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William G. Niederland

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PSYCHOANALYTIC APPROACHES TO ARTISTIC CREATIVITY

BY WILLIAM G. NIEDERLAND, M.D.

Study of data and findings from clinical and applied psychoanalysis suggests a number of common factors encountered with uncommon frequency and intensity in creativity. In this paper, early childhood experiences, sensorial perceptions, body feelings, loneliness, reactions to loss, and body imagery of several artists are discussed. Problems relating to body image in creativeness are explored.

During no previous period has there been so strong a demand for and so great an outpouring of literature on human creativity. Its true nature continues to remain a challenging problem, something akin to 'an enigma wrapped in a mystery', to use Churchill's engaging formulation applied by him in a different context. Freud (1930), on the occasion of his acceptance of the Goethe prize, spoke of 'the riddle of the miraculous gift that makes an artist'; in his 1928 essay on Dostoevski, he referred to the 'unanalyzable artistic endowment' of the writer; and in 1933, he reiterated this position in his preface to Marie Bonaparte's book on Edgar Allan Poe. In fact, until a decade or two ago, any attempt to approach creativity in psychological terms had been viewed as presumptuous, as 'intrinsically unexplainable by means of deterministic psychology', according to Rothenberg (1971).

Since then, of course, numerous studies on creativity, emanating from psychoanalytic and nonanalytic quarters, have appeared. Without reviewing the various theories and conceptualizations of the creative process set forth in the recent literature,

Freud Anniversary Lecture of the Psychoanalytic Association of New York, presented at the New York Academy of Medicine, May 19, 1975.

A precursor to this lecture is my paper, *Psychiatry and the Creative Process*, published in the *Comprehensive Textbook of Psychiatry, Volume II*, edited by A. M. Freedman, H. T. Kaplan, B. J. Sadock. Baltimore: The Williams & Wilkins Co., 1975.

suffice it to say that many of these approaches are familiar. Some try to demonstrate that genius and gross mental disturbance go hand in hand; others separate the psychopathology so frequently encountered in the lives of highly creative individuals from their productive propensities and achievements; and between these opposing approaches, variegated blends and shades of opinion are set forth in an effort to understand the conditions and trends that allow for an emergence of the powerful impulses—be they libidinal, aggressive, or both—and their actualization in and by way of the creative act.

Again, one is reminded of Freud's (1928) Dostoevski study in which he refers to the great Russian novelist as 'the creative artist, the neurotic, the moralist, the sinner', and then poses the question: 'How is one to find one's way in this bewildering complexity?' (p. 177). Much is and remains elusive, not only for us as analytic observers and researchers, but also for the creator of a work of art himself—so elusive, indeed, that the conscious evaluation of the creative work of a genius, when appraised by him, may be as erroneous as our own modest attempts. Goethe and Jean-Jacques Rousseau rated their contributions to optics and music, respectively, as among their great accomplishments. In reality, these works did not stand the test of time. The same holds true of Edgar Allan Poe who considered his *Philosophy of Composition* a masterpiece. These instances, among others, raise serious doubts as to the validity of the questionnaires on the lives and works of contemporary artists, so frequently used in psychological research today. Better known are the public's reactions, lay and professional alike, toward the acceptance of new creations: 'My dear Kepler,' wrote Galileo in 1609 to his friend, the famous astronomer, 'What would you say of the learned here who steadfastly refuse to cast a glance through the telescope? Shall we laugh or shall we cry?' And how many researchers, still today, refuse to look through the analytic microscope?

In our clinical work, the encounter between patient and analyst is essentially verbal; verbal understanding and insight, emotionally accepted and with nonverbal communications not excluded, are our main tools. Whereas verbal expression, a feeling

for or the sound of a word, is highly significant in such a creative area as poetry, it is absent in painting or sculpting. When the eighty-four-year-old painter Max Ernst was asked what his most cherished activity had been all his life, he replied, *'Sehen'*, which in this context means not merely seeing but also taking in and incorporating through the eyes, with the whole visual apparatus hypercathected.

Artistic creations often deal with experiences not readily amenable to talk or discourse. According to Susanne Langer (1957) we may talk about them but their reality exists only through the artistic percept. Expanding on this, I quote from Leonardo da Vinci's *Precepts of the Painter:*

> 'I will not refrain', da Vinci writes, 'from setting this forth for consideration. . . . If you look at any wall spotted with various stains or different kinds of stones . . . you will be able to see in them a resemblance to various landscapes with mountains, rivers, rocks, trees, plains, wide valleys and different groups of hills. You will also be able to see diverse combats and figures in quick movements, strange expressions of faces, outlandish costumes, and an infinite number of things. . . . With such walls and blends of stones . . . in whose clanging you may discover every name and word that you can imagine. . .'.

Here we have a graphic record of the artist's mind filled with impressions, images, colors, shapes, sounds (clanging!) that usually pass unnoticed by the nonartistic person. The intrapsychic process of creating new relationships between mental representations and their novel regrouping into interwoven artistic patterns is pointedly stated. The artist is able to perceive relations and images which most of us cannot or do not perceive.

The analyst who treats an artist-patient will do well to take cognizance of Leonardo's precept. The wall gazing and wall picturing, to which he refers, also occur on the analytic couch, and the analytic exploration of this imagery, clinically observable in statu nascendi, can be of insight-producing value.[1]

[1] Waelder (1960) has noted the creative endeavor in every properly conducted psychoanalysis.

As far as our present-day knowledge regarding the creative process is concerned, I shall offer a few—to be hoped, safe—propositions. Before doing so, it may be useful to clarify the meanings of such terms as 'art', 'artist', and 'creative' as I employ them. These designations are used here in accordance with Greenacre's (1957) formulation which refers to an individual as creative 'no matter what the medium of . . . artistic expression may be', i.e., the person whose work-product 'shows . . . extraordinary capacity for imaginative creation, original thought, invention or discovery', in addition to the skills resulting from practice and learning (p. 53).

THE CREATIVE PROCESS

Looking at the process (or processes) as a whole, the following propositions can be set forth.

Although the true nature, origin, and sources have not yet been sufficiently explored, the role of the unconscious in artistic creativity is of paramount significance.

Creativity, in the ordinary sense, is an innate endowment and as such, part of the patrimony of the human race. In early human development, language and tool making belong to the realm of evolution and include the larger problem of how man came to be man. A glance at the cave paintings of Lascaux or Altamira, for instance, indicates that the wells of human creativeness run deep. Should we call them bottomless?

Creativity, in the sense of exceptional and original achievement, is a relatively rare characteristic of certain endowed individuals. The development and unfolding of this potential seem to require the presence of special internal and external conditions in early life, the confluence of which appears to promote creative activity and growth. Many artists, as we shall see, grow up under special circumstances; there are unusual birth conditions, family constellations, individual experiences, and other factors to be found if one studies their lives.

Artistic imagination bespeaks the capacity to take apart and put together again—that is, to break established patterns of rela-

tionships and replace them with new ones. This intrapsychic process occurs between self and object representations and results in creative regroupings which, in so far as their origin in and re-creation from the artist's own past are concerned, usually remain unrecognizable to the viewer and to the creator himself. Not always, however. Edvard Munch said: 'I don't paint what I see, but what I *saw*' (see, Steinberg and Weiss, 1954).

In terms of ego psychology, artistic production can be understood as an adaptive phenomenon of a particular kind that, albeit rooted in and influenced by the primary process, is oriented toward reality (secondary process).

The relationship that seems to link psychopathology and art has received much attention in the literature. At present, the existence and consequences of these relations are far from being fully understood or thoroughly clarified, although the notion that a connection exists between art and psychopathology goes as far back as Aristotle, who wrote: 'All extraordinary men distinguished in philosophy, politics, poetry and the arts are evidently melancholic' (*Problemata,* XXX, 1). As a clinician, I have never seen a creative individual who did not have serious, apparently all-pervasive and disturbing conflicts. Nor have I seen in these individuals a lessening of creative productivity as a result of analytic therapy. A word of caution is indicated here. Certainly without emotional suffering, they would not have asked for treatment and would not have been my patients. However, from Aristotle and up to the present, similar observations also fill the nonpsychiatric and nonanalytic literature (see, Wittkower, 1963).

The foregoing propositions, highly condensed and schematized, are open to further investigation and elaboration. It is, nonetheless, within this framework of reference that *some* aspects of creativity will be considered here, in particular those of interest to the analyst and analytically oriented observer.

Looking at the creative process in this way, one may question the customary use of the word 'process' in the singular. Instead of a single process, however intricate and complex, one should,

perhaps, speak *of processes* since, for example, the creative accomplishment of a mathematical genius would appear to be different in its nature, substance, and goal from that of a composer, painter, or poet. No adequate formulation seems to cover them all.

However, careful scrutiny and study of all data and findings from clinical and applied analytic research make it possible to suggest the presence of some *common* factors encountered with *uncommon* frequency and intensity in creative persons. And certain components among these factors may be properly viewed as being of relevance to the creative process or processes.

THE ARTIST'S PERPLEXING EXPERIENCE

In the search for common denominators one is struck by the frequency and significance of perplexing, often tragic experiences in the early lives of creative individuals. One could fill an entire volume with this observation alone. In our clinical work as analysts, we are of course familiar with our patients' conflicts whose origins go back to childhood. I am inclined to agree with those who say that traumatization in the early history of creative individuals plays an unusually great part (see, Kris, 1952, for instance). Though for obvious reasons I cannot go into the life histories of my artist-patients, I can say this about their early life situations. They were exposed, in addition to the familiar universal conflicts, to early traumatic, not infrequently tragic and perplexing experiences. In response to major difficulties resulting from such experiences, these patients tended to remain in a state of heightened emotional reactivity which, in turn, seemed to re-enforce an already pre-existent oversensitivity to stimuli from within and without.

Often the experience is of a predominantly perplexing nature, the effects of which are later reflected in the creative work. From the earliest perplexities with sensorial-kinesthetic-visual-auditory experiences a trend toward lifelong and, in gifted persons, resourceful wonderment appears to persist as a permanent mental state. Most analysts will agree, I believe, that the early family

situation of the first psychoanalyst in whose honor we have come together tonight—that is, the specific family constellation with its intricate and, to the child, perplexing features—had some bearing upon the discovery of the œdipus complex, infantile sexuality, sibling psychology, etc. A later experience, the death of Freud's father, can be correlated, according to Eissler (1963), with the success in interpreting his first dream, the famous Irma dream, recorded in *The Interpretation of Dreams.*

Nor should the mastery over the perplexing or tragic phenomena be overlooked. Just as in the classic tragedy, the hero—seriously wounded or impaired—may either succumb or succeed, and in the latter case triumphantly proceed from success to success, so also may an artist's career with its vicissitudes follow its course—from isolation and misery to fame and glory.

Pain, in both the physical and psychic sense, is one of the most consistent features common to creative people. Freud called it *Mittelelend,* an unusual word combination in German, the meaning of which is difficult to penetrate. Max Schur's translation is 'semi-misery'. Freud's letter to Fliess, of June 22, 1894, contains this passage: 'My . . . opinion for which I have no scientific basis, is that I shall suffer for about 4 to 5 to 8 years from various complaints, have good and bad periods, and then between 40 and 50 shall die . . .' (Schur, 1972, p. 53). Fortunately, it turned out otherwise.

The pervasive feeling of pain and ill health combined with bodily sensitiveness, a feeling of ugliness, and subjective perplexity are perhaps best expressed by Dostoevski in his *Notes from the Underground.*

> I am a sick man. . . . I am a spiteful man. I am an unattractive man. I believe my liver is diseased. However, I know nothing at all about my disease, and don't know for certain what ails me. I don't consult a doctor for it, and never have, though I have respect for medicine and doctors.

Closely related to the heightened reactivity is the artist's capacity to be and remain open to the influx of perceptual experi-

ences, be it by the sight of a cornfield in the sun, the moonlight reflected on the waves, or the sound of a word spoken in the wind. This quality of alert wonderment and perceptive acuity has often been considered as characteristic mainly of children, and to some extent it is. But only to an extent.

The artist's capacity to preserve the intense experience of wonderment is a phenomenon not sufficiently explored. It may be related to a partial blurring and diffusion of ego boundaries or, at least, an attenuation in the demarcation between the self and nonself. My observations are in accordance with those of Nass (1971) who notes the capacity for shifts in ego states and transient dissolutions of ego boundaries as common features in creative individuals. Though frequent and intense in the artist, these experiences do not necessarily involve those difficulties in reality testing and self/nonself differentiation encountered in psychotic patients.

One of my artist-patients expressed it this way. When he bought a cone of ice cream from a street vendor and later mentioned it on the analytic couch, he spoke of the old man who had sold him the cone, the lines and wrinkles in the man's face which reminded the patient of deep furrows tilled by a farmer's plough into the 'aching ground'. I leave the obvious transference implications—the 'old man's' face, etc.—aside and also omit the oral-maternal connotations of 'ice cream'. But I call attention to the *perception* which not only supplies the matrix for the act of creation, but becomes creation itself by turning a common sight into self-revelation. I specifically point to the apparently metaphorical mention of the plough cutting into the 'aching ground'. The patient had a congenital funnel chest which he perceived as a disfiguring and lasting 'furrow' cut into his body, a permanent and 'aching' lesion felt by him as a crippling injury, although organically it was without consequences.

Another patient, a poetess, found a half-broken and forgotten doll in the street. She took the doll home and wrote a moving poem about it, in which she herself was the lost doll. As I reported in a previous paper (Niederland, 1975), this patient had

a congenital facial deformity which, in her opinion, gave her face a 'lifeless' appearance and made her feel that she looked like 'a dead mummy', ugly and 'half-broken' in body and mind. During the patient's analysis a temporary dissolution of ego boundaries was frequently manifested. At times it slowed but did not impede the progress of the treatment.

THE ARTIST'S LONELINESS

The loneliness of the artist has often been mentioned in the professional and nonprofessional literature. One has only to think of Dante, Kierkegaard, Leopardi, Schliemann, Rembrandt, or Michelangelo, the latter having been described by Raphael as *solo come un boia,* i.e., lone as a hangman. When Dante as a lonely exile walked through the streets of Verona, the mothers reportedly hid their children and anxiously whispered to them: *'Ecco l'uomo che è stato all'inferno'*—Here goes the man who has been in hell.

This feature of utter isolation and loneliness can be seen in an old photograph of Schliemann sitting in his excavation trench of ancient Troy.[2] Of course, as analysts we might view this picture as a symbolic representation of a return-to-the-womb fantasy. But there is more to it. Schliemann was born in a vicarage located in the midst of a cemetery and he spent the first nine years of his childhood in this specific environmental setting. Later on he became an archeologist in constant search for tombs, graves, mausoleums, and their contents (see, Niederland, 1967a). In this photograph, he can be seen in his own tomb, as it were, the explorer's loneliness speaking out of the picture with striking eloquence.

Creativity is a solitary activity. It is usually accompanied by a withdrawal from complex emotional involvements with the external world and the latter's replacement—in the mind—by ideas, projects, fantasies, and personal, artistic, cultural, or re-

[2] Dr. Niederland's lecture was accompanied by slides. In this published paper, it is possible to use only a few of his illustrations. [Ed.]

ligious strivings which may become the well-known 'collective alternates' (Greenacre, 1957). They are often cathected to an extraordinary degree. For there is something different about the loneliness of the artist, different from that of the noncreative 'loner'. This distinction is perceptively noted by Bernard C. Meyer (1972) when he refers to the 'secret sharer' aspect in many artists' productive lives. The artist, to be sure, is often a solitary, but an 'enraptured solitary', if I may put it this way. To quote Leonardo once more: 'The painter must live alone, contemplate what his eye perceives, and commune with himself'. Michelangelo, it has been said, never allowed anyone, not even the Pope, near him when he worked.

The artist's loneliness is both tormented and enraptured because for him new thoughts engender not only an excitement originally related to infantile curiosity, but also the satisfaction that the solitude has opened new areas of unfolding awareness and knowledge. (This gratification has a deeper meaning: it is derived from and accompanied by unconscious birth fantasies.) The secondary process is required to select, scrutinize, and communicate the discovery. The inner feeling of the artist *in statu creandi* is well expressed by Schiller who calls the ancient Greek poet, Ibykus, *des Gottes voll,* i.e., with God's creative powers overflowing inside. Kafka, in one of his letters, wrote that he had the world inside-his-head. Imagine, a mind composed of a world, a literary cosmos! I have heard similar remarks from composers with respect to musical themes hidden 'within', but restlessly striving for expression and revealment.

It is well to remember that the novelist at his typewriter and the painter at his easel frequently become recluses too, converting their studies into 'self-insulating sanctuaries', as Bush (1969) aptly puts it, for the free play of fantasy and imagination. In this way, the artist comes to live, at least for periods of time, in a sort of *hortus conclusus*—a walled-off garden away not only from the turbulence and strife of the outer world but also from irksome emotional problems and involvement with people. It is under such circumstances that, in the gifted person, the world of

repressed visual, auditory, and kinesthetic memories emerges, which the artist transmutes into the creative act. Of course, this does not rule out the presence of gregariousness at other times, even excessive gregariousness which may serve defensive purposes such as reversal and denial. Some authors have also spoken of the artist's stimulus hunger in this context. The Viennese writer, Peter Altenberg, who was wont to spend the early parts of many a night in wine loving and wine drinking company, once was asked: 'When do you write your books, Mr. Altenberg?' His answer was: 'When I am alone, at three in the morning'. The same can be said of Ernst Theodor Amadeus Hoffmann (of *Tales of Hoffmann* fame) whose grotesqueries reflect a body imagery close to monstrosity based, in part, on his feeling of being 'a monster of ugliness'.

BODY FEELINGS AND PERCEPTIONS

Freud (1923) taught us that the ego is 'first and foremost a body-ego' (p. 27). Following the trail opened by Freud, John Rickman (1940) wrote *On the Nature of Ugliness and the Creative Impulse*. He focused on the interplay between creative and aggressive impulses in the artist and postulated what he called the 'horror of the ugly' as a *vis-a-tergo* force in thrusting man into creative work. This corresponds to Greenacre's (1957) more recent observations that the artist's sensorial oversensitivity to and heightened perceptiveness of inner and outer stimuli bring him, from infancy on, into a closer and more intensified '. . . range of awareness of his own body and of the surroundings as well' (p. 65).

Lowenfeld (1941) and Kris (1952), anticipating the work of Greenacre and others, described the unconscious relations between psychic trauma and artistic experience. In my own work, I have focused attention on the presence of permanent and often severe injuries to infantile narcissism and its effect on the creative potentialities (Niederland, 1965). In the cases observed, the narcissistic injury could be traced to feelings of incompleteness derived from early physical frailty or disability, protracted ill-

ness in childhood, congenital or early acquired malformations, and fantasied or factual anomalies. Much of this gave rise to a rich and secret fantasy life which centered on rebirth and auto-reconstruction in the sense of regaining the fantasied perfect state prior to the lesion or imperfection which became a nodal point for restitutive strivings and efforts. More specifically, the formation of the representation of the self precedes that of object representations. It is this early self-representation that exceeds all others in intensity of cathexis. An incomplete or incohesive self-representation demands intrapsychic completion.

Artist-patients who in childhood had sustained narcissistic injuries of the type mentioned, or who were later exposed to experiences involving the reactivation of such early traumata, showed marked alterations in body tonus and body feelings before and during periods of creative work. In a series of eight analytically studied artist-patients—all creatively active individuals—fantasies of being incomplete, misshapen, ugly, or deficient could be observed. During creative work these feelings were replaced by sensations of completeness, of being strong, whole, and free from deficiency or inadequacy, punctuated by feelings of insufficiency when difficulties in their work arose. Such ebbs and flows of body imagery occurred with marked intensity. The early traumata, combined with the mother-child disequilibrium almost regularly resulting therefrom, had interfered both with the infantile omnipotence and with the formation of a stable, nondefective body image and self-image. In the patients analyzed, the old fantasies of being incomplete and deficient tended to return soon after a creative job was done. At times, indeed, they thought they had never created the work. In his studies on twinship, Glenn (1974) has observed similar phenomena of incompleteness and ascribes to them an influence on creativity.

As we know, many traumata of early life find a more or less spontaneous solution through mastery. In the presence of special situations as outlined here, such spontaneous solutions are less frequent because of the maldistribution of body cathexis, the individuals' greater affectivity and intensified responses to

stimuli. Under average conditions, the discordance between the mental representations of the *body in the flesh* and the *body in the mind*—in regard to their respective attributes, shapes, and appearances—is a moderate one. In my artist-patients, the discrepancies between these representations were inordinate and the felt experience of incompleteness or deficiency was so intense that it came to constitute a directional force toward unconscious repair and restitution.

