and even political aspects. It is true that you can get along a good deal of the time with most patients' sexual problems by paying attention only to intrapsychic conflicts and meanings, but to try to build up a systematic and comprehensive understanding of sexual behavior with this restriction seems to me false to Freud's example and his ambition for psychoanalysis.

III. TWO EGO PSYCHOLOGIES: NARROW AND BROAD

As Arlow (1975) notes, there were a great many important contributions to ego psychology in the first decades following its formal promulgation. Yet, ego psychology, as I have known it and identified myself with it, and as it was expounded by Rapaport (e.g., 1951, 1960a), is missing. It would seem that Arlow and Joseph (1975) propose the implicit definition of ego psychology as the adoption of the ego-superego-id model; for them, and a good many other psychoanalysts, its definition centers on the replacement of the topographic by the structural point of view, and structures mean what Freud called (so confusingly to English-speaking readers unfamiliar with German jurisprudence) the three great 'psychic instances'.

It is curious that the 1923 model should have introduced an era of ego psychology in this narrow sense, for the term has come to mean, for many of us within the psychoanalytic movement, a great broadening of what had been a deep but narrow inquiry into intrapsychic conflicts. The Ego and the Id merely renames and slightly reorganizes the terms and field of such conflicts, yet I believe that Arlow may be right in contending that it was a liberating moment for psychoanalysis—not because it was a paradigm shift in Kuhn's (1962) sense, but perhaps because it seemed to be a fundamental shakeup in the theory. Freud's willingness to bring the ego to center stage and see it in a new

relation to consciousness, his renaming the ego ideal, and his adoption of Groddeck's term (*das Es*) for a slightly revised *Ucs.*, coming as they did just after the revised dual instinct theory, may have signaled his co-workers that it was time to re-examine old data and old assumptions and to strike out in new directions.

Though I do not see that many of the clinical innovations cited by Arlow and Joseph are logical or necessary consequences of the 1923 model, they probably are its psychological consequences. In particular, I do not see that the new-old signal theory of anxiety (Freud, 1926) had to await the structural model before Freud could abandon his economic notion of anxiety as transformed libido and could revive an adaptive conception which he had sketched in its main outlines in the Project (Freud, 1950 [1895], pp. 324, 357, ff.) and had occasionally invoked on a number of seldom noticed occasions thereafter (1895 [1894], p. 112; 1900, p. 601, ff.; 1905b, p. 178; 1915, p. 182, ff.; 1916-1917, pp. 394, ff., p. 405). The 1923 work did, however, foreshadow two important changes to which ego psychology in its second and broader sense may perhaps be traced: the revived and extended conception of defenses (repression again being construed as one among several kinds of defense), and the increased role of reality as a determinant of behavior. The first of these opened the door for Anna Freud's (1937) important work on defenses, and the second paved the way for Hartmann's (1939) introduction of the adaptive point of view and Erikson's (1950) psychosocial and (1958) psychohistorical outlook.

There are, then, two somewhat different meanings of ego psychology. The first, the one emphasized in the accompanying papers by Arlow and Joseph, implies by the term only the addition to psychoanalysis of the ego-superego-id triad plus a restricted group of clinical contributions seen as having been directly stimulated by it: the signal theory of anxiety, a systematic consideration of a full spectrum of defenses and their implications for the understanding of perversions and borderline states and of therapeutic techniques in a widening scope of ap-

plicability for psychoanalysis, and 'many other contributions regarding superego function, identification, and object relations . . . ' (Arlow, 1975).

The second meaning of ego psychology, the one to which I was introduced by Rapaport, stems in large measure from Hartmann and Erikson, though also from Anna Freud (1937) and Reich (1933). To someone trained in academic experimental psychology and the social sciences, it presented psychoanalysis as a reasonable, intelligible discipline, by no means exclusively focused on intrapsychic conflict and unconscious infantile wishes, but with much concern for a person's real setting, especially his social, cultural, and historical milieu, the groups and traditions that shaped his identity, and the *mise-en-scene* of interpersonal relations in which his life was played out. In other words, psychoanalysis offered not a physicalistic but a differentiated and structured view of reality as a habitat containing ecological niches and a social structure of role opportunities and societal modalities into which a person's own modes of behaving can fit.

In their revision of metapsychology, Rapaport and Gill (1959) also proposed that the topographic point of view be reinterpreted as structural. But in so doing, they meant much more than exchanging systems *Ucs.*, *Pcs.* and *Cs.* for id, superego, and ego. Rapaport taught that individual behavior was far-reachingly determined by relatively stable, slowly changing internal configurations that set limits on what behavioral options were open to a person and gave an individual a distinctive, persistent, and thus recognizable style. The closely interrelated pattern of defenses and abilities, Rapaport called a person's ego structure. He taught the diagnostic use of psychological tests through conceptualizing a typology of ego structures corresponding to recurrent diagnostic entities (see, Rapaport, Gill, and Schafer, 1945-1946). His students learned to recognize obsessive-compulsive, paranoid, or schizoid types of ego structure, for example, from the patterns of their abilities—achievements of a person functioning as best he could with neutral materials in a testing situation made as conflict-free as possible.

To a young psychologist learning his diagnostic trade in this way, there was no question that psychoanalysis was a broad enough theory to accommodate the contributions of academic psychology: they were simply the fruits of systematically studying behavior in the conflict-free sphere. Hartmann's program of expanding psychoanalysis into a general and comprehensive psychology by building conceptual bridges to existing academic disciplines (including sociology and anthropology as well as psychology) seemed to us the most natural, indeed inevitable of developments. *Psychological Issues*, founded at Rapaport's urging by George S. Klein, was a means for bringing about this extension of psychoanalysis. In the experimental work that issued from his laboratories at the Menninger Foundation, Harvard, and New York University's Research Center for Mental Health, Klein (1970) showed the fertility of Rapaport's ego-structural conceptions: cognitive style is a major conceptual and empirical embodiment of ego psychology in the second sense. With his students and co-workers, Klein developed a series of practical means of assessing a person's characteristic and stable ways of taking in and processing information about his world, structural characteristics (in Rapaport's sense), which helped to make sense out of previously chaotic data. An unselected sample of subjects would often contain people who responded in diametrically opposed ways to an experimental intervention (Klein, 1970, Chapter 6) so that until they were separated by tests of cognitive controls (Gardner, et al., 1959) such powerful but anti-thetical effects could misleadingly look like no effect at all.

Because of my own immersion in diagnostic and research work, the usefulness of Rapaport's ego psychology for these two fields of endeavor was most salient. I leave it to others to evaluate its therapeutic implications. Erikson's well-known work (e.g., 1964, 1968, 1969) is ample testimony to the fruitfulness for psychohistorical studies of this second type of ego psychology.

IV. THE FUTURE

Yet in the end, Rapaport's students have become disenchanted with ego psychology. In a word, its fatal flaw proved to be its

foundation on metapsychology. We all agree that metapsychology is moribund if not actually dead, and I find it hard to imagine that the concept of ego will survive the general collapse.

Thus, I foresee a future for ego psychology similar in one main respect to its prehistory: the problems it is addressed to will remain, the observations collected under its umbrella will stand, even some of its conceptual components (e.g., the defenses) will doubtless survive, but I doubt that ego psychology will be the applicable rubric for many more years. In the long run, I am not even sure that psychoanalysis will have a general theory of its own, nor that there will be any valid scientific need for a recognizable psychoanalytic theory to replace metapsychology. As sciences mature, schools wither. We are not yet at a high enough level of scientific maturity so that it is evident to all that there can and should be one general, all-purpose theory of the human person. *A necessary and absolutely indispensable prerequisite to any such theory is that it incorporate all of the clinical discoveries of psychoanalysis;* and I believe that, as a second prerequisite, general psychology will have to give up its present unfortunate enchantment with behavioristic reductionism. Neither of these prerequisites is met in any theory I know of, but I do not doubt that the time will come. For the foreseeable future, psychoanalysis is in the awkward position of having to abandon metapsychology without having any equally comprehensive and more tenable substitute ready at hand.

Psychoanalysts who are interested in going beyond critique of theory to a more positive, reconstructive phase might well give serious consideration to joining Roy Schafer in his exciting new venture. In his current work, only a part of which has yet been published (Schafer, 1972, 1973a, 1973b, 1973c), he is seeking a relatively modest objective—to formulate not a new metapsychology or basic model but a language that will be free of metapsychology's besetting errors and fallacies, consistent and appropriate for clinical use. I believe that his action language may become a permanent contribution, regardless of what happens on the loftier theoretical front, and that psychoanalysts may well find it more liberating and clinically helpful than *The Ego and the Id*.

REFERENCES

- APFELBAUM, B. (1966): *On Ego Psychology. A Critique of the Structural Approach to Psychoanalytic Theory*. Int. J. Ps., XLVII, pp. 451-475.
- ARLOW, J. A. (1975): *The Structural Hypothesis—Theoretical Considerations*. This QUARTERLY, XLIV, pp. 509-525.
- and BRENNER, C. (1964): *Psychoanalytic Concepts and the Structural Theory*. New York: International Universities Press, Inc.
- BERNFELD, S. (1944): *Freud's Earliest Theories and the School of Helmholtz*. This QUARTERLY, XIII, pp. 341-362.
- CHEIN, I. (1972): *The Science of Behavior and the Image of Man*. New York: Basic Books, Inc.
- ELLENBERGER, H. F. (1970): *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*. New York: Basic Books, Inc.
- ERIKSON, E. H. (1950): *Childhood and Society*. 2nd edition. New York: W. W. Norton & Co., Inc., 1963.
- (1958): *Young Man Luther. A Study in Psychoanalysis and History*. New York: W. W. Norton & Co., Inc.
- (1964): *Insight and Responsibility. Lectures on the Ethical Implications of Psychoanalytic Insight*. New York: W. W. Norton & Co., Inc.
- (1968): *Identity: Youth and Crisis*. New York: W. W. Norton & Co., Inc.
- (1969): *Gandhi's Truth. On the Origins of Militant Nonviolence*. W. W. Norton & Co., Inc.
- EXNER, S. (1894): *Entwurf zu einer Physiologischen Erklärung der Psychischen Erscheinungen*. Vienna: Deuticke.
- FREUD, A. (1937): *The Ego and the Mechanisms of Defence*. New York: International Universities Press, Inc., 1946.
- FREUD (1892-1893): *A Case of Successful Treatment by Hypnotism*. Standard Edition, I, pp. 117-128.
- (1895[1894]): *On the Grounds for Detaching a Particular Syndrome from Neurasthenia under the Description 'Anxiety Neurosis'*. Standard Edition, III, pp. 90-117.
- (1900): *The Interpretation of Dreams*. Standard Edition, IV/V.
- (1901): *The Psychopathology of Everyday Life*. Standard Edition, VI.
- (1905 [1901]): *Fragment of an Analysis of a Case of Hysteria*. Standard Edition, VII, pp. 7-122.
- (1905a): *Three Essays on the Theory of Sexuality*. Standard Edition, VII, pp. 125-243.
- (1905b): *Jokes and Their Relation to the Unconscious*. Standard Edition, VIII.
- (1910[1909]): *Five Lectures on Psycho-Analysis*. Standard Edition, XI, pp. 9-55.
- (1914): *On Narcissism: An Introduction*. Standard Edition, XIV, pp. 73-102.
- (1915): *The Unconscious*. Standard Edition, XIV, pp. 166-215.
- (1916-1917): *Introductory Lectures on Psycho-Analysis (Part III)*. Standard Edition, XVI, pp. 392-411.
- (1917 [1915]): *A Metapsychological Supplement to the Theory of Dreams*. Standard Edition, XIV, pp. 222-235.
- (1923): *The Ego and the Id*. Standard Edition, XIX, pp. 12-66.
- (1925[1924]): *An Autobiographical Study*. Standard Edition, XX, pp. 7-74.
- (1926[1925]): *Inhibitions, Symptoms and Anxiety*. Standard Edition, XX, pp. 87-174.
- (1927): *The Future of an Illusion*. Standard Edition, XXI, pp. 5-56.
- (1950[1895]): *Project for a Scientific Psychology*. Standard Edition, I, pp. 295-397.

- GARDNER, R. W.; HOLZMAN, P. S.; KLEIN, G. S.; LINTON, H. B.; SPENCE, D. P. (1959): *Cognitive Control. A Study of Individual Consistencies in Cognitive Behavior*. (Psychological Issues, Vol. I, No. 4, Monograph 4.) New York: International Universities Press, Inc.
- GESELL, A. and ILG, F. L. (1943): *Infant and Child in the Culture of Today*. New York and London: Harper & Bros.
- GILL, M. M. (1963): *Topography and Systems in Psychoanalytic Theory*. (Psychological Issues, Vol. III, No. 2, Monograph 10.) New York: International Universities Press, Inc.
- HARTMANN, II. (1939): *Ego Psychology and the Problem of Adaptation*. New York: International Universities Press, Inc., 1958.
- HEBB, D. O. and THOMPSON, W. R. (1954): The Social Significance of Animal Studies. In: *Handbook of Social Psychology, Vol. I*. Edited by Gardner Lindzey. Cambridge, Mass.: Addison-Wesley Publishing Co., Inc.
- HOLT, R. R. (1967a): The Development of the Primary Process: A Structural View. In: *Motives and Thought: Psychoanalytic Essays in Honor of David Rapaport*. Edited by Robert R. Holt. (Psychological Issues, Vol. V, Nos. 2-3, Monograph 18/19.) New York: International Universities Press, Inc.
- (1967b): Beyond Vitalism and Mechanism; Freud's Concept of Psychic Energy. In: *Science and Psychoanalysis, Vol. XI*. Edited by Jules Masserman. New York and London: Grune & Stratton, pp. 1-41.
- (1967c): *On Freedom, Autonomy, and the Redirection of Psychoanalytic Theory: A Rejoinder*. Int. J. Psychiat., III, pp. 524-536.
- (1968): Freud, Sigmund. In: *International Encyclopedia of the Social Sciences, Vol. VI*. Edited by David Sills and others. New York: Macmillan and the Free Press, pp. 1-12.
- (1974): On Reading Freud. Introduction to *Abstracts of the Standard Edition of the Complete Psychological Works of Sigmund Freud*. Edited by Carrie Lee Rothgeb. New York: Jason Aronson.
- JAMES, W. (1890): *Principles of Psychology*. New York: Richard R. Smith, 1962.
- JOSEPH, E. D. (1975): *Clinical Formulations and Research*. This QUARTERLY, XLIV, pp. 526-533.
- KLEIN, G. S. (1970): *Perception, Motives, and Personality*. New York: Alfred A. Knopf, Inc.
- (1975): *Psychoanalytic Theory: An Exploration of Essentials*. New York: International Universities Press, Inc.
- KUHN, T. S. (1962): *The Structure of Scientific Revolutions*. Chicago: University of Chicago Press.
- MOORE, K. C. (1896): *The Mental Development of a Child*. Psychol. Review Suppl., I, No. 3.
- PREYER, W. T. (1882): *Die Seele des Kindes*. Leipzig: Fernan.
- RAPAPORT, D. (1951): *Organization and Pathology of Thought. Selected Sources*. New York: Columbia University Press.
- (1958): A Historical Survey of Psychoanalytic Ego Psychology. In: *The Collected Papers of David Rapaport*. Edited by Merton M. Gill. New York: Basic Books, Inc., 1967, pp. 745-757.
- (1960a): *The Structure of Psychoanalytic Theory. A Systematizing Attempt*. (Psychological Issues, Vol. II, No. 2, Monograph 6.) New York: International Universities Press, Inc.
- (1960b): On the Psychoanalytic Theory of Motivation. In: *The Collected Papers of David Rapaport*. Edited by Merton M. Gill. New York: Basic Books, Inc., 1967, pp. 853-915.

- and GILL, M. M. (1959): *The Points of View and Assumptions of Metapsychology*. Int. J. Ps., XL, pp. 153-162.
- , ———, and SCHAFER, R. (1945-1946): *Diagnostic Psychological Testing. Vols. I and II*. Chicago: Year Book Publishers, Inc.
- REICH, W. (1933): *Character Analysis. Principles and Technique for Psychoanalysts in Practice and Training*. 3rd edition. New York: Orgone Institute Press, 1945.
- ROYCE, J. E. (1973): *Does Person or Self Imply Dualism?* Amer. Psychologist, XXVIII, pp. 883-886.
- RUBINSTEIN, B. B. (1967): Explanation and Mere Description: A Metascientific Examination of Certain Aspects of the Psychoanalytic Theory of Motivation. In: *Motives and Thought: Psychoanalytic Essays in Honor of David Rapaport*. Edited by Robert R. Holt. (Psychological Issues, Vol. V, Nos. 2-3, Monograph 18/19.) New York: International Universities Press, Inc., pp. 18-77.
- SCHAFER, R. (1972): Internalization: Process or Fantasy? In: *The Psychoanalytic Study of the Child, Vol. XXVII*. New York: Quadrangle Books/New York Times Co., pp. 411-436.
- (1973a): Action: Its Place in Psychoanalytic Interpretation and Theory. In: *The Annual of Psychoanalysis, I*. Chicago: Chicago Institute for Psychoanalysis, pp. 159-196.
- (1973b): *Concepts of Self and Identity and the Experience of Separation-Individuation in Adolescence*. This QUARTERLY, XLIII, pp. 42-59.
- (1973c): *The Idea of Resistance*. Int. J. Ps., LIV, pp. 259-285.
- SCHILDER, P. (1935): *The Image and Appearance of the Human Body. Studies in the Constructive Energies of the Psyche*. (Psyche Monograph No. 4.) London: Kegan, Paul, Trench, Trubner & Co.Ltd., 1953. New York: International Universities Press, Inc., 1950.

New York University
Research Center for Mental Health
6 Washington Place
New York, N.Y. 10003

Three Strands of Narcissism

Vann Spruiell

To cite this article: Vann Spruiell (1975) Three Strands of Narcissism, The Psychoanalytic Quarterly, 44:4, 577-595, DOI: [10.1080/21674086.1975.11926732](https://doi.org/10.1080/21674086.1975.11926732)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926732>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)



Citing articles: 9 View citing articles [↗](#)

THREE STRANDS OF NARCISSISM

BY VANN SPRUIELL, M.D.

The development of narcissism is usually studied from the standpoint of the drives, or more specifically of the libido. This paper considers narcissism from the standpoint of the ego and seeks to delineate separate developmental lines. From this point of view, a variety of forms may be distinguished which are ordinarily structured during the œdipal period. It is postulated that narcissism cannot be considered as truly separable from the vicissitudes of the love and hate of objects. This formulation makes possible consideration of recent observations concerning the 'narcissistic personality' without requiring major new economic, structural, or dynamic metapsychological constructs.

INTRODUCTION

The prediction that the clinical and theoretical understanding of narcissism would open new territories for psychoanalysis is finally beginning to come true—some sixty years after the prediction was made. In the last ten years there have been efforts to unravel the theory and to reach some clear ideas of just what we mean by 'narcissism' as a noun and 'narcissistic' as an adjective. But even now the topic continues to be bedeviled by ambiguities, misunderstandings, and unnecessary metapsychological constructs.

In this paper, I shall temporarily back away from the highly abstract metapsychological theories pertaining to economics and postulated intrapsychic 'structures',¹ and consider the development of narcissistic phenomena from the point of view of the drive regulating apparatus—the ego. Clinical experience and particularly recent observational studies of children make possi-

Presented to the Panel on Psychotherapy of Narcissistic Character Disorders at the Joint Meeting of the American Psychoanalytic Association and the American Psychiatric Association, Detroit, Michigan, June 6, 1974.

¹ For examples, Kohut's (1971) 'grandiose self', or Kernberg's (1974) 'grandiose self'. The latter is a hypothetical structure with its own dynamics and energies composed of a fusion of three other hypothetical structures: the 'real self', the 'ideal self', and the 'ideal object'.

ble a genetic view of narcissism as changing and transforming sets of human motivations as well as a new view of the types of individuals appropriately termed 'narcissistic personalities'. From such a perspective, we may be able to visualize a psychoanalytic situation, and the techniques within that situation, which can take into account the apparently incompatible observations of both Kohut and his followers, and Kernberg and his followers.² It should be made clear, however, that rather than proposing basic alterations of existing theory, I am simply suggesting a way of utilizing theories and data already available to us.

As a beginning, we should recognize that the term 'narcissism' describes a variety of developing phenomena encompassed by a broad theoretical formulation: Freud's construction regarding libido (in which aggression has never been satisfactorily included) as variably distributed between the ego and its objects. According to this theory, out of narcissistic libido there gradually develops first homosexual and then heterosexual object libido; an adult-type distribution is not acquired before adolescence. At any time, there is a possibility of a reversed flow—a withdrawal of cathexes from objects and their reinvestment in the self. Secondary narcissism can also arise by way of identification with a cathected object. Certain identifications also play a role in structuring the superego which functions in part as a secondary narcissistic structure.

Beneath this necessary and useful 'umbrella' formulation—one which, however, may be difficult if not impossible to apply to specific clinical events³—, narcissism was described by Freud (1914) in the following forms: (a) as a phase; (b) as a perversion; (c) as a major part of the regulation of feelings of well-being—methods for maintaining an inner state of orderly functioning, balance, and integration signaled by apparent feelings of well-being in the young child and by evidences of what we call

² In a previous paper (Spruiell, 1974), I tentatively compared, contrasted, and criticized these views.

³ As Joffe and Sandler (1967) have convincingly demonstrated.

self-esteem in later life; (d) as an aspect of self-love; (e) as a type of object choice; (f) as omnipotence; and finally, (g) in terms of more individuated forms, as secondary structures—in particular the ego ideal aspects of the superego.

Obviously, some of these refer to one logical category, some to others. A phase is one sort of thing, self-love is something else, and the ego ideal is something still different. Yet all are in one way or another related to each other.

Three of these forms—self-love, the regulation of self-esteem, and omnipotence—should be treated as separate but related variables. Perhaps they can be thought of as independent ‘developmental lines’ (*cf.*, A. Freud, 1963) which represent coherent themes of ego motivations and which may become integrated and mingled in the healthy individual, but which also may be kept apart pathologically, or individually stunted, or compensatorily intensified, swollen, and overused.

In the sections to follow, these three motivational sets of developing narcissism (which I call ‘strands’ in spite of the potential misunderstanding that reifications are implied) will be separated artificially for heuristic purposes. The period before self and object representations are reliably differentiated (roughly, the first sixteen to eighteen months) is considered first. In the second section the evolution of object relations extending into the remaining separation-individuation processes (as described by Mahler, 1968), as well as into œdipal and post-œdipal development, will be discussed.

The evidence for the formulations to be presented comes from the analysis of defenses and resistances leading to fragmentary re-experiences within the transference-countertransference relationship, especially in those patients diagnosed borderline, narcissistic personality, perverse character, and psychotic. Among many authors, Loewald (1970, 1971a, 1971b, 1972, 1973) and Winnicott (1958, 1962) have described aspects of these phenomena in adult analysands. Winnicott has also described them in children, and the developmental studies of Mahler (1968) and her co-workers support them. Although Loewald,

Winnicott, and Mahler express themselves differently, some of their formulations and some of the phenomena they describe are compatible with those dealt with in the present paper.

SELF-LOVE, OMNIPOTENCE, AND SELF-ESTEEM

Winnicott (1961) said that there is no such thing as a baby without a mother. Loewald, in a series of papers (e.g., 1971a), speaks of the original mother-child unit as a field of interacting psychological forces; out of the interactions of forces within the field, there is gradual differentiation of instinctual drives, objects, and inner structures. The child more and more constitutes himself and is constituted as an independent field, though still in interaction with the centers of activity in his environment. Benedek (1949, 1952, 1959) and Mahler (1968), among many others, have taken a similar psychological approach to the mother-infant unit. The psychological approach complements the biological; even from a purely biological vantage point, however, the newborn infant is only a partial system. Between the distress signal and the relief of need, there must be a mother.

What aspects of narcissism are to be considered in the first eighteen months? Before the acquisition of reliable representational distinctions between self and object, there can hardly be object libidinal choices, nor a perversion, nor 'secondary narcissistic structures'. However, the origins or precursors of self-esteem, self-love, and omnipotence can be discerned within the mother-infant field. From the viewpoint of the psychological observer, the infant can be seen to share in mechanisms which maintain smooth, orderly functioning—the regulations of well-being signaled by the evidences the infant gives of his feeling states. While there can be no true self-love or omnipotence without psychic distinctions between self and object, the infant does have nascent versions of these strands of narcissism. Together they are generally labeled 'primary narcissism'. The early vicissitudes of libido during the oral and early anal phase do not require reiteration here; the evolution of self-love in terms

of object relations will be considered in a following section. But the precursors of omnipotence and of the regulations of self-esteem will require more attention; in particular the concept of omnipotence as used here is a special one.

The observer looking at the parent will see that the mother is concerned with each of these three aspects of the child's and her own narcissism. Her own self-love, omnipotence, and self-esteem are partially congruent, supplementary, part of the mother-infant field. In addition, the mother interacts with these and all her other aspects of narcissism in noncongruent, complementary ways. These interrelationships will be discussed later, but here it is important to note that neither view—the observer looking at the child or the observer looking at the mother—is sufficient without the other.

The mother constitutes the major portion of the infant's mechanisms for maintaining what later we would call self-esteem. And the ordinary mother's mechanisms, in reference to her own experiences of well-being and self-regard, are obviously congruent to a large extent with the experiences of the child. There is mutual regulation or, more explicitly, the regulations are intermingled. Stability is maintained within the mother-infant field by way of the mother's reliable ministrations (hopefully, but not necessarily, loving ministrations) and the infant's responses to them. With this stability, the child thrives; without a certain level of stability, he withers or dies.

As individuation takes place, more and more of the interactions regulating states of well-being become internalized; the child becomes less dependent on the mother for maintenance of what later can be called self-esteem. While he continues to require gratifications, the child more and more can tolerate delays without major disruptions; and the sources of gratification become increasingly generalized. Severe disruptions of these regulations in the early stages of infantile development are apt to play a part in major pathology—in infantile autistic or symbiotic psychoses, in adult psychotic mood swings, in the so-called schizo-affective disorders, or in autistic-like states.

Turning now to the omnipotent congruent or complementary strand of narcissism in the infant younger than eighteen months, omnipotence is related to regulations of well-being but at the same time is qualitatively different. Omnipotence, as used here, is both a pre-experiential and an experiential concept: pre-experiential in terms of 'actually' being part of a self-contained mother-infant field; experientially in terms of the child's later fantasies, beliefs, and feelings concerning real or imagined power. The intention here is to separate omnipotence from the other forms of narcissism, following Pumpian-Mindlin (1969). Furthermore, the intention is to connect omnipotence to the broader issues of action psychology, and beyond action psychology to the even broader and more abstract issues of aggressive drive derivatives. If it seems reasonable to assume that self-love is predominantly a derivative of libido, it seems reasonable to regard issues of action and power as predominantly derivative of aggression—especially if aggression is thought of as consisting of more than simply destruction.

Hartmann's (1947) call for the development of a psychoanalytic action psychology has hardly been answered. But an impetus in that direction was provided by Hoffer's (1949, 1950) interest in eye-hand-mouth coördinations. More recently, observations of congenitally blind children (*cf.*, Burlingham, 1961, 1965; Sandler, 1963; Fraiberg, 1968, 1969, 1972; Fraiberg and Freedman, 1964) have given us new insights into the development and failures in development of action not only in blind children but in sighted children as well.

The sighted infant's 'discovery' that his hands can go to his mouth, can join in the midline, and can repeat visual patterns are necessary steps toward that most mysterious leap of all—the leap to the beginnings of intentionality, causality, and deliberate action. The infant's first discoveries of the existence of objects in an 'out there' seem to depend on his ability to reach for them, grasp them, and manipulate them. Later, he is able to search for objects in their absence and comprehend their displaceability,

thus indicating that persisting images have been constructed. This original 'leap' cannot be understood without some understanding of the mother's motives to excite, encourage, and facilitate the child's moves.

The blind infant has enormous difficulty in making these steps, and many mothers of blind children are not able to facilitate them. It has been estimated that twenty-five per cent of the congenitally blind are doomed to autistic-like states unless they receive outside help. They seem to be incapable of constructing self and object representations. But it is now clear that the difficulty is not the result of the blindness per se; it is due to the interference with the development within the mother-infant field of coherent patterns of action. Patterns of action must develop for learning to take place; indeed, according to Piaget (1937), all learning depends upon action. Failures within the mother-infant field to negotiate the first steps in development result in failures to construct an interior version of a coherent universe at all.

The normal infant moves first to the level of 'magic action' (Piaget, 1937; Hartmann, 1953), then to the fabulous experience of omnipotence of the second year. According to Winnicott (1969), the child is omnipotently 'creating' his objects. This is the period to which Rycroft (1955) referred when he spoke of the environment ordinarily fitting in with the child's primitive, omnipotent wishes. Thus, in the normal child there seems to be a sort of flowering of omnipotence in the first half of the second year as the toddler creates a marvelous world almost totally experienced as being within his control (Mahler, 1974).

There are patients who demonstrate, as an important part of their complexly determined pathology, specific narcissistic aggressive problems traceable to interference with, or unusual augmentation of, this 'flowering of omnipotence'. Perhaps catatonics offer the most striking examples. The passivity of many congenitally blind people, certain 'ineffectual characters', and suicide-prone depressives all manifest an interference with

the normal elaboration of infantile omnipotence, as do persons who attempt to defend themselves by assuming reactively opposite character formations.

In these areas, then, the regulation of feelings of well-being and the early development of libidinal interests and omnipotence, the mother's and infant's motivations and activities are at first congruent. They represent complementary narcissistic aspects of the mother-infant field. It has already been mentioned that the mother's object love and aspects of her narcissism join in the infant's development in a supplementary way also. The mother's field is very largely congruent with the child's in the first months, but never totally so. There are interests of the mother which have to do with her relationship with the child as an independent object, whether seen 'narcissistically' or 'anaclitically'. The very young child is predominantly a narcissistic object for the mother; he is related to her self-love, pathologically even to her perversion, certainly to her feelings of social worth, and certainly to her ego ideal. And, hopefully, she will have still other interests that have nothing directly to do with the child. Not only how she loves others about her but how she is loved, how she is supported—how she is treasured by her husband, for example—are all enormously important factors as every clinician knows.

These supplementary aspects of the mother—the part of her not congruent with the primary, infantile interests of the child—normally mesh with the child's endogenous tendencies to individuate and separate. They serve to encourage, or even force, separation. In a sense, if the child is 'creating' a mother, the mother is also still 'creating' a child—as an independent human being. It is not hard to see how problems with the mother's love of herself, of her love of a partner, of her needs to possess and control, of her basic feelings of worth and value, can either inhibit separation processes or, at the other extreme, prematurely stimulate them in a context of inadequate succor for the child. I believe this is what Kohut (1971) means when he speaks of the child being caught in the 'narcissistic web' of the parents' lives

with the result that certain narcissistic aspects of the personality may be pathologically split off, or later repressed, and thus not take part in the more healthy aspects of the ego's development.

NARCISSISM AND OBJECT RELATIONS

In the previous section we considered the gradual emergence of the child from the mother-infant unit as it applies to two of the strands of narcissism: omnipotence and the regulation of self-esteem. The development of self-love in the experiential sense, however, also depends upon the evolution of object relations—a third strand of narcissism.

The origins of object relations extend deep into infancy, into the development of what Mahler (1968) has called the symbiotic phase and the 'hatching' of the child from the 'symbiotic membrane'. Prior to that phase everything is mother-infant love and hate and is not experienced by the infant except perhaps in indefinable 'oceanic' feelings. During the first year of life, the first true 'other'⁴—the psychological mother—is hardly more than a differentiated part of the ego. Or, conversely, the primitive ego is hardly more than a differentiated part of the object. Both are invested with libidinal and aggressive strivings; by definition, both are still narcissistic in nature. In phenomenological terms, qualities of lovability, lovingness, and power are assigned to the self object. In the terms of drive and ego, from the observer's point of view the object is erotically and/or aggressively idealized, and accordingly appears to be distorted. From the point of view of the child, however, this is not a distortion; this primary idealization is simply a part of ordinary infantile reality. An illusion, largely confirmed by the mother, can henceforth exist that the ego will become the recipient of lov-

⁴ Fraiberg (1969) has summarized the various concepts of the development of object constancy. The 'need-satisfying object' of Anna Freud (1952), the 'transitional object' and the 'subjective object' of Winnicott (1953, 1969), and the 'self object' of Kohut (1971), all refer in different ways to the archaic objects of the first year of life. The 'self object' seems a particularly appropriate term since it conveys the essentially narcissistic nature of this archaic object.

ing power and powerful love *from* the object. But the prospect of totally hateful, omnipotent power by the mother-object cannot be tolerated and tends instead to be assigned to other objects or taken to be part of the child's own evil nature, to be defended against desperately and psychotically.

Well along in the practicing subphase of separation-individuation (Mahler, 1974) and at the very time infantile omnipotence takes form, the child is faced with a quandary. He has not only been told the different versions of 'You can't' and 'You must', but he has had to acknowledge that his parents have interests which have nothing to do with him. There is a beginning awareness that there are limits to his omnipotence and that outside those limits there is 'reality'—a reality in which his parents dwell. Volition, will, magic power, and the causes of events must be shared; the lost personal omnipotence has to be ascribed to an object; in the future, both the child's and the parents' powers will be altered and each subsequent surrender of magical power will be accompanied by an incremental increase of competence.

Another way of saying that objects can be acknowledged to exist outside the child's omnipotence, is that he slowly, and ruefully, accepts that the object has some sort of independence, some sort of autonomous existence of its own. The toddler comes, probably gradually, to 'see' and relate to his objects in more than simply need-satisfying ways. The object is experienced more discretely; it is experienced as less and less replaceable, and as simultaneously gratifying and frustrating. Henceforth, the child is capable of concern for his object. The ego and the object become formally defined, after which each can exist as a figure against the background of the other.