The creative act in these cases is an unconscious remaking of the body ego which is under a constant stimulus from within due to the uneven distribution of body cathexes, as described in my earlier studies on the relationship between creativity and fantasied or factual deficiencies (Niederland, 1965). With regard to the latter, Freud's familiar dictum 'anatomy is destiny' is relevant. Applying it to gender anatomy alone omits the whole range of experiences encompassed in the lives of hunchbacks like Alexander Pope, Lichtenberg, Moses Mendelsohn, and others; physically handicapped individuals like Byron, Walter Scott, Leopardi, and Toulouse-Lautrec; chronically ill people such as Watteau, Chopin, John Keats, Robert Louis Stevenson, Eugene O'Neill, Marcel Proust, Steven Crane, George Orwell and many others. The crippled Kierkegaard recommended completely rebuilding the self as a cure for despair. Thomas Mann in *Royal Highness,* one of his early novels, has the poet say: 'My health is poor. I dare not say unfortunately, for I am convinced that my talent is inseparably connected with bodily infirmity.' H. G. Wells, dangerously ill with pulmonary tuberculosis all through adolescence and into early adulthood, spoke of his creative work as 'a race against death'. And André Malraux, in his *Anti-Memoirs,* writes that in creating a work of art, the artist performs a heroic act, which he equates to a defiance of death.

Our customary academic terms—body image, self-image, self-representation, etc.—denote in their pale descriptiveness perhaps our most lamentable weakness in exploring what I have called the 'felt experience of the body' (Niederland, 1967b, 1973) —that is to say, the sum of those exquisitively personal, perva-

sive, and ever-present experiences which, in Schilder's sense, form the backdrop for the lifelong interaction of kinesthetic-visual-auditory, and perceptive-sensorial-emotional-cognitive ego functions. It is against this backdrop that the artist sees multiple worlds,[3] an observation supported, in part at least, by Rothenberg's (1969, 1971) work on Janusian thinking which he defines as the artist's capacity to 'conceive and utilize . . . two or more ideas, concepts of images simultaneously', oppositional and contradictory as they may be.

As the inroads into the feeling of omnipotence and the resultant restitutive efforts have already been mentioned, suffice it to recall Freud's (1913) comment that 'In only a single field of our civilization has the omnipotence of thoughts been retained, and that is in the field of art' (p. 90). W. H. Auden wrote that he was 'hurt into poetry', words reminiscent of Ortega y Gasset's statement that art is the biographical actualization of the artist—in the unconscious autoreconstructive effort, we now might add. This leads us back to the artist's body image which, in my opinion, is of a more penetrating and wider range than is generally realized. It influences ego boundaries and a variety of other ego functions. Some of this can be demonstrated in the art of two French painters, Henri Rousseau and Jacques-Louis David. The implications of a permanent narcissistic lesion reverberate through much of their work.

The childhood of Henri Rousseau, also called *Le Douanier,* the toll collector (which he was), is virtually unknown to us. He emerged relatively late in life as a painter whom many art critics

[3] If to a superficial observer some of these observations may seem to be related to Adler's familiar views with regard to 'inferiority complex', 'masculine protest' and the like, I wish to state that I regard these terms designatory rather than illuminatory. Adler's formulations fail to do justice to the unconscious quality and complexity of these processes. The problem, as I see it, is not one of organic inferiority or defectiveness per se, but one of body-image formation, self-image, cathectic imbalance, ego and superego impairment, as well as their unconscious sensorial reverberations and emotional vicissitudes throughout life, with emphasis on restitutional and autoreconstructive strivings, unconscious parturition fantasies, and related mental processes.

regard as the founder of primitivism and a pioneer of modern art. Biographers, faced with contradiction upon contradiction in the art of Henri Rousseau, have raised the question: 'Was he saint or lunatic?', a primitive without culture, or a great and original artist, 'one of the fathers of modern painting' to quote Robert Cowley.

Looking at Rousseau's paintings from the vantage point that a close study of the body image offers, and viewing the representational configurations in these pictures, I postulated on theoretical grounds that there may have been something special concerning his own body image. On further search I found what I believe to be at least a partial answer. I came upon a reproduction of his old military passport, issued at the time he was a soldier in the French army at age nineteen or twenty. This passport carries the following notation under the rubric 'special identification marks': *'Left ear, absent'*. The standard biographies barely mention this. We know nothing about the origin of the lesion—whether it was congenital or not, how or when it occurred, except of course that it must have been in existence before the issuance of his military identification card. With the head configurations in mind, many of Rousseau's paintings reveal the relationship between his art and his body image. Reproduced here is *Boy on Rocks,* but we can find this same relationship in many of Rousseau's paintings which show the absence of an ear in the persons portrayed.

Far from claiming that these findings supply a full answer to our questions, we can safely reiterate Ortega y Gasset's point that art is the actualization of the artist's personal biography, or analytically speaking, of his own body imagery. Such imagery is usually regarded as a tacit process; in Rousseau's paintings it speaks out eloquently.

Let us now turn to Jacques-Louis David, the celebrated founder of the neo-classical school of art. Most viewers are struck by the smoothness and evenness of his work, the glassy, almost glacially frozen quality of his paintings. Virtually all art critics

have commented on their smooth and symmetrically even appearance. As early as one hundred fifty years ago, Delacroix spoke adversely of the 'frigid execution' of David's paintings. We can see these qualities most clearly in David's *Oath of the Horatii, The Death of Socrates,* and in his familiar paintings of Napoleon.

Again, psychobiographical research with emphasis on the body image aspects enables us to suggest more than mere criticism. David had a permanent and harassing disfigurement of the face which made it asymmetrical, uneven, and deformed—the reversal of which can be seen on his symmetrically, classically linear elaborated canvasses. He had a facial tumor located above his right upper lip, which to some extent also impeded his speech. We know nothing definite about the nature and origin of David's facial anomaly, which can be seen in his unfinished self-portrait of 1794, as well as on David's bust in the Louvre. Analytic study of his writings supplies further evidence for the assumed reversal in his work. In his essay *Art and the Antique,* David wrote: 'To give a body and a perfect form to one's thought, this—and only this—is to be an artist'.

But there is one exception in David's paintings. The same artist criticized by Delacroix and others for the overly 'frigid execution' of his canvasses, was able to paint what is probably the most moving picture of a dying man in art history, the painting of the *Assassination of Marat.*

From an analytic point of view, I submit this psychobiographical finding in order to further our understanding: David, originally a Jacobin and member of the revolutionary Convention, was very close to Marat and after his assassination David is reported to have remained in a 'state of daze' for many weeks. It was under the emotional impact of this event, I suggest, that he was able to free himself temporarily from his self-imposed rules of working along symmetrically even, neoclassicist lines, and painted the *Assassination of Marat,* achieving a great artistic creation.

Rousseau's *Boy on Rocks*

David's *Unfinished Self-Portrait*

Goya's *Dog's Head*

The medical and psychiatric history of Goya has long been the subject of investigation by art historians, biographers, clinicians, and scholars interested in the relationship between creativity and illness. Goya's artistic career, apart from other elements discussed by me elsewhere (Niederland, 1972), offers an impressive illustration of the linkage between subjective body-state experience and creative productivity. After having been stricken by a near fatal disease that incapacitated him for about a year (1792-1793), he was able to observe this linkage in statu nascendi, and even reported on it. I quote from a letter written by Goya on January 4, 1794, to Bernardo de Yriarte, director of the San Fernando Academy in Madrid:

> Sir, to engage my *imagination* which had been almost *deadened by constant brooding over my sufferings* . . . I have ventured upon a few cabinet pictures. In these paintings I have been able to find room for observations that would not fit easily into work made on order, and I also could give way to my fancy and inventive powers. I have thought to submit them to the Academy . . . (italics added).

Though we do not know exactly which pictures Goya sent to Yriarte, we know about a twofold and severe loss which took place in those years, one concerning his body self and one derived from the loss of a love object some time later, the Duchess of Alba, then the most beautiful and famous woman in Spain. The disease left Goya deaf, totally and permanently. The end of his love affair with the Duchess left him isolated, bitter, and vengeful.

These experiences and the marked changes that resulted from them can be followed almost step by step in Goya's art. Before 1793, the year of his illness, Goya had been a fashionable tapestry designer and portraitist, painting charming decorations and gentle genre pictures. After 1794, marked changes occurred. Prior to his devastating illness, Goya's paintings were frequently of playing children, elegant ladies at picnic, on a swing, with a parasol, etc. After the two-pronged object loss, subject matter

and artistic representations changed radically. First came the *Caprichos* with their massive, accusatory message, directed in part against society and in part against the Duchess herself. She had deserted him and he felt betrayed.

My impression is that the two-fold loss—the one concerning his own body, the other, the love object—increased his sensitivity to still other losses as expressed in such further works as *Disasters of War, Proverbs,* and the *Black Paintings.* I further believe the deeper reason for the traumatic impact of the love object loss can be understood from the fact that Goya's mother was a member of the Spanish nobility who by her marriage to Goya's father, a craftsman and guilder, had done a most unusual thing in Spain. In Goya's life we note a similar course: from a craftsman in Zaragoza to First Royal Court painter in Madrid.

The *Black Paintings* all convey a sense of despair and loneliness bordering on extinction and thereby on the problem of ego survival. In the picture of a dog's head, a lone and helpless animal, sinking into the ground, apparently being sucked into sand and the amorphous vastness of empty space, is on the threshold of inevitable death. Yet at the same time there is a strange wakefulness in the painting, a pleading despair in the expression and posture of the lonely dog's head—all in the almost uncanny composition of the picture, the emptiness of the space, and the imminent loss of everything. A striking reversal can be seen in the *Giant* painting, *El Coloso,* whose massive head resembles that of Goya; a giant striding over the earth, with everyone else fleeing and running away—*a world destruction fantasy* in action, as it were, with emphasis on the colossal and overwhelming figure of the giant. I am inclined to see in these two paintings, in addition to others by Goya, psychological documents of the first order (see, Niederland, 1972, 1973).

After these examples of representational art, let us turn to the emergence of the body image in literature. The creative self-treatment of a physical deformity, not by overly symmetrical and smooth gestalt but through comedy and satire, can be found in

the fictional masterpieces of Nicolai Gogol. This Russian writer was a man of almost dwarfish appearance whose face was dominated by a huge nose of such mobility and dimension that he could, and indeed did, perform parlor tricks with it. He would touch the tip of his nose with his underlip, an act that, according to his own account, gave him sensual pleasure. As one of his biographers, Nabokov, no friend of psychoanalysis, writes, there is an orgy of sniffing, sneezing, snoring, smelling, and other nasal activities in Gogol's stories. In one of these, the pimpled nose of a conceited, arrogant bureaucrat, Kovalev, mysteriously disappears. It has stealthily detached itself from the face of its bearer and parades in glorious attire down the street.

In another satirical tale, the inhabitants of the moon are nothing but noses. The comic effect of these stories has been recaptured in films and plays. Their symbolic connotations and concomitant anxieties have been described by Friedman (1951) and Greenacre (1958), the latter mentioning Gogol's inability to have any physical relationship with women (p. 25). In fact, Gogol has Kovalev say: 'Without a nose, a citizen is not a citizen', to wit: without a nose or its symbolic equivalent, a man is not a man.

Of interest to the student of the creative process is the writer's florid body imagery, here brought to life overtly and in unrestrained fashion. As is clinically observable, clowning and comedy permit the undisguised display of misery, including or even emphasizing physical misery. In Gogol's works, the world is peopled by visible and living noses, precisely as their author's face was marked by his mobile and unseemly proboscis. The felt experience of the body is re-created and transposed, artistically, into imaginative tales centering on body imagery and body-ego related creativeness. A similar reversal can be seen in the works of James Thurber: misery turned into humor and satire.

OBJECT LOSS AND GRIEF

What constitutes a loss? It can be the death of a loved one, the departure of a significant or protective figure, the appearance of changes or impairment within the body self, the experience of

physical or psychological malfunctioning, the persistent feeling of a narcissistic insult and humiliation (Cath, 1965). The object being part of the self, the experience of *object loss resembles that of body loss.* Since the early body image and self-image appear to contain mental representations of key figures of the external world, object loss is bound to affect body image and self-representation. Freud (1928) defined the body image as an aggregate or deposit of internalized images encompassing the self-representation and internalized representations of the love object. Therefore, the disappearance of a significant figure, through prolonged absence or death, produces a feeling which is equivalent or comparable to body loss.[4]

Some analysts have delineated a clinical syndrome of early object loss, characterized by pathological (interminable) mourning, preoccupation with death, and a sense of guilt, as manifestations of unresolved grief. Death haunts the creations of many artists in dramatic overdetermination. The poet W. H. Auden, when asked his opinion about art, replied: 'Art is our chief means of breaking bread with the dead'. An episode from the life of Somerset Maugham may exemplify this further. Maugham's nephew Robin reports this observation from the last period of the writer's life:

> A few years ago I dined alone with him. . . . He was ill and in pain, and his mind sometimes wandered. Suddenly he muttered: *'I shall never get over her death. I shall never get over it.'* For an instant I supposed he was referring to my much-beloved sister Kate who had died recently, but as he went on talking, I realized that he was thinking of his *mother who had been dead for over eighty years* (italics added).

Somerset Maugham's mother died when he was a young child. The mental representation of the *mater aeterna* combined with the need for restitution of the destroyed object and related elements seem to supply the momentum, in gifted persons, for tak-

[4] Pollock (1975) has recorded loss through parental death in the childhood of over twelve hundred creative individuals.

ing the road of creative, or shall we say re-creative, work. In the psychology of the artist, the original loss, according to Gilbert Rose (1973), refers to the 'dual unity with the mother' and the creative act 'gratifies an unconscious wish to recapture the sense of oneness with the mother' (p. 588). This brings to mind the original meaning of the English word 'alone' (in German, *allein*); it originally meant *all one.*

Edgar Allan Poe's father deserted the family when Poe was less than two, and his beautiful young mother was dying of tuberculosis before he had reached the age of three. The mother spent the last few months of her life with her two children—the future poet and his one-year-old baby sister, Rosalie—in a dingy room in a boarding house in Richmond, Virginia. There is reason to believe that Poe not only witnessed the death struggle of his moribund mother through her last weeks of life, but—a fact not mentioned in Bonaparte's (1933) monumental work—that he actually stayed close to the mother's lifeless body for a whole night in the small rented room in Richmond, until neighbors entered the next morning and separated the child from the mother's corpse.

The lifelong impact of this traumatic experience can be followed through many of Poe's works—from the earliest poems about the sorrow that comes to a lover on the death of a woman through the ever-recurrent theme of the 'beautiful lost one' to *The Raven,* composed near the end of his life; from the deadly mystery hidden in *The Fall of the House of Usher* to the writhing corpses in *The Premature Burial,* the macabre content of *The Oblong Box,* the terrifying *Facts in the Case of M. Valdemar,* and the horror in *The Mask of the Red Death.* (Poe's mother had suffered massive pulmonary hemorrhages in the child's presence during her last weeks in the Richmond room.) The closing stanza of the poem *Annabel Lee* reads,

> and so all the *night-tide, I lie down by the side*
> of *my darling,* my darling, *my life* and my bride
> In the sepulchre there by the sea.
> In her *tomb* by the sounding sea (italics added).

revealing poetically, I think, both fantasy and the actual event as it happened. What Poe later depicted in so many of his stories, is the half-alive and half-dead state of a beloved beautiful woman. Simultaneously excited and appalled by death, Poe recaptured in his creative work the devastating object loss of his childhood, compounded by and fused with losses in later life.[5] After his mother's death, Poe was adopted by the Allan family, and further losses soon followed.

The search for the lost parent can be observed in a different field of creative activity, for instance, in the life of the explorer, Henry Stanley. His real name was John Rowlands; he was adopted, when a cabin boy on a British ship in New Orleans, by a man named Henry M. Stanley whose name he took. Born an illegitimate child, he was placed by his mother in an orphanage. He later explored the African jungle, the river Congo, the course and sources of other waterways. He rose to fame when he found the long-lost Livingstone after years of searching for him in the jungle and addressed to him the familiar and often ridiculed words: 'Dr. Livingstone, I presume'. In all Stanley's exploratory enterprises, the search for the lost parents—river sources, water symbolically equated with birth and mother, Livingstone reinstated as the refound father—is evident. Hence, his first words addressed to Livingstone can be analytically interpreted: 'Father, I presume', or 'Father, I wish'.

The pervasive influence of unresolved grief emerges with par-

[5] I am grateful to Dr. Bernard C. Meyer who, in a personal communication following the presentation of this paper, sent me little known lines from one of Poe's poems, later called *Romance*. In the original version of the poem the following lines, omitted in later versions, appeared.

> I could not love except where Death
> Was mingling his with Beauty's breath.
> Or Hymen, Time and Destiny
> Were stalking between her and me.

Dr. Meyer also called my attention to a deleted portion of Poe's *Metzgerstein* which reads: 'The beautiful lady Mary! How could she die? And of consumption . . . in the heyday of the blood . . . in the fall of the year, and so be buried forever in the gorgeous autumn leaves!'.

ticular poignancy in the art of Edvard Munch. Like Poe, he witnessed the death of his tuberculous mother when he was a young child, and his paintings (for instance, *The Scream, The Dead Mother, The Dead Lovers*) deal with despair and death.

It was Munch who said, 'I do not paint what I *see,* but what I *saw*'. Munch's mother died from tuberculosis when he was a boy of five, at the height of the œdipal period, and several years later his older sister died from the same illness. The 'death chamber' and the 'sick child' are persistent themes in Munch's art. The course of artistic growth is never simple. As an adult Munch spent several months in a mental institution. A contemporary sculptress who had many losses in life put it succinctly: 'I turned to art as my salvation and the one thing in life that I could never lose'. Again, creativeness in the service of ego survival.

THE EGO IN CREATIVITY

In contrast to the affective storms depicted in the Munch paintings and Goya's *Pinturas Negras,* I should like to point to the 'oceanic feeling', about which Romain Rolland (1927) wrote to Freud. He described it as

> a peculiar feeling . . . which he would like to call a sensation of 'eternity', a feeling as of something limitless, unbounded—as it were, 'oceanic' (p. 64).

We find similar descriptions in the works of Bertrand Russell and others. It may well be that in some artists these affective states exist side by side, or rather tend to fuse. A poet in analysis spoke of it first as a 'cosmic rush', and at another time of 'something floating and swinging, elusive and spacy', as if time stood still. The two ego states—we may view them as 'altered states of consciousness', if you wish, but I believe they contain strong unconscious ego components—were present in this patient almost simultaneously. It is my impression that, if we knew more about the pathology and vicissitudes of the 'oceanic feeling', we would know more about creativity.

Related to this is the feeling of intense and unfulfilled nostalgia which at times, when pervasive and penetrating, has some of the qualities of the 'oceanic' feeling. This recalls Marcel Proust's *À la recherche du temps perdu* in which he says, 'The true paradise is the paradise one has lost'. One of my patients dwelt on his nostalgia, vehemently saying that though it made him suffer it was his greatest asset as it made of him a 'perpetual dreamer' and searcher. He was a writer, scholar, and historian who traveled far and wide in order to study revolutionary movements from past centuries *in loco et situ,* and he wrote about them in an original way, recording their rise and fall. For him history was not a science, but a living process. In his own early history, traumatization played an unusually large part. I believe it is safe to say that without nostalgia, with its enduring quest for the past, there would be little poetry and, possibly, no history or archeology either. Nostalgia figured prominently in the psychology of some of my artist-patients. Combining memory with desire, it is perhaps the most sophisticated type of regression. Here the functions of memory, especially its storage and retrieval functions, emerge and stimulate the impulse to create. Such disparate creative individuals as the archeologist Schliemann and the composer Leoncavallo spoke of the flood of memories which burst forth under the impact of events reviving earlier traumata, and made them create—the one to discover ancient Troy, the other to compose his only surviving opera, *Pagliacci,* which he wrote, to quote him, 'under spasms of pain', when *un nido di memorie in fondo all'anima* (a nest of memories deeply buried in his mind) suddenly emerged from within (Prologue, *I Pagliacci*).

Goya's last great work, *The Milk Maid of Bordeaux,* was painted toward the end of his life. Long after the *Caprichos,* the gruesome *Disasters of War,* and the *Black Paintings,* Goya returned to the female warmth and beauty of the 'Milk Maid', recapturing on canvas the image of the *Mater aeterna.*

Creative productivity in any field depends on the functioning of the ego and the superego. Some are autonomous ego func-

tions; others, such as fantasies, imagery, and symbol formation, stay close to the primary process. Parts of the ego may lag in their development. Eissler (1971a) postulates a developmental defect in the superego structure, with resultant tension demanding discharge. He further postulates the presence of what he calls the *'doxatheleic function'* of the ego, from the Greek *doxa* meaning illusory, delusional-minded, and *aletheia,* referring to the cognitive, confirmable realm of knowledge in the search for truth. This somewhat cumbersome term designates that function of the ego which, according to Eissler, protects the artist, in phases of high creativity, against the onslaught of overwhelming internal stimuli during the creative act itself, such as archaic experiences, hallucinatory wish-fulfilment, omnipotent or magical thinking, excessive imaginings and feelings, and helps him to ward off being swamped by chaotic modes of thought and further regression—a danger to which the psychotic often succumbs (Eissler, 1971b).

By virtue of his immersion in the creative act, and thus protected, the artist comes to live, for periods of time, in the *hortus conclusus* mentioned before, a walled-off realm of creative potentialities with ready access to primary process thought and imagery from which he emerges—after the completion of the creative work—with the affirmative value of the product created. It is self-affirmative because he emerges, with the task completed, as its progenitor. The affirmation of the artist's own and often fragile self is provided thereby in at least three ways. The artistic product offers assurance that he is able to create something new, thus gratifying the male artist's unconscious wish to be pregnant and give birth; it provides proof to himself and, when publicly acclaimed, to the world at large that he is the creator of the product; and through his identification with the product, it confirms his capacity to re-create himself in a perfect, no longer incomplete or deficient form.

Our understanding of creativity is far from complete. In this paper I have lingered on only a few aspects and have not even touched on such important factors as the ego ideal and the

sources of energy available to the artist in his creative endeavors. Nor have I addressed myself in sufficient detail to the problem of aggression as part of creative activity. Pain wants to cry out and to be heard, grief wants to shed tears, and Kafka's world inside-his-head refused to remain taciturn.

For the artist, with the creative work enabling him to establish a sense of self and the threat of ego dissolution by overwhelming affects reduced, the creative process runs its course. Since by necessity it cannot fulfil any of the narcissistic wishes and omnipotent expectations, the long travail is bound to be renewed, leading to further accomplishments and, inevitably, to failures which, in turn, reactivate fresh attempts at restitution and re-creation. Thus defeat can be annulled by the newly created product and a sense of mastery, perhaps even immortality, can be attained by 'ever-lasting' creativity.

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108 Glenwood Road
Englewood, N. J. 07631

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Paul A. Dewald

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TRANSFERENCE REGRESSION AND REAL EXPERIENCE IN THE PSYCHOANALYTIC PROCESS

BY PAUL A. DEWALD, M.D.

At the patient's level of reality testing and integration in the transference neurosis, the analyst serves as an effective parent who helps the 'child' master various danger situations. This results in the patient's relearning and development as the analyst provides new experiences for the regressive childhood components of the patient's personality. There is also a sequential or simultaneous cognitive element which is important in the ultimate development of mastery and is particularly useful in the process of working through. This cognitive element, however, cannot be effectively used until there have been repeated new and real experiences for the fixated and/or regressive components of the patient's personality.

The conceptual understanding of the curative factors in the psychoanalytic process has undergone a progressive and profound expansion as theoretical developments have led to technical modifications, and observations from psychoanalytic therapy have, in turn, influenced theory formation. A detailed historical review of these developments is beyond the scope of this paper, but it is appropriate to emphasize several highlights in this progression.

Initially Breuer and Freud (1893) emphasized catharsis and the abreaction of 'strangulated affects' associated with repressed memories, and Freud developed techniques to encourage such abreaction. There followed the topographic model of the mind, the understanding of the transference relationship as a therapeu-

From the St. Louis Psychoanalytic Institute and the Department of Psychiatry, St. Louis University School of Medicine.

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tic vehicle, and the method of free association in the structured psychoanalytic situation.

During this phase of the development of analytic technique Freud (1912) conceptualized the analyst's function essentially as one of reflecting, like a mirror, whatever transferences the patient chose to project upon him. He emphasized the importance of avoiding any real interaction with the patient, except on the issues of time and money. The analyst's activity was conceptualized as the interpretation of unconscious material and the avoidance of therapeutic ambition. Subsequently Freud emphasized the element of working through but again with the concept of the analyst as the passive mirror upon whom the patient projects.

The introduction of the structural model of the mind led to extensive modification of the theory and technique of therapy with considerable expansion in the areas of ego and superego analysis. However, the primary therapeutic instruments of the analyst were still considered to be interpretation and reconstruction. In the transference neurosis the concept of the analyst's role was still primarily nonparticipant, nonreactive, therapeutically neutral, and concerned with imparting insight through interpretations to be used by the patient in the working-through process. Macalpine (1950) called attention to the idea that the emergence and development of the transference neurosis is largely a result of the rigidly structured psychoanalytic situation, but she also emphasized the role of the analyst as 'neutral, aloof, a spectator, and . . . never a coactor' (p. 535).

Although the importance of the rapport and confidence of the patient had been recognized from the beginning, these were conceptualized as essentially relating to the 'non-neurotic' transference relationship. Greenacre (1954) has written of the significance of the 'basic transference' in establishing the psychoanalytic process, and Sterba (1934, 1940) emphasized the concept of a real alliance in the therapeutic relationship. Zetzel (1956) and Greenson (1965) developed these ideas further in their introduction of the concepts of the therapeutic or working alliance; since

then these elements have been increasingly emphasized in the conceptual understanding of the psychoanalytic process. The contributions of the analyst to the development and maintenance of the therapeutic alliance have been further delineated, as have been the patient's contributions to it in the form of his therapeutic split between observing and experiencing ego functions. The emphasis here has been on the patient's rational and relatively nonemotionally charged perceptions of the analyst at work, and his relatively adult and mature capacity for basic trust in the analyst and in the effectiveness of the analytic procedure.

Zetzel emphasized that the elements leading to the development of a therapeutic alliance will ultimately come into the analysis of the transference, particularly in regard to the dyadic preœdipal transference responses, usually late in the course of an analysis. But for the most part discussions have centered around the patient's perceptions of the analyst in his therapeutic stance and behavior as essentially nontransference responses and as reactions primarily occurring in the more conflict-free spheres of ego and superego activity.

Loewald (1960) extended the concepts of the object relationship that occurs as part of the analytic process and emphasized that change in the patient is mediated through the interaction between analyst and analysand.

More recently Greenson and Wexler (1969) and Greenson (1971) have introduced and emphasized the concept of the real relationship of the analyst to the patient. They stress the need for the analyst to recognize and acknowledge the patient's perceptions of him when accurate and at times to respond in a human or humane fashion at the level of reality, particularly in situations where life events, perceptions, or other external forces impinge on the patient's psychic life. They emphasize the therapeutic importance of such responses and the interference with therapy that a failure to respond may entail.

In summary, the conceptual understanding of the role of the analyst in the psychoanalytic process has undergone a continuing expansion away from the image of the neutral, passive, non-

participant mirror who merely provides the patient with insight through interpretations. Increasingly, the psychoanalytic situation is seen as an active and evolving process between two participants in which each is responsive and reactive to the input from the other.

It is my thesis that the understanding of the therapeutic impact of psychoanalysis requires a greater appreciation of the 'real'[1] behaviors of the two people involved than has heretofore been emphasized. This is not a paper on technique, but is rather an attempt to call attention to elements in traditional clinical practice which have been curiously omitted in writings on the subject of how psychoanalysis works.

My main argument is that there are many elements of the 'real' relationship between analyst and patient that are part and parcel of the patient's regressive transference experience; that the reality of his experience of the analyst is not restricted to those elements usually subsumed under the concepts of therapeutic alliance, personal and stylistic characteristics of the analyst, parameters of technique, or the analyst's humane behavior. An appreciation of the therapeutic power of psychoanalysis requires that we emphasize that at the height of the patient's regressive transference experiences there occur simultaneously and as part of the transference neurosis a large variety of 'real' experiences perceived by the patient in relationship to the analyst's externally observable behavior. These are reacted to by the patient at the level of his therapeutic regression (and not only as part of the therapeutic alliance), and they are *not* transferences in the sense of being repetitions of past fantasies, experiences, and relationships. Instead they represent new and at times first experiences in response to the perceived reality of the ana-

[1] The term 'real' is used to connote a quality of experience that is actual and in conformity to externally observable facts and occurrences. It is being used in the sense of experience that is relatively undistorted by internal motivations and preconceptions and would therefore be synonymous with the more cumbersome concept of 'actuality of perception and experience'.

lyst's behavior and reactions vis-à-vis the patient's regressive reactions and expressions of his psychic life.

My thesis is further that these new, first, 'real' experiences in the transference neurosis are not replacements for the more traditionally understood therapeutic elements of the psychoanalytic process, but rather that they must be added to our concepts of how and why the patient's psychic organization changes as a result of analysis so that we may have a more clear conceptual understanding of that process. Equally important, an appreciation of the significance of these elements of the real relationship adds a new dimension to our understanding of such varied issues as the impact of countertransference forces, the findings of follow-up studies in psychoanalysis, and the widening scope of psychoanalytic treatment.

The clinical examples in this presentation will in no way be unfamiliar to practicing analysts. Such examples can be reported virtually endlessly from each and every successful psychoanalysis and are presented only to illustrate my basic thesis.

As noted by many authors, the structure of the psychoanalytic situation provides a series of experiences for the patient that are unique in his life: he is with the analyst for four or five hours per week in an intimate one-to-one relationship; he is taken seriously and listened to by the analyst who makes no demands in terms of his own interests or expectations; and his uniqueness is recognized as the analyst manifests respect for him and his difficulties. The analyst's behavior and activity reflect his permission and encouragement for the patient to experience and express fully his emotions, thoughts, and fantasies. For many patients this is in sharp contrast to current as well as past relationships in which people have reacted with criticism or with attempts to suppress such intrapsychic material. Although this has been noted in the past as contributing to the therapeutic split and the development of the working alliance through the patient's identification with the analyst's attitude, I submit that this *also* provides a real and new experience at the patient's

neurotic level of defense and adaptation and, as such, serves as a new model of interpersonal interaction.

A middle-aged man with a depressive neurosis indicated that throughout his childhood his parents had implied that he was or predicted that he would be psychotic and had repeatedly warned him to 'stay away from the darkness' of his own thoughts and fantasies. In the treatment relationship, my behavior and attitude involved a demonstrably real acceptance of 'the darkness' and a capacity to show him that there is reason in such thoughts. Over and over again in the defensive transference he expected me to react as his parents had, but when his associations did not make me anxious or cause me to change my analytic posture, he regressively experienced those interactions with me as a real, new, and first experience of its kind. These real experiences at ever more regressive levels permitted a strengthening of the therapeutic alliance which in turn allowed him to undergo further regression and gradually to achieve a sense of pleasurable anticipation in his own intrapsychic discoveries.

As the regressive pull of the analytic process intensifies and as transference elements begin to emerge more directly in the patient's consciousness, the analyst's interventions exert for the patient a control of and protection against the intensity of anxiety mobilized at any one time and the depth to which the regression is allowed to go. In other words, the analyst titrates the amount of regressive unpleasure and discomfort that the patient experiences, responding in ways that either protect him from too much stimulation and anxiety or encourage him to increase the intensity of exposure to the intrapsychic danger situations. And throughout this process the analyst's observable freedom from anxiety further establishes a safe, holding, and supportive base for the patient at the psychic level of his neurosis. I would submit that in this role the analyst is providing the patient with a real experience of 'a good parent' who encourages his child to face new and frightening danger situations, but who is always alert to the amount of anxiety the child can safely tolerate and

who steps in to modify the danger situation if it reaches levels beyond the child's capacity for mastery. At whatever the level of regression during this phase of the analysis, the patient experiences it in a real sense as a reassurance to continue his efforts, and only *after* the patient has had multiple real experiences of this kind can he then, from the more conflict-free adult perspective, identify further with the analyst's attitude, thereby strengthening the working alliance.

A young married woman had spent much of the first two years of analysis manifesting rigid characterological defenses against the regressive pull of the analytic process and the emergence of the transference neurosis. Repetitively she would emphasize her childhood and latency experiences of finding her parents unable to tolerate expressions of emotionality, irrationality, or failure to perform effectively. She would stress the potentially disruptive effects of expressing transference wishes, drives, or fantasies and the expectation that they would repel me as they had her parents. 'You will not be there if I ever really need you.' On one occasion she permitted herself to regress and drift into a reverie of primitive fantasy accompanied by copious crying (for virtually the first time in her analysis) and to express rage at the frustration of her dependent wishes. After allowing this to continue for a while, I made an effective interpretation which indicated to the patient my own comfort and freedom from anxiety as well as my empathic awareness of the nature of her experience and her anxiety about it. The patient found out for herself that I could be with her at her level of regression without rejecting her, or using her for my own emotional purposes, and that she could safely allow herself further regression. Subsequently when she found herself anxiously resisting the regression again, she could remind herself in the therapeutic alliance that I had indeed been helpful and had not been frightened by the expression of her affectivity.

Virtually all analysts agree upon the central importance of the capacity for empathy in the analytic situation. It is the empathic

understanding developed by the analyst that ultimately leads to the formulation of therapeutically useful interventions. But beyond its usefulness as a method by which the analyst gains understanding, the sharing by the analyst of even a small quantum of the patient's fantasies, feelings, and conflicts provides the patient with a new and real experience at the level of his ego and superego regression: the parental figure *can* know what is in his mind and will still accept him. This regressive experience allows the patient to feel less alienated and alone in regard to the contents of his psychic life, a realistically new experience different from the child's efforts to cope with his psychic conflicts by himself. As one patient expressed it during the exploration of some disturbing and intensely anxiety-provoking fantasies, 'It's reassuring, curative, and very important to me to have you walk through my craziness with me'. This experience of expressing her primitive fantasies to a reassuring parental object differed markedly from her earliest childhood experience with parents who had demanded precocity in thinking, logic, and secondary process reality testing.

Furthermore, the focus of the analyst's empathic response is primarily from the point of view of the vicissitudes of the patient's childhood conflicts and fantasies. The analyst thus provides for the patient a new experience of a parental figure who always looks at things and responds to them from the vantage point of the child and does not expect the child to feel responsible for the parents' welfare, conflicts, or blind spots, as occurred in the original parent-child interaction.

During the treatment the analyst's behavior and attitudes are relatively constant, and he manifests a relatively unconditional acceptance of the patient's associations, feelings, and fantasies, no matter what their content. However the patient repeatedly has the transference experience of anticipating a critical, judgmental, punitive, praising, rejecting, counteraggressive, or seductive response from the analyst, each time at the level of his regressive ego and superego functioning. Each time that the anticipated transference response from the analyst is not forth-

coming, it provides the patient with a new sense of reassurance and object constancy. These cumulative real experiences are then judged by the patient's self-observing functions leading to a further ego split, but the patient's identification with the therapeutic stance and observations of the analyst occur only *after* the real experiences during this phase of the transference development.

What I am suggesting is that this element of experience is a *new* one for the patient, perceived and responded to by him at the level of his therapeutic regression. When the analyst then formulates an interpretation in the therapeutic alliance it represents a subsequent step for the patient in terms of self-observation and the progressive expansion of conscious ego functions. But prior to (or perhaps simultaneous with) the conceptual understanding resulting from the interpretation, there has occurred for the patient a significant and new emotional experience of having been understood at his regressed level and still emotionally accepted. This in turn provides the patient with a real and new supporting and growth-stimulating experience in his regressive interactions with the analyst and offsets his previously perceived need for alienation from and defenses against the transference objects represented by the analyst.

A man whose family had a need to conceal true feelings behind a superficial veneer of 'a normal family life' continued his transference expectation that as he expressed either positive or negative feelings I would ultimately become impatient, annoyed, feel that he was going too far, and would insist that he had 'talked enough' about it. At his level of regressive transference expectations, my continued silence and acceptance of his expressions at their manifest level provided him with a new and real experience: I was comfortable with his feelings, with their intensity, depth, and extent and I would not demand that he suppress them. Only after such repeated real experiences at the level of his regression could he begin in a self-observing way to recognize that his feelings were tolerable to others and that his

previous need to suppress them had been based upon a transference expectation which was inappropriate to his current reality.

Once the regressive transference neurosis is established the analyst's behavior again provides the patient with a model experience for the development and maintenance of a sense of object constancy. The analyst's beginning and ending the sessions on time; not cancelling sessions without advance notice; being present for the patient consistently; not interrupting the analysis for overly prolonged lengths of time; and maintaining constant interest and attention—all provide a realistically new model of interaction for the patient.

Following a summer vacation, a young woman in analysis for one and a half years returned expressing the feeling that she was unsure whether the analysis would be the same as it had been before the vacation. 'You'd gone away and you'd taken everything there was with you, and I didn't think that things would ever be the same again.' In the ensuing two weeks she emphasized how it had been necessary for her to learn all over again that I would be here each day for the scheduled sessions. 'In my mind I knew that you would and that you had just been away on a vacation. But all of that didn't make any difference. I had to learn it all over again for myself by finding you here each day when you said you would be.' In this illustration the emphasis is once again on the real experience in the regressive transference state, leading to further strengthening of the sense of object constancy. In the therapeutic alliance there had been a cognitive recognition of the realities of the analytic situation and agreement. However, this recognition could not be used effectively until after the re-establishment of object constancy resulting from the regressive reality experience in the transference neurosis.

In the regressive transference neurosis what is transferred by the patient and experienced toward the analyst are the multiple wishes, fantasies, drives, superego expectations, regressive ego

perceptions, and adaptive and defensive ego functions, all reflecting the repetition of similar responses to the key figures in the patient's earliest life experience. What is *new* and *real* and *experienced by the patient for the first time* (and hence is not a transference) at the level of his transference regression is the analyst's response to the patient's transference neurosis. This includes respect, recognition, empathy for the child's experience, and exclusive focus on the patient. In response to the patient's transference demands and expectations the analyst, as described earlier, reacts with neither seduction, rejection, nor counter-aggression. At the regressed level of ego functioning experienced by the patient in the transference neurosis, this represents a new and first time 'childhood' relationship.

In describing these as 'first' experiences for the patient, we must recognize that patients suitable for analysis have had many positive, supporting, accepting, and growth-stimulating experiences during infancy and childhood. However, virtually none of them have had such experiences in a relationship in which they consistently and repetitively expose and express the full dimensions of their primary process fantasies, drives, and accompanying range of affective reactions.

One of the central organizing fantasies of a patient—one resulting from a number of childhood traumatic events—was the expectation of disaster to herself and any loved object as a result of success, effective creativity, or any type of pleasure. As she began to manifest symptomatic improvement, more effective behavioral success, or pleasure in any personal relationships, she would each time anticipate with great dread a disaster occurring, either to me or to herself. At the level of this regression she would experience acute anxiety with multiple fantasies of danger from one analytic session to the next, and would then experience a genuine sense of profound relief to find us meeting as scheduled in the next session without disaster having befallen either of us. With the reassurance achieved by living through the periods of separation and potential disaster and the real experi-

ence of finding that the anticipated disaster did not occur, she could begin at the level of rational thought in the therapeutic alliance to take distance from the disturbing fantasies and to increasingly achieve a sense of mastery over them. Rationally, in the therapeutic alliance she had recognized these fears and fantasies to have been magical repetitions of childhood sequences of thought, but before the actual real experience in the regressive transference neurosis, such reality testing and self-observation had been ineffective in modifying her behavior or affective responses.