According to Winnicott (1969), once this has happened—once the subjective object has in some sense been destroyed while, paradoxically, the real external object has not allowed itself to be destroyed—the object is psychologically re-created objectively. It can then be intrapsychically 'used' (though perhaps 'utilized' would be a better word). Is the subjective object, or self object, then entirely converted into just an object? Kohut (1971) argues

that it is not. If we translate his 'energetic' language into 'object' language as Goldberg (1974) does, then according to Kohut versions of the self object continue separately and, for a long time, as an externally necessary part of the child's psyche but progressively in phase-appropriate increments to be internalized within it.

Put another way, it can be said that from roughly eighteen to thirty-six months more and more reliable self and object representations—along with the representations of their interactions—come to be set up as experiential reflections of the underlying processes. Object choice, traditionally expressed as 'narcissistic' or 'anacletic', becomes conceivable. The child can use ('choose') the object in the beginning sense of love and hate for an independent object. Even so, it must be remembered that the three-, five-, and even fifteen-year-old loves anacletically in ways which are still relatively 'narcissistic' in comparison to the optimal passions of adults. The child can also use the object as a narcissistic expression of some version of his own self, and/or as some version of necessary regulations. These narcissistic continuations or transformations of the earlier self object may be joined by secondary erotic or power idealizations which salve the narcissistic mortifications of disappointments and disillusionments.

While the impacts of the narcissistic mortifications inflicted by the external world are partially salved by such power or erotic idealizations by the two- or three-year-old, they are also eased by processes of internalization which seem to occur after there have been manageable disappointments with idealized figures. Characteristics previously perceived as part of the object become related to the functions of the ego ideal. These functions have to do with both lovingness and power, perhaps at first more with the latter, as Hartmann and Loewenstein (1962) suggested. The phenomena previously seen as part of external interaction join with the inward setting up of a kind of 'ideal self' (Freud, 1914). The ego ideal from that time can exist as a secondary narcissistic structure or agency. Relations which had been conducted ex-

ternally continue inwardly between the ego proper and an idealized, wonderful, differentiated grade of itself. The most important of these internalizations takes place with the resolution of the œdipus complex; from that time the agency can properly be called the superego and plays a large part in the increasingly autonomous regulation of self-esteem.

While all this is going on, the individuating ego nevertheless retains much of the original narcissism. The toddler shows his dawning awareness of himself as 'marvelous', both erotically and omnipotently. Only slowly is this awareness modified, but even then it is not lost. To the observer, the child idealizes himself; to the child, his lovable and powerful 'grandiosity' is real. Kohut (1971) speaks of the ways the adequate mother empathically responds to preserve this attitude in the child. It is important to add that such a mother also gradually and selectively, as well as empathically, *restrains* the 'gleam in her eye' in response to the child's exhibitionistic displays. The adequate mother not only preserves but acts to alter infantile self-love and omnipotence.

To turn to clinical issues, it can be said that several sorts of narcissistic pathological configurations may result from phase-inappropriate frustrations or gratifications at any point in a particular child's development. Some narcissistic patients are never completely able to deal with the progressive wilting of infantile omnipotence and so retain aspects of infantile omnipotence, or they are allowed or encouraged to retain it overtly as a quasi-delusionary way of life. Such patients are preoccupied with power, exploitation, manipulation, deceit, and fear of overt dependence. They have little or no real concern for their objects. Behind their exterior masks of grandiosity, which they sometimes get the world to accept, they exist as lonely, hungry, and angry 'infants' whose defenses are exceedingly primitive. None of this is surprising when it is remembered that these malformations of development occur in the oral and early anal psychosexual phases, presaging severe malformations of œdipal organization.

At the other end of the spectrum are patients who have received phase-inappropriate frustrations after omnipotence has been to some extent altered and objective objects more reliably constructed. Later these patients are apt to demonstrate the clinical problems described by Kohut (1971). The 'idealizing transferences', which dominate some transference neuroses, primarily have to do with malformations in the strand of narcissism related to self-esteem. Similarly, the 'mirror transference' concerns self-love.

All people have sustained some scars as a result of mortifications; most have experienced some inordinate gratifications. But when such frustrations or gratifications have been too extreme for ordinary mastery in one area or another of an individual's narcissism, these strands tend to remain unintegrated during the œdipal period. Derivatives will be repressed or organizationally split off within the ego; the œdipal organization itself becomes distorted. After all, few things are more typically remembered as narcissistically mortifying than the five-year-old's recognition that his parents do not prefer to make love to him—they love each other. Furthermore, they are big and strong, and he is small and weak. Who can say that castration would not be injurious to one's narcissism? An adequate narcissistic development is necessary in order to sustain such blows. A healthy self-love and sense of strength, plus adequate regulation of self-esteem, are needed in order to survive without the massive uses of pathological defenses.

The usual result of damage sustained by narcissistic personalities is that they deny the realities of œdipal conflicts. With certain exceptions (e.g., Tartakoff, 1966; Spruiell, 1974; Easser, 1974), the literature on narcissism tends to ignore the centrality of œdipal organizations in these patients. Indeed, some authors seem to imply that pregenital narcissistic pathology will have little effect on œdipal organization or that it can even exist independently of it. Clinical experience does not verify such notions. Like other individuals who manage to exist in ordinary life and outside institutions, narcissistic personalities have in some

way developed from one- and two-body relationships to three-body relationships. The usual pathological œdipal resolution in such patients is the construction of their lives in such a way as to maintain, at whatever cost, the defensive illusion of œdipal victory. The unconscious aim is to maintain the illusion that they can live in terms of themselves alone or in terms of an archaic object, the self object—usually the psychological mother.

THE STRANDS OF NARCISSISM

To return to the three strands of narcissism, in a psychological sense self-love comes to exist as a result of individuation, joining the earlier omnipotence and the regulators of self-esteem. The phenomenon we term self-love may continue as a perversion; ordinarily it becomes increasingly 'neutralized' and continues as a sort of loving idealization of the self, as Hartmann and Loewenstein (1962) suggested. It may be ascribed to an external object in the form of a loving idealization of the object. It may be augmented by withdrawal of this investment. It may be pathologically intensified or diminished but, if all goes well, its infantile 'marvelous' qualities will be ultimately 'tamed', to use Kohut's word, and will assume a role in normal adult ambitions and egoistic interests.

The regulation of feelings of well-being, or self-esteem, is not the same as self-love though it is closely related and is supported by self-love. Self-esteem has to do with more than making comparisons between how one actually perceives himself and how one would wish to be. It has to do with the pleasure in efficient mental functioning, with the regulation of mood, with a sense of worth and integrity along with a sense of effectiveness in action. It has to do with gratifications and with a sense of inner safety and reliability. Structurally, it has to do with the ego's relations with itself—to an extent, at least, in relative independence from a possibly fickle environment—along with the ego's relations with the id, the superego, and the external world. It exists first in the regulations of feeling states in the mother-infant field, later

through relationships with the original self object and subsequent idealized objects, and still later through internalization of such relationships. Ultimately it will connect the individual's inner homeostatic states with the social and cultural states which surround him, though it may also enable the individual to defy the social organization if necessary. Interferences with normal development may result later in pathological regulations of self-esteem (A. Reich, 1960), or in deficient idealizations of the superego (Kohut, 1971).

Although closely related, omnipotence is not the same as self-love. Omnipotence moves in a line from infantile magic action through the development of omnipotence as experience, through its part ascription or delegation to the earliest objects and its part 'retention' in the ego. Thus both the ego and its objects may be idealized in terms of power. Further, omnipotence may be altered as a result of internalization processes, and may then account for the idealization of the power of the superego. Delegated omnipotence may be withdrawn from objects and there may be a pathological augmentation of the sense of power of the ego or superego. Ultimately, omnipotence—whether delegated or retained—is normally 'tamed' also; that is, made realistic. Eventually its organization passes through what Pumpian-Mindlin (1965) called the 'omnipotentiality' of adolescence to reach a selective, mature competence in action as it is sensed by the individual.

We know of individuals who subordinate everything, including sexual expressions and even reality testing, to issues of power. It is an understatement to say that many are highly rewarded by our society. Unfortunately, we are not able to study them because, short of actual breakdowns, they hardly ever consult us. Nor do we study many extremely ineffective or 'passive' characters. Even in terms of the patients we do see, we have a very limited understanding of the narcissistic elements of power, for example, the effects of interruption in infancy of the development of omnipotence, or, later, its faulty alterations.

While the various strands of narcissism are usually too closely intertwined to be distinguished, they may show a lack of coördination, a disjunction. There may be an augmentation of one in the attempt to compensate for a weakness in another. One aspect or another may be unrealistically facilitated or unrealistically inhibited. There may even be motivational conflicts between one aspect and the others.

It is for these reasons that I believe various types of narcissistic pathology may be discerned, and also that when these various problems dominate the transference relationship, it is fair to make the diagnosis of 'narcissistic personality'. However, in my opinion, it is impossible to separate narcissism from issues relating to the love and hate, however archaic, of objects. Finally, as a result of clinical experience late in the analyses of narcissistic personalities when oedipal issues finally come to some resolution in the transference neuroses, I believe it can be demonstrated that it is during the oedipal period that narcissistic phenomena are—or are not—melded, mingled, and transformed in major ways, just as are the conflicts relating to the love and hate of objects.

It seems to me that theories which *underemphasize* the role of aggressive drives deal primarily with the first two of the strands of narcissism—self-love and the regulation of self-esteem. And it seems to me that theories which *overemphasize* aggression deal primarily with the vicissitudes of omnipotence.

In clinical psychoanalysis we implicitly assume most of the things I have been saying. We interpret loving and being loved and lovability differently from the way we interpret matters of power; and we interpret each of these differently from the way we attempt to analyze the regulation of self-esteem. Thus, I do not believe there is one kind of narcissistic personality, or two kinds. Rather, given the skill, we might be able to construct something like three-dimensional profiles consisting of the various elements we tend to lump together when speaking abstractly; we thus might avoid incorrectly fusing them into the unqualified term: narcissism.

SUMMARY

Developmentally, narcissism is usually considered from the standpoint of the drives—or, more specifically, from the standpoint of libido inasmuch as aggression has never been satisfactorily included. This paper considers narcissism from the side of the ego, and seeks to delineate three separate developmental lines in which it is manifest: self-love, omnipotence, and the regulations of self-esteem. In health and in the psychoneuroses, these developmental lines of the ego are usually so intertwined as to be indistinguishable. But when early frustrations or gratifications have been too extreme for ordinary mastery in one area or another of an individual's narcissism, these strands may remain unintegrated during the œdipal period. Derivatives of one or another will be repressed or organizationally split off within the ego, resulting in a distortion of œdipal organization. Matters pertaining to self-love, omnipotence, or self-esteem thus may be kept apart pathologically; the strands may be individually stunted or compensatorily intensified, swollen, and overused.

From this point of view, rather than one or two forms of narcissistic pathology, a variety of forms may be distinguished—forms which are ordinarily structured during the œdipal period. In this view, narcissism is not considered to be truly separable from the vicissitudes of the love and hate of objects.

It is hoped that this formulation can take into account recent observations about 'narcissistic personalities' without it being necessary at this time to postulate major new economic, structural, or dynamic metapsychological constructs.

REFERENCES

- BENEDEK, T. (1949): *The Psychosomatic Implications of the Primary-Unit: Mother-Child*. Amer. J. Orthopsychiat. XIX, pp. 642-656.
- (1952): *Psychosexual Functions in Women*. New York: The Ronald Press Co.
- (1959): *Parenthood as a Developmental Phase: A Contribution to the Libido Theory*. J. Amer. Ps. Assn., VII, pp. 389-417.
- BURLINGHAM, D. (1961): Some Notes on the Development of the Blind. In: *The Psychoanalytic Study of the Child, Vol. XVI*. New York: International Universities Press, Inc., pp. 121-145.

- (1965): Some Problems of Ego Development in Blind Children. In: *The Psychoanalytic Study of the Child, Vol. XX*. New York: International Universities Press, Inc., pp. 194-208.
- FRAIBERG, S. (1968): Parallel and Divergent Patterns in Blind and Sighted Children. In: *The Psychoanalytic Study of the Child, Vol. XXIII*. New York: International Universities Press, Inc., pp. 264-300.
- (1969): Libidinal Object Constancy and Mental Representation. In: *The Psychoanalytic Study of the Child, Vol. XXIV*. New York: International Universities Press, Inc., pp. 9-47.
- (1972): Separation Crisis in Two Blind Children. In: *The Psychoanalytic Study of the Child, Vol. XXVI*. New York/Chicago: Quadrangle Books, pp. 355-371.
- and FREEDMAN, D. (1964): Studies in the Ego Development of the Congenitally Blind. In: *The Psychoanalytic Study of the Child, Vol. XIX*. New York: International Universities Press, Inc., pp. 113-169.
- FREUD, A. (1952): The Mutual Influences in the Development of the Ego and the Id. Introduction to the Discussion. In: *The Psychoanalytic Study of the Child, Vol. VII*. New York: International Universities Press, Inc., pp. 42-50.
- (1963): The Concept of Developmental Lines. In: *The Psychoanalytic Study of the Child, Vol. XXIII*. New York: International Universities Press, Inc., pp. 245-265.
- FREUD (1914): *On Narcissism: An Introduction*. Standard Edition, XIV, pp. 73-102.
- GOLDBERG, A. (1974): *On the Prognosis and Treatment of Narcissism*. J. Amer. Ps. Assn., XXII, pp. 243-254.
- HARTMANN, H. (1947): On Rational and Irrational Action. In: *Psychoanalysis and the Social Sciences, Vol. I*. Edited by G. Róheim. New York: International Universities Press, Inc., pp. 359-392.
- (1953): Contribution to the Metapsychology of Schizophrenia. In: *The Psychoanalytic Study of the Child, Vol. VIII*. New York: International Universities Press, Inc., pp. 177-198.
- and LOEWENSTEIN, R. (1962): Notes on the Superego. In: *The Psychoanalytic Study of the Child, Vol. XXII*. New York: International Universities Press, Inc., pp. 42-81.
- HOFFER, W. (1949): Mouth, Hand and Ego-Integration. In: *The Psychoanalytic Study of the Child, Vol. III/IV*. New York: International Universities Press, Inc., pp. 49-56.
- (1950): Development of the Body Ego. In: *The Psychoanalytic Study of the Child, Vol. I*. New York: International Universities Press, Inc., pp. 18-23.
- JOFFE, W. and SANDLER, J. (1967): *Some Conceptual Problems Involved in the Consideration of Disorders of Narcissism*. J. Child Psychotherapy, II, pp. 56-66.
- KERNBERG, O. (1970): *Factors in the Psychoanalytic Treatment of Narcissistic Personalities*. J. Amer. Ps. Assn., XVIII, pp. 51-85.
- (1974): *Contrasting Viewpoints Regarding the Nature and Psychoanalytic Treatment of Narcissistic Personalities: A Preliminary Communication*. J. Amer. Ps. Assn., XXII, pp. 255-267.
- KOHUT, H. (1971): *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. (The Psychoanalytic Study of the Child Monograph No. 4.) New York: International Universities Press, Inc.
- LOEWALD, H. (1970): Psychoanalytic Theory and the Psychoanalytic Process. In: *The Psychoanalytic Study of the Child, Vol. XXV*. New York: International Universities Press, Inc., pp. 45-68.

- (1971a): On Motivation and Instinct Theory. In: *The Psychoanalytic Study of the Child*, Vol. XXVI. New York/Chicago: Quadrangle Books, pp. 91-128.
- (1971b): *The Transference Neurosis: Comments on the Concept and the Phenomenon*. J. Amer. Psia. Assn., XIX, pp. 54-66.
- (1972): *Freud's Conception of the Negative Therapeutic Reaction, with Comments on Instinct Theory*. J. Amer. Psia. Assn., XX, pp. 235-245.
- (1973): *On Internalization*. Int. J. Psia., LIV, pp. 9-17.
- MAHLER, M. (1968): *On Human Symbiosis and the Vicissitudes of Individuation. Vol. I. Infantile Psychosis*. New York: International Universities Press, Inc.
- (1974): *Vicissitudes of Infantile Omnipotence*. Panel presentation at the meeting of The Association for Child Psychoanalysis, New Orleans, March 24.
- PIAGET, J. (1954): *The Construction of Reality in the Child*. New York: Basic Books, Inc.
- PUMPIAN-MINDLIN, E. (1965): *Omnipotentiality, Youth, and Commitment*. J. Amer. Acad. Child Psychiat., IV, pp. 1-18.
- (1969): *Vicissitudes of Infantile Omnipotence*. In: *The Psychoanalytic Study of the Child*, Vol. XXIV. New York: International Universities Press, Inc., pp. 213-226.
- REICH, A. (1960): *Pathologic Forms of Self-Esteem Regulation*. In: *The Psychoanalytic Study of the Child*, Vol. XV. New York: International Universities Press, Inc., pp. 215-232.
- RYCROFT, C. (1955): *Two Notes on Idealization, Illusion and Disillusion as Normal and Abnormal Psychological Processes*. Int. J. Psia., XXXVI, pp. 81-87.
- SANDLER, A.-M. (1963): *Aspects of Passivity and Ego Development in the Blind Infant*. In: *The Psychoanalytic Study of the Child*, Vol. XVIII. New York: International Universities Press, Inc., pp. 343-360.
- SPRUIELL, V. (1974): *Theories of the Treatment of Narcissistic Personalities*. J. Amer. Psia. Assn., XXII, pp. 268-278.
- TARTAKOFF, H. (1966): *The Normal Personality in Our Culture and the Nobel Prize Complex*. In: *Psychoanalysis—A General Psychology. Essays in Honor of Heinz Hartmann*. Edited by R. Loewenstein, L. Newman, M. Schur, A. Solnit. New York: International Universities Press, Inc., pp. 222-252.
- WINNICOTT, D. (1953): *Transitional Objects and Transitional Phenomena. A Study of the First Not-Me Possession*. Int. J. Psia., XXXIV, pp. 89-97.
- (1958): *Collected Papers. Through Pediatrics to Psychoanalysis*. New York: Basic Books, Inc.
- (1960): *The Theory of the Parent-Infant Relationship*. Int. J. Psia., XLI, pp. 585-595.
- (1965): *The Maturational Processes and the Facilitating Environment. Studies in the Theory of Emotional Development*. New York: International Universities Press, Inc.
- (1969): *The Use of an Object*. Int. J. Psia., L, pp. 711-716.

1305 Antonine Street
New Orleans, La. 70115

Early Object Loss and Denial: Developmental Considerations

Robert D. Stolorow & Frank M. Lachmann

To cite this article: Robert D. Stolorow & Frank M. Lachmann (1975) Early Object Loss and Denial: Developmental Considerations, The Psychoanalytic Quarterly, 44:4, 596-611, DOI: [10.1080/21674086.1975.11926733](https://doi.org/10.1080/21674086.1975.11926733)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926733>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)



Citing articles: 1 View citing articles [↗](#)

EARLY OBJECT LOSS AND DENIAL DEVELOPMENTAL CONSIDERATIONS

BY ROBERT D. STOLOROW, PH.D. and FRANK M. LACHMANN, PH.D.

The psychoanalytic treatment of a young woman whose father had been killed in a concentration camp when she was four years old serves to illuminate certain aspects of libidinal and ego development, particularly as it touched on the effects of losing one's father just before entering the œdipal phase and on the defensive use of denial in lieu of mourning. Further consequences of the patient's loss are seen in the extent to which it influenced the self-image, sexual identity formation, and superego functioning, especially with regard to the role of guilt.

The effect of the presence or absence of the mother during the preœdipal phase has, not surprisingly, dominated the analytic literature on child development (Spitz, 1965; Mahler, 1968), specifically the mother's contribution to structuralization in general (Tolpin, 1971) and to ego development and the pathology of self-object differentiation in particular (Jacobson, 1964). Far less attention has been given to the effect on the child of the loss of the father. Losing either parent may trigger many consequences and collateral events. It is difficult, for example, to know whether developmental deviations should be attributed to the loss of the father or to a reactive change in the surviving mother and hence in the mother-child relationship. The decisive factors in separating the effects of the traumatic loss of the father from the effects of its reverberations in the mother-child relationship are conceptually important but clinically difficult to isolate. The case to be discussed in this paper—that of a young woman who was four years old when her father died in a concentration camp—demonstrates that such distinction may be drawn more clearly in the vicissitudes of the transference in the analytic situation.

The case stands in contrast to Fleming's (1972) findings with patients who had suffered an early object loss. She emphasizes

their inability to form attachments in adult life and their difficulty in forming a transference and in establishing a therapeutic alliance. Fleming did not investigate the differing effects of the loss of the father as compared to the loss of the mother, but writes of the 'parent-loss patient' who, as a consequence of the loss, maintains an immature ego organization. In turn, this developmental interference with structuralization affects the quality of object relations.

Neubauer's (1960) review of the literature on the effects of object loss reflects the intensive study of the consequences of maternal deprivation and loss of the mother in the preœdipal years. No specific studies of reactions to the loss of the father just before the œdipal phase and its consequences in adult personality organization have come to our attention. It may be hypothesized, however, that for the girl, the loss of the father just before œdipal development might mar sexual and characterological patterns of relating to men, sexual identity, and, only secondarily, ego functions and structuralization derived from the preœdipal attachment to the mother.

Closely allied to the problem of object loss are the developmental prerequisites for the capacity to mourn. The age at which the ability to mourn can be relied upon is placed by Wolfenstein (1966) in adolescence. Certainly more than the first four years are required. But it is unlikely that every loss of a parent prior to adolescence is permanently debilitating without analysis. The ability of the surviving parent to counter the process of denial of loss—to serve as a model in the mourning process and as a necessary adjunct to the child for the eventual termination of mourning—plays a decisive role.

There is an inherent contradiction between conceptualizing the child's inability to accept the loss of a parent as the defense of denial and the view that mourning—hence the eventual acceptance of the reality of a loss—requires the successful mastery of certain developmental tasks. Does the acceptance and integration of the reality of a loss fail to occur because a defense is opposing it or because the ego, on its own, is structurally incapable

of acknowledging the loss and adapting to it by synthesizing available information? We propose a reconciliation between these contradictory views by distinguishing between denial as a defensive process and the capacity to register or affirm an event, specifically the cognitive capacity to conceptualize death (*cf.*, Nagy, 1959; Stolorow, 1973, 1974), which is a developmental achievement. We are suggesting a distinction between a healthy ego's coping with an event for which it is developmentally (or structurally) unprepared and an ego, weakened by inner conflict, needing to defend itself against the perception of a particular reality because such perception would evoke anxiety.

Denial as a defense of the ego has proven difficult to classify because of its overlap with and similarity to other defenses. Anna Freud (1937) considered it a primitive defense, while Moore and Rubinfine summarize the Kris Study Group's discussion of denial as follows: 'Denial occurs in response to the ego's requirement that it reconcile reality to instinctual strivings and super-ego demands' (Fine, Joseph, and Waldhorn, 1969, p. 53).

Jacobson (1957) has emphasized the distinction between denial and repression. The former deals with the ego's perception of reality while the latter deals with intrapsychic instinctual conflict. A difficulty remains, however, in that the ego's perception of reality is subject to denial, especially when intrapsychic instinctual conflict is associated with that perception.

We suggest that the concept of denial be reserved for those situations in which the child's ego structure may be expected to have matured sufficiently to acknowledge a reality—for example, the differences between the sexes—but cannot do so because of the meanings, associations, or implications involved in that perception. In this example, denial as a defensive process would be instituted to ward off castration anxiety.

In certain instances, denial may arise as the second phase of a two-phase developmental process. In the first phase, the ego of the child strains to synthesize available information. The events with which the ego has to cope are beyond what would be considered the 'average expectable environment' (Hartmann, 1958).

The child's efforts to comprehend such events may entail the construction of fantasies that derive from his level of psychosexual development at the time of the traumatic events and reflect both the ego's cognitive capacities and wish fulfilments. Under optimal conditions these fantasies change as the balance of intrapsychic and external forces changes. They are not pathological until they are used to ward off reality and become static defensive structures. At that point, the second phase, which we consider to be denial proper, comes into effect.

The realities which must be integrated by a child vary from the subtle nuances of the mother-child relationship to vivid events involving exposure to sexual or aggressive scenes. Consequently, the age at which the child is expected to be capable of integrating such events ranges from the preœdipal phase to adolescence, depending on the event. In the case of the death of a parent, it appears that at least the latency stage must be reached for the loss to be integrated. A developmental framework is thus crucial in describing denial.

The developmental inability to affirm an event occurs when the necessary internal structures have not yet evolved. An event then becomes traumatic in that it is phase inappropriate; for example, the loss of the father just before the œdipal phase. Such a loss not only coincides with the child's greatest need for the presence of the father, but also occurs when structuralization that would permit decathexis by way of mourning has not yet become firmly rooted.

The inability to acknowledge the reality of a loss may become defensive denial when an appropriate auxiliary ego model for mourning is missing and/or when the relationship to the lost object was excessively ambivalent and/or when the balance of intrapsychic forces shifts because of external or developmental changes. All three factors applied in the case of the patient to be discussed. In the years between the loss of her father and her realization during latency of his probable fate, the patient constructed a variety of fantasies to account for his absence. During and after latency, a qualitative shift occurred so that the fantasies became static and served defensive purposes.

The distinction we propose between the developmental inability to affirm the reality of an event and the defense of denial sheds light on the so-called denial fantasies. Where denial is instituted as a defense, the fantasy would reflect in an expectedly static form the compromises of the libidinal stage at which it was erected. In contrast, where the ego is developmentally unable to affirm an event such as the loss of a parent, the fantasy becomes the heir of the lost parent and may be expected to undergo the various psychosexual transformations to which the imago of the actual parent, were he alive, would be subjected.

The treatment of our patient will be considered specifically in terms of libidinal development and sexual identity as they relate to the traumatic loss of her father, and in terms of the operation of denial in lieu of mourning and its organization into a defensive fantasy system.

CLINICAL CASE

When Anna began her four-year analysis she was thirty-one years old. She had been married for twelve years and worked as an editorial executive. She complained of both diffuse anxiety and states of acute panic, the content of which centered around fantasies that her husband would leave her for another woman.

Anna was born in Budapest where, in her early years, she lived through the horrors of the second world war and the Nazi occupation. When she was four years old, her father was taken to a concentration camp where he eventually died. During an analytic session, while exploring the ways in which she kept aspects of her relationship with her father alive in her current experiences with men, Anna made a startling discovery that proved to be pivotal in her treatment. She suddenly realized that she had never accepted the reality of her father's death. Indeed, she exclaimed that she believed even now with a feeling of *absolute conviction* that her father is still alive. Much of the remainder of her analysis was concerned with uncovering the genetic roots and characterological consequences of this firmly embedded conviction.

At age four Anna had not yet developed the cognitive capacities which would have enabled her on her own to comprehend the meaning of the terrible events that were taking place around her, especially the sudden and inexplicable disappearance of her father. The surviving adults in Anna's environment, particularly her mother, failed to provide sufficient assistance to her in the task of integrating the grim realities of the war and her father's incarceration and death. The mother falsified the reality of the war, telling Anna that the exploding bombs were just doors slamming. She also pretended to Anna that the father was not taken to a concentration camp and tacitly perpetuated the myth that he was alive by never directly discussing his death with Anna and never openly mourning his loss. These experiences left Anna with a feeling of confusion about what was real and what was unreal, a feeling that was reactivated in her analysis with the discovery of her unconscious conviction that her father was still alive. It was left to Anna's own fantasy life to fill the vacuum left by maternal omissions and falsifications in order to make some sense of these incomprehensible and tragic events and regain some feeling of mastery:

I had to find some reason. It all seemed so crazy. I couldn't accept that such things could happen and there was nothing you could do. I was trying to understand what was happening. None of the adults would tell me. No one sat down with me and told me my father was in a concentration camp or dead. So I made up my own explanations.

The specific content of the fantasies which Anna elaborated to 'explain' her father's disappearance and continued absence developed as the complex consequence of several factors, including her level of ego development, the particular circumstances surrounding her father's disappearance, the nature of her actual relationship with her father, and her level of psychosexual development at the time of his loss.

With regard to ego development, there is evidence that a child at age four has not yet attained the abstract concept of death as a

final and irreversible cessation of life (*cf.*, Nagy, 1959; Stolorow, 1973, 1974). To the extent that a death is acknowledged at all, it is typically conceived of as a potentially reversible departure to a distant geographical location. A common element in all of the conscious fantasies with which Anna explained her father's absence was the notion that he was living somewhere in Russia and might some day return to her. Throughout her childhood and on into adulthood, at first consciously and later unconsciously, she 'waited and waited' for him to come back to her and feared that she might 'miscalculate' or 'do something wrong' that would make her miss her 'last chance' to see him.

Consistent with this level of ego and superego development, Anna in her fantasy explanations blamed herself for her father's departure and continued absence. The particular circumstances surrounding his departure contributed to the content of her fantasies. It was actually Anna herself who had found and brought to her father the notice instructing him to report to a concentration camp. She did not understand what it was and so took it very lightly. She even felt excited about the opportunity to deliver something to her father. When she gave the notice to him, she danced around him in a very happy and excited mood. Later she discovered that the notice meant her father would have to go away, and she felt she had done a terrible thing to him by being so happy. After he was gone, she developed a fantasy that he hated her for being happy when she delivered the notice because her happiness meant she did not care about him. She further fantasized that if only she had demonstrated her love and devotion by becoming 'hysterical enough' about the notice, then he would have returned to her:

He stayed away because I was such a rotten little kid to have acted happy, and he was glad to be away from me. If only I had given him a proper farewell. I missed my last chance to make him want to come back.

Thus Anna imagined that her father's continued absence was a kind of retribution for her complacency in taking the notice so

lightly. As an older child, to the extent that she became dimly aware of the tortures he must have experienced in the concentration camp and later of his death, she continued to blame herself. She imagined that if she had not delivered the notice or if she had been miserable, upset, and hysterical enough when she delivered it, her father would have been magically spared. In the transference whenever she was faced with a separation from the analyst, Anna would revive these elements of her fantasy. On such occasions she would work herself up into a state of hysterical panic and frenzied worrying as a kind of 'ritual sacrifice' in order to 'prevent disaster'—to insure that the temporary separation would not turn into a permanent one as it had with her father when she had been so complacent.

The guilty, self-blaming elements in Anna's fantasy explanations must of course be placed within the context of her actual relationship with her father at the time of his departure. Anna recalled that she loved her father dearly but that her boundless love for him had been only partially requited. He was often away on long business trips and was sometimes preoccupied, irritable, distant, and rejecting of her affectionate overtures and demands for attention. At times Anna felt hurt and left out because her father and mother were very devoted to each other and often went out together, leaving her behind. On occasion Anna had a guilty wish to be 'relieved' of the strain of the thrilling but sometimes painful 'game' of trying to win expressions of love from her father. Clearly, to the extent that her great love for him had been disappointed and frustrated, she had harbored angry wishes to be rid of him. When he was taken away, her feelings of guilt contributed to the content of her self-blaming fantasies.

The final elements for Anna's fantasy explanations of her father's disappearance—perhaps the most fateful ones for her characterological development—were provided by the vicissitudes of her psychosexual development. Because her father had been taken away when she was four years old, Anna's explanations of his absence contained derivatives of both castration anxiety and the œdipal stage. She developed fantasies that her father

stayed away because she was defective, repulsive, and totally valueless to him. And she developed further fantasies that he stayed away because he had met another woman in Russia and had chosen to stay there and live with her: if Anna could just win him away from the woman who had stolen him, he would return.

Material that unfolded in the course of her analysis suggested that castration derivatives played the more prominent role in her interpretation of her father's absence. The loss of her father intensified and 'fixated' the feelings of narcissistic mortification characteristic of the castration anxiety phase, a time when Anna looked to her father for a feeling of wholeness and self-worth. The father Anna had lost was not primarily the sexual father-as-lover of the fully blossomed oedipal phase; rather, he was the strong, powerful, glorious, presexual father-as-protector of the phallic phase from whom she sought shelter against a threatening world, reparation of her narcissistic wounds, and a sense of having value. The importance of castration anxiety in Anna's reaction to the loss of her father was supported both by her pattern in adult life of forming attachments to powerful, protective phallic father-figures and by the important role that a clear-cut illusory penis played in her development. From her early childhood, Anna had maintained a fully conscious conviction that a small penis protruded from between her vaginal lips, a conviction which obviously held disastrous consequences for her developing self-image and sense of sexual identity.

Although the exact time at which the illusory penis was consolidated could not be established, it can be fairly safely assumed that its rudiments appeared as a direct response to her father's disappearance. The illusory penis is subject to two complementary explanations. According to the first, Anna imagined that her father stayed away because her defective and 'castrated' genital made her disgusting and valueless to him: she was 'only a girl', she had no penis. She then developed the fantasy of possessing a penis to repair her disgusting defect and as an expression of her wish to make her father value her and return to her now that she was 'whole'. However, the penis fantasy merely exacerbated

her feelings of defectiveness. Later in life Anna made further efforts to repair her defect by developing a pattern of forming narcissistic object ties to aggrandized phallic father-figures, union with whom would undo her imagined castration and state of narcissistic want (*cf.*, A. Reich, 1953).

According to the second explanation, the penis fantasy was an attempt to restore her father through identification. When she lost her father, Anna attempted to rescue and enshrine a part of him in her own body image; she developed the illusory penis to make restitution for the loss of the whole object by incorporating a highly valued part object, her father's penis. Indeed, the tenacity with which she later clung to her illusory penis was paralleled only by the tenacity with which she maintained her conviction that her father was still alive.

It is questionable whether the various explanatory and restitutive fantasies discussed so far technically fall within the category of defensive denial fantasies. Primarily, they seem to represent attempts on the part of a four-year-old child to adapt to a state of cognitive insufficiency; that is, to fill in with phase-specific fantasy elaborations the cognitive vacuum left by an immature ego inadequately supported by the surviving adults in her environment.