An engineering student, adopted as a child, had repeatedly been accused of having 'a genetic defect' which made him incapable of loving or participating in interpersonal relationships with any degree of spontaneity or initiative. He had made a neurotic marital choice and many hours were spent in bitter and angry criticism of his wife. His transference expectation was that I would criticize and condemn him and judge that his neurotic disturbances and 'genetic defect' had disrupted the marriage; that the wife was really an adequate and warm person. Each time, he experienced a regressive sense of surprise and reassurance at my silence. Increasingly he insisted on a confrontation: 'Tell me now or shut up about it forever'. In the transference neurosis the real experience of the fact that I did not repeat the accusations of his parents and others led him to a greater willingness to accept himself and his own feelings. This was followed in the therapeutic alliance by a recognition of how the early childhood expectations and subsequent character defenses against them had influenced his later relationships and life experience. At the level of the regressive ego experience he was increasingly able to experience love toward me with a gradually decreasing inhibition of his affective life. 'The change is that I have let it all be out of my own hands and I'm taking my chances with you.' The fact that I responded with neither his transference-inspired expectations of demands for compliance and gratification of my needs, nor with condemnation or the

criticism that he was not giving enough, led to a new experience in the analytic situation: a sense of serenity while in touch with his own feelings. This new and, for him, first experience of relating to another person without defensiveness was then integrated at the level of self-observation as a growing awareness of the extent to which his previous character defenses had later interfered with potentially positive and gratifying interpersonal relationships.

A young woman whose father during her œdipal phase had at times been manifestly seductive, at times depreciating and critical, experienced in the œdipal phase transference intense sexual arousal with multiple fantasies and positive œdipal wishes. Accompanying these were the transference expectations of being depreciated or ignored in her sexuality, or else of having a seductive and gratifying sexual response which was equally threatening. At the level of the œdipal phase regression she experienced me as neither rejecting nor seductive, but as comfortably accepting of her sexuality and multiple fantasies. These new, first-time experiences allowed her at a regressive level to come in touch with her own sexual feelings toward a parental figure who could accept and tolerate them without being threatened or responding in a counterseductive way. This established experientially for the patient a relationship with a parent figure who could accept his child's œdipal sexuality and thereby allow the child to accept it for herself. Subsequently the patient began to observe and integrate these responses and to recognize the role her expectations had played in her previous life patterns and the way in which she had transferred to all men the expectations she had had toward her father.

In other words, at the level of regression that the analytic process has helped the patient to achieve, he re-experiences the transference neurosis as a current reality and has an opportunity for reliving his childhood instinctual and fantasy life and the developmental adaptations to it. In a psychically real way he re-experiences the original primitive drives, expectations, and

fantasies and his adaptive/defensive responses to them. But the person of the analyst and his behaviors are different from what the patient experienced, or anticipated and internalized as the result of his real or fantasied relationships with the original objects. It is only *after* this new experience in the childhood reality of the transference neurosis that the patient's cognitive appreciation of the differences between the original objects and the analyst can be interpreted or grasped by the adult functions of the ego and superego that constitute the therapeutic alliance. These adult self-observing functions can then integrate past and present experiences, recognize the differences between fantasy and reality, between wishes and actions, and understand the derivatives of the original childhood conflicts in other areas of adult life.

In the actual clinical situation, when the analyst interprets directly into the regressive transference fantasies and experiences (while behaving as described earlier), he promotes the type of real, new, and first reliving experience emphasized in this presentation. When he then interprets into the therapeutic alliance and calls the patient's self-observing attention to the derivative manifestations of the particular issue, he promotes the more mature development of mastery and integration.

In his function as a real figure in the patient's regressive re-experiencing of psychic conflict and personality development, much of the analyst's observable behavior is the result of the structure of the psychoanalytic situation and the well-defined limits of his functioning within it. Within this there are significant variations in professional abilities idiosyncratic to the individual analyst and manifested in such things as his capacity for empathy, tact, ability to communicate, analytic style, experience, freedom from countertransference interference, theoretical orientation, etc. In addition, a number of the analyst's more personal characteristics are also manifest and observable to the patient, including such things as how he dresses, the furnishing of his office, his posture and gait, his degree of comfort and

freedom from anxiety, his general social presence, his reactions to unexpected occurrences in the analysis, etc. However, in the classical psychoanalytic situation these are the general limits to which the analyst presents his 'real self' to the patient. The patient's experiencing him as a new and real person in the transference regression does *not* imply that the analyst abandons his position of relative anonymity and neutrality.

I would suggest that this conceptualization allows a somewhat clearer understanding of the disruptions of the analytic process occurring as the result of significant countertransference forces in the analyst. When serious countertransference forces interfere with the analytic process, it is because the analyst's response in some way has been a repetition in reality of some element in the patient's fantasies and/or expectations about the behavior or responses of the original objects. In other words, at the level of experience in the regressive transference neurosis, the reality in the analytic situation becomes the same as the reality of childhood, rather than the opportunity for real *new* experiences that the analytic process can ideally provide. For the regressive ego and superego functions, such a repetition of the original reality would tend to confirm for the patient the appropriateness of his neurotic perceptions and adaptations and would thus tend to further entrench his psychopathology.

Such a conceptual emphasis on the real relationship and experiences of the patient toward the analyst during the regressive phases of the analysis may also help to explain the findings of the follow-up studies of Pfeffer (1961), Norman, et al. (1972), and Schlessinger and Robbins (1974). All these studies conclude that the so-called resolution of the transference neurosis, even in successfully analyzed patients, is only partially accomplished and that the transference wishes are rapidly reactivated, but also again resolved, during the follow-up procedures. I would suggest that the elements of the transference neurosis which *are* resolved during and after the analysis are the distortions, misperceptions, original expectations, and defensive conflict resolutions displaced and projected by the patient onto the analyst in his role

as object in the transference neurosis. Those elements which are *not* resolved are the regressively perceived real and positive experiences of the analyst as a better-than-real parent. These experiences are internalized by the patient at the level of his regressively reactivated childhood psychic organization, and persist as a prototype of good parenting. As such, they are as ineradicable as are the infantile drive elements, and they are thus subject to reactivation in specific associated life situations and relationships.

This explanation might also account for the differences observed between patients seen for follow-up studies after successful analysis and those seen for re-analysis. In patients needing re-analysis there has been a relative failure of the analytic process as a result of limitation imposed by the patient's psychopathology, the analyst's ineffectiveness, or a combination of both. The persistent transference reactions and expectations have *not* been sufficiently replaced by the new, first, prototypical experiences referred to in this paper. As a result, in patients undergoing re-analysis we see at the beginning the same types of defensive and resistive transference manifestations as these patients experienced in their first analysis.

This conceptual framework may also help us to better understand the persistence of beneficial change in those successfully analyzed patients who, subsequent to analysis, have a relative amnesia and re-repression of the analysis itself. Could it be that these individuals, in the context of the regressively perceived real experiences of the analysis, have undergone their psychic development a second time, but with a more favorable parent figure, resulting in 'childhood' experiences leading to more 'normal' development and accompanied by 'normal' repression?

In terms of the widening scope of psychoanalysis, this frame of reference may also offer us another basis upon which to compare the similarities and differences in the psychoanalytic treatment of the psychoses, borderline states, certain types of character disorders, adolescents, and children, as well as those for whom psychoanalysis is ideally indicated. Many of the modifications of classical psychoanalytic technique developed to extend treatment

to individuals with more severe pathology or incomplete ego development stress the function of the analyst as a real as well as a transference figure. The more primitive and 'sicker' the patient's psychic organization, the greater is the relative importance of the reality elements in the patient-analyst relationship, both at the level of the therapeutic alliance *and* at the level of the patient's transference regression. But in all cases, these elements exert a significant therapeutic effect.

I recognize that in this presentation I may be misunderstood to be advocating 'the corrective emotional reaction' of Alexander and French (1946) as the crucial therapeutic element and to be suggesting that the analyst manipulate or modify his behavior in response to the patient's transference neurosis to induce such reactions. I am doing neither. I am instead calling attention to the fact that precisely *because* the analyst maintains the classical position in the analytic process, he provides a situation and opportunity for the patient to experience the full depth of his transference regression and to experience to the fullest possible intensity his derivative and core intrapsychic conflicts. And *because* the analyst maintains his optimal analytic posture and position in response to the patient's regressive transference experiences and expectations, he provides a first, new, and in that sense, *real* experience which is an important therapeutic force in psychoanalysis.

The effects of this force must be integrated with our understanding of the other forces and factors that contribute to the therapeutic effects of analysis in order to explain more completely the results of the process.

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4524 Forest Park Blvd.
St. Louis, Mo. 63108

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The Influence of the Person of the Analyst on Structural Change: A Case Report

Milton Viederman

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THE INFLUENCE OF THE PERSON OF THE ANALYST ON STRUCTURAL CHANGE: A CASE REPORT

BY MILTON VIEDERMAN, M.D.

This paper attempts to demonstrate how values and attitudes of the analyst are inevitably communicated through the interpretative process and how they lead to structural change. Details of the analysis of a woman with a defective feminine self-representation are presented. A transference fantasy of the analyst's wife led to a fantasied ideal object with subsequent identification and modification of structure.

It is only fitting that a contribution honoring Richard Sterba should take as its point of departure one of his outstanding contributions to the theory of psychoanalytic treatment, specifically his description of the therapeutic alliance. It was Sterba (1934) who, in using the word 'we', focused on the real transaction between the analyst and the healthy observing ego of the patient. My purpose in this paper is to extend his observations and to examine aspects of the real relationship between patient and analyst which contribute to structural change, particularly in the area of self-representation and ideal self. Given the intensity of the analytic relationship, the extreme disruption evoked by regression, and the central importance of the analyst in the patient's life, it is inevitable that the real person of the analyst, in some measure his values, and particularly his view of the world will influence the outcome of treatment. Not only empirical data but the logic of our theory demand such a conclusion.

This paper was written as a contribution to a *Festschrift* honoring Dr. Richard Sterba on his seventy-fifth birthday, May 6, 1973. I am indebted to him for his thoughtful comments about the paper and particularly for the inspiration which he provided. Earlier versions of the paper were presented at the Michigan Association for Psychoanalysis in January, 1974 and at the Association for Psychoanalytic Medicine in October, 1974.

In the development of scientific theory it is of great heuristic value to limit the number of variables which feed into the body of empirical data used to substantiate the theory (see, Wallerstein, 1973). Hence Freud's metaphor of the analyst as a 'reflecting mirror' had a usefulness which permitted a fuller elaboration of the analysis of transference neurosis and, indeed, the richness of the concept of countertransference evolved only subsequently. Yet as Loewald (1960) points out this metaphor can become a distorting 'theoretical bias' designed to 'guarantee a *tabula rasa* for the patient's transferences' (p. 17). Stone (1961), Greenacre (1954), and others have emphasized the limitations of this model and have convincingly demonstrated that the analyst must be three dimensional in order to permit the transference neurosis to develop in a rich and natural way. Although these authors view the nonartificiality of the analyst as a necessary aspect of the deep human relationship which is analysis, they do not view this aspect of the relationship as one which will *permanently influence the quality and the shape of the outcome.* However, increasing attention has been directed in the literature to the fact that the character of the analyst (beyond countertransference) is not a constant nor is his behavior and responsiveness with each patient exactly analogous. This movement parallels the renewed theoretical attention given to reality by virtue of the fact that structural theory has now been so solidly elaborated that other variables can be considered (see, Wallerstein, 1973).

Furthermore, we are no longer able, as in the past, to ignore the role of our own communicated values, reflective of our perception of the world, our *Weltanschauung.*[1] Hartmann (1960) strongly supports Freud's statement that psychoanalysis can in no way be construed to offer a philosophy of life. Analysis is seen by him as concerned with the mechanisms of formation

[1] I mean to imply here the more literal, restricted secondary definition 'manner of looking at the world' (emphasizing perception as an active, creative, and synthetic process) rather than the more total and comprehensive 'philosophy of life'. (See, *Random House Dictionary of the English Language,* 1967.)

of values and the structural organization of value systems rather than with the content of such systems. This point of view was possible at a time when there was a basic consensus about values, when Freud could define health as the ability to love and to work. Freud took values for granted. Hence his work with patients was facilitated by a mutual and basic agreement about values. Today, suddenly, values and qualities related to such issues as masculinity, femininity, monogamy, extramarital relations, homosexuality, etc., become the subject of diverse definition and dispute. We are confronted with a multiplicity of value systems each of them clamoring for acceptance and claiming to offer a unified and coherent view of the world.[2] This situation makes it imperative that we scrutinize the manner in which values (and goals) are communicated in the psychoanalytic situation and how we can understand the effect that this has on outcome. This will of necessity involve attention to the analyst as an object in the patient's representational world. It is to be emphasized that the psychoanalytic encounter can only occur if discrepancies between analyst and analysand are not too great in the area of values.[3] Piaget's cognitive model is helpful in this regard. Structure cannot accommodate to aliment which is too discrepant in form to be assimilated.

For the purpose of describing a particular type of structural change which does involve the communication of values,[4] I have chosen a case in which the patient presented herself with a markedly defective feminine self-concept or self-representation. What is most interesting is that an important aspect of the structural modification and revision of this self-concept occurred on the basis of the development of a transference fantasy of my

[2] Indeed the very model of psychoanalysis is based upon the concept of the inevitability of conflict, within oneself and with the world. This view is to be contrasted with certain revolutionary and utopian ideas which see human suffering as uniquely or primarily a product of bad social institutions.

[3] Wallerstein (1973) has made a similar point.

[4] When I speak in this case of communicated values, I am referring to attitudes of the analyst perceived by the patient which contribute to the shape of his new and developing ideal self.

wife with which she, the patient, identified and made part of her ideal self and self-concept, at first in an effort to win my love. This transference fantasy (transference object) was significantly influenced by her perception of my attitude toward femininity subtly but inevitably revealed in my interventions, questions, and attitude toward her. No attempt was made to proselytize or to encourage change in her behavior but as my particular perception of her difficulties and inhibitions was gradually communicated to her, it was inevitable that some structure would be set up as an ideal by which she would measure herself and toward which she would strive. Contributing to this structure were past and present experiences with real women, as well as fantasies derived in part from the world in which she lived. It is to be emphasized that she never had any direct knowledge of my wife. Yet her fantasy must have developed *in some measure* from inferences which she made about my attitude toward femininity. The main modality of treatment, however, involved the interpretation of the transference neurosis and the interventions I describe were not suggestions.

For the purpose of parsimony I will select only those elements of the case which bear on my thesis and will not describe the extensive interpretive work done in areas of both œdipal and pregenital conflict. Beyond very central œdipal and sibling competitions were deeply buried penis envy, fear of intense, destructive competitiveness with men, deep-seated anxieties about separation, and fears of merging with bad maternal object representations.

The patient was a young woman in graduate training. She came for treatment in a depressed, anxious state with the realization that she was unable to maintain a satisfactory relationship with a man. As her relationships became more intense she became aggressively clinging, intolerant of and panicky about any separation, and jealous and fearful of competition with other women. There was chronic depression and dissatisfaction with herself. She complained that men would not

accept professional women and saw them as unfeminine. Her unconscious identification was with the mother who was seen as a phallic, active, aggressive, controlling, and emasculating woman who had overtly taken over the direction of the family when the passive, withdrawn, alcoholic father suffered a heart attack and ceased to work although he was not physically incapacitated. There were two brothers. The older brother is married and separated from the primary family; the younger brother has never succeeded in establishing himself independently. Like the father, he was seen as having been destroyed by the mother.

A description of the patient as she first appeared gives some sense of the nature of her problem with femininity and is particularly important because changing attitudes toward her hair and clothes became measures and ways of titrating the development of an integrated and secure feminine self-image. Her hair seemed stringy and regularly disheveled. Her clothes were ill-fitting and in no way reflected current styles. Physical hyperactivity in the chair and hypervolubility characterized the early sessions. A comment from me would be ignored and serve only to increase the tempo of what she was saying. It was clear that much of this behavior had a defensive quality but it was also clear that there was a basic confusion about femininity. Some sense of the patient's phallic self-perception was revealed in the statement that her friends found that she was 'not a bad Joe'.[5]

A dream in the third month of analysis reveals how the roots of the patient's defective feminine self-representation lie in an identification with a mother who similarly was viewed as having a faulty feminine self-concept.

[5] Kubie (1974) describes rather eloquently the type of difficulty which this patient experienced. 'In general therefore it seems to be true that when a child is unable to emulate either parent wholeheartedly, his preconscious and unconscious identifications will be negative toward both, each of whom tends to be an object of envy and scorn rather than of wholehearted identification. This seems to be one of the forces which may obstruct the formation of unifying identifications' (p. 373). This is what I have called unifying feminine self-representations.

> I was talking to a Swedish woman who could not speak English very well. It was difficult to communicate. The only thing which was clear was that she did not take good care of her kids. I was irritated.

The patient immediately associated the woman with Christine Jorgensen, 'a man who was trying to make himself into a woman'. Here the maternal figure, the object of identification, the woman whom the patient was convinced she resembled, was at her core a man. This transference figure—for the dream had been in response to a feeling of rejection by me—was a bad mother and a bad model. It was in this context that the patient began to talk for the first time about feelings that she was not feminine and that her professional role prevented her from being feminine. It was this feeling that made her vulnerable to anxiety about losing in a competitive relationship with another woman.

One session which occurred a year and a half after the patient had started analysis will be described in some detail because it bears heavily on some later critical sessions related to my thesis. On that particular day, the patient entered the office in a rage. She described competitive feelings toward another woman over a man and felt that she had once again been outdone by the other woman and would have to suffer in silence. She resented being a third party in a triangle. The theme was clearly an œdipal one for her associations led to anger at mother who was about to visit New York and would not lend her a ring which the mother owned. It was in the context of these associations that the patient had the fantasy of slashing the picture over my couch. This picture is a reproduction of a painting by a nineteenth-century French pre-Impressionist painter, Boudin. The scene is of a beach in Normandy and prominent in the foreground are numerous women dressed in extremely feminine attire.

I interpreted to the patient how consistent her anger was toward any woman (in this case an object which reflected a feminine presence) who seemed to attract my attention or evoke

interest in me. The patient responded with a brief silence and then a flood of tears as she revealed her despair in her inability to ever attract her father's attention. She revealed for the first time the existence of a half sister, her father's daughter by a previous marriage whom she had never met and the existence of whom she had discovered only in adolescence. For long periods of her analysis she maintained the fantasy that this mysterious woman, even more than her mother, was her rival for father's love. Here was a clear expression of a paternal transference in the context of a re-evocation of the œdipal situation. At other times in the analysis, the patient revealed fantasies that the father had secretly maintained contact with this daughter although there was no evidence to support it. My wife later became this ideal fantasied woman.

Throughout the analysis, a distinct undercurrent was present. The patient seemed to be searching for a feminine ideal. Her thoughts not infrequently touched on what specific women were like. She mused over the personalities of her friends' wives, spoke of admiration for some elderly women. There was talk of the relationships between mothers and daughters, grandmothers and granddaughters.

There was a gradual but definite change in the patient's behavior regarding clothes and men. Her clothes were more carefully chosen and less severe. There was a marked decrease in her inclination 'to be one of the boys' and she developed seductive relations with two married colleagues.

Interventions during this period would occasionally focus on inhibitions in the area of her feminine expression. I choose one example to demonstrate how certain values are communicated. One day the patient, with manifest hesitation and anxiety, described a dinner she had prepared for a man who interested her. She spoke in her typical offhand way of having prepared 'beef stew'. When I wondered out loud whether she was referring to *'boeuf bourguignon'*, she laughed with relief and began to relate how difficult it was to talk to me about such things and how her mother had always reacted with disinterest

or disdain to any efforts on her part to engage in what were usually considered to be feminine preoccupations. It is clear that in intervening this way I was not only interpreting a transference resistance but communicating the fact that I valued such interests and that she had unconsciously expected my attitude to parallel her mother's.

It was shortly thereafter, about three years after she had begun analysis, that the session occurred which revealed very clearly the unconscious transference fantasy of my wife as a constructive feminine mother who would help her in her search for femininity and who would thereby become an object for identification. By way of introduction to the session and its aftermath I will describe a detail of my office at that time which became important in the analysis.

On one of my walls was a reproduction of a Picasso portrait. This is a picture of a very attractive woman in her early twenties with very large and sensuous eyes and rather classical features. She wears her hair on the back of her head in the form of a bun but there is a very free quality to the way the hair is painted. Although her dress is yellow and black, one is much more struck by the red couch which is at the level of the dress than by the colors of the dress itself.

The session began with a comment by the patient about the portrait. 'Although it looked a little like a Picasso and ordinarily I don't like Picasso', she liked this one, she said. She had had the fantasy that it had been painted by my wife. 'She's a good artist. It puts me out of any realm of competition with her. I have no illusions about myself as a painter.' The patient assumed that my wife was Jewish. She then went on to speak at great length of her views and memories of Jewish women, focusing on their warm and nurturing qualities particularly toward their daughters. She felt strongly that femininity was much encouraged by these women.

In the next session, the patient appeared in a striking, well cut *red* dress and appeared very attractive. The theme of the previous session was not touched upon but on the following

day she reported a dream in which red figured prominently and she asked a man in an angry accusatory way, 'Would it do any good to wear a red dress with you?'.

The patient had been angry at me for not commenting on her dress. She laughingly indicated that she had been thinking of buying her mother the book, *How To Be A Jewish Mother.*

When, in a subsequent session, I interpreted her wish to be like my wife as a wish to be loved by me, she burst into tears and spoke of the despair and loneliness she had felt as a child. There had been so few women who had shown interest in her. She remembered with considerable feeling one English teacher with whom she had had a very special relationship.

Over the next month the patient continued her interest in the positive relationships between Jewish mothers and daughters. Some time later there was a dream of her going to a wedding in a very nice dress. Her mother had purchased a lovely hat for her and everyone agreed that she was very attractive.

In general over this period the patient was more comfortable with men and less threatened by rejection. She presented herself in a more positive and attractive way, and experienced less conflict between her feminine and professional roles. The œdipal situation was much more clearly experienced in the transference. A pregnancy fear had at its root the fantasy that she was married to and had become pregnant by the analyst. She dreamed of stealing the analyst from his wife.[6]

A subsequent dream near the end of analysis touches on the continuing relationship with my wife as a wishful transference object, and the mother who would teach her to be an attractive and successful woman.

[6] It is interesting that the theme of her phallic aspirations manifested itself after the development and gradual analysis of the transference fantasy and as her new, more feminine self-representation became solidified. It was as if she needed the security and clarity of this new structure before she could fully expose and relinquish her phallic fantasies and wishes. Alternatively, it may be rather the consolidation of a feminine self-representation which exposed her to the pain of her castration and consequent penis envy.

I'm looking in at an office where your wife is sitting. She is a psychiatrist and is struck by my surprise at the discovery. Then I'm walking down the street with your wife who had blond straight hair. She is attractive. We are going down the street together and she shows me a new store which I had not noticed before. It was interesting and I was surprised that I hadn't seen it. We went in, bought something and also had some ice cream. Then we came out and continued down the street. It was very pleasant.

This dream followed a particularly pleasant weekend in the country after which the patient had been able to admit that she had had a wonderful time. In spite of latent competitive elements which appeared in her associations, the constructive, educative, encouraging role played by my wife in the dream is very clear.

THEORETICAL DISCUSSION AND REVIEW OF LITERATURE

My purpose in describing this case in some detail is to explore the impact of the analyst as a real person and his communicated values on the outcome and goals of analysis. It is difficult to document a process which transpires so subtly. Sterba (1973) comments that 'Freud's case histories, technical papers and remarks concerning the dynamics of the analytic process expressively emphasize the dynamic importance of the personal influence of the analyst on his analysand. . . . The personality of the analyst is reflected in a thousand ways, in his characteristic attitudes and mannerisms and in the creation of his environment.' He quotes Freud's statement: 'the self-betrayal oozes out of all pores'. Hence only part of the analyst's communication is likely to be easily definable. However, it must be kept in mind that clarifications, interpretations, and the general nature of any verbal intervention are apt to convey a sense of the analyst's perception and definition of a problem, and also act as a stimulus for the patient's perception of the analyst's view of the difficulty.

Hence in the patient described above, who had a confused and fragmented feminine self-representation, it was only natural that in the context of the analysis of conflictual material the 'unifying identification' (Kubie, 1974) should center on a particular transference fantasy object who became an ideal object in her representational world. This fantasy, as all fantasies, had roots in the past and the present. Partially it originated from memories and past perceptions of women, real and fantasied. Feminine heroines in literature had their share in this production, but partially it also evolved from current observations she made of admired women. Some of these women she just observed on the street. However, the richness of the fantasy was enhanced by cues stemming from analytic interventions which questioned inhibitions in the expressions of her femininity. The analyst's attitude offered the template or point of crystallization for the synthesis of these elements.

It is only natural that the integration of these fantasies should take the form of a transference fantasy in which the analyst's wife became the ideal mother. Not only is this mother an œdipal rival (in real life her half sister) but she becomes a fantasied ideal object (partially the product of a communicated reality from the analyst) who will remain part of the patient's representational world, even as the conflictual œdipal material and the original motivation to win the analyst's love is analyzed. The patient, who unconsciously saw herself as the daughter or the created product of this artistic mother, progressively identified with this fantasied ideal object, thereby imbuing her own ideal self-representation with these qualities. Ultimately this took the form of a real change in her self-representation which was a primary goal of the analysis. It was manifested in a permanent change in her behavior: her attitudes toward clothes, being a mother, and a woman of the house as well as a professional woman. Were it not for the mediation of the transference fantasy which became conscious, the critical impact of this identification would have been much less apparent.

It is to be emphasized that many women with marked in-

hibitions in the expression of their femininity, with penis envy and competitiveness toward men, do not have these structural defects in their self-representations. The analysis of intrapsychic conflict then permits the emergence of already defined structures.

Psychoanalysts have approached the problem of the influence of the real person of the analyst on the analytic process from various points of view.

Anna Freud (1954) points out that some of the hostile reactions of patients stem from our failure to distinguish 'true transference' from feelings generated as a product of the real relationship between two people in the analytic situation. The inevitability and necessity of some degree of self-revelation is a theme which has been repeated by a number of authors (Gitelson, 1952; Stone, 1954; Little, 1951). Here the human dimension of the analytic relationship is emphasized as being the essential substrate on which the process is built. It has been called 'primal transference' (Stone, 1961) and 'primary transference' (Greenacre, 1954).

Certain authors have suggested that a special group of patients require modifications in classical technique. These patients have had early life experiences which lead to perceptual distortions of the analytic situation and thus re-experience the past without the capacity to develop an observing ego. Menaker (1942) felt that the analytic situation had implicit in it sufficient real elements of masochistic submission so as to afford significant gratification to the masochistic patient. Hence, in her view modification in the analyst's treatment behavior beyond interpretation was necessary. More recently Roland (1967) described a patient in whom 'the perceptual identity of the normal analytic situation and relationship was simply too close to the internal representations of the unresponsive mother and the always right father to enable [her] to develop a therapeutic split in the ego and a therapeutic or working alliance' (p. 504). Hence 'the cultivation of the real therapeutic relationship

demanded a far greater emotional response than is normally the case' (p. 505). Moreover Roland had to couch his interpretations in deliberately tentative terms so that the patient could listen to and consider them. Greenson and Wexler (1969) describe how serious transference resistances can develop with the failure of the analyst, under certain circumstances, to give credence to the patient's perception of his character or to errors which he has committed.

Apart from the issue of the impact of the real person of the analyst on the process, the problem of identification with the analyst has been both a major and minor theme in the literature. Well accepted and requiring no further comment are the concepts of identification with the analyzing function of the analyst, development of an observing ego, and the therapeutic and working alliance (see, Sterba, 1934; Zetzel, 1956; Greenson, 1965).

Dealing with the impact of identification in a more general way, Strachey (1934) sees modification of superego attitudes as closely tied to the processes of introjection and projection. The patient projects his own superego onto the analyst and, through mutative interpretation, a modified superego is introjected from the analyst. Lampl-deGroot (1956) recognizes the wish of the patient to identify with the analyst. There is a curiosity and wish for knowledge about all aspects of the analyst's life, a curiosity which must be denied in order to permit the patient to develop along his own lines and to permit analysis of the infantile archaic forms of identification. Glover (1955) treats the matter in a curiously casual way; a few statements with rather widespread implications are not elaborated. 'We can say, for example, that regression takes place in the presence of a better composite family figure, to wit, the analyst, who endures the patient's projections and is therefore in the course of time . . . introjected . . . ' (p. 372). 'The dosed introjection of good objects is regarded as one of the most important factors in the therapeutic process' (p. 370). Glover makes these statements

with a certain aplomb, seemingly indifferent to the implications considered dangerous by others.

Zetzel (1970) addresses herself explicitly to the question of identification with the therapist. Using the case of a young woman with an insecure feminine identity, she states that identification with a female therapist can lead to profound and permanent changes. Even a male therapist, by implicitly acknowledging her feminine traits, 'could help her then to identify herself with his perception of her as a woman' (p. 153). However, Zetzel emphasizes that if the primary effort were directed to the analysis of a transference neurosis with its regressive implications, such identification would not persist in the form of a permanent modification. In short, her view is that such modification must be considered part of a transference cure and thus a valid psychotherapeutic but not a psychoanalytic goal.

In a recent paper, Dorpat (1974) offers a hypothesis that would appear in certain ways to parallel my own. 'The proposition presented here is that the reparative internalization process evolves from a stage of a fantasy relationship involving imitative identifications with the analyst, to a later stage of selective identifications . . . for overcoming developmental defects and for forming autonomous ego and superego functions' (p. 183). All of Dorpat's patients had fantasied conversations with the analyst outside of the psychoanalytic situation. This was a manifestation of their internalization of the analyst's functioning in interpreting needs and helping them to define feelings. Beyond the fact that Dorpat describes all of his patients as having narcissistic disorders, it would appear that he is restricting his view to changes which relate uniquely to internalization of the analyzing functions of the analyst. Hence when he speaks of the object representation of the analyst, he is not referring to actual characteristics of the analyst as a person.

Karush (1967) goes further in his elaboration of aspects of the process which I have described and considers this an essential aspect of working through. As the fantasy analyst becomes increasingly unreal through analysis of the transference neurosis,

'the real analyst . . . comes to serve as a new and relatively conflict-free object for idealization [ego ideal] and identification' (p. 508). Karush differentiates this idealization from the primitive, magical wish that the analyst be omnipotent and gratifying. Rather it occurs 'when the patient becomes aware of the analyst's realistic efforts to fulfill his own ideals in the analytic situation, even when they are not wholly successful [and when the analyst recognizes] . . . that some goals may have to be renounced and that the struggle to cope with the demands of reality is an endless one' (p. 509). Karush emphasizes that it is this representation of the analyst which becomes an ideal and an object for identification. In this description, he enriches our view of the internalization of the analyzing function of the analyst by adding the dimension of a particular aspect of the psychoanalyst's view of the world, life experience, and ideals. This has to do with the inevitability of conflict and the value attached to struggling with oneself and external reality, as well as facing one's limitations (see, footnote 2, above).

Pfeffer's (1963) very interesting follow-up studies of successfully terminated analytic patients would tend to confirm the thesis that an object representation of the analyst does persist. 'After the analysis, the patient retains an important and complicated intrapsychic representation of the analyst. This representation of the analyst is connected not only with transference residues but also, in an important way, with the *resolved* portion of the transference neurosis' (p. 230). Such representation is of the analyst not simply as the original transference object but as the object who helped to resolve the transference. Although Pfeffer does not view this representation as one which resembles the real person of the analyst, he goes on to suggest that the issues of identifications and changed object relations demand further study.

Loewald (1960) explicitly deals with the problem posed in the present paper. He emphasizes that the therapeutic process of psychoanalysis means structural change and that this structural change implies a resumption of ego development which is con-

tingent on the relationship with a new object, the analyst. Alluding to Erikson's concept of consolidations at various life stages with new identity formation, he views the analytic process as one of disintegration through regression and the development of a transference neurosis and (re)integration at a higher level, orchestrated under the guise of a new object relationship with the analyst. Through interpretation of the transference neurosis, and the consequent removal of distortion, the real person of the analyst becomes progressively revealed. Loewald likens the analytic process to the mother-child relationship in development in which the mother through her empathic knowledge of her child, his stage of development, and his potentiality, is able to offer a more 'articulate and integrated version' of his core, which he can then 'introject' (identify with).

However, in his attempt to underline the mother's attentiveness to the child's emerging core, Loewald has failed to emphasize that this is a reciprocal interaction (what Erikson [1959] calls a mutuality), a coördination between the developing child and his human (social) environment. Similarly the analyst in dealing with the patient is not oblivious to the adaptive demands of society (in some measure implicit in values). Certainly Hartmann (1939) feels that the parent in healthy interaction with the developing child will create a climate to prepare the child for the average expectable environment, which cannot be seen as devoid of certain cultural and familial expectations. Similarly Sandler (1963) refers to an important component of the child's ideal self as 'the image of the good or desirable child' ('what my parents want me to be') and, in fact, this would enhance healthy adaptation to the family assuming that the construct allows for the development of a rich individual potential. In a similar fashion, the analyst must not ignore his own presence as an object in the patient's representational world, thereby exerting subtle influences in the formation of the patient's developing ideal self. This is to be distinguished from becoming either a benevolent or hostile introject.

The issue must be viewed not from the point of view simply

of whether the analyst wishes to create a climate for identification or whether identification should be used as a means to an end. Rather we must consider whether the very conditions of the transference neurosis do not create a situation in which identification on some levels is inevitable. Sandler (1963) points out the special economic gain in constructing an ideal self through identification. Through compliance with the wishes of authority one is able to evoke the feeling of being loved. Furthermore, the child, in identifying with the admired object, can love and admire himself as he does the object. Clearly the first of these two motivations is in itself the subject of repeated interpretation and is not ignored by the analyst. The patient described above was obviously motivated in her transference identification by œdipal wishes which were interpreted.

However, to the extent that the analytic situation leads to ego regression and ego disorganization, it creates a climate in which identification with ideal and real objects must play an important role. This identification occurs not only in the context of pleasing authority but developmentally is closely associated to mastery and adaptation. It would seem that even the most scrupulous attempts on the part of the analyst to remove himself as an object for identification would be futile under these circumstances. In spite of neutrality—an anonymity that pertains to most aspects of his private life and even to some facets of his personality—, he cannot help but be an object representation (of a special kind) in the representational world. Admittedly this representation will vary in shape and, particularly in the early and middle phases of analysis, will be predominantly a transference projection. However, the analyst's constancy and patience over the prolonged period of the relationship will give the object representation a background quality of a consistency of form which represents the analyst in his real behavior with the patient. Though consistent, it will also have a certain flexibility and a variability which make it human.

Undeniably even the most thorough analyses leave transference potentials and the continued importance of the analyst

after termination must vary from patient to patient. However, the roots of the object representation of the analyst will be real and when the transference neurosis is dissolved through interpretation, an object representation will remain. Identifications with parts of this object representation seems inevitable. The analyst as a person does not dissolve at the end of analysis. Hopefully he just seems real.

SUMMARY

This paper explores aspects of the 'real' relationship between patient and analyst which contribute to structural change, particularly evident in patients who manifest severe damage and poor integration of their self-representations. Given the intensity of the analytic relationship and the disruption evoked by regression, the real person of the analyst, his values and his attitudes, inevitably communicated in subtle ways, will influence the outcome of treatment. This is illustrated by a description of the analysis of a woman with a seriously damaged feminine self-representation who elaborated a transference fantasy of the analyst's wife as an artist and creator. The fantasied ideal-object became an object of identification and led to structural change. The multiple sources of this transference fantasy as well as the modifications in the representational world are discussed.

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Philip S. Holzman

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THE FUTURE OF PSYCHOANALYSIS AND ITS INSTITUTES

BY PHILIP S. HOLZMAN, PH.D.

If the function of psychoanalytic training institutes is to train practitioners of psychoanalytic technique, it is unreasonable to expect institutes to offer effective training in research or other scholarly applications of psychoanalysis. But if one insists that the training of psychoanalysts should, at least in some instances, encompass more than the teaching of psychoanalytic therapy, the training institutes have been failing in their function to educate candidates for scholarly activities. Whether the structure of the independent training institutes can permit such broadened training is questioned. One solution is to move the educational function into the university setting.

Eighty-two years have passed since Freud published his first truly psychoanalytic article, *The Neuro-Psychoses of Defence* (1894), and eighty-one years have passed since he fashioned the complex blueprint for his psychological theory, the so-called *Project for a Scientific Psychology* (1895). In the course of these eight decades, psychoanalysis has exerted a profound effect on major currents of Western thought. Decisive influences are discernible not only in psychotherapeutics but in art, literature, social thought, philosophy, psychological theory, anthropological efforts, jurisprudence, and business administration. By any standards of evaluation, the psychoanalytic movement has been a success. Its scope and its depth dazzle our comprehension. As we approach the end of its first century, however, there are signs of diminished vigor, of a dulling of its thrust, and of a muting of its influence. One wonders if these intimations are part of the natural history of all vital movements and represent only a momentary pause in development in preparation for new growth; or whether it is an incipient senescence, a wearing down

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of vigor prior to death, or a warning sign of a major malignancy that threatens to cut off its contributions in mid-life.

What are these intimations of mortality? I refer to nothing very dramatic. Indeed, the events are generally unobtrusive. First, within our own organizations, our local societies as well as within the American Psychoanalytic Association itself, there is a general boredom that many of us feel at scientific meetings. The papers that we listen to—even if they are well written—have a ritual quality about them. The author describes a patient whom he had been treating and, from certain turnings in the analysis, he makes some generalizations that are rarely cross-validated or replicated. The raw data are never presented; rather we receive only a selection that bolsters the thesis. The data and the formulations rarely influence anyone outside of the author's circle of friends. Sometimes our society meetings seem to have the purpose of reassuring us that in these moments of repetitive litany we are scientists. We go to our meetings but we do not expect to hear much that is new. Gone is the genuine excitement of discovery. A cynical member of The American Psychoanalytic Association observed that if one removed the dates from the programs of the last twenty meetings of the Association, one would have a very difficult time arranging them in chronological order.

A second symptom is the fact that fewer than half of the graduates from approved psychoanalytic institutes join the national organization. Related to this fact is the nature of the growth of our training institutes. Although between 1958 and 1971, six new institutes and one new training center were sanctioned by the American Psychoanalytic Association, the number of admissions to individual institutes—on the average—has not increased at all. Students enrolled in psychoanalytic institutes complain about the proliferating curriculum, the ever-increasing number of theory courses, with very little gain. In the 1950's any candidate for the chairmanship of a major department of psychiatry stood a better chance of selection if he were a psychoanalyst. Now, the best that can be said is that it may not be held against such a candidate if he has had analytic training.

Research support in the form of grants for psychoanalytic studies is at a low ebb. Publications outside psychoanalysis rarely quote or cite recent psychoanalytic essays, although a few authors like Anna Freud, Erik Erikson, and Heinz Hartmann are indeed referred to. Thus, psychoanalysis is having less impact on non-psychoanalytic social science now than at any time in the last seventy-five years.

The American Psychoanalytic Association itself has recognized the presence of a crisis. Perhaps it was struck by signs of difficulty different from the ones I mentioned, but it was sufficiently moved to call for a major assessment of psychoanalytic education and research and to base a conference on those assessments. As you know, this effort, which has been called the *Conference on Psychoanalytic Education and Research* with the acronym COPER (1974), was sparked by Dr. Herbert Gaskill who, together with Dr. Robert Wallerstein, organized this important and salutary event. COPER consisted of nine commissions which met several times and prepared reports of varying length and quality. Gaskill, Wallerstein, and the other organizers of COPER greeted the crisis as an opportunity to take stock and to decide whether to turn in new directions or to continue on the same path. The nine commissions were:

Commission I:	The Tripartite System of Psychoanalytic Education
Commission II:	The Ideal Institute
Commission III:	Age and the Psychoanalytic Career
Commission IV:	Relationship of Psychoanalysis to Universities
Commission V:	Relationship of Psychoanalysis to Current Changes in Medicine and Psychiatric Education
Commission VI:	Psychoanalytic Education and the Allied Disciplines
Commission VII:	Psychoanalytic Research
Commission VIII:	Relationship of Psychoanalysis to Social and Community Issues
Commission IX:	Child Analysis

Together with George Pollock and Ernest Haggard, I conducted a survey which tried to bring up to date the Lewin and Ross (1960) study made in 1958. These data provided a factual background for the individual commissions. In the early fall of 1974, the nine commissions met in Hot Springs, Virginia, to discuss the nine reports. My own role was that of a commentator, really a critic of the Research Commission's report. From a reading of all nine reports, I caught a glimpse of what I felt to be the principal issues in the current crisis and I tried to articulate them. The dialectic that we confront in contemporary psychoanalytic training has never been made explicit and until it is, no synthesis is possible. How we respond to the COPER Reports must reflect a basic conception of where American psychoanalysis should be going and, in consequence, what we want training institutes to do. I shall try to convey to you what I saw as the fundamental issues and what some resolutions to the crisis might consider.