At some point after the war, during her latency period when cognitive and ego maturation and expanded sources of information had enabled Anna to begin to register and comprehend the realities of her father's incarceration and death, she indeed began to construct an elaborate defensive denial-in-fantasy system (*cf.*, A. Freud, 1937; Fleming, 1972) which, until its dissolution by analysis, functioned to keep her father alive. Her efforts at this later point can properly be described as a denial that warded off the mourning process of which she was now becoming developmentally capable. The denial was promoted by the libidinal, the aggressive, and the self-preservative components of her complex, ambivalent attachment to him. She wished to keep him alive because she wanted to spare him a horrible death and also to keep alive the hope that he would return and

she would again enjoy his love. She wished to keep him alive because she felt terribly guilty and magically blamed herself for his death. And she wished to keep him alive so that she might once again be sheltered by his protection against a still very threatening world.

In constructing the denial-in-fantasy system, Anna made ample use of the ready-made fantasies by which she originally had explained her father's absence. In order to deny his death, she now had to cling to both the castration derivatives and fantasies of oedipal defeat. And to maintain this denial system, she had to select and cling to negative memories of her father's devaluing, rejecting, and excluding her—and repress all positive memories of his loving, caring for, and valuing her lest they contradict and jeopardize her denial fantasies. The repressed, split-off imago of the good, loving father was reattached to the memory of a kindly uncle to whom Anna distortedly attributed gifts from her father and other expressions of his love. In her adult life, Anna further buttressed her denial system by clinging to real or imagined experiences in which a father surrogate devalued or rejected her or was devoted to another woman. This, in turn, re-enforced her conviction that her father was rejecting of her or chose another woman but was still alive. Furthermore, she warded off experiences of feeling loved, valued, or chosen by a man so that her denial fantasies and her devotion and loyalty to her father would not be jeopardized. Clearly, the consolidation of Anna's denial fantasies into a static defensive system that had to be maintained at all costs had extremely deleterious consequences for her self-esteem as a woman as well as for her characterological patterns of relating to men.

It was between the age of ten and early adolescence that circumstances necessitated the final consolidation of Anna's denial fantasies into a static and unassailable system. When Anna was ten, her mother remarried, and Anna's denial fantasies dovetailed with a host of oedipal-competitive and sexual conflicts, greatly intensified and complicated by Anna's hope that

her stepfather would substitute for her lost father. At this point Anna, in reality a bright and pretty child, began to feel ugly, stupid, defective, and 'freaky' and became obsessively preoccupied with her illusory penis—symptoms which remained with her until they were removed by the analysis.

These castration derivatives served multiple functions for Anna during this crucial period in her development. The œdipal triad quickly evolved into a highly dangerous situation, in which the stepfather openly expressed a preference for Anna and met her blossoming sexual fantasies and provocativeness with overt seductiveness. The mother, an insecure, subservient, masochistic woman, was an inadequate œdipal rival who promoted rather than discouraged the developing sexual bond between Anna and her stepfather. Quite consciously and deliberately, Anna used her feeling of defectiveness and the illusory penis to ward off the dangerous possibility of overt sexual activity with her stepfather, reassuring herself that he would not want her once he discovered her 'deformity'. Feeling and acting as if she were ugly and stupid warded off a dangerous œdipal victory and served to pacify her mother. It insured Anna against being deserted by or destroying the mother who at this time was the primary dependent object. The various castration derivatives became a gift of love which kept her mother intact and also elicited her mother's regressively needed nurturance. The illusory penis may also have served Anna's wish to compete with her stepfather for the mother's love, as well as her struggle to ward off a masochistic identification with her subservient, victimized mother who related to the stepfather as slave to master.

Additionally, feeling ugly, stupid, and undesirable to her stepfather warded off Anna's wish—and the possibility—that her stepfather would become a father substitute and thus intrude into and jeopardize her deep bond of devotion and loyalty to her real father. Anna felt ugly, was self-hating, and developed law-of-talion dreams of being buried alive, partly because she felt tempted to commit her mother's crime of burying her real

father by accepting her stepfather as a replacement.

The mother's remarriage represented to Anna the first tacit acknowledgment of her father's death by the adults in her environment. This threatened abruptly to obliterate her denial fantasies. Hence Anna was forced to redouble her efforts at denial and restitution and to fortify all of the mechanisms by which she was keeping her father alive: feeling defective, freaky, and valueless; brooding over her illusory penis; imagining that boys would reject her and prefer other girls. Moreover, she had to mobilize feelings of being totally unloved and abused by her stepfather, because to recognize and accept his affection and caring would mean accepting that her father too had loved and valued her and was therefore absent because he was dead. By warding off the stepfather with various castration derivatives, Anna not only protected herself and her mother from the dangerous possibilities of oedipal competition, she also insured that she would not 'miscalculate' by accepting her father's death and accepting her stepfather, and that she, unlike her mother, would be ready and waiting for her father when he returned.

The final consolidation of her denial system occurred during Anna's early adolescence as her pubertal development exacerbated the threat of overt sexual activity with her stepfather. In response to her stepfather's sexual intrusiveness and seductiveness, Anna would think to herself, 'My real father would never do such things', and wistfully yearn for her real father's return. She elaborated fantasies in which he would return from Russia, her mother would choose to stay with the stepfather, and Anna would remain with her real father and enjoy his care and protection. Anna, like Freud's Dora (1905[1901]), called upon the imago of the protective father to rescue her from a sexual threat. This necessitated a final consolidation of the denial fantasies, through which she kept her father alive, into a static defensive system with all its unfortunate consequences for Anna's self-image, self-esteem, and patterns of relating to men.

Much of the above history was of course recapitulated in the transference. During the period when the analytic work con-

sisted of active confrontations with the denial fantasies and encouragement for Anna to accept the reality of the father's death, she became immersed in rage-filled transference struggles in which she cast the analyst in the image of the sexually intrusive stepfather who threatened to destroy her devotion and loyalty to her real father.

The therapeutic alliance withstood the impact of these transference storms, and Anna was eventually able to work through the transference and to give up her denial system. The most immediate consequence was that she experienced a belated mourning process as she permitted herself to imagine the horrors and prolonged, tortured death her father must have suffered at the hands of the Nazis. (At this point she also began to fear the analyst would die.) Coincident with this unfolding mourning process was Anna's dramatic recovery of positive memories of a loving father; along with these memories, she also retrieved repressed memories of loving devotion from various other men. Anna now clearly recognized that she had elaborated a complex denial system in which she viewed herself as defective and sacrificed her memories of her father's and other men's love in order to spare her father the terrible, agonizing death she now realized he must have experienced. Just as the sacrifices she endured to keep him alive were a measure of her great love for her father, so now was her pain in belatedly imagining how he died.

Predictably, as Anna accepted and mourned the death of her father, she also began to give up the feelings of being defective and undesirable. The working through of her denial system and her father's death had made possible the uncovering and reintegration of the repressed split-off imago of the loving father. This in turn resulted in marked and lasting improvements in her self-image and self-esteem and in increasingly strong feelings of being valued and desired by men in her current life. Since she no longer needed to use certain castration themes and experiences of oedipal defeat to deny her father's death, she could return in her analysis to residual castration and oedipal conflicts and begin to resolve them in their own right.

S U M M A R Y

We have presented the case of a young woman whose neurotic character structure evolved from the nuclear trauma of the death of her father when she was four years old. We have attempted to demonstrate that the loss of her father during her transition from the period of castration anxiety to the oedipal phase eventuated in specific pathological formations affecting the self-image, sexual identity, self-esteem regulation, and the pattern of her relationships with men. However, as evidenced by her capacity to maintain a therapeutic alliance during difficult transference struggles, the traumatic loss of the father had not obliterated the matrix of basic ego functioning—stable and differentiated self and object representations, a capacity for neutralized and autonomous ego activity, and an observing ego capable of reality-testing transference distortions—which represented the developmental achievement of her relatively benign years before her father's death.

The case also provided a clinical illustration of the theoretical distinction between the failure to register and affirm the reality of a loss because of the cognitive insufficiency of an immature ego inadequately supported by the surviving adults, and the defensive denial of a loss. Initially, the patient was developmentally incapable of registering, affirming, or comprehending the death of her father, and the fantasies with which she attempted to explain his absence became the heir of the lost father and underwent the psychosexual transformations to which the imago of the actual father would have been subjected had he been alive. Hence Anna's explanatory fantasies were derivative of her psychosexual level at the time of the loss. Later, when circumstances made it necessary, Anna's more mature ego, which was now developmentally capable of registering her father's death, consolidated these explanatory fantasies into a denial system proper—a static system which had to be buttressed at all costs by various secondary defensive operations and supporting fantasies. This defensive denial-in-fantasy system constituted the nucleus of Anna's neurotic character structure; its discovery was pivotal to her analysis, making possible a belated mourning process and the dissolution of her defensive organization.

REFERENCES

- FINE, B; JOSEPH, E.; WALDHORN, H., Editors (1969): *The Mechanism of Denial; The Manifest Content of the Dream*. (Monograph III of the Kris Study Group of the New York Psychoanalytic Institute.) New York: International Universities Press, Inc.
- FLEMING, J. (1972): *Early Object Deprivation and Transference Phenomena: The Working Alliance*. This QUARTERLY, XLI, pp. 23-39.
- FREUD, A. (1937): *The Ego and the Mechanisms of Defence*. New York: International Universities Press, Inc., 1946.
- FREUD (1905[1901]): *Fragment of an Analysis of a Case of Hysteria*. Standard Edition, VII, pp. 7-122.
- HARTMANN, H. (1958): *Ego Psychology and the Problems of Adaptation*. New York: International Universities Press, Inc.
- JACOBSON, E. (1957): Denial and Repression. In: *Depression. Comparative Studies of Normal, Neurotic, and Psychotic Conditions*. New York: International Universities Press, Inc., pp. 107-136.
- (1964): *The Self and the Object World*. New York: International Universities Press, Inc.
- MAHLER, M. (1968): *On Human Symbiosis and the Vicissitudes of Individuation. Vol. I. Infantile Psychosis*. New York: International Universities Press, Inc.
- NAGY, M. (1959): The Child's View of Death. In: *The Meaning of Death*. Edited by H. Feifel. New York: McGraw-Hill Book Co., pp. 79-98.
- NEUBAUER, P. (1960): The One-Parent Child and His Oedipal Development. In: *The Psychoanalytic Study of the Child, Vol. XV*. New York: International Universities Press, Inc., pp. 286-309.
- REICH, A. (1953): *Narcissistic Object Choice in Women*. J. Amer. Psyc. Assn., I, pp. 22-44.
- SPITZ, R. (1965): *The First Year of Life. A Psychoanalytic Study of Normal and Deviant Development of Object Relations*. New York: International Universities Press, Inc.
- STOLOROW, R. (1973): *Perspectives on Death Anxiety: A Review*. Psychiat. Quarterly, XLVII, pp. 473-486.
- (1974): *A Note on Death Anxiety as a Developmental Achievement*. Amer. J. Psyc., XXXIV, pp. 351-353.
- TOLPIN, M. (1971): On the Beginnings of a Cohesive Self. An Application of the Concept of Transmuting Internalization to the Study of the Transitional Object and Signal Anxiety. In: *The Psychoanalytic Study of the Child, Vol. XXVI*. New York and Chicago: Quadrangle Books, pp. 316-352.
- WOLFENSTEIN, M. (1966): How Is Mourning Possible? In: *The Psychoanalytic Study of the Child, Vol. XXI*. New York: International Universities Press, Inc., pp. 93-123.

Rutgers University
Livingston College
Department of Psychology
New Brunswick, N.J. 08903

The Significance of Depersonalization in the Life and Writings of Joseph Conrad

James W. Hamilton

To cite this article: James W. Hamilton (1975) The Significance of Depersonalization in the Life and Writings of Joseph Conrad, *The Psychoanalytic Quarterly*, 44:4, 612-630, DOI: [10.1080/21674086.1975.11926734](https://doi.org/10.1080/21674086.1975.11926734)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926734>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)

THE SIGNIFICANCE OF DEPERSONALIZATION IN THE LIFE AND WRITINGS OF JOSEPH CONRAD

BY JAMES W. HAMILTON, M.D.

Through reference to his letters and fiction, this paper attempts to demonstrate how Conrad made use of depersonalization in order to cope with the childhood loss of his parents and to avoid, whenever possible, psychotic regression. Genetic and dynamic aspects of depersonalization are noted along with the relationship between dream and depersonalization.

On May 15, 1890, while en route to Africa, Joseph Conrad wrote to a friend, Madame Marguerite Poradowska:

A dreary day, a not very merry sailing: haunting memory, vague regret; still vaguer hopes. One is skeptical of the future. For indeed, I ask myself, why should anyone have faith in it? And so why be sad? A little illusion, many dreams, a rare flash of happiness; then disillusion, a little anger and much pain, and then the end—peace! That is the program, and we have to see this tragi-comedy through. We must resign ourselves to it. The screw turns, taking me into the unknown. Happily there is another I who roams over Europe, who is at this moment with you, who will go before you to Poland. Another I who moves from one place to another with great ease, who can even be in two places at once. Don't laugh! I really believe this has occurred; I'm quite serious. So don't laugh at me: however, I permit you to say, 'How foolish he is!' This is a concession. Life is made up of concession and compromises (Gee and Sturm, 1940, pp. 10-11).

This passage indicates the symptom complex of depersonalization which, along with derealization, constitutes an altered ego state. Such states troubled Conrad recurrently in his personal life and were depicted in his writings. Born Teodor Józef Konrad Korzeniowski in Poland, he became a British citizen in 1886, later changing his name to Joseph Conrad. The above letter from the correspondence with Madame Poradowska that began in

February, 1890 was the first one that he signed with his English name. An only child, Conrad had experienced the loss of his mother when he was seven and his father when he was eleven and attempted to adapt to such overwhelming traumata through depersonalization and, later, externalization in the creative process.¹

Wolfenstein (1966) has demonstrated clinically the difficulties of mourning the death of a parent before the crucial issues of adolescence have been confronted, and she has shown that hypercathexis of the lost object may be a sequela of such loss. The following segment from a letter of Conrad's dated April 20, 1897, the time of the anniversary of his mother's death, describes the difficulty of decathecting the lost object: 'Wisdom says: Do not fill the vacated place—never! This is the only way to a life with phantoms who never perish; who never abandon one; who are always near and depart only when it is time also for yourself to go. I can tell for I have lived during many days with the faithful dead' (Garnett, 1928, p. 96).

Although it is generally acknowledged that there are multiple factors predisposing to the development of depersonalization, Jacobson (1959) believes it occurs as a result of incompatible ego identifications, while Arlow (1966) stresses intersystemic causes and feels

that depersonalization and derealization may be understood as representing a dissociation of the function of immediate experienc-

¹ The theme of loss or threatened loss runs throughout Conrad's life. The deaths of his parents were followed by those of his cousin Josefina in 1871 when he was fourteen; his distant cousin Alexander Poradowski, the husband of Marguerite, in 1890 within two days of Conrad's meeting him; and Jacques, a passenger aboard the *Torrens* in 1892. Jacques, who was dying of tuberculosis, was the first person to whom Conrad showed the manuscript of *Almayer's Folly*. Conrad's first command of a ship, that of the *Otago* in Bangkok, Thailand in 1888, and a later command of a Congo riverboat were both obtained because of the deaths of the respective captains of these vessels. In addition, Conrad met his wife after her father had died. Her health, following a serious fall in 1904 which left her partially crippled for life, was to be a constant concern for him during their marriage, as was the well-being of their two sons (*cf.*, Baines, 1960).

ing from the function of self-observations. . . . As in the case of *déjà vu*, depersonalization reflects a breakdown of the integrative capacity of the ego operating through the medium of fantasy In depersonalization, the sense of estrangement applies particularly to the participating self, and there is a concomitant accentuation of the function of the observing self (456-457).

From his clinical experience Arlow notes: 'Depersonalization and derealization are usually found together, although one or the other may be more prominent. . . . Experiences of depersonalization occurred in the context of severe intrapsychic conflict. Derivatives of the aggressive drive were especially prominent in these conflicts. . . . Disturbances in identity and the use of isolation, denial, and displacement were significant' (p. 460). He goes on to present case material that demonstrates how depersonalization was employed in one case as a means of coping with death wishes toward a sibling and, in another, of denying a sibling's actual death.

Stamm (1962) emphasizes that 'the symptom of depersonalization involves a regression, for shorter or longer periods, to a primitive, undifferentiated oral state in which the individual yearns for symbiotic union with mother' (p. 764) and that it is especially pronounced in those patients with deep oral fixations where it is closely related to Lewin's (1950) oral triad.

Conrad utilized obsessional defenses. Grinberg (1966) has cited clinical examples indicating that 'the more integrated adaptational control' of such mechanisms may give way under stress to 'omnipotent control' as well as to states of depersonalization. In one instance, a particular patient underwent a 'process of speech-depersonalization' as a reaction to underlying oral and anal sadistic wishes which were aroused after seeing his sister-in-law breast-feed her child.

Marcovitz (1972) has cautioned that 'each person's depersonalizations are uniquely his own and must be worked with and understood in the light of his own personality, not in terms of a preconceived formula' (p. 65).

DEPERSONALIZATION IN CONRAD'S WRITINGS

Detailed descriptions of depersonalization recur throughout Conrad's writings. In *Almayer's Folly*, his first novel, begun when he was the same age as his mother had been when she died, Conrad describes Kaspar Almayer's reaction while attending a funeral:

A strange fancy had taken possession of Almayer's brain, distracted by this new misfortune. It seemed to him that for many years he had been falling into a deep precipice. Day after day, month after month, year after year, he had been falling, falling, falling; it was a smooth, round, black thing, and the black walls had been rushing upwards with worrisome rapidity. A great rush, the noise of which he fancied he could hear yet; and now, with an awful shock, he had reached the bottom and behold! he was live and whole, and Dain was dead with all his bones broken. It struck him as funny. A dead Malay; he had seen many dead Malays without any emotion; and now he felt inclined to weep, but it was over the fate of a white man he knew; a man that fell over a deep precipice and did not die. *He seemed somehow to himself to be standing on one side, a little way off, looking at a certain Almayer who was in great trouble.* Poor, poor fellow!—Why doesn't he cut his throat? He wished to encourage him; he was very anxious to see him lying dead over that other corpse. Why does he not die and end this suffering? He groaned aloud unconsciously and started with a fright with the sound of his own voice. Was he going mad? Terrified by the thought he turned away and ran towards his house repeating to himself, 'I am not going mad; of course not, no, no, no!' He tried to keep a firm hold of the idea. Not mad, not mad. He stumbled as he ran blindly up the steps repeating fast and ever faster those words wherein seemed to lie his salvation. He saw Nina standing there and wished to say something to her, but could not remember what, in his extreme anxiety not to forget that he was not going mad, which he still kept repeating mentally as he ran around the table, till he stumbled against one of the armchairs and dropped into it exhausted. He sat staring wildly at Nina, still assuring himself mentally of his own sanity and wondering why the girl

shrank from him in open-eyed alarm. What was the matter with her? This was foolish. He struck the table violently with his clenched fist and shouted hoarsely, 'Give me some gin! Run!' Then, while Nina ran off, he remained in the chair, very still and quiet, astonished at the noise he had made. Nina returned with a tumbler half filled with gin, and found her father staring absently before him. Almayer felt very tired now, as if he had come from a long journey. He felt as if he had walked miles and miles that morning and now wanted to rest very much. He took the tumbler with shaking hands, as he drank his teeth chattered against the glass which he drained and set down heavily on the table. He turned his eyes slowly towards Nina standing beside him, and said steadily—'Now all is over, Nina. He is dead, and I may as well burn all my boats.' He felt very proud of being able to speak so calmly. Decidedly he was not going mad. This certitude was very comforting, and he went on talking about the finding of the body, listening to his own voice complacently (Conrad, 1895, pp. 99-101, italics added).

In *An Outpost of Progress*, after Kayerts has killed his associate, Carlier, following a dispute over some food, Kayerts is at first relieved.

Then he tried to imagine himself dead, and Carlier sitting in his chair watching him; and this attempt met with such unexpected success, that in a very few moments *he became not at all sure who was dead and who was alive*. This extraordinary achievement of his fancy startled him, however, and by a clever and timely effort of mind he saved himself just in time from becoming Carlier. His heart thumped and he felt hot all over at the thought of that danger (Conrad, 1896, p. 487, italics added).

In *Lord Jim*, Marlow, the narrator, gives the following account of Jim: 'He was not speaking to me, he was only speaking before me, in a dispute with an invisible personality, an antagonistic and inseparable partner of his existence—another possessor of his soul' (Conrad, 1900, p. 93).

In *Heart of Darkness*, when Marlow, the same character as in

Lord Jim, notices that Kurtz, the man he has been attempting to rescue in Africa, is dying, he tells himself:

Ah! but it was something to have at least a choice of nightmares. I had turned to the wilderness really, not to Mr. Kurtz, who, I was ready to admit, was as good as buried. And for a moment it seemed to me as if I also were buried in a vast grave full of unspeakable secrets. I felt an intolerable weight oppressing my breast, the smell of the damp earth, the unseen presence of victorious corruption, the darkness of an impenetrable night (Conrad, 1899, p. 580).

When Kurtz finally dies, Marlow describes the effect of the burial upon him.

But I am of course, aware that next day the pilgrims buried something in a muddy hole. And then they very nearly buried me. However, as you see, I did not go to join Kurtz there and then. I did not. I remained to dream the nightmare out to the end, and to show my loyalty to Kurtz once more. . . . No, they did not bury me, though there is a period of time which I remember mistily, with a shuddering wonder, like a passage through some inconceivable world that had no hope in it and no desire. I found myself back in a sepulchral city resenting the sight of people hurrying through the streets to filch a little money from each other, to devour their infamous cookery, to gulp their unwholesome beer, to dream their insignificant and silly dreams (Conrad, 1899, pp. 592-593).

In *The Secret Sharer*, which Conrad had considered calling *The Second Self*, *The Other Self*, or *The Secret Self*, the captain, who is unnamed, refers to Leggatt, another character, as his double and tells the reader ' . . . and all the time the dual working of my mind distracted me almost to the point of insanity. I was constantly watching myself, my secret self, as dependent on my actions as my own personality, sleeping in that bed, behind that door which faced me as I sat at the head of the table. It was very much like being mad, only it was worse because one was

aware of it' (Conrad, 1910, p. 670). Later, the captain confesses: 'I was not wholly alone with my command; for there was that stranger in my cabin. Or rather, I was not completely and wholly with her. Part of me was absent. That mental feeling of being in two places at once affected me physically as if the mood of secrecy had penetrated my very soul' (p. 682).

At one point, concerned that Leggatt may have left the ship, the captain becomes acutely agitated.

For some time longer I sat in the cuddy. Had my double vanished as he had come? But of his coming there was an explanation, whereas his disappearance would be inexplicable. . . . I went slowly into my dark room, shut the door, lighted the lamp, and for a time dared not turn around. When at last I did I saw him standing bolt upright in the narrow recessed part. It would not be true to say I had a shock, but an irresistible doubt of his bodily existence flitted through my mind. Can it be, I asked myself, that he is not visible to other eyes than mine? It was like being haunted. Motionless, with a grave face, he raised his hand slightly at me in a gesture which meant clearly, 'Heavens! what a narrow escape!' Narrow indeed. *I think I had come creeping quietly as near insanity as any man who has not actually gone over the border* (Conrad, 1910, pp. 686-687, italics added).

While working on *The Secret Sharer*, Conrad wrote to his friend, William Rothenstein, the artist, on December 17, 1909, 'I speak to you here as to a second self and thus I cannot conceive you taking it ill' (Jean-Aubry, 1927, Vol. II, p. 104).

ANALITY, DEPERSONALIZATION, AND THE QUEST FOR FUSION IN CONRAD'S LIFE

It should be noted that Conrad spent most of his fourth to tenth years with his family in Russia where they had been exiled originally because of his father's radical political beliefs and outspoken opposition to the Russian government of the Ukraine where they had been living. The conditions of exile being harsh

and the sanitary facilities limited, it is not unlikely that Conrad may have had to use an outdoor toilet, perhaps even defecate into a hole in the ground. Such an experience might have contributed to problems in working through the loss of his parents (who were both quite ill for several years before their deaths), leading to an equation of feces with the lost object and difficulty in establishing a clear demarcation between these two and the self. Arlow (1966) suggests that the child's struggle during the anal phase to delineate inner and outer reality as it pertains to the fecal mass may become the forerunner of the defensive splitting of the self which occurs in depersonalization.

In *Almayer's Folly* and *Heart of Darkness*, Almayer and Marlow depersonalize while attending funerals, and one might infer that Conrad reacted in a similar fashion when his parents died.² Throughout his life Conrad kept with him a picture of his mother's grave as well as a photograph album of his parents and other relatives which he referred to as 'The Graveyard', and which he did not allow others to view except on rare occasions (*cf.*, Conrad, 1926). These photographs might be considered 'linking objects' serving to keep his parents alive symbolically while forestalling adequate working through of the losses (*cf.*, Volkan, 1972).

There are noticeable anal characteristics in Conrad's creative style. The following excerpts are taken from letters he wrote to his editor and friend, Edward Garnett (1928). They describe the attempt to sublimate anal impulses, chronic doubting and in-

² In 1914 while visiting Cracow where his father's death had occurred, Conrad was overwhelmed by recollections of this event: 'In the moonlight-flooded silence of the old town of glorious tombs and tragic memories, I could see again the small boy of that day following a hearse; a space kept clear in which I walked alone, conscious of an enormous following, the clumsy swaying of the tall black machine, the chanting of the surplised clergy at the head, the flames of tapers passing under the low archway of the gate, the rows of bared heads on the pavements with fixed, serious eyes. . . . It seemed to me that if I remained longer in that narrow street *I should become the helpless prey of the Shadows I had called up*. They were crowding upon me, enigmatic and insistent, in their clinging air of the grave that tasted of dust and of the bitter vanity of old hopes' (Conrad, 1914, pp. 169-170, italics added).

decision, and difficulties of a sphinctral quality associated with work blockage.

February 22, 1896—What is life worth if one cannot jabber to one's heart's content? If one cannot expose one's main thoughts at the gate of some cemetery or some palace; and from the disgusted compassion of the virtuous extract the precious penny?

June 6, 1896—As soon as Part I of the stupid Rescuer is finished I shall send it straight to you. I am gnawing my fingers over the end of it now. If you knew how idiotic the whole thing seems to me you would pity me. You would weep over me. Oh the unutterable, the inevitable Bosh! I feel as if I could go and drown myself—in a cess-pool at that—for twopence.

June 19, 1896—Now I've got all my people together I don't know what to do with them. The progressive episodes of the story will not emerge from the chaos of my sensations. I feel nothing clearly. And I am frightened when I remember that I have to drag it all out of myself.

September 27, 1897—Ain't I a sordidly vile old man! At times I am myself amazed at my impudent desire to be able to live. And at times I feel sick—sick at heart with doubts, with a gnawing unbelief at myself. It's awful!

March 29, 1897—I haven't read for days. You know how bad it is when one feels one's liver, or lungs. Well I feel my brain. I am distinctly conscious of the contents of my head. My story is there in a fluid—in an evading shape. I can't get hold of it. It is all there—to bursting, yet I can't get hold of it no more than you can grasp a handful of water.

November 12, 1900—I've been satanically ambitious, but there's nothing of a devil in me, worse luck. The Outcast is a heap of sand, the Nigger a splash of water, Jim a lump of clay. A stone, I suppose will be my next gift to the impatient mankind—before I get drowned in mud to which even my supreme struggles won't give a simulacrum of life.³

³ See also letters of March 15, 1895; April 13, 1896; and August 5, 1896.

These letters to Garnett (1928) also contain many indications of the phenomena of depersonalization and derealization.

May 24, 1896—This is all the news. I've been living in a kind of trance from which I am only waking up now to a sober existence.

September 16, 1899—My efforts seem unrelated to anything in heaven and everything under heaven is impalpable to the touch like shapes of mist. You see how easy writing must be under such conditions? Do you see? Even writing to a friend—to a person one has heard, touched, drank with, quarreled with—does not give me a sense of reality. All is illusion—the words written—the mind at which they are aimed, the truth they are intended to express, the hands that will hold the paper, the eyes that will glance at the lines. Every image floats vaguely in a sea of doubt—and the doubt itself is lost in an unexplored universe of incertitudes.

November 24, 1899—You can detect the shape of a mangled idea and the shadow of an intention in the worst of one's work—and you make the best of it. You almost persuade me that I exist. Almost!

The following passage from a letter written on Good Friday in 1899 reveals the fear of merger with the bad introject:

Fact is I am not worthy to take up your thought. The more I write the less substance do I see in my work. The scales are falling off my eyes. It is tolerably awful. And I face it, I face it but the fright is growing on me. My fortitude is shaken by the view of the monster. It does not move; its eyes are baleful; it is as still as death itself—and it will devour me. Its stare has eaten into my soul already deep, deep. I am alone with it in a chasm with perpendicular sides of black basalt. Never were sides so perpendicular and smooth and high. Above, your anxious head against a bit of sky peers down—in vain—in vain. There's no rope long enough for that rescue. Why didn't you come? I expected you and fate has sent Hueffer. Let this be written on my tombstone.

This letter was also composed at the time of the anniversary of Conrad's mother's death (April 18) just after he had finished

Heart of Darkness. The above portion is preceded by Conrad's asking Garnett if he had read the third and final section of this novel, which contains the previously quoted description of Marlow's depersonalization at Kurtz's funeral.

The next passages are contained in Conrad's correspondence with William Blackwood and David Meldrum (Blackburn, 1958), his publishers at one time. In these letters Conrad manifests elements of fusion and fear of loss of control, psychosis, and death.

April 12, 1900—The real object of this letter is to tell you that should you find Jim unconscionably long I am ready to shorten (what remains) by excision. I am however, in such a state of mind about the story—*so inextricably mixed up with it in my daily life*—that I feel unequal to doing the cutting myself. (Italics added.)

May 19, 1900—The long and short of it is I want 300 pounds to pay my debts (which are not great but very awful) and go abroad for a couple of months. I fear I must go, and that soon, or I shall become a complete idiot.

December 6, 1900—As there is some estate (at least for the next three months) I sent you an IOU in case I should kick the bucket before the matter treated in this letter comes to pass.

January 7, 1902—On the other hand my health has been remarkably even and very tolerable—while when writing Lord Jim in 10 months or less *I had been feeling always on the brink of the grave*. Explain it who may. And perhaps true literature (when you get it) is something like the disease which one feels in one's bones, sinuses and joints. (Italics added.)

March 23, 1903—How is the world using you? The last time I saw you I could not have left a favorable impression. Was I very mad? *That sometimes I am mad there is not the slightest doubt of in my mind*. (Italics added.)

July 23, 1903—I am neither dead nor as forgetful as it may seem. I have been—and still am—driving on hard with a story for the Harpers.

April 5, 1904—I myself have just gotten over an attack of gout. I stiffen my back but I feel the tension nearing the breaking point. *I hear a typewriter to whom I am dictating the last part of Nostromo. What the stuff is like God only knows. Half the time I feel on the verge of insanity.* The difficulties are accumulating around me in a frightful manner. (Italics added.)

Depersonalization with the split of self into observing and experiencing parts and derealization with its distortion of the sense of reality would allow Conrad to contend with both his unconscious wish for total, permanent fusion with a dead introject—most notably the maternal one—and his intense fear of it. Such fusion carried with it the threat of psychotic disintegration as well as his own death,⁴ against which his compulsive defenses were not always able to prevail (*cf.*, Grinberg, 1966). These mechanisms are perhaps best described in *Nostromo*:

'On your left as you look forward, señor,' said Nostromo, suddenly. When his voice ceased, the enormous stillness, without light or sound, seemed to affect Decoud's senses like a powerful drug. He didn't even know at times whether he were asleep or awake. Like a man lost in slumber, he heard nothing, he saw nothing. Even his hand held before his face did not exist for his eyes. The change from the agitation, the passions and the dangers, from the sights and sounds of the shore, was so complete that *it would have resembled death had it not been for the survival of his thoughts. In this foretaste of eternal peace they floated vivid and light, like unearthly clear dreams of earthly things that may haunt the souls freed by death from the misty atmosphere of regrets and hopes.* Decoud shook himself, shuddered a bit, though the air that drifted past him was warm. He had the strangest sensation of his soul having just returned into his body

⁴ In the passage previously quoted from *Almayer's Folly*, Almayer's terror of 'going mad' during his acute episode of depersonalization recedes after he receives direct oral gratification in the form of a drink of gin; in *Heart of Darkness*, Marlow, after experiencing a similar reaction at Kurtz's burial, comments on 'resenting the sight of people hurrying through the streets to filch a little money from each other, to devour their infamous cookery, to gulp their unwholesome beer, to dream their insignificant and silly dreams'.

from the circumambient darkness in which land, sea, sky, the mountains, and the rocks were as if they had not been (Conrad, 1904, p. 262, italics added).

Arlow's (1966) remarks on the role of unconscious fantasy in this particular defense are relevant here:

The content of unconscious fantasies varies from patient to patient and from symptom to symptom, but a relation between conscious symptom and unconscious fantasy is present in each case. A similar relationship may be demonstrated between altered ego states and unconscious fantasy. This applies to depersonalization and derealization. In these states the fantasy seems to be primarily a defensive one which can be expressed by the words, 'This isn't happening to me. I'm just an onlooker,' in the case of depersonalization, and by 'All of this isn't real. It's just a harmless dream, or make-believe,' in the case of derealization. The fantasy, however, and especially the reassurance it conveys, does not become conscious as a fantasy. Instead the patient either experiences a feeling of estrangement from his surroundings or his surroundings appear unreal to him, or both. The unconscious fantasy gives rise to a conscious experience which the patient perceives as real, a process which in this respect is entirely analogous to the one which Freud demonstrated in hysterical symptom formation (p. 472).

Roshco (1967) believes that to be complete the above fantasy should be interpreted as: ' "This is not happening to me but to that other person. My mother and I are still one, but I see myself, so I am still also separated" ' (p. 257).

Slochower (1970, 1971) has shown that Freud's episode of depersonalization on the Acropolis in 1904 (Freud, 1936) resulted from a wish for 'a symbolic reunion with his mother' which he attempted to ward off with 'feelings of estrangement' and which he later tried to deal with in writing *Delusions and Dreams* (Freud, 1907[1906]).

OTHER FACTORS ASSOCIATED WITH
DEPERSONALIZATION

The dream and depersonalization are related phenomena in that a sense of unreality and a split of self-representation into observing and participating parts is common to each (*cf.* Arlow, 1966). Conrad often referred to life as being a dream. In various letters, he wrote: 'In that town [Cracow] one September day in the year 1874, I got into the train [Vienna Express] just as a man gets into a dream—and here is the dream going on still, only one is conscious that the moment of awakening is drawing close'. 'I felt more than ever how much *La vida es sueño*' (Baines, 1960, pp. 449). This same conviction is expressed in many of his books. In *Lord Jim*, one character notes: 'A man that is born falls into a dream like a man who falls into the sea' (Conrad, 1900, p. 214). In *Nostromo*, Decoud states: 'All this is life, must be life, since it is so much like a dream' (Conrad, 1904, p. 249). In *An Outpost of Progress*, Kayerts becomes confused during a bitter quarrel with Carlier: 'What was it all about? He thought it must be a horrible illusion; he thought he was dreaming; he thought he was going mad!' (Conrad, 1896, p. 484). In *The Rescue*, all the characters act as if they were in a dream (Conrad, 1920).⁵

That Conrad wrote entirely in a third language, English, with which he did not become familiar until he was twenty, that he often employed a narrator, and that in his private life he used at least eight different variations of his name might be regarded as manifestations of depersonalization. Because of the dissociation which occurs in the self-representation, recurrent episodes of depersonalization can serve as a form of active mastery of passive abandonments such as Conrad experienced with the early loss of his parents. In 1894 after the death of his Uncle Thaddeus, who

⁵ Keats, who sustained the early loss of both parents—his father when he was eight, his mother when he was fourteen—suffered from feelings of estrangement and had recurrent difficulties distinguishing dream from reality. While he was a medical student, he experienced an acute episode of depersonalization which was directly responsible for his decision to forsake medicine as a career and to become a poet (*cf.*, Hamilton, 1969).

had become his guardian, Conrad wrote: 'My Uncle died the 11th of this month, and it seems as if everything has died in me, as if he has carried away my soul with him' (Baines, 1960, p. 133).

Conrad spent so much of his childhood in exile where he had no siblings, peers, or playmates that one might be curious about whether such phenomena as the transitional object, the imaginary companion, or the twin fantasy acted as forerunners or precursors of depersonalization (*cf.*, Arlow, 1966). While there is little direct evidence of these phenomena in Conrad's life, it is known that he utilized another prototype of the split in self which occurs in depersonalization for defensive purposes—the discovery and observation of the mirror image (*cf.*, Elkisch, 1957). He would spend considerable time, especially when angry, looking in mirrors in an attempt to reassure himself about his own sense of intactness and his fear of losing control. Many of his fictional characters relied upon mirrors for the same narcissistic reasons (*cf.*, Meyer, 1967). In *Victory*, when Schomberg becomes enraged, Ricardo warns him, 'You ought to look at yourself in a glass. Dash me if you don't get a stroke of some kind presently' (Conrad, 1915, p. 163).

THE CREATIVE PROCESS

In his writing Conrad seemed motivated by the wish to make restitution for the various losses he had sustained, most notably his parents (*cf.*, Hamilton, 1976). To Madame Poradowska on March 29 or April 5, 1894, he wrote: '... inspiration comes to me in looking at the paper. Then there are soaring flights: my thought goes wandering through vast spaces filled with shadowy forms. All is yet chaos, but, slowly the apparitions change into living flesh, the shimmering mists take shape, and—who knows?—something may be born of the clash of nebulous ideas' (Gee and Sturm, 1940, p. 64).⁶ In August 1902 he complained to Garnett (1928): 'How can one believe in one's story when it has

⁶ See also the letter to Garnett (1928) of July 10, 1896 and Conrad's preface to *Nigger of the Narcissus* (1897).

to be written for the second time—and if one does not believe how is one to write? Imagine trying to clothe in flesh a naked skeleton without the faith to help you in the impossible task!’ (p. 182).

For Conrad, it appears that the creative process itself involved regression and a temporary, transient, or partial fusion with a dead introject; this would help account for the plethora of somatic symptoms, the hypochondriacal concerns, and the agony he complained of while working. As he had mentioned in his letter of January 7, 1902 to his publishers (Blackburn, 1958): ‘And perhaps true literature (when you get it) is something like the disease which one feels in one’s bones, sinuses and joints.’ On August 26, 1891, he told Madame Poradowska: ‘After all, I am not so happy to be working as you seem to think. There is nothing very exhilarating as doing disagreeable work. It is too much like penal servitude, with the difference that while rolling the stone of Sisyphus you lack the consolation of thinking of what pleasure you had in committing the crime. It is here that convicts have the advantage over your humble servant’ (Gee and Sturm, 1940, p. 33).

However, when he had finished each work, Conrad was confronted with his failure to have made ‘the apparitions change into living flesh’. On October 12, 1899, he discussed his writing with a friend, E. L. Sanderson:

It is strange the unreality that seems to enter one’s real life, penetrate into the bones, make the very heart beats pulsate illusions to the arteries. One’s will becomes the slave of hallucinations, responds only to shadowy impulses, waits on imagination alone. A strange state, a trying experience, a kind of fiery trial of untruthfulness. And one goes through it,—and there is nothing to show at the end. Nothing! Nothing! Nothing! (Jean-Aubry, 1927, Vol. I, p. 283).

About a particular character in one of his stories, Conrad told David Meldrum in the fall of 1902: ‘I wanted to make him stand for so much that I neglected, in a manner, to set him on his feet.

This is one of my weaknesses—one of these things that make me swear at a finished work too often' (Blackburn, 1958, p. 169). Conrad announced the end of many of his books, such as *Almayer's Folly*, *Nigger of the Narcissus*, and *Victory*, as deaths, following which he usually became acutely depressed and physically ill. With the completion of *Victory* in 1915, he wife has described how he put his head out of the window of their house and called to her in the garden: "She's dead, Jess!" "Who?" I asked, suddenly feeling sick. "Why, Lena [the heroine], of course, and I have got the title: It is *Victory*." He flung his cigarette out of the window and muttered the injunction, "Don't come near me. I am going to lie down" (Conrad, 1926, p. 144).

Periodically, however, when under intense emotional strain, Conrad became openly psychotic with a complete dissolution of ego boundaries and a more lasting fusion. During these times, he would be extremely paranoid, with persecutory delusions, would rave and rant in his native tongue, and occasionally carry on dialogue with the characters in his novels. The most protracted of such episodes occurred in January 1910 upon completion of *Under Western Eyes*, which deals with the theme of patricide. He had begun this work in 1907 when he was the same age as his father had been at his death. During this illness he would often recite the complete English burial service aloud. After he had recovered from the acute phase in May-June 1910, his subsequent writings lost much of the autoplasmic orientation and the complexity of characterization and plot that had prevailed in his earlier works. This shift may have been due to the fragility of his adaptation following the psychosis, his greater reliance upon projection, and his inability to tolerate any longer the stress of primary process modalities and any degree of fusion at all (*cf.*, Meyer, 1967).

SUMMARY

Material has been presented which suggests that depersonalization functioned as an important defense for Conrad, permitting him to deal with certain aspects of his failure to have mourned

his parents, both of whom he lost during latency. Because of this mechanism, which is described with almost clinical precision in his letters and fiction, he could indulge the wish for a regressive union with a dead introject while struggling simultaneously to minimize the fear of death and to avoid the concomitant potential of psychosis. Under conditions of extreme stress, however, depersonalization was insufficient to protect him from the latter outcome, to which he was most vulnerable when a given work failed to fulfil his grandiose expectations.

REFERENCES

- ARLOW, J. (1966): Depersonalization and Derealization. In: *Psychoanalysis—A General Psychology. Essays in Honor of Heinz Hartmann*. Edited by R. M. Loewenstein, L. M. Newman, M. Schur, and A. J. Solnit. New York: International Universities Press, Inc., pp. 456-478.
- BAINES, J. (1960): *Joseph Conrad. A Critical Biography*. New York: McGraw-Hill Book Co.
- BLACKBURN, W., Editor (1958): *Joseph Conrad—Letters to William Blackwood and David S. Meldrum*. Durham, N.C.: Duke University Press.
- CONRAD, JESSIE (1926): *Joseph Conrad as I Knew Him*. London: William Heinemann, Ltd.
- CONRAD, JOSEPH (1895): *Almayer's Folly*. New York: Doubleday, Page & Co., 1921.
- (1896): *An Outpost of Progress*. In: *The Portable Conrad*. Edited by M. Zabel. New York: Viking Press, Inc. 1947.
- (1897): *Nigger of the Narcissus*. New York: Doubleday & Co., Inc., 1914.
- (1899): *Heart of Darkness*. In: *The Portable Conrad*. Edited by M. Zabel. New York: Viking Press, Inc., 1947.
- (1900): *Lord Jim*. New York: Doubleday & Co., Inc., 1920.
- (1904): *Nostromo*. New York: Modern Library, 1951.
- (1910): *The Secret Sharer*. In: *The Portable Conrad*. Edited by M. Zabel. New York: Viking Press, Inc., 1947.
- (1914): *Notes on Life and Letters*. New York: Doubleday & Co., Inc., 1921.
- (1915): *Victory*. New York: Doubleday & Co., Inc., 1921.
- (1920): *The Rescue*. New York: Doubleday & Co., Inc., 1920.
- ELKISCH, P. (1957): *The Psychological Significance of the Mirror*. J. Amer. Ps. Assn., V, pp. 235-244.
- FREUD (1907[1906]): *Delusions and Dreams in Jensen's Gradiva*. Standard Edition, IX, pp. 7-95.
- (1936): *A Disturbance of Memory on the Acropolis*. Standard Edition, XXII, pp. 239-248.
- GARNETT, E. (1928): *Letters from Joseph Conrad: 1895-1924*. Indianapolis: Bobbs-Merrill Co., Inc.
- GEE, J. A. and STURM, P. J., Editors and Translators (1940): *Letters of Joseph Conrad to Marguerite Poradowska*. New Haven: Yale University Press.

- GRINBERG, L. (1966): *The Relationship between Obsessive Mechanisms and a State of Self Disturbance: Depersonalization*. Int. J. Psa, XLVII, pp. 177-183.
- HAMILTON, J. (1969): Object Loss, Dreaming, and Creativity. The Poetry of John Keats. In: *The Psychoanalytic Study of the Child, Vol. XXIV*. New York: International Universities Press, Inc., pp. 488-531.
- (1976): Joseph Conrad: 1889-1910, His Development as an Artist. To be published in *The Psychoanalytic Study of Society, Vol. VIII*.
- JACOBSON, E. (1959): *Depersonalization*. J. Amer. Psa. Assn., VII, pp. 581-610.
- JEAN-AUBRY, G. (1927): *Joseph Conrad: Life and Letters, Vols. I/II*. New York: Doubleday, Page & Co.
- LEWIN, B. D. (1950): *The Psychoanalysis of Elation*. New York: The Psychoanalytic Quarterly, Inc., 1961.
- MARCOVITZ, E. (1972): Discussion of H. Beskind's paper, *A Hypothesis Regarding Some Psychogenetic Aspects of Depersonalization Symptoms*. Bull. Phila. Assn. Psa., XXII, pp. 60-65.
- MEYER, B. (1967): *Joseph Conrad. A Psychoanalytic Biography*. Princeton, N.J.: Princeton University Press.
- ROSHCO, M. (1967): *Perception, Denial, and Depersonalization*. J. Amer. Psa. Assn., XV, pp. 243-260.
- SLOCHOWER, H. (1970): *Freud's Déjà Vu on the Acropolis. A Symbolic Relic of 'Mater Nuda'*. This QUARTERLY, XXXIX, pp. 90-102.
- (1971): *Freud's Gradiva: Mater Nuda Rediviva. A Wish Fulfilment of the 'Memory' on the Acropolis*. This QUARTERLY, XL, pp. 646-662.
- STAMM, J. (1962): *Altered Ego States Allied to Depersonalization*. J. Amer. Psa. Assn., X, pp. 762-783.
- VOLKAN, V. (1972): *The Linking Objects of Pathological Mourners*. Arch. Gen Psychiat., XXVII, pp. 215-221.
- WOLFENSTEIN, M. (1966): *How Is Mourning Possible?* In: *The Psychoanalytic Study of the Child, Vol. XVI*. New York: International Universities Press, Inc., pp. 93-123.

411 Oak Street, Suite 107
Cincinnati, Ohio 45219

An Analogue of Negation

Sander M. Abend

To cite this article: Sander M. Abend (1975) An Analogue of Negation, The Psychoanalytic Quarterly, 44:4, 631-637, DOI: [10.1080/21674086.1975.11926735](https://doi.org/10.1080/21674086.1975.11926735)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926735>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)



Citing articles: 3 View citing articles [↗](#)

AN ANALOGUE OF NEGATION

BY SANDER M. ABEND, M.D.

It is a commonplace observation that people prefer to view their thoughts, feelings, and behavior as more or less rational responses to current external circumstances, rather than acknowledging the great influence of irrational, unconscious mental forces. Every patient in analysis reveals this tendency to some degree; in cases where it is particularly prominent, the analyst soon recognizes it as a defense which requires careful attention.

Patients who habitually introduce interpretative comments of their own or respond to those of the analyst with 'Maybe', or some similar expression of doubtful assent, quickly alert the analyst to their unconscious resistance to psychological conviction and the technical problem this poses. Some patients, however, use a more subtle form of resistance which is less likely to be identified as defensive, particularly since these patients as a rule are quite unaware of the strength of their wish to disagree with interpretations. I have in mind those individuals who react not with doubt or disputation, but according to a formula that can be called the 'Yes, but . . .' response, an analogue of negation. They appear to accept interpretations, especially those that are familiar because of previous analytic work. Characteristically, however, they add to their acceptance the belief—which they do not consciously regard as a contradiction—that certain factors in external reality have also played an important part in determining the behavior, thoughts, or feelings which are under analysis.

Although he had noted it in his clinical work at least as early as the Rat Man analysis (1909), Freud did not set down his understanding of the mechanism he called negation until he wrote a brief paper bearing that title in 1925. In it he said, 'Thus the content of a repressed image or idea can make its way into consciousness, on condition that it is *negated*. Negation is a way of

taking cognizance of what is repressed; indeed it is already a lifting of the repression, though not, of course, an acceptance of what is repressed. We can see how in this the intellectual function is separated from the affective process' (Freud, 1925, pp. 235-236). A patient may thus consciously say 'No' to an idea, but his succeeding thoughts may indicate that unconsciously the idea is affirmed. Freud observed that this was a way in which some patients deal with unacceptable thoughts which emerge in free associations. The same process can occur as a defensive response to the analyst's interpretations.

As the findings of psychoanalysis began to be known to the general public, this aspect of mental functioning was one which was seized upon by critics and sceptics in order to deride the analytic method. In *Constructions in Analysis*, Freud (1937) attempted to answer the charge that analysts play false by discounting patients' negative replies, while accepting assent at face value. He pointed out that full reliance cannot be placed upon conscious agreement either. He stated: 'A plain "Yes" from a patient is by no means unambiguous. It can indeed signify that he recognizes the correctness of the construction that has been presented to him; but it can also be meaningless, or can even deserve to be described as "hypocritical", since it may be convenient for his resistance to make use of an assent in such circumstances in order to prolong the concealment of a truth that has not been discovered. The "Yes" has no value unless it is followed by indirect confirmations. . . .' (p. 262). In short, in order to be certain that a patient's conscious expression of agreement reflects true unconscious acceptance, the analyst must pay attention to the associations that follow. I believe that when patients use the 'Yes, but . . .' response, the next associations are not in fact confirmatory in nature, and the agreement is to be regarded as intellectual at best.

In my experience patients who are knowledgeable about analysis and who favor intellectual defenses are especially likely to use this particular type of resistance. They often appear to be quite reasonable: they present their combination of agreement and reality addenda in a most plausible fashion, devoid of

stridency, stubbornness, or any other indicator of hidden contentiousness. Although I refer to this way of resisting interpretations as the 'Yes, but . . .' response, neither the 'Yes' nor the 'but' need be an explicit part of the patient's remarks. What is present is some form of initial agreement with the interpretation followed immediately by associations that purport to supplement the psychological explanation with a reference to some contributory role played by reality factors. As far as the patient is aware, he is elaborating upon his agreement, not attempting to contradict it.

Additions of this nature, however, seek to explain what is in question on a basis altogether different from that which has been offered by the analyst; therefore, they cannot be regarded as confirmatory in the sense used by Freud. The patient, in fact, unconsciously wishes to rebut the interpretation or at least to ward off its emotional impact by shifting attention to external factors. In the more familiar form of negation, the patient says 'No' consciously and then 'Yes' unconsciously, but here the reverse is true: his conscious 'Yes' is followed by an unconscious 'No'.

An incident from an analysis still in progress has struck me as an apt illustration of this defense. The material has been condensed and edited in the interests of brevity and confidentiality.

A young, talented business executive had gradually come to understand through his analysis that his severe professional self-limitations, among other symptoms, resulted substantially from strong, unconscious self-punitive trends. These were centered primarily, at this point in the treatment, around a horrifying traffic accident that had left his older brother—the parents' favorite—a hopeless cripple. The patient had consciously loved and admired his brother; at the time of the accident he was entirely unaware of any feelings of hatred or envy toward him. As a result of the change in his brother's life prospects, the patient suddenly found that he had attained the leading role for which he had always unconsciously wished. This event, of course, also corresponded to the fulfilment of other hostile fantasies involving rivalry not only with his brother but with his father as well. It

is not necessary to discuss here all the ramifications of these wishes and the tremendous guilt they engendered, nor the complex set of defenses which prevented the patient's recognizing and understanding either the triumphant or self-punitive reactions. Instead I will confine myself to some of the material that illustrates the defensive operation under consideration.

For some months the patient had become increasingly discontented with his job; he was underpaid, exploited, and could entertain no reasonable hope for advancement. Analytic progress gradually permitted him to seriously consider improving his position. Finally, the imminent prospect of further increase in the demands placed upon him without any increase in pay mobilized him to seek a change of employment. Within a few days he received an offer which promised much more pleasant and satisfying work and an improved future outlook as well. For several sessions he debated with himself about the change. He brought up many associations to his brother and the by now familiar elements of his conflict about advancing himself. At last he decided to accept the proffered position and gave notice to his employers.

His boss thereupon exerted pressure upon him to change his mind and stay on. He played upon his conscious guilt, emphasizing his responsibility to complete projects that were under way and implying that injury to the firm would result from difficulty in replacing him, etc. The patient immediately responded with hesitation and doubt about his decision to leave. Both dream material and other associations clearly pointed to an unconscious connection with the idea of gaining satisfaction at his brother's expense. His response was to agree with the interpretations of these irrational, unconscious sources of his guilt, but then he would invariably add that there was also some significant reality to the objections raised by his employer and to the way they made him feel. An example of the 'Yes, but . . . ' responses typical at this point might be put as follows: 'Yes, I realize my reactions to my brother's accident have a great deal to do with why I feel guilty when I think of leaving the job, *but* you

know it is true that I am not the sort of person who ever liked to leave work unfinished, and my boss is right. I can't possibly complete the so-and-so project by such-and-such date when I'm supposed to start at the new place.' Finally after two or three days of this kind of 'agreement', which did not increase his freedom to act, he seized upon an incident that underlined the insincerity of his employer as a justification for giving up his irresolution, and he committed himself to the move.

After he began his new job (his employer in fact had had no trouble in hiring a replacement), his immediate response was a paradoxical feeling of profound melancholy. He was puzzled by this reaction because he was also consciously aware of underlying feelings of pleasure and satisfaction which were completely masked, however, by his unaccountable sadness. His verbal productions once more led to his brother and to memories of the period of shock and grief immediately following the injury. It was possible to say to the patient that at the time of the accident he would surely have felt obliged to conceal from others any hint of pleasure or satisfaction of which he might have been peripherally aware. This observation was in essence similar to many previous ones that had dealt with this material, including those of the earlier sessions which had been received with his version of a 'Yes, but . . .' reaction. Now, however, it triggered a storm of angry protest and denial which lasted for the remainder of the hour. By the following day, the patient's anger had subsided, his melancholy had lifted, and further confirmatory material emerged regarding his rivalrous feelings toward his brother and their disturbing impact upon him.

We can see that when the patient's guilty hesitation about changing jobs was evoked by his boss's urgings, interpretations connecting this response to his unconscious conflicts—based upon current thoughts as well as upon data derived from earlier analytic work—were accepted in a superficial and intellectual fashion only. He 'knew' it was so, but his insistence that reality also played a part in determining his reactions expressed his unconscious wish to thrust the analyst's explanation aside, to render it unimportant. It is not surprising that he required

further justification before he could permit himself to act upon his desire to change jobs. His angry outburst when the same interpretation was repeated a few weeks later, following his associations to his paradoxical melancholy, clarified the usefulness of the defense. It confirmed the persistence of his wish to refute the interpretation, full acceptance of which would have made him acutely and uncomfortably conscious of his intense guilt toward his unfortunate brother. Furthermore, it spared him from acknowledging his anger at his analyst for telling him things that threatened to make him aware of feeling bad. Thus the defense served a double purpose: the warding off of uncomfortable affects which accompanied the content of the interpretation itself and the avoidance of feelings which seemed to him likely to disturb his relationship to his analyst.

There could have been another, altogether different way of explaining the patient's repeated insistence that reality factors played a major role in determining his behavior. It might have represented an indirect expression of the unconscious idea that his childhood wish to supplant his brother in his parents' favor had in fact come true. Perhaps such an idea as 'But *my* wishes are *really* likely to come true' served as an unconscious stimulus, the presence of which manifested itself in the conscious derivative of attributing importance to external reality.

Analytic material from this patient never convincingly supported such a hypothesis, however. What is more, two of my other patients, who also showed an inclination to use the 'Yes, but . . .' response to interpretations, had had no such dramatic experiences which might have re-enforced the tendency to believe that unacceptable wishes were very likely to come true. Finally, all persons, so far as we know from analytic experience, share to some degree the unconscious conviction that childhood wishes and fears can and do come true. To each individual this belief is real enough, and a variety of external events may come to represent such fulfilment.

In sum, my observations support only the conclusion that the 'Yes, but . . .' response is to be regarded as a defense. The patient's assent is, in the sense in which Freud used the word,

hypocritical. The assertion that reality considerations also made a contribution, no matter how mildly and plausibly stated, should be taken as an unconscious rebuttal of the psychological explanation which has been offered. The patient remains emotionally unconvinced, and the analyst should be on notice that the critical part of his work remains to be done.

SUMMARY

A particular way in which some patients respond to unwelcome interpretations is described: initial agreement is immediately followed by some reference to factors in external reality which the patient states also played a part in determining his reactions. The patient consciously believes himself in agreement with the interpretation, but the addenda emphasizing reality factors actually represent an unconscious denial of the correctness and importance of the analyst's explanation. This response is a kind of defense, the structure of which is analogous to negation.

A clinical illustration is presented showing this defense in operation. The purpose of the defense is to ward off uncomfortable affects associated with the content of the interpretation and also to avoid bad feelings toward the analyst for making the unwelcome observation. For convenience, this defense is called the 'Yes, but . . .' response, although these words need not literally appear in the verbal content of the patient's remarks.

REFERENCES

- FREUD (1909): *Notes upon a Case of Obsessional Neurosis*. Standard Edition, X, pp. 155-249.
—— (1925): *Negation*. Standard Edition, XIX, pp. 235-239.
—— (1937): *Constructions in Analysis*. Standard Edition, XXIII, pp. 257-269.

1040 Park Avenue
New York, N.Y. 10028

Robert C. Bak, M.D. 1908-1974

Walter A. Stewart

To cite this article: Walter A. Stewart (1975) Robert C. Bak, M.D. 1908-1974, The Psychoanalytic Quarterly, 44:4, 638-639, DOI: [10.1080/21674086.1975.11926736](https://doi.org/10.1080/21674086.1975.11926736)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926736>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)

ROBERT C. BAK, M.D.

1908-1974

Dr. Robert C. Bak died in his sleep on the morning of September 15, 1974, just one month before his sixth-sixth birthday.

Born in Hungary, he finished his Gymnasium in 1925 and received his Baccalaureate the same year. He then enrolled in the Law School of the University of Budapest but remained there only one semester. In the fall of 1926 he began to study medicine at the University of Vienna Medical School. From the start of his medical studies his aim was to become a psychoanalyst, an interest fostered by Dr. Sigmund Pfeiffer, his wife's brother-in-law and a pupil of Ferenczi. Through Dr. Pfeiffer, Dr. Bak met Géza Róheim, who became a lifelong friend. On his return to Budapest, Dr. Bak was an intern at Angyalfoeld and Lipotmezoe. In 1930 he studied with Kretschmer at Marburg an der Lahn and with F. A. Levy at the Salpêtrière in Paris. From then, until 1938, he worked off and on at the Psychiatric Clinic of Budapest under Dr. Laszlo Benedek. His training analyst was Dr. Imre Hermann, to whom he remained devoted all his life. At the time of his death he was, in fact, preparing an English translation of Dr. Hermann's papers. He came to New York in 1940 and became a member of the New York Psychoanalytic Institute in 1943.

Dr. Bak's early interests were in the area of the psychoses, particularly schizophrenia. In 1939 he published *Regression of Ego-Orientation and Libido in Schizophrenia*. From this paper alone one could have predicted that he would make major contributions to the understanding of the psychoses. Another major area of interest was the perversions, and there too he made many fundamental observations.

In his papers, as in his teaching, Dr. Bak strove toward precision and parsimony. Like Freud, he focused on the essential issue and avoided dilution of concepts. He presented his ideas clearly, enjoying in particular the imaginative use of the correct word or phrase. He avoided clichés, simplification, and the empty use of analytic jargon.

In the last years, in spite of difficulties with his health, he was most productive. In 1964 he was selected to present the Brill Memorial Lecture and read his paper, *Object Relations in Schizophrenia and Perversion*. In 1971, he delivered the Freud Anniversary Lecture, *Being in*

Love and Object Loss. Posthumously his paper, Distortions of the Concept of Fetishism, was published in *The Psychoanalytic Study of the Child*, Volume XXIX.

Dr. Bak's character was complex. There was a richness to his imagination and a capacity for enjoyment that attracted people to him. He was a passionate man, even a romantic, although he always had considerable irony about himself. He was an art collector, particularly of the early and middle Italian Renaissance period, a period he knew in scholarly detail.

His death is a loss to the profession, to his friends, and to all who knew him. He was always the lively center of social and intellectual activity.

In Goethe's words:

*Zerstoben ist das freundliche Gedränge
Verklingen ach! der erste Wiederklang.*

'The friendly crowd is scattered, and the first echo, alas, has died away.'

WALTER A. STEWART

The Unconscious Today. Essays in Honor of Max Schur. Edited by Mark Kanzer, M.D. New York: International Universities Press, Inc., 1971. 544 pp.

Victor Calef & Edward M. Weinshel

To cite this article: Victor Calef & Edward M. Weinshel (1975) The Unconscious Today. Essays in Honor of Max Schur. Edited by Mark Kanzer, M.D. New York: International Universities Press, Inc., 1971. 544 pp., The Psychoanalytic Quarterly, 44:4, 640-663, DOI: 10.1080/21674086.1975.11926737

To link to this article: <https://doi.org/10.1080/21674086.1975.11926737>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)



Article views: 1



View related articles [↗](#)

BOOK REVIEWS

THE UNCONSCIOUS TODAY. ESSAYS IN HONOR OF MAX SCHUR. Edited by Mark Kanzer, M.D. New York: International Universities Press, Inc., 1971. 544 pp.

To express their gratitude to him as teacher, the colleagues and former students of Dr. Max Schur undertook a work in honor of his seventieth birthday. Unfortunately, Dr. Schur did not live to see the work published. There is reason enough to permit the 'living gift' to stand as its own justification without questioning the value of publishing a heterogeneous set of papers under the somewhat misleading title, *The Unconscious Today*. The book's many contributors, necessarily presenting a variety of styles and obviously starting with different interpretations of analytic theory, provide a potpourri in which the common threads are to be found as much in the wish to extend clinical observation and to revise theory as in the specific subject headings under which the papers are organized.

It is not a simple matter to be able to know where revision and/or extension of theory are determined by idiosyncratic interpretations and where they are determined by new clinical findings. Extension, elaboration, and revision of theory are not only necessary, they are also the order of the day, fashionable and demanded by many social currents, as clinicians and theoreticians seek to broaden the scope of analysis and to make of it a general psychology. In that search, analysts sometimes fail to remember what Rapaport and others have pointed out: that even unwitting overemphasis on one aspect of analytic theory occurs not infrequently at the expense of other equally important ones. This is not to say that expansion or revision of theory is unnecessary, but simply that they may at times become one-sided and skewed, even a distortion of psychoanalytic theory.

In 1910 Freud wrote to Jung: 'I am becoming more and more convinced of the cultural value of psychoanalysis, and I long for the lucid mind that will draw from it the *justified* inferences for philosophy and sociology'.¹ To find the frontiers of psychoanalysis and to push them forward is as much a part of the *Zeitgeist* today as it was during the

¹ McGuire, W., Editor: *The Freud/Jung Letters. The Correspondence between Sigmund Freud and C. G. Jung*. Princeton, N.J.: Princeton University Press, 1974, p. 340, italics added.

lifetime of Freud who expressed his ambitions freely, as in this letter to Jung. Normal science seeks and, not surprisingly, finds in psychoanalytic theory the basis for a general psychology that encompasses all aspects of human endeavor, normal and abnormal. The resultant broadened therapeutic scope is of necessity a by-product. Nevertheless, the occasionally extensive claims made by psychoanalytic authors necessitate careful questioning. Is this broadened scope dependent upon the accumulation of clinical data which confirms old theory and thus increases experience, sharpens conviction, and permits an expanded application of that theory? Or do the new clinical data refute old theory and demand revision? Whether a credo is violated to conserve orthodoxy or a paradigm supplanted to provide new knowledge becomes a central issue not easy to resolve.²

Dr. Schur was one of those indefatigable workers who assiduously explored the limits of psychoanalytic theory. Relying primarily on clinical investigation, he did not seek revision for its own sake, but was always curious about how far analytic theory could be extended in the service of explaining and treating a variety of malfunctions including, for example, psychosomatic states. In his investigations of phobias, he sought to give us a unified theory of anxiety which perhaps does revise that aspect of the theory which Freud considered not resolved. In this revision, Schur rejected instinctual anxiety in favor of signal functions emanating from the ego. He also rejected Freud's concept of the death instinct. His formulations are sometimes difficult to read and understand, in part because of their complexities and subtleties. Kanzer's introductory remarks—a highly laudatory critique and exposition of Schur's thought—and Henry Rosner's excellent exegesis of Schur's concepts render his formulations more understandable. Schur's revision and/or expansion of theory is done deliberately and rationally, a model not always followed so rigorously by all psychoanalytic authors.

A previously published book review by Victor Rosen is reprinted in this volume to serve both as assessment and explication of Schur's works, while Hans Loewald's discussion of the regulatory principles serves the function of a sympathetic yet more critical view of Schur's revisions of freudian concepts. Loewald's contribution, perhaps one of the most valuable in the volume, is a discourse on psychoanalytic theory in which he makes clear that his interpretation of Freud's con-

² Cf., Weinshel, E. and Calef, V.: *A Paradigm and A Credo*. Contemporary Psychology, XX, 1975, p. 33.

cept of the death instinct is at variance with Schur's. The writers of this review, whose understanding of the dual instinct theory is closer to that of Loewald than to that of Schur, believe that the latter based his interpretation on a misconception. We recognize, of course, how open these concepts are to a variety of interpretations and recognize also the general, perhaps popular rejection of the so-called death instinct.

This volume, however, does not simply evaluate Schur's previously published works. It includes as well one of his major contributions on the metapsychology of phobias. While Schur does not overlook the instinctual or the superego aspects of phobias, he devotes most of the effort to the explication of the role the ego plays in the dynamics of phobias. He focuses on how the ego operates to produce, re-enforce, and maintain phobias, beginning with the constitutional givens and extending his observations to the developmental arrests and the resulting distortions of functions. Interestingly, he describes the ego's experience almost in metapsychological terms. For example, after explicating the very obvious instinctual aspects of a dream, he goes on to analyze a particular aspect of that dream, the content of which was: 'The psychiatrist with the Hungarian accent speaks so that one can hardly understand him'. He translates that portion of the dream as if the patient's ego were saying, 'I cannot yet establish the dominance of reality testing in the evaluation of danger, I have only limited access to my unconscious. Primary and secondary process truly speak in different languages' (p. 109). It seems doubtful that the inclusion of the last sentence in the translation of the dream fragment was Schur's intention; it was more likely part of the statement he was making about his translation of the dream. His intention was apparently to say that the ego expresses its wishes in ways somewhat different from those of the id.

There are veins of richness in what at times may seem like Schur's metapsychological meanderings. This is especially true, we believe, when one considers that what he accomplishes is to make more explicit many of the things Freud subsumed so cryptically under the concept of the resistances against the discovery of the resistances. It is true that Schur is not simply concerned with resistances. He is involved simultaneously in a close examination of all of psychoanalytic theory and strives constantly to make it even more consistent and cohesive. In this process, he demonstrates his concern with issues such as overdetermination and the structuralizations and hierarchies of defense. Both

the clinical and the theoretical material are fascinating and warrant the type of consideration Schur gives them. Yet we wonder if the search for new ways of expressing old ideas, especially if care has not been taken to demonstrate the relationships and the essential identity of the old and the new, may not lead to confusion and to fragmentation of theory rather than to increased clarity and a greater sense of unity.

There are other contributions in this volume, neither controversial nor revisionary, which deserve special mention. An entire section is devoted to the observations and theoretical considerations of transference and transference neurosis, especially as they pertain to children in various stages of development. These explorations, carried out under the supervision of Peter Neubauer, are indications of normal science at work and are determined by clinical observations which call for theoretical explication. A valuable paper by Marjorie Harley adds to our clinical and theoretical fund of knowledge about transference.