For the sake of simplifying the issues, let us say that there are two models for the psychoanalytic institute. The first holds that the function of the institute is to train practitioners through the teaching of psychoanalytic treatment. The second holds that psychoanalytic treatment is merely one aspect of applied psychoanalysis and that the institute should be a center for scholarly activities in psychoanalysis, including research, disputation, and interdisciplinary exchanges, as well as training for the skill of psychoanalyzing.

I will consider both sides in the hope that they will catalyze discussion rather than foreclose prematurely any decisions. Although I cherish my own bias, I do not know which the better position is.

First, I will discuss the contention that the task of the psychoanalytic institute is to train people to acquire the skill of psychoanalyzing. Since the institute's function is to train analysts, can one expect institutes to do an equally effective job in training researchers or scholars, or those who apply psychoanalysis to

other fields? One could contend that these tasks are irrelevant and simply refuse to indict the psychoanalytic institute for failing in these functions. Since psychoanalytic therapy can only be taught by those who practice it and are skilled in practicing it, it is reasonable to expect that the faculty should be composed for the most part of practitioners.

The model set by the practitioner is the one valued by the candidates who come for training. For them, psychoanalysis is not a science but a therapy. Like practitioners in other fields, psychoanalysts need not be researchers. The physician, for example, does not need to be a physiologist or an anatomist or a cytologist, although it helps his practice if he knows the relevant results of research conducted by such scientists. But the medical field loses nothing if the physician himself does not engage in research. Although some physicians may be researchers as well as practitioners, their research activities are generally separate from their clinical practice.

At this time psychoanalytic treatment cannot be taught in any academy of learning other than an institute. To bring it into another setting, such as the university, would subject it to a leveling process in which its uniqueness would be gradually eroded as it became assimilated with other therapeutic techniques. It would probably die of its own success as departments of psychiatry grasped the training functions for themselves.

Therefore we should not be spending our time lamenting that we train too few researchers, since that is not our province. Rather, we should try to remedy our deficiencies in technique. We should try to establish models of effective technique and help in planning studies of outcome, in collaboration with those who know how to evaluate outcome. We could continue to train some candidates whose intention it is to practice part time but whose major interests are in teaching, research, or administration. The more such persons we train, the more effectively will psychoanalytic ideas be represented in other academies where the scholarly integration of psychoanalytic ideas with other currents in social thought can take place.

Thus, the various applications of psychoanalysis should be left

to others. These others may actually be some of us who practice psychoanalysis and are working in contexts other than that of the psychoanalytic institute. The evaluation of the success of psychoanalysis can then be gauged by the visibility of its ideas in the intellectual marketplace, just as one evaluates the success, for example, of Darwinian ideas or of Newtonian ideas.

Our concern, then, is to provide the most effective training for treatment and a forum for the continual improvement of our treatment. We could criticize the methods we use to teach psychoanalysis. These are rather traditional methods which make use of no concrete models: the candidate's only intimate contact with a psychoanalysis by an experienced analyst is in his own psychoanalysis. But the teaching of research methods, the training of researchers, the educating of scholars, is not our province. If our task, then, is the training of practitioners, we can be reasonably satisfied with our educational structure.

But if our task is more than the teaching of therapy, if we maintain that we are a science or, less pretentiously, that we are part of behavioral science, then we are badly at fault.

Is psychoanalysis a science? Freud's (1933) position was unambiguous. He wrote, 'Strictly speaking there are only two sciences: psychology, pure and applied, and natural science' (p. 179). Psychoanalysis is 'a specialist science, a branch of psychology . . .' (p. 158), and it 'makes no claim to being self-contained' (p. 182). This is a reasonable assessment, for the data of psychoanalysis are behavioral data, and behavioral science surely encompasses more than operant behavior, the registration of sense data, the processing of memories, and the social behaviors, to name but a few domains. Psychoanalysis concerns itself with the meaning of behavior, that is, with motives and reasons, both conscious and unconscious. Its roots are biological in that motives and experiences, in addition to their cognitive, affective, and conative reverberations, are probed as bodily experiences, products, and modes. This is a monumental contribution to the understanding of life from the side of behavior.

However, if psychoanalysis is part of psychological science, we

are obliged to ask if there is a forward, progressive direction in the accretion of knowledge; whether there is a discarding of that which is old and unworkable, and an assimilation of that which is new and catalytic. Are disputes within the discipline being resolved by recourse to fact, data, and crucial experiment? Let us follow the argument that psychoanalysis is a scientific paradigm and that research and other scholarly enterprises do belong in the psychoanalytic training curriculum.

The presence of over one hundred analysts at the COPER meeting attested to a general dissatisfaction with psychoanalytic research and education. That meeting was no place for a modern Dr. Pangloss, that absurdly comic creation of Voltaire, who went to his own execution convinced that this is the best of all possible worlds. Most of the Commission reports rejected the Panglossian view, both that all is right with psychoanalytic education and research and that if criticism of our attempts at procedural examination includes motives of hostility toward psychoanalysis, such criticism should be ignored.

The Commission reports, as I read them, stated in one way or another that we are in trouble. As far as the Research Commission (VII) report is concerned, the nature of the trouble may be summed up as: psychoanalytic institutes are failing to provide us with good psychoanalytic research, and with any significant number of psychoanalytic researchers.

The Research Commission's report was in three parts. The first part surveyed the state of research into psychoanalysis, that is, studies of outcome and of processes involved in psychoanalytic treatment. In general, the Commission found these studies wanting. The second part concerned the relationship between psychoanalysis and other disciplines. Under this rubric they considered the nature of studies employing both the psychoanalytic method and psychoanalytic theory to investigate particular areas, such as psychosomatic conditions, psychosis, or child development. The third area with which the Commission concerned itself was the scientific ambience within psychoanalytic institutes.

Clearly, the issues set forth for consideration are all important matters for discussion. We do need to know more about the psychoanalytic process, the nature of outcome, and the methods by which psychoanalysis can be investigated. And we need to apprise ourselves of the difficulties in the path of such investigations. Not the least of these difficulties is the resistances of analysts themselves to 'going public', that is, to submitting their own work to more detailed research scrutiny than is possible in our usual clinical case reports. The arguments against such self-exposure have always seemed to me to conceal the decisive reasons. Of course, it is crucial to preserve the confidentiality of the analytic relationship. Yet analysts discuss their cases with colleagues, supervisors, and in case conferences, where control over dissemination of information is not as tight as it would be in a research context. It is necessary to prevent the contamination of the psychoanalytic treatment situation by the research procedures and intention, and Gill's (*cf.*, Gill, et al., 1968; Simon, et al., 1970) studies suggest that it is possible for a recorded analysis to meet the criteria of a psychoanalysis. But the analyst's pride and self-esteem are easily wounded when his work—like the performance of an actor or a musician—is carefully scrutinized; and, it is true, we have not learned well enough how to be critical without being condemnatory and how to be criticized without feeling condemned.

I agree with the Research Commission's conclusions that all of the areas named should be investigated. We should expect psychoanalysis to contribute to a number of areas. Redlich's (1974) list makes a good summary: political and economic aspects of society, crime, disease, behavior disorders, existential problems, and ignorance. And we can add to this the understanding of esthetics, growth, and development, as well as several other areas. With specific attention to research issues, I also agree that it would be advantageous to have more attention paid to problems of data storage, reduction, and utilization, and to this end, files of supervised cases and of recorded analyses might be helpful.

But I feel very uncomfortable about setting such priorities for ourselves. As all of us know, research seldom proceeds by fiat, although one might conceive of a Manhattan Project for psychoanalysis. In research, the most productive outcome emerges from the inner motivations of individual investigators working in a setting which can nurture the work, unhindered by rigid dogma or by burdensome administrative responsibilities. Research is not a 'some-time' job; it requires full-time preoccupation. The crux of the difficulty is that the Commission's hope is a general one—to get research done. For us to call for research to be done, to point to areas of investigation which need work, to conclude that we need to know how psychoanalysis works, and how to apply psychoanalytic principles to other areas, are signs of the trouble that we are in. The call is a call for *research.* A scientific discipline should not need to be reminded of that obligation.

There is a kind of natural history to scientific movements. Kuhn (1962)[1] discusses how, after the appearance of a scientific paradigm—that is, a turn in scientific achievement which becomes a model for actual scientific practice (and psychoanalysis is such a paradigm),—three classes of events occur. One is the investigation of the facts intrinsic to the paradigm. In Galilean physics these facts concern planetary movements; in physics, electrical conduction; in psychoanalysis, the characteristics of nonconscious thinking. There is very little systematic investigation of the facts intrinsic to the analytic paradigm. The second class of investigations involves specific predictions from the paradigm theory. Disappointingly, little systematic research in analysis done by analysts is directed to testing such specific predictions from the psychoanalytic paradigm. The third class of scientific activities attempts to resolve ambiguities in the formulation of the paradigm. Examples would be the search for universal constants, like the gravitational constant, or more precise quantita-

[1] Although Feyerabend, Lakatos, and others have written cogent and interesting critiques of Kuhn's argument and especially of his discussion of the term *paradigm* (*cf.,* Lakatos and Musgrave, 1970), those critiques do not affect the substance of the present discussion.

tive formulations of regularities, like Boyle's law. Almost no research in psychoanalysis can be subsumed under this third class. We have plenty of assertions, but no resolutions.

In a vigorous scientific paradigm, the discipline remains open-ended and permits such search and mopping up to proceed without restriction. That we must call for research at this time in our history is thus an indication of trouble. The fact is there are not many people trying to do systematic psychoanalytic research of any sort. One may hear the argument that all psychoanalysts are doing research in every psychoanalysis they conduct. The Commission rejected that view. Systematic research—that which permits objective observation, the rejection or falsifying of hypotheses, and independent replication—is in very short supply.

The Research Commission's recommendations were six in number: 1, that a systematic effort be made to study the outcome of psychoanalytic treatment; 2, that the processes involved in psychoanalytic treatment be studied; 3, that a sustained interface with other scientific disciplines be developed; 4 and 5, that psychoanalytic institutes move to develop methods to encourage and train research-minded psychoanalysts; and 6, that the American Psychoanalytic Association develop a national research foundation to provide financial support for research workers. I believe that the Research Commission's recommendations go only part of the way toward remedying the basic illness in psychoanalytic research diagnosed by the Commission: that the institute structure has failed in its scientific obligation. There are striking similarities between this diagnosis and that reached by almost every other commission: a dissatisfaction with the institute ambience and a need for a different educational structure for psychoanalytic training and research. Let us look at a few of the parallels.

Commission II, The Ideal Institute, called for the total immersion of students in training. They indicted the craft-school model of the present institutes and preferred instead the model of the university graduate school, with provision for professional and nonprofessional tracks, although they see problems there.

'Only as we continued to survey possible means to achieve our broad scientific, educational, and professional objects', they wrote, 'did it become more apparent that instead of merely the university atmosphere, we might, in fact, be seeking and needing the university itself' (p. 15). In short, Commission II proposed that the ideal psychoanalytic school would supersede the psychoanalytic institute. 'The transformation will occur as the institute moves away from its functional isolation and parochial organization which tend to encourage an apprenticeship attitude in its students and subsequent guild-protective concerns in many of its graduates' (p. 23).

Commission VI, on the relationship of psychoanalytic education and allied disciplines, called attention to the disappointingly small number of applications for research training and found an explanation for this in the general isolation of psychoanalysis from the rest of the scientific and academic community. They observed that in spirit, too, institutes are far removed from the scientific community in that challenges to basic theoretical assumptions are felt as obstructions to the teaching of what is considered to be already well established. The development of psychoanalysis as a scholarly discipline, however, clearly requires a climate of scholarship, of openness, and of acceptance of challenging questions. This kind of atmosphere seems, by and large, to be lacking in our institutes. A university atmosphere encourages such crosscurrents of challenge. The Commission noted that the affiliations that have occurred between institutes and universities have been with medical schools rather than with universities as a whole. This has its effect on the teaching and the kind of scholarship that is done: the analyst-teacher and the analyst-investigator are not trained in the fields to which they are endeavoring to apply their psychoanalytic knowledge.

Commission IV, Relationship of Psychoanalysis to Universities, began with a critical challenge: psychoanalysis must decide if it is primarily a field of knowledge or a form of professional training. One is reminded here of Freud's (1926) statement that 'I only want to feel assured that the therapy will not destroy the

science' (p. 254). Like Commission VI, which was concerned with the relationship to allied disciplines, Commission IV found medical school affiliations unsatisfactory from the point of view of establishing an atmosphere of scholarly pursuit. The Commission concluded that 'the future development of psychoanalysis will not be well served if analytic institutes are so structured as to turn out predominantly a single kind of graduate' (p. 7). The lack of research workers is especially damaging to the future of psychoanalysis, and they note that 'there has been a discernible prejudice in the American Psychoanalytic Association that the full-time clinical practitioner is the only true analyst' (p. 11). Indeed, this opinion, widely shared within the American Psychoanalytic Association, has never really been studied. But there is no existing example of the university-based cross-discipline psychoanalytic institute.

Commission IX, concerned with child analysis, called for a shift from the past emphasis on the psychoanalytic treatment of the neuroses as the core of psychoanalytic training. Such an emphasis is no longer adequate for understanding and evaluating advances in theory and technique. 'A great risk for psychoanalysis currently lies in possibly failing to keep it open to new information and ideas' (p. 7). This Commission believed that there should be a strong emphasis on developmental theory, with a focus on developmental deviations in all stages of the life cycle, in people of all ages, in all generations, in all cultures and subcultures. It proposed a core curriculum with emphasis on these aspects of the study of behavior. But, the Commission noted, psychoanalytic education is a part-time operation and cannot, in its present culture, accomplish these goals. In their struggle to find a solution they looked to major but unspecified changes in the institute structure. They believed it critical to have an educational atmosphere that encourages open-mindedness, scientific curiosity, and an interchange with scientists in related fields.

Is the psychoanalytic institute equipped either to do or to teach systematic research? It is not, for four reasons:

1. The institute's principal concern is to teach the application of psychoanalysis to treatment, and this takes a good deal of time—perhaps even full time.

2. The psychoanalytic institute is a part-time academy with a part-time faculty.

3. The faculty is composed of practitioners, not researchers, who depend upon their practice for their livelihood. They not only are not endowed, they themselves endow the institute.

4. The ambience of the institute does not permit open questioning and an attitude of doubt.

In the current institute the teaching analyst performs many functions. Besides the theory and practice of analysis, he teaches —if these subjects are taught at all—child development, anthropology, philosophy of science, literature, learning and cognition, research methodology, general psychology, and so on. Yet he is trained for only one function and he typically practices only one function: that of clinical psychoanalysis. Training and supervising analysts spend an average of 30.5 hours a week in private practice and only 6.4 hours in all other activities. The analytic teacher is thus unsuited, by university standards, to teach these other aspects of training.

Further, institute training is for a single function, and almost all students come for that single purpose: the clinical practice—and this generally means the private practice—of psychoanalysis. It is interesting that when admitted to institutes about 58 per cent of the candidates have either full or part-time university positions, not counting student status. At admission only 17 per cent are in full-time private practice. But after enrollment, this percentage dramatically increases to 42 per cent in full-time private practice. The situation is thus self-perpetuating and insures a maximum of insulation from other intellectual currents that could develop psychoanalysis in the way other major scientific paradigms have developed.

We cannot expect students to choose paths in psychoanalysis other than clinical private practice if the principles guiding the activities of the institute imply only that value. No other ap-

propriate models are available within the institute. Unlike universities, there are no opportunities within institutes for the student to engage in the activities—other than clinical psychoanalysis—that he is expected to learn. Identification paradigms other than the full-time practitioner (training analyst) are absent.

Historically, the psychoanalytic institute emerged in response to a social, intellectual, and scientific constellation that was generally hostile to Freud's discoveries. Most scientific revolutions emerge from within the academic structure, and all scientific revolutions disturb the complacent and the older members of the community. Darwin (*cf.*, F. Darwin, 1898), for example, wrote to Joseph Hooker in 1860, 'Nearly all men past a moderate age, either in actual years or in mind are, I am fully convinced, incapable of looking at facts under a new point of view' (p. 85). Thus, according to Feuer (1974), new views and especially revolutionary ones are experienced as generational insurgences, which provoke opposition. Yet this opposition is not without its great benefits, for this resistance is the crucible for testing the strength, flexibility, and durability of a theory or hypothesis. And when the evidence for a theory becomes overwhelming and convincing, the theory quietly assumes its place in the established order.

For example, only three years before Mendeleev's formulation of the periodic table of elements, John Newlands, the English chemist, delivered a paper which tried to show that when elements are arranged horizontally in groups of eight in a particular way, those in vertical columns would then have similar properties. According to Feuer (1974), Newlands's listeners at the English Chemical Society responded with ridicule. One of them even asked whether he had thought of arranging the elements alphabetically. But Mendeleev's synthesis won acceptance because its predictions were accurate. The empty boxes in the table were filled in by hitherto unknown elements with properties almost exactly like those Mendeleev predicted, elements that were discovered independently by others. We do not hear of any

Mendeleev Institute, or an Institute for Training in Darwinian Evolution, or a Theory of Relativity Training Center. The findings and the paradigm are part of the scientific enterprise.

But the psychoanalytic revolution was different from any of these. New journals, new societies, and new academies or institutes arose in response to the official ostracism of psychoanalysis by the medical academies of the day, after the first Breuer and Freud publication in 1893. Indeed, rudeness and overt hostility toward Freud and his discoveries were the rule. By 1913, then, several new journals had appeared. In 1910 the *Zentralblatt* was established; the *Imago* appeared in 1912; the *Internationale Zeitschrift* in 1913, and occasional issues of the *Jahrbuch für psychoanalytische und psychopathologische Forschungen*. Although these new publication sources opened up opportunities for dissemination of the new psychoanalytic discoveries to psychoanalysts, they effectively closed the forum to others. It is now well known that Freud was correctly suspicious of the brickbats from 'official science'—the doctrine that regards itself as the protector of social and scientific stability and, in the pursuit of its function of preserving established social institutions, makes use of arbitrary, nonscientific, repressive measures.

The appearance of 'official science's' resistance was not, however, unique to psychoanalysis. In all science the novel appears only with difficulty and against much resistance. Freud believed that the attitude of official science reflected not only the natural resistances to new views, but resistances to or defenses against the anxiety aroused by the specific content of psychoanalytic discoveries: the threat to man's narcissism, as well as the dangers experienced from the unsettling of sexual repressions. While the new training institutes and publication sources bolstered the new psychoanalytic endeavors, they had their negative impact as well.

First, they served to isolate even further the psychoanalytic paradigm from the intellectual mainstream, and with the increasing development of a new vocabulary which continued to become even more esoteric—particularly in the language of

metapsychology—, this isolation continued to grow. Such developments do occur in other sciences and although they are accompanied by a narrowing of vision and scope, they result in deeper probing into the specific areas of concern, provided they can continue to recruit a cadre of investigators who are equipped to continue the quest of discovery.

Second, the measures taken for the preservation of psychoanalysis became confused with the goals of developing and testing the theory. Isolation then was sought not only for the sake of protection, but was looked upon as a positive value to be preserved, thus keeping apart the discipline and the theory from any effective challenge from outside of itself. Some argue that even today if psychoanalytic training were to occur within the universities, psychoanalytic ideas would inevitably become adulterated. The loss of psychoanalytic specificity is always a danger, and Freud warned against this possibility. But is the danger greater if psychoanalytic education were to go on within a university than if it were to continue as it is in independent institutes? Challenges strengthen ideas; without disputation, theorizing becomes sloppy; jargon replaces clarity and neatness of language; obscure and pretentious formulations shroud the obvious in enigma. The institutes and societies have not shown a keenness of critical acumen that could address itself to important errors in theory and practice. Let us take two examples from current psychoanalytic preoccupations.

Kernberg (1974) writes: 'Patients with narcissistic personality structures who do have the capacity to fall in love show a type of sexual promiscuity which in analytic exploration differs quite markedly from that seen in patients with less severe forms of character pathology' (p. 488). Admittedly, taking a sentence out of context is unfair to an author, but the sentence I chose is not atypical. Even cursory reading of this sentence reveals a self-contradiction, a *non sequitur*, and gratuitous interpretations. 'Narcissistic personality structure' is assumed to be a severe form of character pathology. A criterion of pathology is implied here but not stated, and therefore cannot be verified. People with this

pathology can fall in love—and love, then, is a capacity within the experience of these people. But their love is promiscuous—a special form of love. Further, there are different kinds of promiscuity that are unstated but are correlated with pathological conditions that are different from the narcissistic personality structure. Although there is the appearance of precision in the formulation, there are no data presented in the paper and no references to validated studies that could bolster the author's claim.