However, not all of the papers on transference in young patients can be considered as arising out of the same theoretical framework. For example, Jerome Silverman suggests that the 'developmental thrust' is perhaps on the 'comparable order to the "wish" for pleasure of the "need to repeat"' (p. 417). Does he imply that a third instinctual force is operative? This does seem to be the implication. Such a statement recalls the ancient struggles about the place of mastery in psychoanalytic explanations; it also requires a re-examination and possible revamping of theory, a task certainly worth the effort if predicated on demonstrated deficiencies in the current theory. But Silverman's call for a third instinctual force independent of, though equivalent to, libido and aggression seems based either on a rejection or a misunderstanding of that theory. His questions seem to be derived from the fact that he juxtaposes transference and developmental processes artificially, as if their interaction required basic theoretical concepts (to understand the interaction) other than those we already have—as if transferences and developmental processes were independent variables. Transferences might more reasonably be considered a product of the variables of development, that is, a part of development and a product of it rather than something that interacts with it. Certainly not all the authors of the papers in the section on transference in children share with Silverman the tendency to confuse levels of abstraction: the aggressive and libidinal drives cannot be considered on the same level of conceptualization as the 'developmental thrust'. Can that thrust be considered

independent of the integrating and organizing function of the ego? We believe not and think that other 'forces' are not required to explain these observations.

One of the most interesting and valuable papers in this volume is a scholarly piece by Samuel Abrams on the meanings of the 'psychoanalytic unconscious' which places the concept of the unconscious in historical and clinical contexts. It is recommended reading for every analyst and worthy of being added to the reading requirements in every course in psychoanalytic theory. Perhaps here we may note that the title of the volume is misleading (as stated earlier) because the whole is not an exploration of the concept of the unconscious as it has been revised and is now used in contemporary analytic thought. Rather, as the editor tells us in his introduction, the title was inspired by Max Schur's interests and not by the content of the volume. However, Abrams's paper gives us a view of the concept of the unconscious which supplements and complements Schur's interests and those of every analyst.

It is not possible to feel equally enthusiastic about all of the contributions in this work. The most striking example of an attempted revision of theory which we feel fails in its purpose is the paper on 'the malignant no' by H. Lichtenstein. Although his clinical material is well worth noting, it is doubtful that the patients he describes as reacting negatively to therapy represent a homogeneous group which can be brought together on common ground. We would suggest that his observations are of value and relevance because they deal with important intrapsychic and interpersonal experiences that are complex and heterogeneous phenomena for which, we feel, there are explanations more convincing and useful than the one offered by Lichtenstein. (We refer to that clinical material, for example, which he labels as mirroring experiences and which represents the negation of one's existence.) He rejects Freud's theory of aggression on the basis that aggression cannot play a significant role in the establishment of object relationships. Lichtenstein implies that an unambivalent object relationship not only has to free itself from the compulsion of the pleasure principle, but also that object relationships cannot be powered by the forces of aggression. For those experiences with severely disturbed and narcissistic patients who do not respond well to therapy, he seeks an explanation beyond the regulatory principles with which we are familiar. He finds a new principle of mental regulation in the observations related to 'being

negated in one's existence', namely, the need for a sense of well-being. What is called into question is not simply the theory of the death instinct and of aggression but the pleasure principle itself, while there is a new emphasis on the constitutional and reality factors in the formation of psychic structure. It is not possible in this limited review to consider all the implications of the various potential theoretical emendations which Lichtenstein's paper raises. They deserve a more comprehensive study. But it must be said that his suggested revisions may sacrifice much of our understanding and lead to conceptual confusion rather than clarity.

Many analysts have turned their attention to the 'developmental' view of clinical data derived from psychoanalytic observation as well as from the direct observation of children. Part of this search concerns the establishment of a developmental and comprehensive psychology which is seen as an extension of the traditional genetic concepts of analysis. Thus Elizabeth Zetzel, in her work on affect and defense, finds a place for the mastery of anxiety and depression in resolution and growth—a developmental view in which she emphasizes the external realities of separation and loss in the evolution of defense (denial) against depression. No doubt there is psychological value as well as implication for growth in mastering and resolving the affects of anxiety and depression and utilizing them in the service of adaptation. Zetzel restates, in effect, the central role of experiences with the external world which result in the frustration necessary to produce optimal ego mastery and ego development. She quotes Freud on the ego's not permitting any release of affect, since this would permit a primary process at the same time, in order to develop a thesis 'almost diametrically' opposed to Freud's concept (p. 139). The reviewers believe, however, that the quote used by Zetzel is taken out of context and that in context it is not at all oppositional to her basic ideas. She recognizes that her thesis is at least implicit in Freud's paper on anxiety and in others as well. Our concern is not that Zetzel essentially reiterates what has been previously established, especially since her thesis serves the purpose of dispelling the erroneous notion that all defense is pathological; it is rather that her emphasis is on development and mastery (tolerance) of affects. She seems to have lost sight of the quantitative (economic) factors which separate the traumatic events leading to pathological defense from nontraumatic events leading to mastery and ego development. Nevertheless, her emphasis on the need to develop a tolerance for

affective pain for the developing ego is correct and well worth attention.

Each of the papers in this volume deserves individual review, but with inevitable injustice we can only offer cursory comments about a few. We cannot, for example, give A. Valenstein's excellent survey of the ways in which we view defenses the attention it deserves. He suggests a classificatory approach 'based not only on the specific mechanisms of defense, but also on their hierarchy in dynamic association with particular neuroses. Such a classification, based on typified character structure or neurosis is not inconsistent with developmental or chronological approach, but is at a more clinical level of conception and usefulness, and highly germane to problems of diagnosis and technique' (p. 136). Valenstein combines suggestions made by A. Freud, Hartmann, Gill, and others in a metapsychological approach to the classification of resistances.

It hardly seems necessary to consider at length R. Greenson's reminders about the 'real relationship'—that transferences are emotionally laden distortions and that not all of a patient's perceptions are so burdened; that an analyst is, at times, just another person who may be perceived as he is. Yet Greenson's exposure of the misunderstandings and misapplication of psychoanalytic technique and theory is necessary. We might disagree, however, about whether his deliberations 'imply a significant re-evaluation of some of the theory and technique of psychoanalytic therapy' (p. 232) or whether they simply correct the abuses that result from misunderstanding of that theory.

Many other contributions to this volume provide examples of the far-ranging interests of analysts and their imaginative applications of psychoanalytic theory: W. Niederland explores the psychohistorical basis for the error in naming America; L. Shengold convincingly portrays Freud's identification with the biblical Joseph; G. Rose explores the ways in which narcissistic fusion states are mastered in creativity (does he recognize the relationship of his description to Freud's theoretical view on sublimation in *The Ego and the Id*?); and S. Feldman explores the psychosexual determinants of linguistics, especially for the slang expression, 'to lick a problem'. These efforts differ methodologically, but each represents an ingenious application of psychoanalytic theory and clinical knowledge to the subject matter each scholar addresses. The conclusions drawn by these studies will undoubtedly be questioned in a variety of ways. It is our view, however, that the more consequential

question would address itself to an examination of the methodologies used in such studies.

Any collection of psychoanalytic papers by a variety of authors has the built-in hazards of uneven quality and a potentially confusing diversity of points of view and emphasis. We feel this volume has its share of these complications. The volume as a whole becomes arduous reading at times as one searches to find the meaningful additions to our clinical and theoretical armamentarium. It is not a collection of papers to be recommended to neophytes in analysis. Sophisticated readers, however, will find themselves challenged to differentiate their own conceptualizations of analytic theory from those presented by some of the authors in this volume and to try to reconcile those differences within the broader rubric of science in general and psychoanalytic theory in particular.

VICTOR CALEF and EDWARD M. WEINSHEL (SAN FRANCISCO)

PSYCHOANALYSIS. SCIENCE AND PROFESSION. By Maxwell Gitelson. New York: International Universities Press, Inc., 1973. 439 pp.

The eighteen essays in this volume, written between 1938 and 1964—the period of the coming of age of American psychoanalysis—, cover a wide range of issues and are indicative of the breadth of the author's interests. The fact that several of the articles, in particular *On Ego Distortion*, *The Emotional Position of the Analyst*, and *On Curative Factors*, have become minor classics suggests the depth of his psychoanalytic understanding.

To truly come of age requires that we tolerate disappointment, uncertainty, and ambiguity without disillusionment or disavowal but with renewed inquiry. Gitelson was quite capable of this creative resolution. In his last paper, *On the Identity Crisis in American Psychoanalysis*, presented to the Plenary Session of the Annual Meeting of the American Psychoanalytic Association in 1964, he argued that the scientific rigor necessary for elaborating the classical model of the psychoanalytic situation is incompatible with the therapeutic flexibility required to practice psychoanalysis and psychotherapy. In this article he emphasized Kuhn's concept of a scientific paradigm; that is, a generalization 'sufficiently unprecedented to attract an enduring group of adherents' and yet 'sufficiently open-ended to leave all sorts of prob-

lems for the redefined group of practitioners to resolve'. Kuhn suggested that a scientific revolution would occur only when there was a clearly defined alternative for explicit comparison with an existing paradigm.

Gitelson believed that these conditions did not prevail in psychoanalysis in 1964, and it is likely that he would have felt the same way a decade later. He was convinced that the psychoanalytic paradigm was sufficiently open-ended to resolve the apparent discrepancies presented by new observations, and the body of his clinical work reflects his efforts to do just this. He stated that those who are calling for a revolution are rebels without a scientific cause. He suggested that American psychoanalysis was paying the penalty for having joined forces with American psychiatry during the postwar period when the promise of unrealistic therapeutic results was inevitably followed by disillusionment. Many who were disillusioned with the therapeutic efficacy of psychoanalysis became highly critical and disavowed it as a science. Gitelson was sympathetic to the need of many practitioners to develop modifications of the classical psychoanalytic technique, but the relative efficacy of many of these efforts did not, he believed, detract from the validity of the psychoanalytic paradigm.

Gitelson's own papers indicate a high order of therapeutic flexibility. He did not disguise the fact that his warmth, humor, and openness were a necessary, if not sufficient, element in his psychoanalytic work. He clearly recognized the therapeutic limitations of his treatment method, but he reacted with a determination to understand the psychoanalytic process better. He was capable of maintaining his notion of the psychoanalytic paradigm with sufficient open-endedness to leave him room to resolve 'all sorts of problems'.

Yet have we agreed, even in 1975, what the essence of the psychoanalytic paradigm is? What are its boundaries beyond which new observations require if not a revolution, at least that we become more ready to acknowledge the actual limitations of our generalizations and to redefine them? Are, in fact, the generalizations which were 'unprecedented' in delineating the neurotic process—e.g., unconscious conflict, signal anxiety, internalization of the superego, establishment of the repressive barrier, return of the repressed, etc.—useful enough in understanding, not to speak of treating those individuals who present what we label today schizoid, borderline, and narcissistic syndromes? Of course, if we permit our generalizations to become general enough,

they will in a general way fit all sorts of problems, but then they will not be 'particular' enough to be of much use.

My impression of Gitelson, gained through a few very meaningful contacts with him and furthered by reading this valuable volume, is that he was flexible and scientifically curious enough to welcome rather than be disturbed by these questions; that he would have responded by making a serious effort to answer them even if, or perhaps especially if, the resolution required a clearer elaboration of the psychoanalytic paradigm.

PAUL G. MYERSON (BOSTON)

THE FUNCTIONS OF SLEEP. By Ernest L. Hartmann, M.D. New Haven and London: Yale University Press, 1973, 198 pp.

This little book brilliantly condenses and synthesizes a great deal of the recent data from the sleep laboratories of the United States and abroad. An avalanche of papers and books from these laboratories has filled the literature with contradictory opinions in almost every area. A multidisciplinary babel has arisen, with voices coming from physiology, neurophysiology, psychiatry, psychoanalysis, neurochemistry, etc. If ever a field cried out for synthesis, it is this one. Hartmann's book is a highly suggestive, provocative, and in many ways successful attempt to bring some order out of chaos. His competence in a number of disciplines, including psychoanalysis, enables him to make significant correlations between neurophysiological, biochemical, and psychological events.

This work should be of interest to psychoanalysts because it concerns itself largely with the functions of so-called rapid eye movement sleep—variously called 'D', desynchronized, or REM sleep—which is associated with dreaming, as well as with the functions of synchronized or 'S' sleep, also referred to as orthodox or NREM sleep.

Hartmann starts out with the assumption that sleep which is required by all humans and mammals has a basic restitutive or restorative function, as common sense seems to dictate. The evidence indicates that S sleep, especially deep Stage 4, has a *physiological* restorative function. It is increased following exercise, fatigue, sleep deprivation, prolonged bed rest which produces tissue damage, and by hyperthyroidism. In all these conditions catabolism is increased and

slow wave sleep can be considered anabolically restorative. It is proposed that S is a phase when macromolecules, protein, or RNA are synthesized in the central nervous system. It is significant that growth hormone, which has a metabolic function, has been shown to have its peak circadian secretion concomitantly with Stage 4 sleep in the early part of the night when fatigue is at its maximum.

Approaching the problem of the function of D sleep from many angles, Hartmann concludes the following: from studies of sleep deprivation and fatigue he suggests that D sleep plays a role in restoring systems of focused attention, the capacity for new learning, the patterning, reprogramming and consolidation of memories, and in general the maintenance of ego integrity. Whereas S sleep is more important in bodily restitution, D functions to restore complex brain processes which are 'fatigued' during the day.

Hartmann draws similar conclusions about the two forms of sleep from an original investigation of differences in psychological characteristics between short sleepers (under six hours) and long sleepers (nine hours). The latter were found to have nearly twice as much D as the short sleepers and their dreaming was more intense. They showed more pathology, discomfort, physical complaints, neurotic problems, overt anxiety, inhibitions in aggression and sexual functioning, and were mildly depressed. Short sleepers were energetic, efficient, ambitious, tended to work harder, keep busy, were more confident, decisive, extraverted, and freer of psychopathology. They tended to deny and were not worriers. Since both groups had the same amount of S sleep, Hartmann concluded that the difference in the amount of D sleep bore some relationship to their differences in character and life style. He believes that D sleep is needed in larger quantities after days of anxiety, worry, or intense stressful new learning.

One of Hartmann's leading ideas about the function of D is that during it, new connections are formed and tested as part of a process of repair and restoration of the functions of certain catecholamine (especially norepinephrine) dependent brain systems that are necessary during waking. These processes wear out as a result of fatigue during the day; they are absent during dreaming because they are shunted out for repair. He suggests that psychological functions or capacities that are missing in the dream correspond to waking systems that are being repaired during dreaming. He shows that certain cognitive and affective processes that are *not* in the dream are characteristic of wak-

ing, e.g., the feeling of being tired or energetic, the feeling of free will, the continuous feeling of self, focused attentional processes, and precision of reality testing and judgment. Hartmann suggests that when the catecholamine systems are removed primary process dominated activity is in the ascendancy.

This book does not concern itself with the meaning and interpretation of dreams, the chief concern of psychoanalysts, but with the alleged more general functions of the REM or dreaming state. The author suggests that examination of the manifest dream can give us some hints as to the functions of sleep, the manifest dream constituting a sort of window into these processes. For example, condensation as a psychological dream mechanism may indicate new connections of some kind are being formed or tested between previously unconnected material. Presumably this refers to connections in a neurological sense. Primary process, large discharges of energy, opposites occurring together, can all be seen as characteristic of a 'reconnecting' process in which daytime residues are reconnected to large old and thus 'primitive' pathways or brain storage systems.

Whether Hartmann's views are correct in all details is not as important as his attempted synthesis of seemingly unrelated findings from many different sources. Although he does not scant data which do not fit into his general theory, he does not always give them sufficient weight and leaves one with some reservations:

1. He does not attempt to integrate the psychoanalytic wish-fulfilment theory of dreaming into his theory of the function of D sleep nor address himself to the role of unconscious wishes and conflicts.
2. He does not give sufficient consideration to the relationship of instinctual drives to dreaming and their possible relationship to the hypothalamus and the limbic system. From a neurophysiological point of view these phylogenetically old parts of the brain, which include the intracranial self-stimulation areas, have been importantly implicated in D sleep.
3. In relation to what has just been said, in animals and to some extent in humans the most striking consequence of D-deprivation has been the production of disturbances in sexuality and orality. Hartmann does not mention the cycle of penile erections associated with D periods, although this phenomenon is the best evidence of activation of a drive on a physiological level.
4. Although he suggests that in the presence of depression more D sleep is necessary, he is aware that most investigators have found endogenous depression to be associated with marked decrease in REM sleep. His explanation that anxiety and depression cause insomnia which obscures the postulated need for excess D, remains a possibility incapable of proof.

5. Paradoxically, all the agents used to treat depression, the tricyclic and MAOI antidepressant drugs, and shock therapy bring about partial or complete REM suppression. In fact, it has been shown that in endogenous depression MAOIs such as phenelzine attain their antidepressant effect concomitantly with total suppression of D sleep.

6. Such total suppression has been carried out for months and even years without apparent gross harm or interference with mental functioning. It seems that one can get along without REM sleep; however, further careful study may reveal subtle deficits in cognition and behavior in individuals subjected to prolonged total REM suppression. There remains the possibility, however, that all the functions attributed to REM sleep may not be exclusively dependent upon this state or may be taken over by other brain mechanisms.

7. Recent work has shown that when performance is impaired by complete sleep loss, recovery sleep is equally effective regardless of the amount of REM or Stage 4 sleep. That is, it is the *amount of sleep*, not the stage, that is important. Another study has shown that prior deprivation of Stage 4 or REM sleep does not potentiate the effects of total sleep loss, results being similar regardless of the type of sleep that undergoes prior deprivation.

8. As to the general functions of D sleep postulated by Hartmann, I have the feeling that he ascribes too great a problem-solving, cognitive function to it and am not always impressed by the utilization of computer terminology, finding such ideas as 'reprogramming' somewhat deficient of real content. The notion of forming new connections is often given an optimistic, forward looking, adaptive meaning that requires more definition. Much of dreaming seems retrogressive, connected with fixations, rigidities, and ancient infantile traumas. The same old pathways seem to be followed and facilitated, and new day residue material simply assimilated into these pathways without anything novel taking place. Thus a man may dream for years of being chased and persecuted. I believe that the adaptive value of such dreams can be more precisely defined in psychoanalytic terms.

Hartmann suggests that certain psychoanalytic concepts are important shorthand expressions for complex brain processes, e.g., certain facts of mental functioning such as secondary process can be *restated* in terms relating to the functions of catecholamine systems. He avoids a narrow reductionism by noting that scientists from all disciplines may be studying an underlying central state from different points of view and establishing concomitant or matching characteristics. He states, 'There is no mysterious leap or mind-body gap between the physiological-chemical description and the psychological descriptions of the underlying process or central state'. The gap or leap exists only between the subjective experience and the underlying process. As Kety has said, there may some day be a biochemistry of memory but never of memories. The same may be said of dreaming and dreams. Hartmann

urges the closing of the discipline-imposed gaps between workers in the neurosciences and psychoanalysis and greater efforts to become aware of and utilize data from other fields.

Finally, he modestly concludes this superb attempt at integration by suggesting that the functions he proposes for the two states of sleep could be considered as merely adding precision to Shakespeare's formulation, thus: Let S sleep—'chief nourisher at life's feast'—prepare for D (dreaming) sleep, 'that knits up the raveled sleeve of care'.

CHARLES FISHER (NEW YORK)

THE SCHREBER CASE. PSYCHOANALYTIC PROFILE OF A PARANOID PERSONALITY. By William G. Niederland, M.D. New York: Quadrangle/The New York Times Book Co., 1974. 172 pp.

This book is important to all who are interested in the Schreber case, in the theory of paranoid delusions evolved from it, and, indeed, in schizophrenic disorders in general. Here, at last, we have Dr. Niederland's studies of the case collected in one place, and their collective impact is almost overwhelming, even to one who has read them previously. Part I provides a background for the studies and includes Schreber's family tree, a chronology of his life and illnesses, annotated excerpts from his memoirs, and a brief summary of Freud's analysis of the case. Part II consists of Niederland's seven papers amended to eliminate redundancies, plus a brief chapter on the contemporary significance of the Schreber case. Part III contains several papers and excerpts of papers by other analysts that Niederland considers of major relevance.

When Freud published his psychoanalytic notes on Schreber's psychosis, a florid and confusing set of paranoid delusions was clarified and given meaning for the first time. As is well known, his study was based almost entirely on Schreber's own account of his psychosis. However, Freud was aided in his analysis by his work with psychotic patients as well as his exchanges with Jung and Ferenczi. Freud recognized the limitations of his interpretations and wrote, 'Anyone . . . who was in touch with Schreber's family and consequently better acquainted with the society in which he moved and the small events of his life would find

it an easy matter to trace back innumerable details of his delusions to their sources and to discover their meaning'. Dr. Niederland accepted this challenge and for more than twenty years has explored all available sources of information concerning Schreber and his family, particularly the writings and character of Schreber's father, an orthopedist who was widely recognized as an authority on authoritarian child rearing. He has also studied the life and works of Dr. Flechsig who became the focus of many of Schreber's delusions.

Niederland has provided us with a vivid picture of the sadistic, megalomaniac character of Schreber's highly esteemed father. It is fruitless to try to cover in a brief review the lengths to which Schreber's father went in concocting methods to crush a child's spirit, destroy his self-assurance, and subjugate him to his parents' tyrannical control. He fostered corporal punishment to keep an infant from crying or wishing to be fed between meals. He invented various restricting apparatuses for children to wear to assure proper posture and bone development; and devoid of tolerance, he invented trials to harden the child morally and break his will. Particularly noteworthy are the admonitions not to let a child sulk after being punished, but rather to make the child thank the parent for his benevolence. Dr. Schreber assured his readers that his stringent measures had worked well with his own children. Apparently he believed that his sons would form an example of how the human race could be revitalized through proper child rearing practices. Not only did Justice Schreber become schizophrenic, but his older brother committed suicide. It is not surprising to learn that Schreber's father may have had a psychotic break in his youth, was prone to episodes of homicidal rage, and was incapacitated with some sort of mental disorder for several years before his death. Niederland has been able to find 'the kernel of truth' that lay behind many of Schreber's delusions through showing their similarities to, and origins in, the distorted practices of his father. His studies of Dr. Flechsig provide other new insights. Considering Schreber's father's earlier threats of castration, the finding that Flechsig had utilized castration as a treatment for mental disorders in his hospital may have had much to do with Schreber's delusion of having been 'unmanned' and turned into a woman.

Niederland has done an excellent and intriguing job in amplifying Freud's analysis, but this reviewer is saddened to find that he did

not follow through to where his material leads—to a reconsideration of the theories that Freud derived from his study of the case which have been so central to psychoanalytic concepts of paranoid disorders. Although Niederland recognizes that Dr. Schreber's harsh, cruel, and controlling child rearing practices must have affected Justice Schreber's development, and though he even wonders how Schreber could have become successful and remained in reasonably good mental health for four decades (p. 111), he believes that his many findings essentially bear out Freud's theories. Dr. Niederland derogates the findings of family studies as 'simplistic and reductionistic' in condemning parents as 'persecutors' (a misunderstanding of the major family studies, at least). Yet probably no one who has carried out family studies of schizophrenic patients has conveyed a picture of the parent as a persecutor as clearly as has Niederland. It is not necessary to believe that Dr. Schreber was consciously rather than unconsciously hurting his children in order to recognize that his own psychopathology exerted a serious pathogenic influence upon his children. Indeed, we are provided with evidence of what the reviewer would consider a classic family milieu for the production of a schizophrenic disorder in a male child: a deviant, dominant parent who establishes a distorting milieu and deviant child rearing techniques, influences that cannot be countered by a passive spouse; a parent who uses the child for his own ends and is markedly intrusive into the child's life while at the same time impervious to the child's own needs, who insists that the child perceive matters as the parent needs to have the child perceive them in order to maintain the parent's tenuous emotional balance; a family in which meanings are deviant if not reversed, as when, as Katan points out, 'punishment' is called 'reward' and the child is rejected if he does not accept such meanings, etc., etc.

Perhaps even more important is the need to re-evaluate Freud's theoretic formulations that arose from his preconception that the famous Dr. Schreber must have been a good father whom his son loved and that the patient's homosexuality or, perhaps more correctly stated, his fantasied transsexuality, resulted from the breakthrough of his repressed early erotic desires for an object like his father. The presumption led to the classic formulation that paranoid delusions were the result of repression of the love with the aid of reaction-formation, and then a projection of the hatred onto the substitute father-figure who can

then be hated because he persecutes.

Looking at the facts that Niederland has presented, other less complex interpretations seem more apt. The passive homosexual stance of the patient might have been a result of his father's subjugation; or, of the patient's wish to have been a girl who would not have been so menaced by castration threats; or, of the patient's taking vengeance on his father by identifying with his mother, rather than with his father, as White suggests (pp. 152-153); or, as Freud noted, by turning 'his father's most dreaded threat, castration, into a wish' (p. 56). Freud was aware of the negative aspects of Schreber's feeling toward his father expressed in his delusions. If we recognize that it was Schreber's hatred rather than his love that had been repressed or suppressed by fear and by a type of 'brainwashing', as were his feelings of having been persecuted by his father, we must consider that it was a breakthrough of such suppressed recognition of his persecution transferred from his father to Flechsig, and then to a God created in the image of his father, that was the dominant mechanism in the delusion formation, rather than a projection of hatred that masked his homosexual love.

The reviewer does not understand the basis of Niederland's selection of material by other authors in Part III. M. Katan's papers are, of course, of interest, but much of what is new in Carr's and White's papers has been deleted. Baumeyer's *The Schreber Case*,¹ a source of significant new material, is not included. Papers that give differing interpretations of the material, such as Nydes's *Schreber, Parricide, and Paranoid-Masochism* and Schatzman's *Paranoia or Persecution: The Case of Schreber*,² are not mentioned.

Most important, however, is the reviewer's belief that the reader will find a wealth of fascinating material in Dr. Niederland's papers—material that shows the hazards of basing analytic interpretations simply on a written history even when Freud is the analyst, and which also presses for the reinterpretation of this crucial case and the reformulation of the psychoanalytic concepts of paranoid disorders that emerged from it.

THEODORE LIDZ (NEW HAVEN)

¹ Baumeyer, F.: *The Schreber Case*. Int. J. Ps., XXXVII, 1956, pp. 61-74.

² Nydes, J.: *Schreber, Parricide, and Paranoid-Masochism*. Int. J. Ps., XLIV, 1963, pp. 208-212; Schatzman, M.: *Paranoia or Persecution: The Case of Schreber*. Hist. of Childhood Quarterly, I., 1973, pp. 62-88.

TRAINING PSYCHOANALYSIS. A REPORT ON PSYCHOANALYTIC EDUCATION.

The Second Conference of the Chicago, Pittsburgh and Topeka Institutes. Prepared by Ishak Ramzy, Ph.D. Topeka: Topeka Institute for Psychoanalysis, 1973. 268 pp.

This monograph summarizes the presentations and discussions of the second conference on training of the Chicago, Pittsburgh, and Topeka Institutes. The focus of the conference held in 1969 was 'the clinical and educational concerns of the training analyst'. What has been recorded in this monograph provides ample evidence that the conference was well prepared, enthusiastically joined by the participants, and carefully reported. The merit of a conference, as wisely expressed by Jacob Arlow, is best measured by its impact on future development. The reader of the report on this conference will find an abundance of experiences, concepts, and hypotheses which could easily affect future development of himself and/or his institute.

Essentially, the monograph covers two subjects: one, the role of analysts as therapists and educators; and two, the role of conferences in facilitating these functions. The most novel concept applied to both of these subjects is the influence of group processes: as used to transmit knowledge and reduce the stress on new training analysts; as used by experienced training analysts (e.g., through consultation with colleagues) to reduce the strain of information not shared with a candidate; as hypothesized in the functioning of institutes especially in relation to the widespread clashes within institutes; and finally as seen in the running of conferences, including psychoanalytic classes and the meeting described in this monograph.

A presentation by Joan Fleming emphasizes the role of the training analyst as educator, the interrelations of educating and analyzing, and the importance of self-analysis both as an analytic goal and as a useful tool for the individual analyst. A presentation by Arlow describes the inappropriateness of the curriculum of many institutes in that beginning candidates need to know concepts of analytic technique in order to analyze their first case, but they are led astray by almost exclusive exposure to early Freud.

From the seven discussion groups of the conference came many interesting thoughts: the importance of the analyst's focus on the candidate's educational experience as reality frequently slighted; the possible gains or losses derived from supervision by one's former analyst; the

importance of the quality of object relations in the training analysis, supervision, institute courses, and even relations with rejected applicants for training; the difficulties of remaining objective when one has reached a negative evaluation of one's candidate-analysand; the constructive and destructive influences of the identification with one's analyst; and the goals for a training analysis. One group suggested that the first year of courses be 'primarily an introduction to the subject of technique' where 'technique' implies a broad understanding of the analytic process rather than specific methods of procedure.

Final sections on evaluation of the conference and an extensive bibliography add considerably to the value of the total presentation. This is a well integrated, easily readable, superior report of an important and productive conference on psychoanalytic education.

KENNETH T. CALDER (NEW YORK)

LETTERS TO SIMON. ON THE CONDUCT OF PSYCHOTHERAPY. By I. H. Paul.
New York: International Universities Press, Inc., 1973. 341 pp.

I very much enjoyed reading Paul's letters to Simon and agree with him that an uncle, as he calls himself here, is important in the upbringing of children. Paul is quite right in cautioning that what and how the child learns from his uncle is different from what and how he learns from his father. A 'father' would certainly not be satisfied if his 'son' learned psychotherapy through a correspondence course.

In our field, as Paul has pointed out, gaining intellectual mastery of material by merely reading books, regardless of how well written or how much to the point, will not do. A father would send his son to an established professional school where psychotherapy or psychoanalysis is taught; uncles would merely add to the contributions of individual supervision and the personal psychoanalysis of the student. That is the well-defined limit and scope of Paul's letters to Simon; they add to, and supplement, but do not comprise the total education.

I found the contents of Paul's letters most acceptable, very much within the scope of my own training. I even recognized, in the twenty-nine letters, a reading list incorporating all my past teachers, friends, and co-workers, and I feel very much identified with his conviction that his letters would broaden the knowledge of every psychotherapist. His notions of psychotherapy are based on sound psychoanalytic princi-

ples. He moves through a broad spectrum of analytic authors, being free and flexible enough to help a student see that certain recent schools also have something to contribute. But he remains firm in defending our profession against such current trends as the modifiers and the encounterers who think they are the radicals in the field at a time when reflection, inner freedom, and ego autonomy as the goals of psychotherapy are temporarily in disrepute. To paraphrase Kant: 'The science of the modifiers is empty and the culture of the encounterers is blind'. But I quite agree with Paul that we do not need to be afraid of the wave of the future. Psychoanalytic thinking has faced many such waves and has survived, grown, and prospered.

The trouble with letters is that they are usually not a response to the reader's need: rather, they fulfil the needs of the writer. Those of us who write books are aware of the difficulty in addressing an unknown audience. How is a writer to know what questions the reader will ask? Perhaps this is the reason Freud chose not to write a textbook on psychoanalytic technique; technique is best taught in direct give-and-take contact. However, I am surprised how often and how well Paul actually answered my silent questions, although of course I have been in the field a long time and have learned to ask questions.

I do wonder what younger people might do with Paul's letters: might they not lose their individual spirit by taking his comments too concretely, like prescriptions? All of us who write on psychotherapy and psychoanalysis deal with this problem. Perhaps in our written work we try to answer their anticipated questions as though our teaching and their learning were being conducted through personal contact.

I would assume that even for someone with a good and competent father, letters from an uncle would be immensely beneficial. I hope they will reach many and that those who need a father in addition to an uncle will ask his advice concerning serious professional training.

Much success to Paul in his endeavor.

RUDOLF EKSTEIN (LOS ANGELES)

THE NEW EGO: PITFALLS IN CURRENT THINKING ABOUT PATIENTS IN PSYCHOANALYSIS. By Nathan Leites, Ph.D. New York: Jason Aronson, Inc. (Science House, Inc.), 1971. 301 pp.

With great skill, Nathan Leites has probed the writings on psychoanalytic theory and systematically uncovered serious flaws in the use of words and concepts. His work, which deserves the careful atten-

tion of psychoanalysts, is written in a satirical style that is penetrating and cutting, yet saved from outright destructiveness by his overriding desire for clarity. It readily evokes a mixture of laughter and pain in a reader seriously invested in psychoanalysis: it hurts to laugh at the vagaries, pretensions, circumlocutions, and logical fallacies demonstrated in these pages.

In its critique of analytic theorizing this book is not an isolated effort, although it is unique in its unrelenting investigation of the pitfalls hidden in the language of theoretical formulations. The recent contributions of Schafer, Peterfreund, and Basch have pursued a critical examination of analytic theory, giving expression to a widening discontent with metapsychology and emphasizing the unfortunate gap between clinical observation and interpretation, and the domain of metapsychology. Waelder, in his reply to the criticism of analysis by philosophers of science, complained that the critics of analysis choose metapsychology as the ground for debate rather than lower levels of the hierarchy of theory formation where most of the daily work is done. Yet much of the literature of psychoanalysis is clothed in the garb of metapsychology and even case reports are condensed and transformed into abstract language that distorts the experience it attempts to describe. Aside from pained laughter this book may well stimulate curiosity and further inquiry into the problems it brings into focus.

Freud developed his metapsychology in an effort to fathom the nature of the apparatus that might account for the phenomena he had observed in dreams and neuroses. He described it as an expendable superstructure based on clinical experience, as a conceptual scaffolding whose *raison d'être* was its usefulness. In a more dramatic fashion he referred to it as an analytic myth and personified it as the witch of psychoanalysis. Leites notes that in the first third of this century, Freud's metapsychology was powerful in the stimulation and production of new insights but that subsequently 'the original motor turned into a fetter'.

Freud used metaphor ingeniously in his explorations. Reification of his metaphors has remained an ever-present risk in spite of general acknowledgment of such dangers. There is a sad gulf between the creative use of primary process modes of thought in explanations and its entry as a pervasive regressive trend in communication. Leites examines what might be described as such a trend in analytic literature. A word may be used not to designate an event but rather to denote something important and yet obscure and without definition, or a word may be loosely defined to cover so broad a range that it may refer to a

number of possibilities and prevent meaningful discourse. Leites suggests that for some authors a word may gain importance by having many meanings. He focuses, for example, on the confusion in usage of introjection, identification, and incorporation (pp. 54-61, 95) and cites particularly the multiple meanings of projective identification (p. 56). A word rather than its referents may become the subject of analytic exploration as though that word had a separate existence suspended among communicants. Leites points to the practice of naming events as a substitute for explaining them, with the new names concealing a lack of progress in understanding (pp. 233-241). He notes as well that the specification of the meaning of a word may be set aside to await new insights, although the word itself remains in constant use. (See, for instance, his comments about identification, p. 56.) Leites examines the possible pitfalls in an exaggerated attention to one's conceptual tools and theoretical assertions about mental representations and structures without an adequate regard for experiential source material. Rarefied intrapsychic structures are subject to word manipulations; they may be augmented by unrecognized tautologies, reformulations of previously established concepts, and the substitution of new terms for old ones.

Having acknowledged the value of Leites's scrutiny of the literature, one must also note the shortcomings of his method. There is a reductionistic quality to his approach in that he sometimes inadvertently destroys the special meaning conveyed by a sentence by substituting words of his own that disregard the author's intent. Analysts have developed a tolerance for a telegraphic style based on their common clinical experience that may make a formulation meaningful even though it can be readily subject to ridicule. The problems in analytic communication are not simply linguistic and cannot be resolved by secondary process logical manipulation alone. Leites is aware of this to some extent in giving credence to the idea that the means of production deserve their own place if the product (insight) is forthcoming. It is a convention among analysts to accept loose communications. Concepts do evolve out of a variety of clinical experiences in spite of the fact that in the reports of such experiences, the fantasies of the patient may be interspersed in the theoretical description of the analyst as though the data of observation were on the same level of abstraction as metapsychology.

The use of a variety of terms for describing a particular phenomenon like identification (primary and secondary, basic, partial and massive, by imitation, incorporation, introjection, selective judgment) relates

that phenomenon to a variety of clinical experiences associated with different phases of development, fixations and regressions, mergers and differentiations. A line of development may gradually emerge out of these experiences. The analyst approaches his work by introspection and empathy, and the yield from these labors is not always easily communicated. The reader of an analytic paper brings an informed mind to the task of comprehending what may seem on the surface cryptic or absurd.

There are many examples of excessive reductionistic exercises in Leites's work. He quotes very brief excerpts out of context and, having substituted words and left out qualifications, develops a ridiculous assertion. His lampooning of the connection between aggression and individuation in Greenacre's views is an example of such an approach (p. 131). He is impatient with statements that appear to restate the obvious in more complicated language without considering that they may be part of the author's attempt to cite clinical evidence for the development of a particular ego function. The slices of material are often too minute to permit a clear judgment with regard to the intent of the author, as they are ground to shreds in Leites's logical grinder.

Even though one may note sympathetically the special problems affecting style and content in the writings of analysts, and point to the need for freedom of expression that promotes the possibility of creative uses of primary process and metaphor, it must be acknowledged that Leites demonstrates his thesis very well. The lack of discipline in the use of words and concepts may be a serious factor in impeding progress in psychoanalysis. Stoller in his introduction to the book suggests that analysts need good editors to bring order to their use of words and concepts. Such external authorities may help but analysts need to exercise some self-scrutiny as well, and a study of Leites's book would be a good start toward this end. In a science based on a study of meaning, theorists and writers must take greater care in expressing more precisely what they mean.

NATHAN SCHLESSINGER (CHICAGO)

COMMUNICATION, LANGUAGE, AND MEANING. *Psychological Perspectives.*

Edited by George A. Miller. New York: Basic Books, Inc., 1973.

304 pp.

This is a group of twenty-five brief essays on human language and communication written by distinguished experts in psychology, linguistics,

neurology, education, and animal behavior. Originally prepared for a series of half hour Voice of America radio lectures entitled *Psychology and Communication*, the papers offer the general reader a simple but comprehensive introduction to the structure, organization, and physiological basis of the unique communicational system employed by man.

A number of the essays deal with linguistic organization. Interestingly, only Miller, the editor of the book, goes beyond the phonemic, syntactic, and semantic aspects of language to consider the attitudes and beliefs underlying human thought and conceptualization. These essays are edifying, although the degree of repetition is a bit wearisome. A second theme centers about the unique neurophysiological structures which restrict to our species alone the capacity for complex vocal communication. The uniqueness of human communication is highlighted by comparing it with that of lower primates and some other animals. Other papers in the volume cover language development, the connection between language and a number of key cognitive functions, mechanical simulation of human speech, and certain special aspects of communication among and within groups of people.

The emphasis throughout the book is upon structure and function rather than upon the motivational and dynamic forces with which the psychoanalyst is primarily concerned. The orientation is toward academic rather than depth psychology. There is material in this book of interest to a psychoanalyst, but it is on a relatively simple, introductory level that whets the appetite without fully satisfying it. It should appeal to the psychoanalyst's general interest in reading about related fields rather than offering him information of practical value for his everyday work.

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

Psyche. XXVIII, 1974.

Joseph William Slap

To cite this article: Joseph William Slap (1975) Psyche. XXVIII, 1974., The Psychoanalytic Quarterly, 44:4, 664-675, DOI: [10.1080/21674086.1975.11926738](https://doi.org/10.1080/21674086.1975.11926738)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926738>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

ABSTRACTS

Psyche. XXVIII, 1974.

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

The Construction of Reality and Fantasies. Wolfgang Loch and Gemma Jappe. Pp. 1-31.

Freud's case report on Little Hans is interpreted as a psychoanalytic contribution to the ontogenesis of language and consciousness. As shown by the authors, the therapeutic intervention did not have the function of 'reconstruction' in the wake of previous 'language destruction', but was intended to create the conditions prerequisite to the living through of the oedipal conflict (ego foundation). Only participation by way of identification with the way of life of the father (or the therapist), as the 'third one' who, at the same time, is the one 'knowing everything', facilitates the formation of an object relationship with the mother that is no longer threatened by symbiotic regression.

Delayed Reaction to Concentration Camp Experiences. Alisa Segall. Pp. 221-229.

The author presents the case of a patient, now living in Israel, who had been deported to the Auschwitz concentration camp at the age of thirteen. In the initial period after her liberation, she protected herself with an apathic shielding posture against the horrible experiences of the trip to the camp and the imprisonment. In this way she succeeded in carrying on a 'more or less normal life'; for years she did not exhibit the symptoms of the so-called survivor syndrome. Only after the end of the six-day war of 1967, which she accepted with notable composure, did the memory of the traumatic experiences she had suffered break through. Supportive psychotherapy resulted in a favorable outcome.

Theory of Neurosis and 'Waywardness'. Karl Klüwer. Pp. 285-309.

Waywardness, which is compared by Klüwer to 'dissociality', is a crude collective category for genetically and structurally different socialization defects. P. Scott's useful typology of dissociality is described and illustrated with examples in order to demonstrate the importance of differentiating the therapeutic institutions. Were current practice to be upheld, the differing needs of dissocial patients could not be met by the available therapies. In conclusion, Klüwer attempts to reformulate Scott's types in accordance with structural theory.

The Psychoanalytic Situation of a Group in Comparison with Individual Therapy. Hermann Argelander. Pp. 310-327.

Using excerpts from a tape-recorded group supervision, Argelander details the specific characteristics of psychoanalytic group therapy in comparison with individual therapy. In a classical case, conflicts between patient and therapist, which are provoked by the

therapeutic situation, are experienced as conflicts between personality components or as conflicts with figures who are not present. By contrast, the members of a group act out these conflicts according to a division of labor, i.e., in the form of differential reactions to a commonly shared acute situation. Group therapy gains in concreteness and dramatic vividness, but the participants lose in terms of opportunities for insight into the genetic dimension. The pseudo reality of the group situation and the colloquial meanings with which the group members articulate their behavior make it more difficult for them to absorb the psychoanalytic interpretation of the unconscious content of their conflicts. The group leader counters these defensive tendencies by facilitating a therapeutic ego split. He does this by insistently reminding the participants that the aim of their meetings is the treatment of illness.

Jacques Lacan's Concept of the Unconscious. Emma Moersch. Pp. 328-339.

Departing from A. Rifflet-Lemaire's 1970 presentation of Lacan's theory, Moersch gives special attention to an outline of Lacan's interpretation of the unconscious. For Lacan, the unconscious is not a prelinguistic, archaic dimension of the psyche nor a phylogenetic inheritance whose formations have a regressive character. Rather, it is conditioned by language; it is itself structured like a language.

Methodological and Statistical Problems of Single Case Studies in Psychoanalytic Research. Cornelia Schaumburg; Horst Kächele; Helmut Thomä. Pp. 353-374.

Psychoanalysts cure their patients while conducting research. This coincidence, however, does not imply that psychoanalytic case reports—which may be understood as experiments validating hypotheses—automatically meet the requirements of scientific research. The authors discuss the potentialities and problems of empirical and statistical methods as applied to psychoanalytic studies of single cases.

The Role of the Psychoanalyst in Psychotherapeutic Interactions. Helmut Thomä. Pp. 381-394.

In the current state of psychoanalytic research ('mop-up operations' that ordinarily follow the introduction of a revolutionary paradigm), nonanalytic theories of interaction and communication, role and self, can aid the reinterpretation of the therapeutic situation. As a consequence of Freud's use of the mirror simile, the significance of the therapist's real personality for the therapeutic process was for a long time underestimated. The relationship between the analyst's professional role (mirror) and self must be submitted to a new analysis. The growing demand for 'applications' of psychoanalysis involves a greater risk of role diffusion for the therapist.

The Surprised Psychoanalyst. Klaus Horn. Pp. 395-430.

In recent years, psychoanalysts have been surprised by the challenges and politically motivated criticisms addressed to them by various social scientists. These challenges have been rejected as impertinent, unenlightened impositions by outsiders rather than properly comprehended, discussed, or rebutted. In part, the criticisms have extended the

new conception of psychoanalysis which has been elaborated mainly by nonanalysts and which is gradually gaining wider currency. Until now, however, no connection has been made between such criticisms and the discontent with the present status of psychoanalytic research which is variously documented in the psychoanalytic literature of recent years. It is precisely this connection that Horn seeks to make by appealing directly—and eruditely—to the psychoanalysts' own dissatisfactions. In the course of the last forty years, psychoanalysis has imperceptibly retreated from the theory of culture and from the striving to become a general psychology. This twofold self-restriction, resulting in the individual therapeutic function of psychoanalysis, only rarely lamented, is interpreted as a societally relevant phenomenon. Tendencies inherent in the development of society and the conditions of the analysts' professional socialization can explain this self-restriction and may transform the analysts' astonishment into a more adequate self-understanding.

The Analyst as Lawgiver and Teacher: Legitimate or Illegitimate Roles? Wolfgang Loch. Pp. 431-460.

The therapeutic process is characterized by a paradox. On the one hand, the therapist confronts the patient, who has been rendered incompetent by his neurosis, in the role of teacher and provider of potentially valid linguistic interpretations. On the other hand, this difference in power must be cancelled at the end of treatment and the patient must be set free. The proposed solution of this problem is that psychoanalysis, as 'research project', is obliged to subject the rules and conditions it creates for the attainment of its goals to its own investigatory methods. The truth which is at stake in the therapeutic process is not 'ontological' but relative, resting on interpersonal consensus.

Psychopathology and Creativity. Hans Müller-Braunschweig. Pp. 600-634.

The therapeutic effect of esthetic creativity consists in the symbolic objectification (communication) of the unconscious conflict material by means of more or less well-mastered artistic techniques. The ego functions (thinking, language, motility) are dependent upon feedback processes. The representation of intrapsychic conflicts in a symbolic world with its own esthetic lawfulness admits them into the sphere of the ego and opens them to elaboration. In the process of controlling elaboration, it becomes possible to assimilate the objectified and interpreted material. The creative system appears to be relatively autonomous vis-à-vis pathologically dissociated subsystems in the same individual; although it takes over problems of the whole person, it can master these on a new level. Isolated and primitive or rigid ego systems obstruct the transition between conscious and unconscious; in such cases, the outlet to productive esthetic elaboration of intrapsychic tensions is not available.

Indian Culture and Psychoanalysis. Sudhir Kakar. Pp. 635-650.

The 'world picture of Indian culture' is presented, with an outline of the main categories of Indian meditation practices, and is contrasted with that of Western culture, represented here by the concepts of psychoanalytic metapsychology. The psychoanalytic theory of ontogeny (and therapy) defines the erection of ego boundaries and the distinc-

tion between self and nonself as developmental goals. In the Indian view of the world, these distinctions constitute a world of illusion. The goal of meditative liberation is to overcome these distinctions in favor of the 'true reality'—a complete identification of self and nonself.

Journal of Psychiatry and Law. I, 1973.

The following abstracts from the *Journal of Psychiatry and Law* are published with the permission of the journal.

Some Evidence on the Inadequacy of the Concept and Determination of Dangerousness in Law and Psychiatry. Henry J. Steadman. Pp. 409-426.

Data are examined from two hundred and fifty-six cases of incompetent, indicted felony defendants reviewed under a 1971 New York State statute that necessitated determinations of dangerousness. The major finding was the significant relationship between the defendant's alleged offense and a psychiatric finding of dangerousness. This relationship explains others between hearing location, reporting psychiatrist, psychiatric diagnosis, and dangerousness. Age and race were unrelated to charges and dangerousness. The extremely high concurrence rate between psychiatric recommendations and judicial determinations of dangerousness—87%—raises some serious questions about the appropriateness of predicting dangerousness in involuntary criminal and civil commitments in the light of the conceptualization and criteria problems shown by the data.

Insane versus Feigned Insane: A Reply to Dr. D. L. Rosenhan. David L. Wolitzky. Pp. 463-473.

In a 1973 article titled *On Being Sane in an Insane Place*, published in *Science* (Vol. 129, pp. 250-258)—the official organ of the American Academy of the Advancement of Science—D. L. Rosenhan, a professor of psychology and law at Stanford University, questioned whether psychiatrists can tell the normal from the abnormal, the sane from the insane. He wondered whether the salient characteristics leading to diagnoses reside in the patients themselves or in the environment and contexts in which observers find them. He contended that psychological categorization of mental illness is useless, harmful, misleading, and pejorative. To demonstrate his thesis, Rosenhan designed an experiment in which a group of people who were not psychiatrically ill attempted to gain admittance to psychiatric hospitals by feigning mental illness. If a significant number of these pseudo patients could be admitted (eight were admitted to twelve hospitals), then he could 'prove' that we ought to seriously question whether there are objective criteria in the assessment of mental illness.

The editors of the *Journal of Psychiatry and Law* point to the Szaszian implications of this work concerning the existence of mental illness and the legal implications pointed out by Rosenhan, such as patients being needlessly stripped of their citizenship privileges: voting, driving, and handling their own accounts. The impression created by Rosenhan's article is that psychiatrists willy-nilly incarcerate individuals in mental institutions for

varying lengths of time at their discretion, not unlike the psychiatrist in the Russian police state where the use of such tactics has aroused considerable concern and condemnation. [The editors] believe that psychiatrists here act in good conscience and to the best of their ability, relatively free of external pressure, regardless of its source. That possible 'errors' in judgment regarding admission to, or rejection from, a hospital depend on a multiplicity of factors is not alluded to in Rosenhan's article. There have been tragic results when patients were turned away from a hospital, for the trend in hospital policy in this country is one which makes it very difficult for a patient to be admitted. Wolitzky's article stands as a rebuttal to Rosenhan and serves to show how important it is to measure and evaluate a 'scientific' study carefully. Wolitzky presents a perspicacious and urgently needed critique of a misleading set of findings.

The Ruby Case: Who or What Was on Trial? Lawrence S. Kubie. Pp. 475-491.

The adversary system and the role of the psychiatrist in court is examined and the conclusion is drawn that a psychiatrist should not be a witness for either side. An alternative is suggested: that the psychiatrist should be hired by both parties in order to counteract the bias inherent in becoming an advocate for either side. Another alternative suggested is that the court appoint psychiatrists to testify as impartial witnesses. Finally, the use of psychiatric testimony in the Jack Ruby case is examined to show how the adversary system can destroy the value of psychiatrists' testimony.

The World of Humor, Medicine, Psychiatry, and Law. Irwin N. Perr. Pp. 493-498.

The world of humor provides insights into public attitudes. This 'playful judgment' reflects suppressed hostility, ambivalence, and the controlled reduction of anxiety. Selected jokes about doctors, psychiatrists, and lawyers are reviewed with an analysis of the types of jokes in common use, emphasizing the social judgment and social criticism reflected in the content, particularly those aspects dealing with ethics, professionalism, greed, and competence.

Journal of Psychiatry and Law. II, 1974.

The following abstracts from the *Journal of Psychiatry and Law* are published with the permission of the journal.

The Mentally Disabled and His Lawyer. Robert K. Patch. Pp. 33-43.

Traditional social attitudes toward the mentally ill and mentally retarded, which were based upon misinformation, misunderstanding, and fear, have impeded the development of concern for the legal rights of those so afflicted. Even more, the development of legal services for the enforcement of the substantive and procedural rights of the mentally disabled has not matched comparable developments for those accused of crime. To remedy this gap in our application of justice to one another, it is essential that a system of legal advocacy be established for the mentally disabled, based upon adequate clinical training

of lawyers and their availability as specialists, to provide a continuity of services matching that of their clients' disabilities.

Enuresis, Fire Setting, and Animal Cruelty in Male Adolescent Delinquents: a Triad Predictive of Violent Behavior. Douglas Wax and Victor Haddox. Pp. 45-71.

A triad of behavioral symptoms including enuresis, fire setting, and animal cruelty has been considered highly predictive of adult male violence. The present study reviews the triad hypothesis in light of extensive case materials from six aggressive violent male adolescents who manifested the three symptoms. In addition to confirming the predictive usefulness of the triad, this investigation found marked personality arrest present in each subject. The case material is discussed from a variety of viewpoints, including the triad's application as a screening device for the prediction of dangerousness.

A Troubled View of Current Trends in Forensic Psychiatry. Seymour L. Halleck. Pp. 135-157.

Increasing involvement of psychiatrists in legal issues seems inevitable. As the courts are being asked to resolve more and more social conflicts, they have understandably sought the assistance of specialists who allegedly bring expertise and prestige to the decision-making process. While psychiatrists can sometimes help the courts make more informed decisions, there is good reason to question whether much of current psychiatric involvement in legal issues serves a useful social purpose. Psychiatrists are also spending more time in the courtroom defending certain treatments of patients that had never before been questioned. The validity of attacks on certain psychiatric practices and the potential long-term effects on the treatment of patients must be reappraised in terms of current social conditions.

Some Superego Considerations in Crime and Punishment. Stuart S. Asch. Pp. 159-181.

Various criminal acts and varieties of criminals are examined from a psychoanalytic viewpoint. The many ways by which the 'normal' individual can evade his superego restrictions and commit antisocial acts are discussed. The habitual criminal can be considered to have specific defects in both ego and superego. In addition, the various aims and the effectiveness of our systems of punishment are examined in relation to the psychopathology they are supposed to correct. Some modifications of existing punishments are suggested that seem more compatible with our psychoanalytic understanding of the individual.

Behavior Modification for Patients and Prisoners: Constitutional Ramifications of Enforced Therapy. Lynn Bregman Kassirer. Pp. 245-302.

Behavior modification, a discipline familiar to psychiatrists and psychologists, has only recently come to the attention of the legal profession. With the advent of the widespread use of behavioral treatment in our nation's institutions, scholars have begun questioning the propriety and legality of such enforced therapy. This article describes learning theory

and techniques of behavior modification. It then presents the issues raised by coerced behavior therapy on prisoners and mental patients, and discusses relevant case law.

International Law, Nationalism, and the Sense of Self: A Psychoanalytic Inquiry. C. G. Schoenfeld. Pp. 303-317.

Why is international law so undeveloped and ineffectual that some legal scholars doubt that it should even be described as 'law'? To help answer this question, two basic elements of nationalism—the tendency to view one's nation as an enlargement of one's self and the tendency to distinguish sharply between the members of one's nation and other persons—are analyzed in light of psychoanalytic tools and insights. The analysis suggests that nationalism may well help many a person (at least on an unconscious level) to bolster a less-than-secure sense of self; and that to the extent that nationalism plays this role, it is likely to continue to inhibit the growth and development of international law (and with this, the growth and development of a peaceful world order).

A Comparison of Blacks and Whites Committed for Evaluation of Competency To Stand Trial on Criminal Charges. Gerald Cooke; Eric Pogany; Norman G. Johnston. Pp. 319-337.

All males referred to the Michigan Center for Forensic Psychiatry for competency evaluation in 1969 were grouped according to race and differences on demographic variables. Criminal charges, diagnosis, competency finding, and disposition were studied. A subsample of seventy blacks and seventy whites was analyzed for characteristics associated with MMPI administration and for differences in MMPI profile. The results are consistent with previous literature and indicate a tendency to clinically overestimate psychopathology in blacks though there is no supporting evidence for a difference in level of pathology in terms of the more objective MMPI measure. The profound effects of this overestimation on disposition are discussed and a number of solutions are proposed.

To Be Guilty or Not To Be Guilty. Samuel J. Jedwab and Alex K. Gigeroff. Pp. 339-354.

The efficacy of the question 'How do you plead, guilty or not guilty?' is discussed and analyzed in the light of the etymology of the word 'guilt'. A survey of alternative approaches to pleadings was carried out, involving questionnaires returned by twenty-six countries (out of sixty-four submissions). The authors conclude that our system of justice would be better served by the elimination or modification of the question 'How do you plead, guilty or not guilty?'.

The Psychodynamics of Criminal Behavior and Their Implications for Prison and Jail Reform. George Freeman Solomon. Pp. 379-414.

The failure of the existing correctional system to rehabilitate is presented. A new model treatment program for criminal offenders, which is largely derived from Danish and Dutch examples, has just begun in Fresno, California. The program is based on our cur-

rent psychodynamic understanding of the etiology of criminal behavior and operates on many levels, including gaining of insight, habit training and re-enforcement of positive behaviors, and development of interpersonal relations with opportunity for wholesome identification and acquisition of adaptive skills.

The Relationship between Attitudes toward Capital Punishment and Assignment of the Death Penalty. George Stricker and George L. Jurow. Pp. 415-422.

Questionnaires concerning attitudes toward capital punishment, liberalism-conservatism, and the assignment of penalties in thirteen capital cases were administered to one hundred and ninety college students. All scales correlated significantly with each other, with the subjects who were opposed to capital punishment less likely to assign the death penalty in specific cases. Factor analysis showed separate factors for murderers, assassins, attitudes, and demographic data. The relationship of these findings to the Witherspoon case is discussed.

A Forensic Psychiatry Clinic in Evolution. Browning Hoffman; Robert Showalter; Charles Whitebread. Pp. 423-435.

In 1969, a teaching program in forensic psychiatry was launched at the University of Virginia School of Medicine. Initially oriented toward the training of psychiatric residents, the Forensic Psychiatry Clinic now offers academic credit to selected law students and draws upon an interdisciplinary faculty. In light of special problems which may arise in forensic evaluations, the paper focuses upon client privacy, confidentiality, and privileged communications. Also described are the difficulties of formulating a teaching program responsive simultaneously to the needs of medical students, psychiatric residents, and law students.

The Expanding Fist: A Behavioral Approach to Riot Prevention and Rehabilitation. John G. Watkins. Pp. 437-453.

Prison riots tend to occur when a strict, security-minded administration is replaced by a warden interested in rehabilitation. The change itself creates insecurity and anxiety in the inmates and induces them to test the limits of the new warden. This article proposes a way, based on psychodynamic understanding, for helping an institution to make the transition successfully, using behavior therapy techniques. The same procedures consistently applied can then become a major approach in treatment of offenders. Current resistance to behavior modification methods are analyzed.

Psychiatric Quarterly. XLVII, 1973.

The following abstracts from the *Psychiatric Quarterly* are published with the permission of the journal.

Brief Psychotherapy in the Hospital Setting: Techniques and Goals. Alfred B. Lewis, Jr. Pp. 341-352.

Contrary to the current vogue, the author argues that brief hospitalization should provide considerable psychotherapy in order to prepare the patient for long-term out-

patient care. This preparation should concentrate on (1) clarifying the history so as to stimulate motivation, (2) resolving the problems which precipitated hospitalization, (3) utilizing hospital services to restructure ego defects, (4) helping the patient to achieve control over suicidal, addictive, and other forms of destructive behavior, and (5) instructing him in the 'ground rules' for psychotherapy. If these goals are kept firmly in mind, a short hospitalization can do more than treat acute psychoses with somatic therapies. It can initiate a long-term treatment process in the community with the prospect of achieving significant behavioral change.

'Clothes Makyth the Man.' Or the Psychological Significance of Clothing in a Residential Setting for Adolescents. Brian W. Joseph. Pp. 353-370.

Psychological meanings of clothes are described, with particular reference to schizophrenic adolescents. Parents' attempts to continue their psychopathological communications and maintain the 'amorphous family nexus' with their children through the medium of clothes are illustrated. In order to diminish such pathological communications, the author recommends that patients be allowed to choose their own clothes and that parents be asked simply to provide the money for such purchases. Part of the over-all treatment program includes the conversion of such pathological messages into verbal communications which can then be clarified and resolved in scheduled family therapy meetings. Significant information may be obtained and considerable psychological work often accomplished by discussing a patient's choice of clothes with him. Such topics as sexual identity, body image, and symbiosis have been raised for discussion through the medium of initially talking about clothes with individual patients.

The Soldier Saint—A Psychological Analysis of the Conversion of Ignatius of Loyola. Jose R. Lombillo. Pp. 386-418.

In this in-depth psychosocial study of a famous conversion, the author analyzes the possible correlations with the process of 'working through' in psychotherapy. A theoretical framework for understanding the altered states of consciousness during the conversion is proposed.

Perspectives on Death Anxiety: A Review. Robert D. Stolorow. Pp. 473-486.

A review of psychoanalytic and philosophical writings on death anxiety indicates that it is a multifaceted phenomenon which has been interpreted at several levels of analysis—including the level of infantile conflict and intrapsychic structural tensions, the level of primary instincts, the level of object relations, and the level of ontological givens. An attempt is made to group the defenses against death anxiety into four general modes: (a) concretization, (b) being-as-a-part, (c) being-as-oneself, and (d) absolute faith. The material presented supports the thesis that death anxiety and defenses against it are important factors in human development.

Psychiatric Diagnoses as an Aid to Psychiatric Classification. Barry J. Gurland, et al. Pp. 533-545.

Main and alternative diagnoses were applied to five hundred consecutive admissions. A group of patients was isolated with an affective disorder as the main diagnosis and

schizophrenia as the alternative diagnosis ('A-S Mixed'). In symptoms and outcome this group was intermediate between groups of patients where there was no alternative diagnosis, or where the main and alternative diagnoses were both of an affective disorder or of schizophrenia. Further analysis showed that the use of alternative diagnoses makes it possible to identify those diagnoses which are creating uncertainty and confusion between categories.

Schizophrenia as a Genetic Polymorphism. Robert F. Kraus. Pp. 546-558.

Brief review of the literature reveals that the evidence for a genetic factor in the etiology of schizophrenia is convincing. The evidence suggests that a tendency toward development of the disease is inherited but that its appearance and clinical features depend upon environmental and experiential factors. The question of the mechanism whereby the genes responsible for schizophrenia maintain their levels in human populations in the face of the obvious selective disadvantage conferred by the disease is as yet unanswered. The work of Heston and Karlsson suggests that a selective advantage may accrue to the heterozygote, a mechanism explainable in terms of the concept of genetic polymorphism, as described by E. B. Ford.

The Immorality of Morality. Irving Markowitz. Pp. 558-570.

The psychiatrist as humanist wonders aloud why 'eugenics' is almost as dirty a word as 'eugenics'—with special emphasis on the psychiatric establishment; for example: 'Unlike the complaint bureau of commercial establishments, mental health services operate on the basis that the customer is always wrong'.

The Rape of the Lock Revisited. David K. Kentsmith. Pp. 571-585.

After reviewing the significance of hair in history and legend, the author considers the impulses which lead young American males to wear long hair. He is more interested, however, in the reaction of adults and concludes that the projective response to long hair on an adolescent male is 'the result of an intensive challenge to the success of repression by an adult of his own primitive drives, both aggressive and sexual'.

American Imago. XXXI, 1974.

Mater and Nannie: Freud's Two Mothers and the Discovery of the Œdipus Complex. Jim Swan. Pp. 1-64.

Swan contends that Freud's elaboration of the œdipus complex, which portrayed the boy as aggressive and related castration anxiety to fear of retaliation for aggression, was a defense against acknowledgment of his passivity, dependence, and sexual inadequacy vis-à-vis his Nannie, the woman who cared for him during his first two and a half years. Swan finds parallels in contemporary society which attempt to deny the fact of human interdependence; among them are male chauvinism and the scorn of the *bourgeoisie* for the laboring class.

Chaucer's *The Merchant's Tale*: Tender Youth and Stooing Age. Robert J. Kloss. Pp. 65-79.

January, the protagonist of *The Merchant's Tale*, is repulsive and ridiculous not because of senile lechery but because his behavior is based on an infantile belief that a woman is meant to be an exclusive source of instant, total gratification of all physical and emotional needs. Divers œdipal themes are introduced when January is unable to satisfy his youthful bride, May, and she accepts the advances of the squire Damien.

Rousseau's Account of a Psychological Crisis. Translated by Robert J. Ellrich. Pp. 80-94.

Rousseau describes his attempts to place the finished manuscript of the *Dialogues* in trustworthy hands, thereby insuring their eventual publication in unadulterated form. He reveals extremes of loneliness, bitterness, suspicion, and feelings of betrayal. A translator's note indicates that for at least fifteen years he had been obsessed with the possible theft and falsification of his manuscripts.

This issue of *American Imago* also contains a psychoanalytic and psychological bibliography on Rousseau compiled by E. Pierre Chanover (pp. 95-100); and a bibliography of medico-psychological and psychoanalytic studies of Van Gogh compiled by Bette Greenberg (pp. 101-107).

Death, Incest, and the Triple Bond in Later Plays of Shakespeare. R. E. Gajdusek. Pp. 109-158.

According to Gajdusek, the later plays of Shakespeare are concerned with conflicts over regressive longings for symbiotic merger with the mother, often represented by death. The incest taboo is an alarm which alerts man to the danger of loss of ego, selfhood, and consciousness itself.

Othello: Symbolic Action, Ritual and Myth. M. D. Faber. Pp. 159-205.

Faber asserts that protagonists in Western plays and novels characteristically experience a reactivation of the bad mother introject. The splitting of the maternal object representation into good and bad is evoked by and is proportional to the mother's ambivalence toward the child. Faber, with some success, seeks to apply these formulations to *Othello*.

Youth, Culture and Psychoanalysis. Leo A. Spiegel. Pp. 206-231.

Youth has a collective sense of depression and meaninglessness engendered by the enormous, often futile war casualties of this century and by the threat of the atomic bomb. The intense preoccupation with sex can be understood as a protective reaction of Eros against the pervasive odor of death. Analysis neither encapsulates an individual from society nor does it necessarily turn people away from social activism. Rather, a sincere social activist will become steadier in his social interests as a result of analysis.

Yeats's 'Second Coming': What Rough Beast? Richard P. Wheeler. Pp. 233-251.

Wheeler accounts for the 'strange sense of power' generated in Yeats's *The Second Coming* and its ability to make the reader feel powerless on the basis that the poem portrays a situation of intolerable helplessness defended against by omnipotent rage. While the paper contains some deft touches, many of the author's conclusions seem unsupported by the text.

Raskolnikov's Motives: Love and Murder. Edward Wasiolek. Pp. 252-269.

The author's point of departure is an article in *The Hudson Review* (1960) by W. D. Snodgrass. Wasiolek gives Snodgrass credit for suggesting that the pawnbroker was a displaced representative of the mother and that Raskolnikov, in killing the pawnbroker, was striking symbolically at his mother. However, Wasiolek contends that Raskolnikov's repressed erotism and hostility toward his mother is expressed more elaborately than Snodgrass suspected, and that Raskolnikov's motives become clearer as the displacement proceeds from mother to landlady to pawnbroker.

JOSEPH WILLIAM SLAP

Meetings of the New York Psychoanalytic Society

Eugene L. Goldberg & Michael S. Trupp

To cite this article: Eugene L. Goldberg & Michael S. Trupp (1975) Meetings of the New York Psychoanalytic Society, The Psychoanalytic Quarterly, 44:4, 676-679, DOI: [10.1080/21674086.1975.11926739](https://doi.org/10.1080/21674086.1975.11926739)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926739>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 30, 1973. POSTURE, GESTURE, AND MOVEMENT IN THE ANALYST: CUES TO INTERPRETATION AND COUNTERTRANSFERENCE. Theodore J. Jacobs, M.D.

The use of video tape and frame-by-frame analysis of film has made possible an increasingly sophisticated study of bodily movement as a means of nonverbal expression. Dr. Jacobs postulates that when in tune with his patient's unconscious, the analyst's own posture, gestures, and movements may act as nonverbal associations to the material he is hearing. The analyst's observations of his own nonverbal behavior may then be used to pick up clues about the patient's unconscious meanings and assist him in interpretation.

Three clinical examples were cited. In the first, an adult male reported an attack of anxiety related to the diapering of a friend's infant. While listening to the material, the analyst found himself fingering his belt and tugging at it as though it were too tight. He connected this to the patient's anxiety and recalled that at age four the patient had developed an umbilical hernia which was treated by a tight bandage, a source of pain and anxiety. In a second case, the analyst's stroking of his mastoid bone while a patient described a feeling of lightheadedness and dizziness on the couch clarified a traumatic mastoidectomy which had not been fully revealed in the analysis. In the third case, a patient's longing for her ex-husband and for a father who had abandoned her in childhood was detected when the analyst noticed that he was rubbing his wedding ring, a representation of closeness and union, in an empathic response to her loneliness.