Kernberg has written extensively on other qualities of the narcissistic personality structure. But in these papers, too, one finds concealed in the intricate wording either the obvious or the contradictory, and sometimes both. Assertions are made which unnecessarily complicate ideas and do not advance our understanding; rather they impede progress because they obscure meaning. For example, Kernberg (1966) writes: '. . . what is important is the intense, overwhelming nature of early affect and its *irradiating* effect on all other perceptual elements of the introjection, so that intense "negative" affect states related to aggressive drive derivatives create perceptual constellations entirely different from intense "positive" affect states under the influence of libidinal strivings, in externally not too different circumstances. This overwhelming nature of early affective states is the cause of the *valence* of the introjection and of the kind of fusion and organization which will take place involving it. "Positive" and "negative" introjections . . . are thus kept completely apart' (p. 244). The probable meaning of this passage is as follows: 'Sensory and perceptual experiences involve feeling states. Negative or painful feelings and positive or pleasurable feelings organize percepts in different ways. The extreme intensity of these early affect experiences causes the infant to try to keep positive and negative experiences separated.'

If this is what is meant one can then try to see what is new and what is old, what is an advance in theory and what is not. That affects are involved in sensory experiences is nothing new. Freud's model in Chapter VII of *The Interpretation of Dreams*

(1900) and in the paper, *Formulations on the Two Principles of Mental Functioning* (1911), is based upon this assumption. But where Freud constructed a theory of cognition from this model, the new proposal has no such theory. The person of this new theory does not think. Rather he lives by the introjects, much as Groddeck (1928) had fancied. As Hartvig Dahl (1974) has clearly shown, where Freud's model leads to the prototypical defense of repression, the new model sets up as the prototypical defense that of 'splitting'—a keeping apart of that which has already occurred separately.

One could, of course, add further criticisms of this 1966 paper, but it is sufficient for our purposes to show that what is presented as a theoretical advance is not only unclear and not very new, but that it is retrogressive since it proposes a developmental theory without a theory of cognition. Before one proposes new theories, one must show what is wrong in the old or what is no longer serviceable, and then show how the new theory remedies those difficulties. And the theoretician must go even further: he must show how his new proposals affect all other crucial aspects of the old theory.

Here is another example. In the course of analyzing certain patients who seemed to be particularly unchanged by classical interpretative interventions, Heinz Kohut (1971) observed the transference behavior of these patients to be sufficiently alike to warrant special description. He believed their behavior was also sufficiently different from that seen in the transference neuroses as to warrant a separate nosological classification: the narcissistic personality disorders. Kohut compellingly described two types of narcissistic transference. The first is the 'mirror transference' in which the patient's experience of himself includes the analyst and the analyst becomes the reflection of the patient's grandiosity. In another form of the mirror transference, the patient acts as if the analyst is like him and wants the analyst to be the patient's double. In yet a third form, the patient experiences the analyst's existence only when the patient needs him to play a role in self-aggrandizing fantasies. These patients seem to require the

analyst's admiration and approval and when the patient ceases to experience these, he shows a tendency to lose his sense of cohesiveness. The second type of transference, the 'idealizing transference', manifests itself in the patient's ceaseless search for a perfect person who will approve and support the patient. The analyst's failure to recognize, or his resistance to, the patient's desire to idealize him can lead to feelings of fragmentation and to exquisite vulnerability.

Kohut derived a theory of development from these descriptions, one which proposes a line of emergence of the self—or of narcissism—which is separate from that of psychosexuality. The therapeutic interventions emphasize interpretation of the narcissistic vulnerability as seen in the two types of transference, and reconstruction focuses on the absence of a confirming sense of worth in the patient's childhood.

These are major proposals within psychoanalysis, and they enjoy a great popularity today. Yet, for the most part, they are received either worshipfully and with uncritical acclaim or they are completely disdained by *ad hominem* arguments. Responsible appraisal of Kohut's proposals requires first a consideration of whether the new therapeutic technique does indeed result in better therapeutic outcome. Any other branch of therapeutics would surely call for such evaluation. We need to know what in the new proposals are truly different from classical interventions.

Is the usually expected attitude of the analyst—that is, the stereotyped haughtiness, aloofness, silence, and coldness, which actually represent miscarriages of classical technique but which nevertheless occur too often—replaced by a more soothing, accepting, and admiring response? And if so, is it the fossilized responses of the stereotyped analyst that are at fault rather than the new interpretative directions that are catalytic of change? Is the theory of two lines of development—of narcissism and psychosexuality—justified on the basis of the evidence collected from transference behaviors? If one believes it is justified, what kinds of changes in classical analytic theory are then required by

its introduction and also by the introduction of a central concept of the self, which has no systematic position in respect to the corpus of classical theory? Does the emphasis on interpersonal feelings, such as mergers and idealizations, occur at the expense of focusing on sexual feelings? And is this theory, if carried to its logical ends, one without a biological foundation? Is it, then, a purely social theory? If so, is part of its popularity with many candidates and some patients due not only to its cogent clinical descriptions but to its 'clean', unbiological content? Is it thus a psychoanalysis without sex and therefore a more acceptable psychology than one emphasizing incestuous feelings, orality, and anality?

These two examples are representative of much psychoanalytic scholarship today. Assertions are buttressed by case illustrations. In a clinical discipline, case illustrations are the usual vehicle for authors to illustrate their theses. These case vignettes generally permit the clinically informed reader to check his own experiences with those of the author and in a sense begin a process of validation. But such vignettes are illustrative only. It is therefore noteworthy that our eighty-year-old discipline never developed further canons for research or for judging the worth of contributions. Large segments of what we teach can neither be confirmed nor proved false. New ideas in psychoanalysis provoke some essays for and against, but these are not sufficient. Unlike theory or literary criticism, we require more than such essays. We need proposals to test the ideas systematically, and unfortunately there are too few calls for such tests.

I mention these two examples only to show that the isolation of the psychoanalytic institute from universities does not insure the integrity of psychoanalysis. Indeed, in this age it is quite possible that the isolation from the university may not only be stifling, but may insure innovations that ignore the complex hierarchical arrangement of psychoanalytic theories and thus lead to impoverishment of the system. As in the past, reformers tend to oversimplify or fragmentize the theory by stressing one

set of propositions and neglecting others. The danger of losing the psychoanalytic perspective lies in seeing only the uniqueness in experience or only the commonality, only the biological or only the social. Constant exposure to criticism corrects and does not stifle.

Today the academic establishment is not monolithic. Academic attitudes toward psychoanalytic ideas are different today from what they were fifty to seventy years ago. For psychoanalytic ideas are today taught not only in departments of psychiatry in medical schools, but in departments of psychology, sociology, anthropology, and English literature, in law schools and in schools of business, to name a few. That they may be taught badly is not the point. They are being taught and many times they are being taught without crediting the source. The hostility with which psychoanalytic ideas are met within the university is not too different from the rough-and-tumble reception accorded most theoretical positions, be it behaviorism in psychology or Keynesian theory in economics. They are challenges, as they should be, for survival in the marketplace of ideas and not attempts to suppress. As a result of these challenges, the issues enlarge and take strength from being subjected to such cross fire.

Contrast this situation with that which exists within psychoanalytic institutes. The institute is a part-time academy with teachers only from the same discipline, all of whom practice only one application of the discipline and who are not salaried, but support the institute. Whereas much of the theory and technique of psychoanalysis is taken as 'received doctrine' within the institute, nothing is taken for granted in establishing a theoretical position in the universities. Whereas in institutes whatever research is performed is incidental to the main purposes of training practitioners, in universities full-time research and scholarship are the rule. Can psychoanalytic institutes change so that they become full-time academies with a cross-disciplinary faculty, with provision for research activities, and with an atmosphere that encourages challenge, doubt, and disputation? The probability of such changes is very remote.

Can one respond to this challenge by opening up institutes to members of other disciplines? What kind of institutional arrangements can be provided in order to make this possible? Many, including the Research Commission, saw great difficulty in attracting nonpsychiatrist scholars into psychoanalysis. Not the least of these difficulties is the financial burden of the training. It costs some $35,000 to train a psychoanalyst, and this is an unrecoverable sum for those who will not practice clinical psychoanalysis privately. Scholarships, fellowships, and grants do not seem to be the answer, for too few persons can receive this magnitude of financial support in order to make a significant impact. Further, the hope in this solution is to import a few first-rank scholars into psychoanalysis and then allow them to do the research for the rest of us. This simply would not work.

The ambience of institutes must be changed to that in which a psychoanalyst is also a member of a community in which people value the untrammeled search for knowledge and in which people have the guaranteed financial support to pursue that end. Research flourishes only in a research atmosphere and the present institutes are concerned only with the matter of training for practice. Apart from the overwhelming job of recruiting a full-time faculty, the financial support of research in institutes seems to be an insurmountable problem. No scientific discipline can support research by contributions from practitioners. Although there are large corporations who do specifically targeted research, society has taken it upon itself to support most research, principally through the university.

The Commission Reports, then, return a strong indictment of the psychoanalytic institute as the appropriate center for exclusive training in psychoanalysis. A move into universities is an obvious suggestion. The nature of this move, the quality of the universities into which such moves are to be made, the status of clinical training, the various models for such an incorporation, all call for vigorous debate and possibly experimentation. One possibility is to set up a Center for Psychoanalytic Studies within several major universities and allow a ten-year period for trial and experimentation. One center will not do. Several variations

are necessary. The faculty would be drawn from other departments in the university—psychology, psychiatry, sociology, law, philosophy, art, literature—and would hold joint appointments in their own departments and in the Center for Psychoanalytic Studies. I deliberately refrain from giving a more precise plan because I do not wish to focus on one specific model.

But there are grave problems with such a solution. How can the practice of psychoanalysis be taught in a university? What happens to the selection of candidates, the opportunity for supervised analysis, the candidate's personal analysis, relations with the American Psychoanalytic Association, and a host of other problems? I do not see the move to the university as the complete and obvious answer. I do believe, however, that the institutes as they are now organized and functioning are unsatisfactory for supporting research and other scholarly activities in analysis. Universities provide a solution to some of these problems but they raise others.

Thus, we need to debate the two basic points of view of what the psychoanalytic institute should be: an academy to train effective practitioners of psychoanalysis or an academy to train scholars. If we opt for the second, we need to debate what kind of an institutional framework is needed. Can psychoanalysis continue to carry out its function by itself? Must it move toward the shelter of more traditional societal supports? How can this be done without sacrificing that which is unique in the psychoanalytic paradigm? In *Prufrock,* Eliot, slightly paraphrased, wrote: 'Should we, after tea and cake and ices/have the strength to force the moment to its crisis?' I hope the debate can begin.

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University of Chicago
Department of Psychiatry
950 East 59 Street
Chicago, IL 60637

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The Psychoanalytic Treatment Center as a Transference Object

Arthur T. Meyerson & Gerald Epstein

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THE PSYCHOANALYTIC TREATMENT CENTER AS A TRANSFERENCE OBJECT

BY ARTHUR T. MEYERSON, M.D. and GERALD EPSTEIN, M.D.

Three Treatment Center cases are presented. They reveal resistances and technical difficulties having to do with a split in the transference—the analyst viewed as the depriving mother and the Institute viewed as the nurturant grandmother. Possible implications for the conduct of student analyses are described.

In the course of the authors' experiences as student psychoanalysts, a striking similarity was observed among three of four Treatment Center cases.[1] In each of these three cases the Psychoanalytic Institute or Treatment Center and associated figures came to represent an indulgent, loving grandparent, a representation which was quite conscious. With equal awareness these patients regarded the analysts as depriving, potentially abandoning, and rejecting parents.

This paper will focus on only those aspects of the analyses of these patients that bear on the Institute and related figures as important transference objects.

CASE I

A single woman in her mid-twenties was accepted for analysis complaining of doubts about whether she could complete her

[1] The Treatment Center of the New York Psychoanalytic Institute is a nonprofit clinic which provides low or no cost psychoanalytic treatment to members of the community, among them individuals who would otherwise be excluded because of the cost. It also allows candidates in training at the New York Psychoanalytic Institute an opportunity to learn the technique of psychoanalysis. These candidates provide the bulk of treatment services, and their work is supervised by senior training analysts on a regular basis. The fees accruing to the Treatment Center go toward the maintenance of this facility. The analytic candidates do not receive any payment. In fact, the patients, although paying the analyst directly, make the check out to the New York Psychoanalytic Institute, and the analyst forwards the check to the Institute. Such treatment centers are frequently associated with psychoanalytic institutes although the specific arrangements vary from institution to institution.

graduate studies, difficulties in maintaining close relationships with men, fears of being a Lesbian, and chronic depression. The course of analysis uncovered numerous other difficulties, including phobic disturbances and masochistic propensities both feminine and moral.

The patient's family moved a good deal during her early years. When she was six, her parents divorced. Her father located in a distant state, while the patient (an only child) and her mother went to live with her grandmother. The mother and daughter eventually moved to another region where the mother remarried. During the patient's latency, she would spend the summer months with her grandmother, who gathered around her a substantial number of family members. Grandmother was described as a matriarchal figure, large in presence as well as size. She was preoccupied with food and spent hours each day preparing it. She would invariably cook much too much to be consumed at any one meal, and then exhort the family to eat. The patient could not manage to dine comfortably because of the huge portions, and she developed an aversion to sitting down to meals her grandmother prepared.

When the patient was twelve years old, her mother remarried, and she went to live with her grandmother for a year. The grandmother was openly accepting of this arrangement and the patient lived there along with her maternal uncle (a rather heavy drinker), his wife, and their daughter. One year later she returned to her mother, but she could not get along with her stepfather. He was sexually attracted to her and one night exposed his penis while she was lying in bed. After a year she rejoined her grandmother with whom she remained for four years, until she went to college. During the summers of her high school years she would return to her mother's residence.

On one occasion when the patient was in her senior year her father (who had continued to live far away) appeared at the grandmother's home. He was 'broke' and needed a place to stay. Grandmother took him in and he remained for a year. The patient recalled that he 'just disappeared' on the day she was to

deliver her high school valedictory address. He offered no explanation but left a note stating his regrets. The patient remembered this event when the analyst was drafted. She re-experienced anxieties regarding the disappearance of an idealized object, the father, whom she idealized until near the end of the analysis. Behind the idealization was the enormous anger she felt toward him (and toward the analyst) for leaving her when she was six years old and again at eighteen.

The grandmother was concerned with saving and hoarding. Nothing was ever thrown away, including food. Whatever was left over went into the next day's gigantic pot. She was exceedingly kind to the patient who thought of her grandmother as the most nourishing, sustaining figure in her life.

The patient devalued her stepfather just as much as she idealized her father. Her mother was not forgiven for forsaking her in favor of the crude, stupid, uncontrolled stepfather. No one, except her grandmother, escaped her scathing criticism. This included her many idealized lovers and male authority figures. As soon as these men made one mistake or were shown to be fallible, she would experience a great feeling of disappointment and would devaluate and denigrate them. In fact, her reaction to severance from the Institute could be seen in this light.

The opening phase of analysis was marked by an acting out of the transference, which occurred the night before the first session. She informed the analyst that she had begun sharing an apartment with her current boy friend. Only after the first year of analysis when her relationship with this man ended, did she reveal that intense feelings and fantasies about the analyst prompted her to this action as she was terrified to feel so intensely about an object—the analyst—who, like mother and father, might prove to be abandoning and rejecting. She required an object like grandmother in reserve.

Her attitudes about the analysis crystallized around the issue of the fee. From the outset she was concerned about the fee; whether it would be too high (thus she would be cheated) or too

low (she would be cheating the Institute). The fee was well within her ability to pay; yet she constantly complained about how exorbitant the fee was.

At one point during the treatment she joined a union and under its medical insurance plan could have seventy per cent of her treatment paid for. Her fee was then raised to six dollars per session. After several months she discovered that her insurance terminated during the middle of one month so that she paid for one half of one month's fee at the higher rate. She claimed that the fee should have been adjusted down to the original one as soon as the insurance coverage terminated, thus entitling her to a rebate from the Institute. Later she claimed that the Institute should be paying her since she allowed herself to be a training case for a student—rather like volunteering for an experiment.

At the time of the analyst's graduation from the Institute, the patient received the usual written notification informing her of severance of ties with the Institute and her shift to private patient status. She refused to sign the document acceding to the status shift. She angrily remarked that if she had known this was going to happen she would not have started at the Institute. Once she became a private patient, then she felt obligated to pay a private fee. This, she maintained, would necessitate a substantial increase in her fee which she could not manage.

Her split transference regarding the analyst and the Institute now became clear. The Institute (with its reduced fee) was viewed as an all-giving nurturant object invested with feelings of attachment and dependence arising out of a fantasy of a good, nourishing maternal figure. Such a figure existed in the person of her grandmother. (Although the grandmother was regarded somewhat ambivalently by the patient, we are here focusing on the particular positive attitudes manifested in the transference to the Institute.) The analyst was seen as the abandoning, rejecting mother and as the absent father. He was perceived as someone who would manipulate her for his own ends as well as drain her. She believed that he sought to keep her in treatment so that he could earn the credit necessary for graduation. This stimu-

lated the fantasy of being drained and was in great measure a projection and reversal of a fantasy of draining the analyst. She thought that she would be in bondage to the analyst if she were to pay more, as all of her money would eventually go to him. Mother did not feed her properly so she felt drained as a child—an intense feeling she carried into adult life. A continuous oscillation between wishes to drain and feelings of being drained was intimately connected with the feelings of emptiness fostered by an unloving, nonsuccoring mother. The all-giving nourishing Institute (grandmother) who treated her for nothing (a great oral gift) suddenly withdrew its support and left her. She had to contend with the potentially dangerous urge to drain which she projected. This took the form of fantasy of the analyst draining her of all resources and thereby holding her as a slave. She sought to reduce the analyst's power over her by draining him before he drained her.

The grandmother died slowly during the course of the analysis. The patient mourned when death finally came, but the intensity of this experience was diluted by restitutive fantasies concerning the Institute, which was an immediately available substitute. When she became aware of the Institute's sudden removal of support, she felt unprepared and responded with anxiety and anger.

CASE II

A mental health worker applied for psychoanalysis in her late twenties because of increasing dissatisfaction with an essentially sexless and childless marriage in which she was totally frigid. She was diagnosed by the Treatment Center staff as having a mixed neurotic character disorder with hysterical and masochistic features and was deemed acceptable for a student analysis.

The patient's father had been drafted when she was four years old. Three months later, her only sibling, a brother, was born and shortly thereafter, the mother and her newborn baby joined the father, leaving the patient for eight months with her pater-

nal grandparents. Her parents' stated reason for leaving her was that she had begun nursery school. This occurrence at the height of her œdipal period left the patient feeling rejected by her father and punished by her mother for her jealous, incestuous fantasies and resulted in regressive masochistic fantasies and oral behavior patterns which lasted until worked through in analysis. Like the church and the school, her grandparents came to be seen as a good family that was nourishing, reliable, and complimentary, whereas the parents were depriving, disappointing, and rejecting. In fact the grandmother was a 'typical Italian Mama' and would encourage the patient to eat, while the mother, concerned with the patient's weight, encouraged self-restraint. During the patient's early adolescence, her parents were killed in an automobile accident following a holiday party. This further cemented her sense of the transience of objects, their disappointing and abandoning quality, and therefore the need never to invest fully in any single significant object, but to have two at any one time.

Following the interviews at the Treatment Center and just before the start of analysis, she began an affair with a black co-worker (she is white) which eventuated in a pregnancy and illegal abortion. While there were specific œdipal factors as well as masochistic defenses expressed in this acting out, the most significant motivating factor seemed to be the patient's great fear of investing herself in any single relationship—such as in the impending analysis—, becoming dependent, and being abandoned. However, this need to avoid affective commitment to a single important relationship became clear in its genetic and dynamic aspects only after several years of working through. Here we will mention only those transference and other manifestations of her conflicts that involved the Treatment Center and some others of related significance.

The affair with the black co-worker was one of a series which began soon after her marriage to an essentially asexual and pos-

sibly homosexual artist. While this object choice and subsequent acting out represented a flight from the œdipal object and then an attempt to recapture the lost father, most significant was the need for two love objects at once in case anything 'happened to one'.