The analyst's bodily responses are also useful in helping him monitor hidden attitudes of anger, resentment, competition, or sexual attraction; they also help in identifying elusive countertransference elements. Moreover, the analyst's kinetic responses reflect a bodily aspect of the empathic response that is related to the use of the body as a prime conveyor of affect between mother and child. The author proposed that the controlled regression of the analytic situation fosters the reawakening of what might be termed 'body empathy'.

DISCUSSION: Dr. Milton Horowitz emphasized that Dr. Jacobs' ideas were based on a conscious option for the use of these bodily responses as signals for self-analysis, which might or might not be employed interpretively. He felt that the paper had great technical value in its suggestion that the analyst's resonance in mirrored response should provide the patient with the missing verbalization often expressed in acting out. He cautioned, however, that since many of these patients long for intuitive nonverbal understanding, intervention of this sort might promote a magical transference gratification. Furthermore, the use of 'body associations' on the part of the analyst might lend itself to certain narcissistic fantasies, not unlike countertransference phenomena in hypnotic states.

Dr. Eleanor Galenson felt that although the patients' associations seemed to be related to the oedipal phase, they served as screen memories for earlier bodily experiences which provoked a similar pregenital response in the analyst. She hypothesized that the analyst reproduces the maternal portion of the earlier reciprocal interaction—those early regulatory mechanisms which have been described by Schefflin as a process not unlike

symbolization'. Commenting on Dr. Jacobs' observation that some analysts have readier access to nonverbal material because of personal experiences of illness in early life, she suggested that physical problems which require early attention to the reality aspects of a situation may result in inhibition and distortion in the capacity to symbolize because of a limitation of regressive fusion. This could then take the form of a bias toward the discursive symbolic system of speech.

EUGENE L. GOLDBERG

April 10, 1973. VICISSITUDES OF NARCISSISM AND PROBLEMS OF CIVILIZATION. Freud Anniversary Lecture. Jeanne Lampl-deGroot, M.D.

Dr. Lampl-deGroot differentiates the working, or therapeutic, alliance and transference. The former, based on conscious, realistic, and ego-linked considerations, sustains psychoanalytic treatment in the presence of intensely disruptive transference pressures. The latter, allegedly more drive-determined, may permanently undo the working alliance with greater frequency than is usual. She suggests that the functional tenacity of the working alliance derives from early narcissistic strivings which are more powerful than the later, oedipally organized transference. In the course of development, narcissistic types of object attachment and more mature object-directed libidinal investments merge in a variety of combinations, often rendering psychoanalytic evaluation difficult.

The author believes that patients with a predominance of narcissistic problems constitute the bulk of contemporary practice. In these character neuroses and narcissistic personality disorders, an underlying fixation or regression to the archaic narcissistic tie to the object causes uneven development of ego functions. In the most severe cases of this type, analytic treatment is proscribed; in those accessible to psychoanalysis, the patient uses the analyst not for the revival of object-directed strivings but for the inclusion of the analyst in a libidinal (i.e., narcissistic) state to which the patient has regressed or the developmental position at which he has become arrested. Anna Freud refers to this as a 'subspeciality of transference'; Kohut prefers the term, 'narcissistic transference'. Lampl-deGroot suggests the term, 'narcissistic tie'.

In treatment she recommends an attitude of tolerance and noninterference during the evolution of this phase and the interpretation of its historical appropriateness to the magical world of early childhood. Later its anachronistic and disturbing influence on adult reality can be interpreted. This interpretive sequence, demolishing to the patient's narcissistic equilibrium, is compared to the precipitous devaluation of the child's body functions and products in the course of bowel training. In the analysis, the working through of these primitive residues is an arduous task. The analyst must become a corrective tool, empathically supplying corrective and modifying opportunities for the patient to re-evaluate and master the effects of an aberrant mother-child experience. As this is achieved, the relationship to the analyst changes to a more reasonable recognition of the analyst's human qualities.

Dr. Lampl-deGroot comments on the concept of 'normality' in this area by discussing the candidate analysand. She emphasizes the ubiquity of narcissistic personality organizations and the presence of residual 'core' delusions in relatively well-functioning

individuals. Analysts should forestall massive narcissistic endangerment in their patients and help them to master the resulting anxiety. Two other problems are noted: the provocation of analytically inaccessible grandiose states, and the mobilization of destructive aggression against narcissistic injury. This interface of narcissism and aggression, and its implications for civilization, provides the theme for the remainder of the lecture. While basically agreeing with Eissler who relates Freud's theory of life and death drives to ambivalence, aggression, and narcissism, the author reserves the term 'drive' for psychological manifestations and speaks of biological forces which steer living organisms from birth to death.

Dr. Lampl-deGroot notes the differences between libidinal and aggressive functioning in humans as contrasted to animals: only man kills for reasons other than food or self-defense. Eissler emphasizes ambivalence, aggression, and narcissism as mutually influential and decisive in man's unique capacities for destruction. Dr. Lampl-deGroot feels there is ambivalence among the higher primates although they do not kill at random; behavior which might be termed narcissistic also seems to be present in this group. However, lack of word representations prevents the possibility of archaic, grandiose fantasy or the formation of an ego ideal; therefore, later clashes of these intrapsychic agencies with reality, evoking intense aggression, do not occur. She notes that primitive human tribes seem to manifest less murderous behavior than civilized societies.

The author then analogizes the destructive abuse visited upon 'primitive' people by 'civilized' nations to adults coercing children to abandon their untamed instinctual tendencies. In modern societies, this goal is attained at the expense of parent-child empathic interaction. Civilization promotes rationality at the expense of empathy. In the process, adults seek expression of their archaic fantasies of grandeur and omnipotence. When opposed by reality, destructive aggression ensues. Alienation between generations strengthens the lust for power to compensate for original human helplessness, and fuels destructive acting out from both sides. Thus the struggle between mature enlightenment, empathy, and love on the one hand, and infantility, greed, and narcissistic self-aggrandizement on the other, inexorably determine man's fate.

MICHAEL S. TRUPP

THE ACADEMY OF SCIENCES OF THE GEORGIAN SOVIET REPUBLIC, in coöperation with the Academy of Medical Sciences of the USSR, has invited leading psychoanalysts to a Symposium on The Nature, Functions, and Methods of Study of the Unconscious Mental Activity, to participate in a Congress in Tbilisi/Georgia in late 1975. Dr. Günter Ammon will present a paper on Psychodynamics of the Unconscious and Psychosomatic Disorders.

The Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held March 26-28, 1976, at The William Penn Hotel, Pittsburgh, Pennsylvania. For information about presentation of papers, write: Sidney Cobb, M.D., Chairman, Program Committee, 265 Nassau Road, Roosevelt, New York 11575.

The Tenth International Congress of Psychotherapy will be held in Paris, July 4-11, 1976. The Fifth International Congress of Psychosomatic Medicine will be held in Paris, September 9-12, 1976.

The Mount Sinai School of Medicine has announced a Post-Graduate Course, Coordination of Drug Therapy and Psychotherapy, under the direction of Mortimer Ostow, M.D., beginning October 4, 1975. For further information write: Registrar, The Page and William Black Post-Graduate School of Medicine, Mount Sinai, Fifth Avenue and 100th Street, New York, N.Y. 10029.

Index

To cite this article: (1975) Index, The Psychoanalytic Quarterly, 44:4, 680-697, DOI: [10.1080/21674086.1975.11926740](https://doi.org/10.1080/21674086.1975.11926740)

To link to this article: <https://doi.org/10.1080/21674086.1975.11926740>



Published online: 28 Nov 2017.



Submit your article to this journal [↗](#)



View related articles [↗](#)

INDEX

- KEY: (A) Abstract from other journal
(N) Note of psychoanalytic meeting
(R) Book Review
- Abend, Sander M.
'An Analogue of Negation', 631-37
- Abortion
during adolescence (A) 326
- Acting out
and borderline patient (Atkin) 39-40, 47
- Adaptation
and myth (R) 157-63
psychological, and REM sleep (Greenberg and Pearlman) 392, ff.
- Adatto, Carl P.
reviewer of Feinstein and Giovacchini, 141-43
- Adler, Alfred
and dialectics (A) 495
- Adler, Gerald
co-editor of 'Confrontation in Psychotherapy' (R) 147-49
'Adolescent Psychiatry, Volume II. Developmental and Clinical Studies' (R) 141-43
- Adolescent(s)
and abortion (A) 326
developmental tasks of (R) 473-74
masturbation fantasies, and narcissism (N) 504-505
pregnant (A) 325-26
reminiscences of (A) 325
see also, Child, High school failures, Youth
- 'Affects and Psychic Conflict' (Brenner) 5-28
- Affect(s)
and defense (R) 645-46
and REM sleep (Greenberg and Pearlman) 400, ff.
and sensory experience (Freedman) 62, ff.
and suitability for psychoanalysis (Kantrowitz, et al.) 378, ff.
see also, Depressive affect
- Affective development
and sensory deprivation (Freedman) 62, ff.
- Affective disorders
(R) 291-94
- Aggression
and borderline patient (Atkin) 35-36
and delinquency (A) 669
and depressive affect (Brenner) 18, ff.
and frustration (Lowenfeld) 129-30, 134
in infancy (Roiphe and Galenson) 224, ff.
and omnipotence (Spruiell) 582-83, 592
- Allison, George H.
reviewer of Bird, 478-79
- American Orthopsychiatric Association
history of (A) 167
- American Psychoanalytic Association
1975 meetings (N) 176, 505
- American Psychosomatic Society
meetings (N) 505, 678
- Amputation
and body image (Frances and Gale) 119
- Anality
and depersonalization (Hamilton) 618, ff.
and language (A) 319
- 'Analogue of Negation, An' (Abend) 631-37
- Analyst
nonverbal behavior of (N) 676-77
- Analytic situation
and communication (Arlow) 521
and curative effect (A) 315-16
and evaluation (Weiss and Fleming) 195, ff.
and intrapsychic conflict (Arlow) 512, ff.
- Andreas-Salomé, Lou
and female sexuality (A) 319
- Animism
and ego psychology (Holt) 552
- 'Annie Reich: Psychoanalytic Contributions' (R) 290-91
- Anthony, E. James
co-editor of 'The Child in His Family. The Impact of Disease and Death. Vol. 2' (R) 278-82
- Anthropomorphism
and ego psychology (Holt) 553-54
- Anxiety
and defense (Brenner) 5, ff.
and depressive affect (Brenner) 17, ff.
and facial disfigurement (Niederland) 450, ff.
and pain (Frances and Gale) 108, ff.
and psychic conflict (Brenner) 5, ff.
and unpleasure (Brenner) 11, ff.
- Aphasia
and word association (A) 502
- Appelbaum, S. A.
on psychological tests (Kantrowitz, et al.) 373-74
- Arlow, Jacob A.
on depersonalization (Hamilton) 613-14

- 'The Structural Hypothesis—Theoretical Considerations', 509-25
on unconscious fantasy (Mushatt) 90;
(Hamilton) 624
- Artist
and Beckett's Molloy (A) 172
- 'As if' personality
and transvestitism (A) 172
- Atkin, Samuel
'Ego Synthesis and Cognition in a Borderline Case', 29-61
- Auditory sphere
and creativity (Nass) 431, ff.
and mother-child relationship (Nass)
432-33; 445-47
see also, Hearing, Sound
- 'Autism and Childhood Psychosis' (R)
282-87
- Autism
and blindness (Freedman) 71
- Autoerotism
and head-banging (Frances and Gale)
115-16
see also, Masturbation
- 'Awe and Premature Ejaculation: A Case Study' (Finkelstein) 232-52
- Axelrad, Sidney
reviewer of Goldstein, Solnit, and A.
Freud, 275-78
- Bak, Robert C.
obituary (Stewart) 638-39
- Balter, Leon
reviewer of Campbell, 157-63
- 'Basic Concepts of Psychoanalytic Psychiatry' (R) 476-77
- Baudry, Francis
reviewer of Chertok and deSaussure,
465-66
- Becker, Ernest
'The Denial of Death' (R) 487-88
- Beethoven
deafness of, and composition (Nass) 443-45
- Benson, Ronald M.
reviewer of Holt and Peterfreund, 469-71
- Berlin, I. N.
co-editor of 'Clinical Studies in Childhood Psychoses. 25 Years in Collaborative Treatment and Research. The Langley Porter Children's Service' (R) 139-41
- 'Beyond the Best Interests of the Child' (R) 275-78
- Biology
and psychoanalysis (Arlow) 520; (Peterfreund) 544, ff.
- Bion, W. R.
contributions of (R) 466-68
- Bird, Brian
'Talking with Patients' (R) 478-79
- Blacks
and crime (A) 670
- Blatt, Sidney J.
reviewer of Goldmeier, 163-64
- Blindness
in infancy (Freedman) 70-71; (Spruiell)
583-84
and mind-body-environment (Mushatt)
91-92
- Body
and conversion process (Mushatt) 83, ff.
and mind (Peterfreund) 544, ff.
- Body contact
and early development (Freedman) 72, ff.
- Body image
and conversion process (Mushatt) 85, ff.
and ego psychology (Holt) 550-51
and facial disfigurement (Niederland)
454-55
and head-banging (Frances and Gale)
116, ff.
and pain (Frances and Gale) 107, ff.
and self-object differentiation (Frances and Gale) 107, ff.
and sensory perception (Frances and Gale) 122, ff.
- Body movement
and creativity (Nass) 435, ff.
and nonverbal expression (N) 676-77
and pain (Frances and Gale) 122-24
see also, Motor development, Rhythm
- Borderline personality
ego synthesis and cognition in (Atkin)
29, ff.
and technique (A) 496
- Borneman, Ernest
'Psychoanalyse des Geldes. Eine kritische Untersuchung psychoanalytischer Geldtheorien' (R) 468-69
- Boyer, L. Bryce
reviewer of La Barre, 298-304
- Brahms
on divine inspiration (Nass) 437
- Brenner, Charles
'Affects and Psychic Conflict', 5-28
'An Elementary Textbook of Psychoanalysis' (R) 149
- Browning, Don S.
'Generative Man: Psychoanalytic Perspectives' (R) 304-308
- Bursten, Ben
'The Manipulator. A Psychoanalytic View' (R) 149-51

- Calder, Kenneth T.
reviewer of 'Training Analysis. A Report on Psychoanalytic Education', 657-58
- Calef, Victor
co-reviewer of Kanzer, 640-47
- Campbell, Joseph
'Myths To Live By' (R) 157-63
- Cancer
psychological factors in (A) 167
- Candidate
and supervision (Weiss and Fleming) 191, ff.
see also, Training
- Care-eliciting behavior
normal and abnormal (A) 493
- Castration
and depressive affect (Brenner) 16
and infantile fetish (Roiphe and Galenson) 227, ff.
and premature ejaculation (Finkelstein) 232, ff.
- Character disorder
and fantasy (A) 327
- Chertok, Léon
co-author of '*Naissance du psychanalyste de Mesmer à Freud*' (R) 465-66
- 'Child in His Family, The. The Impact of Disease and Death. Vol. 2' (R) 278-82
- Child(ren)
and autism (R) 282-87
and depressive affect (Brenner) 15, ff.
and disease and death (R) 278-82
gifted, and nonachievement (R) 473
at Hampstead Nurseries, 1939-1945 (R) 274-75
and head-banging (Frances and Gale) 108, ff.
and laws on placement and custody (R) 275-78
and mother's exhibitionism (Mintz) 460-61
and parental loss (Hamilton) 612, ff.
preoedipal, and loss of father (Stolorow and Lachmann) 596, ff.
and pronominal co-reference (A) 322
psychotic (R) 139-41
and racial differences (R) 287-90
and speech (A) 501
see also, Adolescent, First-graders, High school failures, Infant
- Child analysis
(A) 319; (R) 471-76
interpretation in (A) 497
- Child development
and father-infant relationship (R) 472
- Child rearing
and frustration (Lowenfeld) 131-32, 134-35
- Chimpanzees
and language (A) 500
- Circumcision
as rite of passage (A) 170
- Civilization
and narcissism (N) 677-78
see also, Culture
- 'Clinical Formulations and Research' (Joseph) 526-33
- 'Clinical Measurement in Psychoanalysis: An Approach' (Knapp, et al.) 404-30
- 'Clinical Studies in Childhood Psychoses. 25 Years in Collaborative Treatment and Research. The Langley Porter Children's Service' (R) 139-41
- Clinical investigation
and theory (R) 641, ff.
- Clinical observation
and 'The Ego and the Id' (Arlow) 512, ff.; (Joseph) 526, ff.
and ego psychology (Holt) 550, ff.
and psychoanalytic theory (Peterfreund) 534, ff.
- Clinical theory
and structural theory (Arlow) 510, ff.
- Clothes
psychological meaning of (A) 672
- Cognition
and borderline personality (Atkin) 41, ff.
and early development (Freedman) 64
and ego synthesis (Atkin) 29, ff.
see also, Thought
- Comedy
as terror (A) 170-71
- 'Communication, Language, and Meaning' (R) 662-63
- Communication
and analytic situation (Arlow) 521
and psychoanalysis (Peterfreund) 534-35, 537, ff.
see also, Language, Speech, Words
- Composer
and auditory perception (Nass) 431, ff.
and ego development (Nass) 431, ff.
see also, music
- Compton, Allan
reviewer of Fancher, 151-52
- Compulsion
and facial disfigurement (Niederland) 453, ff.
- Concentration camp
survivor of (A) 664
- Conception formation
and grammar (A) 500-501
- 'Conceptual Index to Psychoanalytic Technique and Training, Vols. I-V' (R) 295-96
- Conflict
and affects (Brenner) 5, ff.

- and 'The Ego and the Id' (Arlow) 511, ff.
 and REM sleep (Greenberg and Pearlman) 400, ff.
 and symptom formation (Brenner) 5, ff.
 'Confrontation in Psychotherapy' (R) 147-49
 'Congenital and Perinatal Sensory Deprivations: Their Effect on the Capacity to Experience Affect' (Freedman) 62-80
 Conrad, Joseph
 and depersonalization (Hamilton) 612, ff.
 Conversion
 pergenital, and idiosophobia (Dosuzkov) 253, ff.
 and sensory perception (Mushatt) 81, ff.
 Cooper, David
 'The Death of the Family' (R) 144-47
 Cottle, Thomas J.
 co-author of 'The Present of Things Future. Explorations of Time in Human Experience' (R) 484-87
 Creativity
 and ego psychology (Nass) 431, ff.
 and facial disfigurement (Niederland) 457, ff.
 and O'Neill (R) 308-312
 and psychopathology (A) 666
 and restitution (Hamilton) 626, ff.
 see also, Artist, Composer, Music, Writing
 Crime
 psychodynamics of (A) 670-71
Cs., Ps., Ucs.
 and ego psychology (Holt) 571-72
 and topographic model (Arlow) 510
 Culture
 and frustration (Lowenfeld) 129, ff.
 Indian, and psychoanalysis (A) 666-67
 and youth (A) 674
 see also, Civilization, Society
 Dahmer, Helmut
 '*Libido und Gesellschaft. Studien über Freud und die Freudsche Linke*' (R) 462-65
 David, Jacques Louis
 and facial disfigurement (Niederland) 457-58
 Dead introject
 fusion with (Hamilton) 627, ff.
 Deafness
 in infancy (Freedman) 70-71
 and music composition (Nass) 443-45
 'Death of the Family, The' (R) 144-47
 Death
 and anxiety (A) 672
 and child (R) 278-82
 and ego psychology (Holt) 551
 fear of (R) 487-88
 and incest, in Shakespear's plays (A) 674
 preconscious awareness of (A) 492
 see also, Loss
 Death instinct
 Schur's concept of (R) 642
 Death penalty
 (A) 671
 DeBell, Daryl C.
 on evaluation in supervision (Weiss and Fleming) 193
 Defense
 and anxiety (Brenner) 5, ff.
 classification of (R) 646
 clinical measurement of (Knapp, et al.) 406, ff.
 denial as (Stolorow and Lachmann) 597-98
 depersonalization as (Hamilton) 612, ff.
 and depressive affect (Brenner) 10, ff.
 against loss (Orgel) 266-68
 and negation (Abend) 631, ff.
 and REM sleep (Greenberg and Pearlman) 398, ff.; (Knapp, et al.) 407
 and unconscious (Arlow) 511-12
 Deformity
 see Facial disfigurement
 Delinquency
 and aggression (A) 669
 'Denial of Death, The' (R) 487-88
 Denial
 and depressive affect (Brenner) 20, ff.
 and early object loss (Stolorow and Lachmann) 596, ff.
 and facial disfigurement (Niederland) 450, ff.
 unconscious, and negation (Abend) 631, ff.
 Depersonalization
 and Joseph Conrad (Hamilton) 612, ff.
 'Depression. Comparative Studies of Normal, Neurotic, and Psychotic Conditions' (R) 291-94
 Depression
 and depressive affect (Brenner) 25, ff.
 and facial disfigurement (Niederland) 451, ff.
 and hostility (A) 493
 and life events (A) 499
 Depressive affect(s)
 (Brenner) 5, ff.
 Deprivation
 and head-banging (Frances and Gale) 118, ff.
 and REM sleep (Greenberg and Pearlman) 393, 402
 sensory, and early development (Freedman) 62, ff.

- sensory, and mind-body-environment (Mushatt) 86, ff.
 Derealization
 and depersonalization (Hamilton) 614, 623
 deSaussure, Janice
 on borderline patient and narcissism (Atkin) 48, n.
 deSaussure, Raymond
 co-author of *'Naissance du psychanalyste de Mesmer à Freud'* (R) 465-66
 Deutsch, Felix
 and conversion process (Mushatt) 84-85, 94, ff.
 Devereux Foundation
 internships and fellowships of (N) 176
 Devil
 and creative inspiration (Nass) 439-40
 Dewald, Paul A.
 reviewer of Bursten, 149-51
 Diagnoses
 alternative (A) 672-73
 Disfigurement
 see Facial disfigurement
 Doll
 as transitional object (Roiphe and Galenson) 208, ff.
 Dora case
 and ego psychology (Holt) 559-61
 reinterpretation of (A) 172
 Dosuzkov, Theodore
 '*Idrosophobia: A Form of Pregenital Conversion*', 253-65
 Dream
 and depersonalization (Hamilton) 625-26
 initial (A) 314
 as mirror, and unconscious (A) 317
 and music inspiration (Nass) 438, ff.
 and REM sleep (Greenberg and Pearlman) 392, ff.
 see also, Nightmares
 Drug therapy
 Mount Sinai course in (N) 679
 Drugs
 and instinctual pleasure (A) 491
 'Early Object Loss and Denial: Developmental Considerations' (Stolorow and Lachmann) 596-611
 Education
 psychoanalytic, and evaluation (Weiss and Fleming) 191, ff.
 psychoanalytic, and training (R) 657-58
 'Ego and the Id'
 symposium on (Arlow, Holt, Joseph, Peterfreund) 509-76
 'Ego Synthesis and Cognition in a Borderline Case' (Atkin) 29-61
 Ego
 and borderline patient (Atkin) 29, ff.
 and defense (Brenner) 5, ff.
 and id, conflict between (Brenner) 5, ff.
 and id, and structural theory (Arlow) 509, ff.
 and narcissism (Spruiell) 577, ff.
 and psychoanalytic theory (Peterfreund) 541-43
 and superego, conflict between (Brenner) 5, ff.
 Ego function
 and early object loss (Stolorow and Lachmann) 597, ff.
 in psychotherapy and drug therapy (A) 169
 and puberty (A) 326
 Ego ideal
 and frustration (Lowenfeld) 129, 134, ff.
 see also, Superego
 Ego psychology
 and creativity (Nass) 431, ff.
 past and future of (Holt) 550, ff.
 as untenable paradigm (Peterfreund) 536-37
 Ejaculation
 see Premature ejaculation
 Ekstein, Rudolf
 reviewer of Paul, 658-59
 'Elementary Textbook of Psychoanalysis, An' (R) 149
 Emotion
 painful, clinical measurement of (Knapp, et al.) 406, ff.
 see also, Affect
 Empathy
 and borderline patient (Atkin) 36-38, 59
 see also, Identification
 Energic concepts
 and structural theory (Arlow) 514, ff.
 Eneuresis
 and mother-child relationship (Mushatt) 93-94
 Environment
 and early development (Freedman) 68, ff.
 and mind-body (Mushatt) 81, ff.
 Erotization
 of umbilicus (Heilbrunn) 269, ff.
 Erythrophobia
 and idrosophobia (Dosuzkov) 255
 Ethics
 and psychoanalysis (R) 304-308
 'Etiological Significance of the Primal scene in Perversions, The' (Peto) 177-90
 Euthanasia
 and psychiatry (A) 673
 'Evaluation of Progress in Supervision' (Weiss and Fleming) 191-205

- Excitation
sexual, and awe (Finkelstein) 243, ff.
- Exhibitionism
and mother-child relationship (Mintz) 460-61
role of primal scene in (Peto) 183-84, 186
- Facial disfigurement
and anxiety (Niederland) 450, ff.
and creativity (Niederland) 457, ff.
and denial (Niederland) 450, ff.
as narcissistic injury (Niederland) 450, ff.
- Family
destruction of, as revolution (R) 144-47
- Fancher, Raymond E.
'Psychoanalytic Psychology. The Development of Freud's Thought' (R) 151-52
- Fantasy
clinical measurement of (Knapp, et al.) 406, ff.
and conversion (Mushatt) 82-84, 89, 95, ff.
and denial (Stolorow and Lachmann) 599, ff.
and depersonalization (Hamilton) 624
and early object loss (Stolorow and Lachmann) 599, ff.
and facial disfigurement (Niederland) 451, ff.
infantile, and Shakespeare (A) 171, 172
and myth (R) 159-63
and reality (A) 664
unconscious (A) 496
unconscious, and awe (Finkelstein) 232, ff.
unconscious, and Freud's theories (Arlow) 510, 522
unconscious, and renal transplant (A) 318-19
- Father
and infantile fetish (Roiphe and Galenson) 217, ff.
loss of, during pre- α dipal phase (Stolorow and Lachmann) 596, ff.
and Schreber (R) 654-56
- Father image
and split object choice (Orgel) 266-68
- Father-infant relationship
and child development (R) 472
- Feinstein, Sherman C.
co-editor of 'Adolescent Psychiatry, Vol. II. Developmental Studies' (R) 141-43
- Femininity
and Freud and Jones (A) 319-20
- Fetishism
infantile, and transitional object (Roiphe and Galenson) 206, ff.
role of primal scene in (Peto) 177-83, 186
- Fine, Bernard, et al.
on denial (Stolorow and Lachmann) 598
- Finkelstein, Lionel
'Awe and Premature Ejaculation: A Case Study', 232-52
- First-graders
and language (A) 324
- Fisher, Charles
reviewer of Hartmann, 649-53
- Fleming, Joan
co-author of 'Evaluation of Progress in Supervision', 191-205
- Forensic psychiatry
(A) 669, 671
see also, Law
- Frances, Allen
co-author of 'The Proprioceptive Body Image in Self-Object Differentiation', 107-26
- Francis, John J.
reviewer of 'The Psychoanalytic Study of the Child, Vol. XXVIII', 471-76
- Free will
and determinism (Holt) 561-62
- Freedman, David A.
'Congenital and Perinatal Sensory Deprivation: Their Effect on the Capacity to Experience Affect', 62-80
- Freedom
as illusion (N) 503-504
individual and social (A) 491
- Freud, Anna
co-author of 'Beyond the Best Interests of the Child' (R) 275-78
on head-knocking (Frances and Gale) 115-16, 118
'Infants without Families. Reports on the Hampstead Nurseries. 1939-1945. The Writings of Anna Freud, Vol. III' (R) 274-75
- Freud, Sigmund
and classical rhetoric (A) 496
on conversion (Mushatt) 82, 83
on culture and psychoanalysis (R) 640
and definition of psychoanalysis (Joseph) 527
development of thought of (R) 151-52
and Dora (A) 172
and 'The Ego and the Id' (Arlow, Holt, Joseph, Peterfreund) 509-76
on ego and id (Lowenfeld) 136
on exhaustion (Holt) 556-57
and femininity (A) 319-20
and 'freudian left' (R) 462-65
on frustration (Lowenfeld) 128, 129
and Sherlock Holmes (R) 312-13
and Irma dream (A) 318
and Jensen's *Gradiva* (A) 322

- on memory and sensory preference (Nass) 432
 on methodologists (Stone) 364, n.
 and narcissism (Spruiell) 578-79
 on negation (Abend) 631-32
 on neurosis (Lowenfeld) 130
 and (Edipus complex (A) 673
 on plain and bodily ego (Frances and Gale) 107, 119
 on pleasure-unpleasure (Brenner) 13
 on Schreber (R) 653
 on sensory perception (Mushatt) 85-86
 and social science (R) 296-98
 and sociology in America (A) 495
 and structural theory (Arlow) 509, ff.
 on superego (Lowenfeld) 135
 and topographic model (Arlow) 509-11
- Friend, Maurice R.
 reviewer of A. Reich, 290-91
- Frustration
 current usage of term (Lowenfeld) 127-28
 and ego ideal (Lowenfeld) 129, 134, ff.
 and narcissism (Lowenfeld) 129, ff.; (Spruiell) 588-90
 and symptom formation (Lowenfeld) 130, ff.
 tolerance of (Lowenfeld) 131, ff.
- 'Functions of Sleep, The' (R) 649-53
- Furman, Erna
 reviewer of Szurek and Berlin, 139-41
- Gaffney, Denis
 reviewer of Hart, 295-96
- Gale, Leonard
 co-author of 'The Proprioceptive Body Image in Self-Object Differentiation', 107-26
- Galenon, Eleanor
 on disturbance in sexual identity in infancy (N) 174-75
 co-author of 'Some Observations on Transitional Object and Infantile Fetishism', 206-31
- Games
 with blind infant (A) 497-98
- 'Generative Man: Psychoanalytic Perspectives' (R) 304-308
- Genital
 female, and facial disfigurement (Niederland) 454, ff.
- 'Ghost Dance, The. The Origins of Religion' (R) 298-304
- Giovacchini, Peter L.
 co-editor of 'Adolescent Psychiatry, Vol. II. Developmental Studies' (R) 141-43
- Gitelson, Maxwell
 'Psychoanalysis. Science and Profession' (R) 647-49
- Glenn, Jules
 reviewer of McDonald, 287-90
- Glossolalia
 psycholinguistic study of (A) 322-23
- God
 as inspiration in creativity (Nass) 437-38
- Goldmeier, Erich
 'Similarity in Visually Perceived Forms' (R) 163-64
- Goldstein, Joseph
 co-author of 'Beyond the Best Interests of the Child' (R) 275-78
- Gosselin, Raymond
 obituary (Editors) 507
- Grandparents
 idealization of, and awe (Finkelstein) 241, ff.
- Gratification
 and narcissism (Spruiell) 588, ff.
- Greenacre, Phyllis
 on awe (Finkelstein) 236, 241
 on creativity (Nass) 446
 on fetishism (Peto) 185
 on transitional object (Roiphe and Galenson) 213
- Greenberg, Ramon
 co-author of 'REM Sleep and the Analytic Process: A Psychophysiological Bridge', 392-403
- Grinberg, Leon
 on depersonalization (Hamilton) 614
 co-author of '*Introducción a las Ideas de Bion*' (R) 466-68
- Group therapy
 (A) 168-69, 664-65
- Guilt
 and unconscious (Arlow) 510-11
- Hair
 and adolescent male (A) 673
- Hallucination
 auditory, and music composition (Nass) 433-34, 443-44
- Hamilton, James W.
 'The Significance of Depersonalization in the Life and Writings of Joseph Conrad', 612-30
- Hammerman, Steven
 reviewer of Anthony and Koupernik, 278-82
- Hart, Henry Harper
 compiler and editor of 'Conceptual Index to Psychoanalytic Technique and Training, Vols. I-V' (R) 295-96
- Hartmann, Ernest L.
 'The Functions of Sleep' (R) 649-53
- Hartmann, Heinz
 on metapsychology (Arlow) 515

- Hartocollis, Peter
reviewer of Cottle and Klineberg, 484-87
- Hate
and narcissism (Spruiell) 592
- Head-banging
in adolescence (Frances and Gale) 107, ff.
and body image (Frances and Gale) 108, ff.
and infantile aggression (Roiphe and Galenson) 226
and pain (Frances and Gale) 108, ff.
- Hearing
in composition of music (Nass) 431, ff.
disturbances, and music composition (Nass) 442, ff.
- Heilbrunn, Gert
'On the Erotization of the Umbilicus', 269-73
- Heiman, Marcel
on Van Gogh (N) 173-74
- High school failures
as tutors (A) 325
- Hindemith, Paul
on music and motion (Nass) 435
- Historiography
psychoanalytic methods in (A) 170
- Holmes, Sherlock
and Freud (R) 312-13
- Holt, Robert R.
'The Past and Future of Ego Psychology', 550-76
co-author of *'Psychoanalysis and Contemporary Science. An Annual of Integrative and Interdisciplinary Studies, Vol. I'* (R) 469-71
- Homosexuality
and borderline patient (Atkin) 39
- Hospitalization
and psychotherapy (A) 671-72
- Hostility
and depression (A) 493
- Humiliation
and awe (Finkelstein) 240, ff.
and shame (N) 329-30
- Ich*
Freud's use of (Holt) 555-56
- Id
and drive derivatives (Brenner) 5, ff.
and ego (Holt) 563-69
and ego, conflict between (Brenner) 5, ff.
and ego, structural hypothesis of (Arlow) 509, ff.
and superego (Lowenfeld) 135, ff.
- Idealization
and awe (Finkelstein) 240, ff.
progressive and regressive functions of (A) 316
- Identification
and conversion process (Mushatt) 83, 85, ff.
and depressive affect (Brenner) 23, ff.
feminine, and premature ejaculation (Finkelstein) 240, ff.
and secondary narcissism (Spruiell) 578
see also, Empathy, Introjection
- 'Idrosophobia: A Form of Pregenital Conversion' (Dosuzkov) 253-65
- Ignatius of Loyola
psychosocial study of (A) 672
- Impulse
and ego psychology (Holt) 557, ff.
- Incest
and death, in Shakespeare's plays (A) 674
- Indian cultures
North and South American, and religion (R) 298-304
- Individuation
and self-esteem (Spruiell) 581
see also, Separation individuation
- Infant
blind, and games (A) 497-98
and fetishism (Roiphe and Galenson) 206, ff.
and gaze behavior (A) 502
and omnipotence (Spruiell) 580, ff.
and sensory experience (Freedman) 62, ff.
and transitional object (Roiphe and Galenson) 206, ff.
see also, Child(ren)
- Infant-mother relationship
and narcissism (Spruiell) 580, ff.
and sensory perception (Nass) 432-33, 445-47
- Infanticide
fantasy and fear of (A) 494
- Information processing
and psychoanalysis (Peterfreund) 536, 539, 546, ff.
- Inspiration
and composition of music (Nass) 431, ff.
and creativity (Hamilton) 626
- Instinct
and unconscious (Arlow) 510-11
- Instinctual drives
and borderline patient (Atkin) 43
and sensory experience (Freedman) 66-67
see also, Sexuality
- Interpretation
in child analysis (A) 497
and negation (Abend) 631, ff.
and unconscious denial (Abend) 631, ff.

- Interpretive skill
as yardstick in evaluation (Weiss and Fleming) 194, ff.
- Interview
in therapy (A) 316; (R) 478-79
'*Introducción a las Ideas de Bion*' (R) 466-68
- Introjection
and depersonalization (Hamilton) 621, ff.
and depressive affect (Brenner) 23, ff.
and mother (A) 674
- Intuition
and linguistics (A) 323-24
- Jacobs, Theodore J.
on analyst's nonverbal behavior (N) 676-77
- Jacobson, Edith
'Depression. Comparative Studies of Normal, Neurotic, and Psychotic Conditions' (R) 291-94
on self-image (Frances and Gale) 120
- Jaffe, Daniel S.
reviewer of Saul, 480-82
- Jelliffe, Smith Ely
and *Journal of Nervous and Mental Disease* (A) 493-94
- Joseph, Edward D.
'Clinical Formulations and Research', 526-33
- Kantrowitz, Judith L.
co-author of 'Methodology for a Prospective Study of Suitability for Psychoanalysis: The Role of Psychological Tests', 371-91
- Kanzer, Mark
editor of 'The Unconscious Today. Essays in Honor of Max Schur' (R) 640-47
reviewer of Zetzel and Meissner, 476-77
- Kernberg, Paulina F.
reviewer of Grinberg, et al., 466-68
- Klein, George S.
on motivation in psychoanalysis (Arrow) 521
- Klein, Henriette
on Rorschach test (Kantrowitz, et al.) 374
- Klineberg, Steven L.
co-author of 'The Present of Things Future. Explorations of Time in Human Experience' (R) 484-87
- Knapp, Peter H., et al.
'Clinical Measurement in Psychoanalysis: An Approach', 404-30
co-author of 'Methodology for a Prospective Study of Suitability for Psychoanalysis: The Role of Psychological Tests', 371-91
- Koupernik, Cyrille
co-editor of 'The Child in His Family. The Impact of Disease and Death. Vol. 2' (R) 278-82
- Kris, Ernst
on inspiration (Nass) 434
- Krystal, Henry
reviewer of Browning, 304-308
- LaBarre, Weston
'The Ghost Dance. The Origins of Religion' (R) 298-304
- Lachmann, Frank M.
co-author of 'Early Object Loss and Denial: Developmental Considerations', 596-611
- Lampl-deGroot, Jeanne
on narcissism (N) 677-78
- Langley Porter Children's Service
(R) 139-41
- Langs, Robert J.
reviewer of Adler and Myerson, 147-49
- Language
and chimpanzees (A) 500
and communication (R) 662-63
distortion of, in borderline patient (Atkin) 41, ff.
and ego psychology (Holt) 554-55
and psychoanalysis (Peterfreund) 534-35, 537, ff.; (R) 660-62
psychology of (A) 501
see also, Communication, Speech, Words
- Law
and child custody (R) 275-78
and psychiatry (A) 667-71
and psychoanalysis (R) 152-53
- Lay analyst
and training (Stone) 342-43, 352
- Leavy, Stanley A.
reviewer of Meyer
- Leites, Nathan
'The New Ego. Pitfalls in Current Thinking about Patients in Psychoanalysis' (R) 659-62
- Leonard, Marjorie R.
reviewer of Tustin, 282-87
- 'Letters to Simon. On the Conduct of Psychotherapy' (R) 658-59
- '*Libido und Gesellschaft. Studien über Freud und die Freudsche Linke*' (R) 462-65
- Libido
and early object loss (Stolorow and Lachmann) 600, ff.
and narcissism (Spruiell) 578
see also, Sexuality

- Lichtenberg, Charlotte and Joseph D.
reviewers of Sheaffer, 308-12
- Lidz, Theodore
reviewer of *Niederland*, 653-56
- Lipton, Samuel D.
reviewer of Schoenfeld, 152-53
- Listening
perversion of (A) 317-18
- Literary criticism
psychoanalytic (R) 488-90
- Loss
and conversion process (Mushatt) 81, 84, 87-88, 93-95
object, and denial (Stolorow and Lachmann) 596, ff.
of parents, and Conrad's depersonalization (Hamilton) 612, ff.
and split object choice (Orgel) 266-68
see also, Death, Object loss
- Love
and narcissism (Spruiell) 584-85, 592
- Lowenfeld, Henry
'Notes on Frustration', 127-38
reviewer of Borneman, 468-69; of Dahmer, 462-65
- MacLeod, John A.
reviewer of Brenner, 149
- Magic
and facial disfigurement (*Niederland*) 453, ff.
- Mahler, Margaret S.
and child development (Spruiell) 579-80, 583, 585-86
- 'Makers of Social Science. Sigmund Freud' (R) 296-98
- Male
pathogenic significance of primal scene for (Peto) 187-89
- 'Manipulator, The. A Psychoanalytic View' (R) 149-51
- Marcovitz, Eli
on depersonalization (Hamilton) 614
- Marxism
and psychoanalysis (R) 462-65
- Masochism
and awe (Finkelstein) 239-43
- Masturbation
and head-banging (Frances and Gale) 121
and pathological shame (Dosuzkov) 255, ff.
- McDonald, Marjorie
'Not the Color of Their Skin. The Impact of Racial Differences on the Child's Development' (R) 287-90
- McDougall, Joyce
on primal scene (Peto) 177
- Meers, Dale R.
reviewer of Anna Freud, 274-75
- Meissner, W. W.
co-author of 'Basic Concepts of Psychoanalytic Psychiatry' (R) 476-77
- Memory
screen, and reconstruction (A) 324-25
- Menninger, Karl
contributions of (A) 165-68
- Menninger Project
(Kantrowitz, et al.) 373-74
- Mental illness
'myth' of (A) 292-93
- Metapsychology
and analytic theory (R) 660-62
and ego-id model (Holt) 550, ff.
and psychoanalysis (Peterfreund) 534, ff.
and Schur (R) 642, ff.
and structural theory (Arlow) 514, ff.
- 'Methodology for a Prospective Study of Suitability for Psychoanalysis: The Role of Psychological Tests' (Kantrowitz, et al.) 371-91
- Methodology
and psychoanalysis (Stone) 332-37; (Kantrowitz, et al.) 371, ff.
- Meyer, Nicholas
'editor' of 'The Seven-Percent Solution. Being a Reprint from the Reminiscences of John H. Watson, M.D.' (R) 312-13
- Michelangelo
and facial disfigurement (*Niederland*) 458
- Miller, George A.
editor of 'Communication, Language, and Meaning' (R) 662-63
- 'Mind-Body-Environment: Toward Understanding the Impact of Loss on Psyche and Soma' (Mushatt) 81-106
- Mind-body problem
and psychoanalysis (A) 494
- Mintz, Ira L.
'Parapraxis and Mother-Child Relationship', 460-61
- Money
psychoanalytic theories of (R) 468-69
- Mother
and infantile fetish (Roiphe and Galenson) 206, ff.
and Oedipus complex (A) 673
reunion with, and depersonalization (Hamilton) 624
- Mother-child relationship
and early loss of father (Stolorow and Lachmann) 596, ff.
and narcissism (Spruiell) 580, ff.

- and parapraxis (Mintz) 460-61
and sensory perception (Nass) 432-33, 445-47
- Mothering
and sensory deprivation (Freedman) 68-71, 76, ff.
- Motivation
for psychoanalytic treatment (Kantrowitz, et al.) 380, ff.
- Motor development
and sensory deprivation (Freedman) 73-74
see also, Body movement, Rhythm
- Mourning
and depersonalization (Hamilton) 612, ff.
in Israel (A) 170
and object loss in childhood (Stolorow and Lachmann) 597, ff.
- Mumford, Emily
reviewer of Winnik, et al., 482-84
- Murder
and convulsion (A) 165
- Mushatt, Cecil
'Mind-Body-Environment: Toward Understanding the Impact of Loss on Psyche and Soma', 81-106
- Music
composition of, and hearing (Nass) 431, ff.
and ego psychology (Nass) 431, ff.
and head-banging (Frances and Gale) 116, ff.
and inspiration (Nass) 431, ff.
see also, Composer
- Myerson, Paul G.
co-editor of 'Confrontation in Psychotherapy' (R) 147-49
reviewer of Gitelson, 647-49
- 'Myths To Live By' (R) 157-63
- '*Naissance du psychanalyste de Mesmer à Freud*' (R) 465-66
- Narcissism
and borderline patient (Atkin) 43, 47, ff.
and civilization (N) 677-78
and ego (Spruiell) 577, ff.
and frustration (Lowenfeld) 129, ff.
and idiosophobia (Dosuzkov) 258, ff.
and masturbation fantasies (N) 504-505
and mother-infant unit (Spruiell) 580, ff.
and object relations (Spruiell) 585, ff.
and perversion (Peto) 187
and rape (A) 497
and religion (A) 315
secondary, and identification (Spruiell) 578
strands of (Spruiell) 577, ff.
see also, Self-love
- Narcissistic injury
facial disfigurement as (Niederland) 450, ff.
- Narcissistic neurosis
and borderline patient (Atkin) 54, ff.
- Narcissistic personality
(Spruiell) 588, ff.
- Nass, Martin L.
'On Hearing and Inspiration in the Composition of Music', 431-49
- 'Nature and Evolution of Female Sexuality, The' (R) 153-56
- 'Need for a New General Theoretical Frame of Reference for Psychoanalysis, The' (Peterfreund) 534-49
- Negation
and unconscious denial (Abend) 631, ff.
- Nervous system
and conversion (Mushatt) 83-84, 92
in early development (Freedman) 62-64
- Neurophysiology
and communication (R) 663
and ego psychology (Holt) 568
and psychoanalysis (Arlow) 521-22; (Joseph) 531-32; (Peterfreund) 546, ff.
- Neurosis
and frustration (Lowenfeld) 127, ff.
and 'waywardness' (A) 664
see also, War neurosis
- 'New Ego, The. Pitfalls in Current Thinking about Patients in Psychoanalysis' (R) 659-62
- Niederland, William G.
'Scarred: A Contribution to the Study of Facial Disfigurement', 450-59
'The Schreber Case. Psychoanalytic Profile of a Paranoid Personality' (R) 653-56
- Nightmares
psychophysiological study of (A) 169
- 'Not by the Color of Their Skin. The Impact of Racial Differences on the Child's Development' (R) 287-90
- 'Notes on Frustration' (Lowenfeld) 127-38
- Obituaries
Robert C. Bak (Stewart) 638-39
Raymond Gosselin (Editors) 507
René A. Spitz (Steele) 3-4
- Object
love and hate, and narcissism (Spruiell) 584-85, 590, ff.
separation from, and pain (Frances and Gale) 109, ff.
- Object cathexis
and narcissism (Spruiell) 578
- Object choice
split (Orgel) 266-68

- Object loss
and depressive affect (Brenner) 15, ff.
early, and denial (Stolorow and Lachmann) 596, ff.
early, and fantasy (Stolorow and Lachmann) 599, ff.
and sexual identity (Stolorow and Lachmann) 598, ff.
- Object relations
in borderline case (Atkin) 36, ff.
and mind-body-environment (Mushatt) 85, ff.
and narcissism (Spruiell) 585, ff.
and premature ejaculation (Finkelstein) 233, ff.
role of primal scene in (Peto) 184-86, 188-89
and sensory experience (Freedman) 66-67, 72, ff.
and suitability for psychoanalysis (Kantrowitz, et al.) 377-78, 383, ff.
and transitional object (Roiphe and Galenson) 217, ff.
- Observation
see Clinical observation, Self-observation
- O'Casey, Sean
and sensory perception (Mushatt) 86-88
- Œdipal phase
and narcissism (Spruiell) 588, ff.
see also, Præœdipal phase
- Œdipal theme
in Chaucer's 'The Merchant's Tale' (A) 674
- Œdipus complex
Adlerian view of (A) 171
and aggression (A) 673
and split object choice (Orgel) 266-68
- Omnipotence
and narcissism (Spruiell) 580, ff.
- 'On the Erotization of the Umbilicus' (Heilbrunn) 269-73
- 'On Hearing and Inspiration in the Composition of Music' (Nass) 431-49
- 'O'Neill. Son and Artist' (R) 308-12
- 'O'Neill. Son and Playwright' (R) 308-12
- Orality
and idiosophobia (Dosuzkov) 258, ff.
- Orgel, Shelley
'Split Object Choice', 266-68
- Ostow, Mortimer
on borderline patient (Atkin) 50, n.
see also, Emotion, painful; Unpleasure
- Paralexia
psycholinguistic approach to (A) 500
- Paranoia
and Schreber (R) 653-56
- 'Parapraxis and Mother-Child Relationship' (Mintz) 460-61
- Parents
loss of, and depersonalization (Hamilton) 612, ff.
see also, Father, Mother
- Passivity
and creativity (Nass) 434, ff.
- 'Past and Future of Ego Psychology, The' (Holt) 550-76
- Paul, I. H.
'Letters to Simon. On the Conduct of Psychotherapy' (R) 658-59
- Pearlman, Chester
co-author of 'REM Sleep and the Analytic Process: A Psychophysiological Bridge', 392-403
- Penfield, Wilder
on sensory perception and temporal lobe (Mushatt) 92
- Penis
father's, and awe (Finkelstein) 241, ff.
and fetishism (Peto) 183, 187-88
- Penis envy
and depressive affect (Brenner) 21, ff.
- Perception
visual, and similarity (R) 163-64
see also, Sensory perception
- Perversion
and primal scene (Peto) 177, ff.
see also, Exhibitionism, Fetishism, Homosexuality
- Peterfreund, Emanuel
'The Need for a New General Theoretical Frame of Reference for Psychoanalysis', 534-49
co-editor of 'Psychoanalysis and Contemporary Science. An Annual of Integrative and Interdisciplinary Studies, Vol. I' (R) 469-71
- Peto, Andrew
'The Etiological Significance of the Primal Scene in Perversions', 177-90
reviewer of Becker, 487-88
- Phallic woman
and awe (Finkelstein) 245, ff.
- Phallus
and fetishism (Peto) 180
- Philosophy
and ego psychology (Holt) 557, 561-63
- Phobia(s)
Schur's work on (R) 642
see also, Anxiety, Erythrophobia, Idiosophobia
- Pain
and body image (Frances and Gale) 107, ff.
congenital indifference to (Frances and Gale) 107, ff.

- Phonology
and Chomsky and Halle (A) 501
- Physiology
and psychology (Greenberg and Pearlman) 392, ff.
see also, Neurophysiology
- Pieper, William J.
reviewer of Jacobson, 291-94
- Pirandello
and unconscious motivation in plays (N) 328-29
- Pleasure principle
and defense (Brenner) 13, ff.
and depressive affect (Brenner) 5, ff.
- Practice
psychoanalytic (Stone) 337-43
- Pregnancy
and adolescent (A) 325-26
- Premature ejaculation
and awe (Finkelstein) 232, ff.
- Prædipal phase
object loss during (Stolorow and Lachmann) 596, ff.
- 'Present of Things Future, The. Explorations of Time in Human Experience' (R) 484-87
- Primal scene
and perversions (Peto) 177, ff.
- Prison
riots in (A) 671
see also, Crime, Law, Punishment
- 'Proprioceptive Body Image in Self-Object Differentiation, The. A Case of Congenital Indifference to Pain and Head-Banging' (Frances and Gale) 107-26
- Psychiatry
and adolescent (R) 141-43
early, and ego psychology (Holt) 556
fundamentalism and modernism in (A) 167
and law (A) 667-71
and psychoanalysis (R) 476-77; (Joseph) 528
see also, Forensic psychiatry
- '*Psychoanalyse des Geldes. Eine kritische Untersuchung psychoanalytischer Geldtheorien*' (R) 468-69
- 'Psychoanalysis and Contemporary Science. An Annual of Integrative and Interdisciplinary Studies, Vol. I' (R) 469-71
- 'Psychoanalysis and Law' (R) 152-53
- 'Psychoanalysis. Science and Profession' (R) 647-49
- Psychoanalysis
clinical (Peterfreund) 534, ff.
clinical measurement in (Knapp, et al.) 404, ff.
Freud's definition of (Joseph) 527
in Germany, and Marxism (R) 462-65
indications for (Stone) 355-62
and mind-body problem (A) 494
origins of (R) 465-66
present-day (Stone) 331, ff.
and REM sleep studies (Greenberg and Pearlman) 392, ff.
as science (A) 314
suitability for (Kantrowitz, et al.) 371, ff.
textbook of (R) 149
and Women's Liberation (A) 494
see also, Analyst, Analytic situation
- 'Psychoanalytic Psychology. The Development of Freud's Thought' (R) 151-52
- 'Psychoanalytic Study of the Child, The. Vol. XXVIII' (R) 471-76
- 'Psychodynamically Based Psychotherapy' (R) 480-82
- Psycholinguistics
(A) 322-24, 500-502
- 'Psychological Bases of War' (R) 482-84
- Psychological test
and suitability for psychoanalysis (Kantrowitz, et al.) 371, ff.
- Psychology
cognitive, and competence (A) 323
and communication (R) 663
and physiology (Greenberg and Pearlman) 392, ff.
psychoanalytic (R) 151-52
- Psychosis
child (R) 139-41
see also, Puerperal psychosis
- Psychosomatics
and mind-body-environment (Mushatt) 81, ff.
- Psychotherapy
(R) 480-82
brief (A) 497, 671-72
confrontation in (R) 147-49
with couples (A) 315
education in (R) 658-59
and psychoanalysis (Stone) 332-33, 360-62; (R) 658-59
see also, Group therapy
- Puberty
and ego functions (A) 326
- Puccini
on divine inspiration (Nass) 438
- Puerperal psychosis
genetic factors in (A) 499
- Punishment
and crime (A) 165-66, 669-70
- Racial prejudice
and child (R) 287-90
- Ramzy, Ishak
preparer of 'Training Psychoanalysis. A

- Report on Psychoanalytic Education' (R) 657-58
- Rapaport, David
and ego psychology (Holt) 571-72
- Reality
and denial (Stolorow and Lachmann) 597, ff.
and fantasy (A) 664
- Reality testing
and borderline patient (Atkin) 38-39, 45
and suitability for psychoanalysis (Kantrowitz, et al.) 376-77, 383, ff.
- Regression
and depersonalization (Hamilton) 614, 627, ff.
group, in Hungarian refugees (A) 315
- Reich, Annie
'Psychoanalytic Contributions' (R) 290-91
- Religion
and ego psychology (Holt) 552-53
and narcissism (A) 315
origins of (R) 298-304
psychology of (A) 495
see also, Devil, God
- REM Sleep and the Analytic Process: A Psychophysiological Bridge' (Greenberg and Pearlman) 392-403
- REM sleep
(R) 649-53
and defense (Greenberg and Pearlman) 398, ff.; (Knapp, et al.) 407
and dream (Greenberg and Pearlman) 392, ff.
- Renal transplant
and unconscious fantasy (A) 318-19
- Repression
and denial (Stolorow and Lachmann) 598
- Research
and clinical formulations (Joseph) 526, ff.
and psychoanalysis (Stone) 362, ff.; (Knapp, et al.) 404, ff.; (Joseph) 528, ff.; (A) 665-66
- Resistance
to change, in psychoanalysis (Stone) 343-46
and psychoanalytic method (Stone) 332, 336
and psychoanalytic theory (R) 642-43
- Restitution
and creativity (Niederland) 458-59; (Hamilton) 626, ff.
- Rhythm
and head-banging (Frances and Gale) 116, ff.
and sound (Nass) 433, ff.
see also, Body movement
- Rickman, John
on ugliness (Niederland) 451
- Roazen, Paul
editor of 'Makers of Social Science. Sigmund Freud' (R) 296-98
- Rocking
and head-banging (Frances and Gale) 115
- Roiphe, Herman
on disturbance in sexual identity in infancy (N) 174-75
co-author of 'Some Observations on Transitional Object and Infantile Fetishism', 206-31
- Role-systems
(A) 314
- Rousseau
psychological study of (A) 674
- Sarnoff, Charles A.
on adolescence (N) 504-505
- Saul, Leon J.
'Psychodynamically Based Psychotherapy' (R) 480-82
- 'Scarred: A Contribution to the Study of Facial Disfigurement' (Niederland) 450-59
- Schafer, Roy
on psychological tests (Kantrowitz, et al.) 371
- Schizophrenia
genetic factors in (A) 673
speech perception in (A) 498
treatment of (A) 495
- Schlessinger, Nathan
reviewer of Leites, 659-62
- Schoenfeld, C. G.
'Psychoanalysis and Law' (R) 152-53
- 'Schreber Case, The. Psychoanalytic Profile of a Paranoid Personality' (R) 653-56
- Schumann, Robert
and depression (Nass) 443
- Schur, Max
and psychoanalytic theory (R) 641, ff.
- Science
and psychoanalysis (Stone) 362, ff.; (R) 469-71; (Joseph) 531; (R) 647-49; (A) 665-66
- Self
sense of, and nationalism (A) 670
- Self-analysis
as yardstick in evaluation (Weiss and Fleming) 194-95, 198, 202, ff.
- Self-esteem
and narcissism (Spruiell) 580, ff.
- Self-image
role of primal scene in (Peto) 184-86
- Self-love
and narcissism (Spruiell) 580, ff.

- Self-object differentiation
and body image (Frances and Gale) 107, ff.
- Self-observation
and ego psychology (Holt) 555, ff.
- Self-perception
of analyst (A) 316
- Sensitivity
as yardstick in evaluation (Weiss and Fleming) 194, ff.
- Sensory deprivation
congenital and perinatal (Freedman) 62, ff.
- Sensory perception
and infant-mother relationship (Nass) 432-33, 445-47
and mind-body-environment (Mushatt) 85, ff.
and pain (Frances and Gale) 108, ff.
- Separation
and infantile fetishism (Roiphe and Galenson) 227, ff.
and split object choice (Orgel) 266-68
and transitional object (Roiphe and Galenson) 222, ff.
- Separation-individuation
and conversion process (Mushatt) 95, ff.
and object relations (Spruiell) 586
and transitional object (Roiphe and Galenson) 207-208, 222, ff.
- Sessions, Roger
on music composition (Nass) 435, 442
- 'Seven-Percent Solution, The. Being a Reprint from the Reminiscences of John H. Watson, M.D.' (R) 312-13
- Sexual identity
disturbance of in infancy (N) 174-75
and early object loss (Stolorow and Lachmann) 598, ff.
- Sexuality
and borderline patient (Atkin) 50, ff.
and conversion (Mushatt) 82, ff.
female (R) 153-56; (A) 319
and frustration (Lowenfeld) 132, ff.
and idiosophobia (Dosuzkov) 255, ff.
and infantile fetishism (Roiphe and Galenson) 227, ff.
infantile, and transitional object (Roiphe and Galenson) 213, ff.
and mother-child relationship (Mintz) 460-61
and split object choice (Orgel) 266-68
see also, Instinctual drives, Libido, Premature ejaculation
- Shakespeare
and incest taboo (A) 674
infantile fantasies in metaphor of (A) 171, 172
and maternal object split (A) 674
and 'retentive fathers' in plays (A) 171
- Shaman
as charismatic leader (R) 301-303
- Shame
displacement of (Dosuzkov) 259
- Sheaffer, Louis
'O'Neill. Son and Artist'; 'O'Neill. Son and Playwright' (R) 308-12
- Sherfey, Mary Jane
'The Nature and Evolution of Female Sexuality' (R) 153-56
- 'Significance of Depersonalization in the Life and Writings of Joseph Conrad, The' (Hamilton) 612-30
- Silverman, Martin A.
reviewer of Miller, 662-63
- 'Similarity in Visually Perceived Forms' (R) 163-64
- Sin
disappearance of (A) 168
- Singer, Judith G.
co-author of 'Methodology for a Prospective Study of Suitability for Psychoanalysis: The Role of Psychological Tests', 371-91
- Sleep
during analytic hour (A) 495
functions of (R) 649-53
REM (Greenberg and Pearlman) 392, ff.
- Smell
and mind-body-environment (Mushatt) 90-91
- Smetana, B.
on auditory disturbances (Nass) 443-44
- Socarides, Charles W.
reviewer of Sherfey, 153-56
- Society
see Culture
- Sociology
Freud's influence on (A) 495
and psychoanalysis (Joseph) 529
- Solnit, Albert J.
co-author of 'Beyond the Best Interests of the Child' (R) 275-78
- 'Some Observations on Transitional Object and Infantile Fetishism' (Roiphe and Galenson) 206-31
- 'Some Problems and Potentialities of Present-Day Psychoanalysis' (Stone) 331-70
- Sound
and creativity (Nass) 431, ff.
and mind-body-environment (Mushatt) 88-90
and rhythm (Nass) 433, ff.
see also, Hearing
- Speech
child, and grammatical morphemes (A) 501
English, word frequency in (A) 500

- and mind-body-environment (Mushatt) 98-99
- pauses in (A) 323
- in schizophrenia (A) 498
- and sensory deprivation (Freedman) 75-77
- see also, Communication, Language
- Sperling, Otto E.
- on illusion of freedom (N) 503-504
- Spitz, René A.
- obituary (Steele) 3-4
- on rocking (Frances and Gale) 115
- 'Split Object Choice' (Orgel) 266-68
- Spock, Benjamin
- and psychoanalytic thought (A) 496
- Spruiell, Vann
- 'Three Strands of Narcissism', 577-95
- Stamm, Julian
- on depersonalization (Hamilton) 614
- on humiliation (N) 329-30
- Steele, Brandt F.
- 'René A. Spitz: 1887-1974', 3-4
- Stern, Max M.
- reviewer of Cooper, 144-47
- Stewart, Walter A.
- 'Robert C. Bak: 1908-1974', 638-39
- Stolorow, Robert D.
- co-author of 'Early Object Loss and Denial: Developmental Considerations', 596-611
- Stone, Leo
- 'Some Problems and Potentialities of Present-Day Psychoanalysis', 331-70
- Strauss, Richard
- on divine inspiration (Nass) 438
- 'Structural Hypothesis, The—Theoretical Considerations' (Arlow) 509-25
- Structural theory
- and 'The Ego and the Id' (Arlow) 509, ff.
- and sensory perception (Nass) 433, ff.
- Student protest movement (A) 317
- Sublimation
- and frustration (Lowenfeld) 134
- Suicide (A) 498-99
- somatic, total and partial (A) 166
- of Werther (A) 171
- Suitability
- for psychoanalysis (Stone) 355, ff.; (Kantrowitz, et al.) 371, ff.
- Superego
- and borderline patient (Atkin) 40-41, 59
- and child development (Peto) 185-86
- and crime and punishment (A) 669
- and ego, conflict between (Brenner) 5, ff.
- and frustration (Lowenfeld) 134, ff.
- and pain (Frances and Gale) 108, ff.
- and perversion (Peto) 185, ff.
- and primal scene (Peto) 185, ff.
- and symptom formation (Brenner) 5, ff.
- Supervision
- and evaluation (Weiss and Fleming) 191, ff.
- Survivor syndrome (A) 664
- Sweating
- profuse, and pregenital conversion (Dobuzkov) 253, ff.
- Symbol(ism)
- and mind-body-environment (Mushatt) 82-85, 92, ff.
- Symptom formation
- and frustration (Lowenfeld) 130, ff.
- and psychic conflict (Brenner) 5, ff.
- Systems theory
- and psychoanalysis (Peterfreund) 536, 539, 546, ff.
- Szasz, Thomas
- and 'myth' of mental illness (A) 492-93
- Szurek, S. A.
- co-editor of 'Clinical Studies in Childhood Psychoses. 25 Years in Collaborative Treatment and Research. The Langley Porter Children's Service' (R) 139-41
- 'Talking with Patients' (R) 478-79
- Tape recording
- in psychotherapy (A) 315
- in research (Knapp, et al.) 407, ff.
- Tartini, Giuseppe
- on inspiration from dream (Nass) 439
- Tausk, Victory (A) 320-22
- Technique
- 'classical' and 'contact' (A) 494
- and 'The Ego and the Id' (Arlow) 512, ff.
- index to (R) 295-96
- psychoanalytic (Stone) 331, ff.
- Terminability
- prediction of (A) 492
- Test
- see Psychological test
- Theory
- and clinical findings (Joseph) 528, ff.
- and 'The Ego and the Id' (Arlow) 509, ff.
- and metapsychology (R) 660-62
- and psychoanalysis (Peterfreund) 534, ff.
- Schur's exploration of (R) 641
- understanding of, and evaluation (Weiss and Fleming) 195, ff.

- Therapy
 body (A) 494
 drug combined with analytic (A) 169
 of manipulative personality (R) 149-51
 with prisoners (A) 669-70
 psychoanalytic, and Freud (Joseph) 527, ff.
 see also, Group therapy, Psychotherapy, Treatment
- Thought
 distortion of, in borderline patient (Atkin) 41, ff.
 see also, Cognition
- 'Three Strands of Narcissism' (Spruiell) 577-95
- Time
 distortion of, in borderline patient (Atkin) 47
 in human experience (R) 484-87
- Topographic model
 and ego psychology (Holt) 564-67
 and structural theory (Arlow) 509, ff.
- 'Training Psychoanalysis. A Report on Psychoanalytic Education' (R) 657-58
- Training
 index to (R) 295-96
 psychoanalytic (Stone) 341-43
 and psychotherapy (R) 658-59
 and supervision (Weiss and Fleming) 191, ff.
- Transference
 and borderline patient (Atkin) 51, ff.
 and child development (R) 643-44
 and psychoanalytic method (Stone) 332-33, 336
- Transitional object
 and fetishism (Peto) 186-87; (Roiphe and Galenson) 206, ff.
- Transvestitism
 and 'as if' personality (A) 172
- Treatment
 of autistic children (R) 282-87
 psychoanalytic (Stone) 346, ff.
 psychoanalytic, motivation for (Kantrowitz, et al.) 380, ff.
 see also, Psychotherapy
- Trosman, Harry
 reviewer of Roazen, 296-98
- Tustin, Frances
 'Autism and Childhood Psychosis' (R) 282-87
- Ugly
 etymology of (Niederland) 451-52
 see also, Facial disfigurement
- Umbilicus
 erotization of (Heilbrunn) 269, ff.
- 'Unconscious Today, The. Essays in Honor of Max Schur' (R) 640-47
- Unconscious
 and anxiety (Brenner) 12, ff.
 and depressive affect (Brenner) 12, ff.
 historical and clinical context of (R) 644
 Lacan's concept of (A) 665
 and negation (Abend) 631, ff.
 and structural theory (Arlow) 510, ff.
- Undoing
 and depressive affect (Brenner) 22-23
- Unpleasure
 and anxiety (Brenner) 11, ff.
 and depressive affect (Brenner) 10, ff.
 see also, Pain
- USSR
 congress on unconscious mental activity in (N) 678
- Van Gogh, Vincent
 last painting and suicide of (N) 173-74
- Versagung*
 see Frustration
- Vision
 and early development (Freedman) 63-65, 70, ff.
 and mind-body-environment (Mushatt) 86-88, 91
 and superego (Peto) 185
- Visual perception
 similarities in (R) 163-64
- Voyeurism
 role of primal scene in (Peto) 184
- Wangh, Martin
 on conscious and unconscious motives, and Pirandello (N) 328-29
- War
 (A) 168
 psychological bases of (R) 482-84
 see also, Yom Kippur War
- War neurosis
 and REM sleep study (Greenberg and Pearlman) 393-94
- Webster, Brenda S.
 'Yeats. A Psychoanalytic Study' (R) 488-90
- Weinshel, Edward M.
 co-reviewer of Kanzer, 640-47
- Weiss, Stanley S.
 co-author of 'Evaluation of Progress in Supervision', 191-205
- Willbern, David P.
 reviewer of Webster, 488-90
- Winnik, Heinrich Z., et al.
 co-editors of 'Psychological Bases of War' (R) 482-84

-
- Women
 as physicians (Λ) 166
 and sexuality (R) 153-56
- Women's Liberation
 and psychoanalysis (Λ) 494
- Words
 multiple meaning of in psychoanalytic literature (R) 660-62
 see also, Communication, Language, Speech
- Writing
 and psychoanalysis (Λ) 418
- 'Writings of Anna Freud, The. Vol. III. Infants without Families. Reports on the Hampstead Nurseries, 1939-1945' (R) 274-75
- 'Yeats. A Psychoanalytic Study' (R) 488-90
- Yeats
 and omnipotence (Λ)
- Yom Kippur War
 and mourning in Israel (Λ) 170
- Youth
 and culture (Λ) 674
- Zetzel, Elizabeth R.
 co-author of 'Basic Concepts of Psychoanalytic Psychiatry' (R) 476-77