During her financial screening at the Institute and for two years in analysis, she suppressed the fact that she had inherited some property, the sale of which would have rendered her able to afford private, low fee analysis. While this again represented an attempt to gratify phallic, anal, and oral needs, it also allowed for two parenting figures at once—the analyst and the Institute. When this financial situation was revealed and she was changed to private status, the patient grew afraid that 'without the Institute there will be no one to rescue me if something happens to the analyst'. Each weekend or vacation was marked by anxiety that the analyst would die or abandon her, and she would fantasy or act out the need for an alternative—the lover, the job, and often the Institute.

While the analyst was seen by this originally devout Catholic as a devil equivalent, urging her on to forbidden and potentially disappointing libidinal attachments, the Institute was seen as the equivalent of the 'Sacred Mother of Christ', asexual and always there at times of stress.

From these and other transference manifestations and acting out, we were able to move to an understanding of the effect of the patient's relationships to her parents, grandparents, and to the Church. The Treatment Center, which gratified her infantile-grandparent-protector fantasies, was the source of considerable resistance. Only after she became a private case could some of these phenomena be elucidated and worked through. She feared that to reveal her positive feelings toward the Institute would lead the analyst-mother to grow jealous and cause him to separate the patient from the institute-grandmother. The unanswered question is whether she could have begun a meaningful analytic therapy without the fantasied protection of the Institute.

CASE III

A young woman in her late twenties entered analysis because of persistent depressed feelings, difficulty in relating to men, frigidity, and performance anxieties which rendered her unable to pursue her chosen career in the public eye.

This patient was the oldest of seven children. Within five years of her birth the mother had borne three sisters, and by the time she was eleven the other three siblings had arrived. With each of the deliveries, the patient was placed in the home of her paternal grandmother, who indulged her and clearly preferred her to the new arrivals. This same grandmother remained the patient's ally, even against the mother, up to the analysis and would give her elaborate gifts. In contrast, the mother would take the patient's birthday gifts away and give them to the next sibling at his or her birthday. The patient had some feelings of disloyalty to her mother in her preference for the grandmother. This sense of disloyalty was repeated in the transference when she would wish for another analyst—a handsome prince-like analyst of her own religion or the female, grandmotherly analyst who treated her sister. The mother had preferred other siblings, and the patient was made an assistant mother—'a Cinderella'. These persistent fantasies represent a number of difficult resistances. First, they re-enforced unrealistic, stereotyped, and almost paranoid-like fixed imagoes of the analyst as the rejecting, manipulative mother or the cold, aloof father (a confusing, fluid, conglomerate image); positive transference could safely reside only in the fantasied prince-analyst or grandmother-analyst to be supplied by the Institute. Second, it prevented the patient from dealing with real rage and disappointment with the analyst as she could allay and assuage her anxiety over separation, over feelings of rejection or humiliation, by calling up the fantasy of a protective alternative figure.

The patient's acceptance as a Treatment Center case was marked by a series of events that focused and furthered her basic conflicts and psychopathology. She had been referred to the

clinic by her sister's therapist, an older and esteemed female analyst. The sister could afford private treatment as her husband was wealthy. The patient, unmarried and earning a clerk's salary, had to have treatment through the clinic. At first the patient was rejected by the Treatment Center and was duly notified. However, upon hearing of this, the sister's therapist requested a reconsideration and the patient was eventually accepted. Although the analyst and supervisor both considered the patient to be borderline and suffering from rather severe narcissistic difficulties, it was felt that analysis would be of benefit and treatment ensued.

This analysis lasted four and a half years and then, because of the analyst's leaving for a full-time academic position, the patient was transferred to a second student analyst. At this time the significance of the split transference, particularly that to the Institute and related figures had not been fully elucidated. Enough material was available to suggest, again, that the patient's view of the Treatment Center and the sister's therapist was equated with an indulgent grandmother, while the analyst was seen, and indeed had to be seen, as a depriving, rejecting, lying, cheating parent.

Examples of significant manifestations of the splitting of transference and the importance of the Treatment Center-grandparent identification follow.

The patient consistently experienced her low fee—initially two dollars—as too high, a source of deprivation, and an example of the analyst's cruelty. She experienced the fee as not simply high for her meager means but high in some absolute sense. On one occasion after her working and financial circumstances had improved, she offered the analyst a range of fees she felt was reasonable. When this was analyzed, it was seen as a test: if the analyst chose a fee on the high end of her scale, he was the cruel, rejecting mother; a low fee was the equivalent of the indulgent grandmother or sister's therapist or the Institute which had indulged her.

On several occasions the patient, who worked near the analyst's office, met him in the street. Despite perceiving his

greeting and responding to it as warm and friendly, she would quickly suppress this impression and supplant it with one that he had really ignored and rejected her. On one occasion she came to feel that the greeting for her had been meant for someone else. Thus, she demonstrated her deep-seated ambivalence and her preference for the fantasy of the mistreating analyst-mother, rather than the warm indulgent figure she had initially perceived. In her associations this would invariably lead to the fantasy of some other figure at the Institute who would truly be the loving parent such as a handsome, Christian analyst with whom she could fall in love or the sister's therapist. This represented her fear of positive feelings toward mother-analyst, the abandoner, and her preference for such feelings toward the idealized grandmother-institute or its representative (sister's analyst).

During the course of the analysis and while the analyst was on a summer vacation, the patient's father died. Upon her return to analysis in the fall, the patient equated the analyst with her mother, both of whom she felt had been cruel and rejecting in her hour of need. Though the analyst had expressed his regrets, she compared him with the sister's therapist, who had called regularly during the period following the death. The sister's therapist was again equated with the paternal grandmother who was indulgent, giving, supportive, and loving.

Throughout the analysis, any change, whether requested by the analyst or patient, whether of fee or time, was experienced by the patient as a rejection, a severe narcissistic blow which the analyst, like the mother, enjoyed visiting on her. Always, there arose in her associations, the figure of someone connected with the Institute, either the sister's analyst or the handsome, prince-like student analyst she should have been assigned to, who would treat her differently. On one occasion the analyst acceded to the patient's request to change an hour, but she arrived at the original time believing the analyst had not agreed to the change. She believed that he was lying to her like her lying, rejecting, manipulative mother.

When the student analyst was graduated, the patient was

notified by the analyst that she would now have to pay fees directly to him. While this was met with some anxiety, it was only when she received a formal notice of change of status from the Treatment Center that she grew frightened, resentful, and surprised that this idealized, protective presence was gone.

When, after four and a half years of analysis, the analyst notified the patient of his inability to continue her treatment due to his assumption of a full-time academic position, the patient grew resentful, but in a much less anxious and depressed fashion than her previous pathology might have led one to expect. However, it became clear that she had maintained or resurrected the fantasy of the protective grandmotherly Institute which would now provide her with an indulgent and loving substitute. In fact, with the aid of an understanding Treatment Center director and a willing second student analyst, her fantasy wish was gratified at least partially.

DISCUSSION

These three Treatment Center cases manifested splitting of the transference between the analyst on the one hand and the Institute and related figures on the other. In this connection, Reider (1953) writes of '. . . the split transference in the psychiatric hospitals where a nurse or other member of the hospital personnel often plays as important a role in the transference manifestations as the analyst. Likewise it is now commonplace knowledge that an institution serves many patients as a haven of refuge, wherein they may feel more secure and experience a maternal sort of protection' (p. 58). Reider also points to 'the death of a parent' as one common precursor to such a transference manifestation.

In our cases we found transference fantasies in which the Treatment Center and its functionaries were regarded as nurturing, indulgent, orally gratifying, and rescuing grandparent figures and the analyst as a depriving, rejecting, abandoning parent. As with all candidates at the New York Psychoanalytic

Institute, the authors treated two patients each who were selected for low fee analysis under the aegis of the Treatment Center. That three of the four cases manifested similar phenomena suggests the likelihood that such instances may be reasonably common. The fourth case showed many elements in common with the others, such as a significant relationship with the grandparents, difficulties over fee, and some suggestion of the Institute as a nurturing and rescuing figure. However, before this could be elucidated, the patient terminated treatment when the analyst was inducted into the Armed Services.

With respect to Treatment Center cases, certain reality factors should be taken into account. First, the patient is put through an arduous, test-interview-examination ordeal and is finally accepted. Second, the patient receives a tangible award in the form of a low or no fee analysis. This fosters the fantasy of the Institute as a nurturing figure. Assuming the existence of significant childhood experiences that approximate those presented here, such as split family relationships, it is not difficult to understand how the Institute and its members quickly come to represent an indulgent, nurturing figure such as a grandparent. The realities of the ongoing analysis, with its frustrations and deprivations, including the necessity for a higher fee with increased earnings of the patient, can accentuate the dichotomy. Third, the Institute is relatively permanent as compared with the potential transience of the analyst, who is susceptible to death, illness, the draft, change of status, and change of location.

Thus, for those patients who have suffered real abandonment in childhood, the Institute may be a psychic prerequisite to enter analysis, as it represents a fantasied haven in the event of abandonment by the analyst. Once the analysis begins, the split represents difficult transference resistance, blocking successful termination. In our cases successful working through of these transference resistances could only take place when the patient's and the analyst's ties to the Institute were severed. Since cases are frequently terminated prior to the candidates' graduation, it is possible that fantasies about the Treatment Center and the

analyst, which have their roots in early split family relationships, may remain unanalyzed.

In all of the cases described, the question of fee had a particular prominence, and the splitting of the transference crystallized around this issue. Our findings seem contradictory to those of Lorand and Console (1958), who concluded that low or no fee analysis in a treatment center setting did not significantly differ from analytic treatment encountered in an office practice. Supervisors quoted in that study supported this view although some mentioned low fee as being seen by the patients as an indulgence from the analyst. Nowhere in Lorand and Console's paper is the role of the Institute regarded as significant. However, what seemed most significant in our cases was that the low fee represented the nurture which had been available mostly from the grandparent. The oral derivatives were most prominent and had to be recognized to resolve the patients' neuroses and transference reactions. We agree with Eissler (1974) that '. . . it is highly probable that the whole complex problem of money is only rarely treated in a satisfactory and sufficient way' (p. 95).

Our findings support those of Rappaport (1958) who focused on the grandparent as a significant figure for identification and an important influence on the development of neurotic character traits (see Jones [1938] as well). Our material, which suggests that patients attempted to ally themselves with the loving Institute-grandparent against the frustrating analyst-parent, conforms with Rappaport's observation of the tendency of the grandchild and grandparent to form an alliance characterized by derision of the parents.

Based on a limited number of cases, our findings need validation by other analysts as well as by carefully controlled statistical studies. Regarding the latter, we would suggest the study of transference phenomena in a psychotherapy clinic where many patients have histories of multiple parent surrogates. Their transference manifestations and attitudes toward the clinic could be compared with those of patients raised in more conventional single family settings.

SUMMARY

The case material presented suggests the importance of the relationship to the grandparents as a significant and often unrecognized precursor to the development of particular transference configurations in patients treated under the aegis of an analytic treatment center. One such configuration consists of a transference split in which the Institute and its members represent the good grandparent and the analyst represents the depriving parent imago. Such cases, while presenting a particular transference resistance and consequent technical difficulties, can successfully undergo psychoanalysis so long as the issues are recognized and brought into the analytic work.

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Mt. Sinai School of Medicine
Dept. of Psychiatry
100th Street and Fifth Avenue
New York, New York 10029

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On a Particular Neurotic Equivalent of Necrophilia

Norman Reider

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ON A PARTICULAR NEUROTIC EQUIVALENT OF NECROPHILIA

BY NORMAN REIDER, M.D.

Calef and Weinshel (1972) have described neurotic equivalents of necrophilia in patients who complain that their spouses go to sleep before they do and before sexual activity can be initiated. The complaint hides the patient's fascination and attraction for the sleeping sexual object and the wish to make love to that object. This is related to the theme of the *Sleeping Beauty*, which has many variants, all containing the element of the dead person being brought back to life by sexual activity. The complexities of the phenomenon, its relation to an ambivalent wish for union with the mother, its transference manifestations, and its frequency are aptly dealt with by Calef and Weinshel.

I wish to call attention to one variant of the clinical syndrome as it appears in physicians who seduce or are seduced by frigid women. It is illustrated by a gross story which was a bit in vogue a decade ago. A man has intercourse with his dying wife. The next morning she awakens healthy and free of illness. He muses to himself, 'To think that I could have saved Mrs. Roosevelt!'

The omnipotent rescue fantasies have come to the fore in the therapy of a few physicians, psychiatrists, and gynecologists who acted out their fantasies by having sexual intercourse with women whose chief complaint was frigidity. They acted out their therapeutic zeal in making the 'dead ass come to life' by their magical potency. The fantasy was not conscious and gained verbal expression only after investigation of the need to act out the impulse. In one such physician, the activity related to a marital problem in which he had fear for his own potency with his wife. In another this factor was coupled with resentment against his wife, displaced onto the patient, associated with fear of inability to please her financially and socially. In other instances the factors were quite complex, involving sibling rivalry and other factors mentioned by Calef and Weinshel.

In each instance the sexual act was performed in the treatment room. All charged for the sessions in which the 'sexual treatment' took place, feeling that they were entitled to the fee. One physician urgently asked for a psychiatric consultation when he became impotent during the act. The impotence was precipitated by the woman's becoming excited and active. This gynecologist, his confidence in himself restored after some psychotherapy, had a neat solution to the problem of his impulses thereafter; he referred frigid women to psychiatrists immediately.

Calef and Weinshel's thesis was borne out accidently by a woman patient who came to treatment for insomnia. She had seduced her gynecologist after her husband had died. The affair lasted for years in what seemed to her to be a mutually satisfactory arrangement. She told me an 'incidental' fact, to her a curiously amusing one, that in their sexual intercourse he insisted that she remain passive and immobile.

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San Francisco, Calif. 94115

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Xerox: A New Symbol

Dale Boesky

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XEROX: A NEW SYMBOL

BY DALE BOESKY, M.D.

This brief clinical report introduces the appearance of a new symbol, the Xerox machine, which because of its copying function serves as a vehicle for the symbolization of phallic-reproductive functions.

As recently observed by Waldhorn and Fine (1974), the Lamarckian view of phylogenetic transmission of symbols leaves no room for the appearance of new symbols, but clinical experience abundantly illustrates that new symbols are continuously evolving. Certain passages in Freud's numerous assertions of phylogenetic inheritance would seem to clearly specify an exclusively Lamarckian explanation for symbol formation: '. . . symbolic connections, which the individual has never acquired by learning, may justly claim to be regarded as a phylogenetic heritage' (Freud, 1915, p. 199)—a statement which implies the inheritance of acquired sensory and cognitive experience, at least for certain symbols. Yet Freud's views on this issue were more subtle than isolated examples might indicate. He was fully aware that new symbols would continuously evolve from the novel sensory impressions of future generations. He cited the airship as an example of a new phallic symbol and stated: 'The power of constructing symbols has not been exhausted in our own days. . . . Newly discovered objects . . . are . . . at once adopted as universally available sexual symbols' (Freud, 1900-1901, p. 684), and in the Introductory Lectures, he described complicated machinery as a phallic symbol (Freud, 1915, p. 156). In 1925, Eder reported the camera and X-ray apparatus as phallic symbols. To my knowledge the present paper is the first report of the Xerox machine as a phallic symbol.

I

A patient in analysis for severe impotence was dealing with his resistance to an emerging passive, feminine homosexual trans-

ference. One day he reported that he had been sexually aroused when a waitress with whom he had been flirting scratched his back. He could not bring himself to take her up on her overture just as he could not risk yet another failure at intercourse with his girl friend. Instead, later that day he masturbated with the fantasy of a lady barber massaging his head. In this fantasy a girl then replaced him in the barber chair and the barber was transformed into a Lesbian who made sexual advances to the girl. Other material in this session, as well as from prior sessions, led to the interpretation that he was protecting himself from his fears about women by having sexual feelings about the analyst which were frightening to him. Just before this interpretation he had been rolling a piece of nasal mucus between his fingers. Now he suddenly sat up, turned around, and reached behind the couch for a piece of Kleenex into which he put the dry mucus. Associations to this 'acting in' included his use of Kleenex to clean up his semen when he masturbated and memories of sitting on the bathroom counter as a little boy while his father defecated.[1]

In the next hour he reported that he had felt driven to seek out the same waitress after his session the day before. He knew that he was merely trying to prove how wrong I was about his avoiding sexual feelings for me but he could not stop himself. He met the waitress as she was leaving work and she was very friendly, but told him she had to go to a dance studio for a lesson. He left her, and then was seized with an impulse to try to find her again after her lesson even though he felt he would not know what to do if he did find her. He drove around the area of the studio and then went home. That night he had the following dream:

> I am with Fred A [his boss] and R [a fellow worker]. R seems to be leaving our company to work for someone else and Fred A orders R to Xerox a report first. This reminds me [in the dream]

[1] It subsequently became clear that this symbolic act with the Kleenex was a derivative of a complicated masturbation fantasy in which he anally incorporated the paternal phallus.

of a similar demand made by another friend's boss. His boss also made him Xerox something and in the dream it seems my other friend wants to put that off until later.

For the sake of brevity I shall include only those associations directly related to the symbol. He was amused to dream of R leaving his secure job: R was so passive and dependent on his parents with whom he still lived. The boss, Fred A, had actually replaced R as the head of their office. The first name of one of the senior partners in the company which in the dream R is joining is Dale. When I asked for associations to Xerox he said: 'Yesterday Fred B came to my office to use our Xerox machine because his office could not afford one of their own'. Then the patient remembered a man, Fred C, who was 'an idiot, incompetent to be a boss', who worked in another section of the company and who had just issued a stupid order. The patient felt that I thought he should have done something with a real woman instead of masturbating. In a recent session he reported that his boss, Fred A, came to his apartment to help him do a repair job but could not do the job because a drill and screwdriver were needed, tools that Fred A always borrowed from his father.

The essential element in this richly overdetermined dream is that the patient resolved his impossible dilemma of suffering castration in either the heterosexual or homosexual position by gratifying a defensive fantasy wish. In this fantasy he imagines that I have 'ordered' him to perform sexually with a woman (to reproduce). He carries out the 'order' by incorporating the phallus of the analyst-father and thereby avoids both the heterosexual as well as the homosexual castration threats. The Xerox machine symbolized the paternal phallus.

II

The second example is from the analysis of a woman whose father was away two years in military service when she was two to four years old. Shortly after his return the mother became pregnant with the patient's sister. The session to be described

began with her expressing disappointment that her mother had refused a gift of a little plant cutting of a specimen of Wandering Jew which the patient had taken some pains to prepare. The patient had learned the technique of plant propagation from her younger sister. Her mother said she preferred big plants. Her sister had made some beautiful photographs for the mother that the patient admired. Her mother had criticized the patient's house because it lacked an outside deck in the back. The patient was then reminded of her pride in her little son who was trying to master his fear of an impending surgical procedure by playing hospital games. She thought of how her son loved to play baseball with his daddy and how much a child needs his father. She gestured with amusement to indicate the contrast between the large bat and baseball and her little boy. She had had a very brief recurrence of bloody cystitis after her last analytic session. This morning she visited an old friend who was about to buy a big home from an analyst. She now expressed her fear that her husband's plan to get rid of some bushes could harm their pets or their child because after cutting the bushes he wanted to put a big spike into the remaining stumps in the ground and pour poison into the holes. At this point she stopped and said, 'Oh! I am so stupid—I forgot to Xerox the insurance form you filled out for me this month so now you will have to go to the trouble of filling out another form.'

Utilizing the Xerox machine as a symbol of the paternal phallus in the transference, I made the following reconstruction: 'When your father came home from the Navy and impregnated your mother with his big spike-phallus you thought he killed the little baby that you tried to give her and that she would rather have his baby because you had such a little phallus.' She thought for a moment and then replied, 'Mother said "You have such a *nice* house, why did you think I would not like it?" but there were parentheses around the word *"nice"* the way she said it.' I asked her why she said parentheses and she said it reminded her of a poem by e. e. cummings (1958) which she wrote out for me:

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[In linear form the poem would read: l (a leaf falls) oneliness.] The poem, which equated the falling of a leaf with loneliness, partially confirmed the reconstruction which established the linkage between her castration anxiety and her propensity to mild moods of depression. She said she had especially remembered this poem because it illustrated the poetic device of tmesis.[2]

Thus the parentheses 'in' her mother's voice and in the poem represented for her the labia between which the poet inserted a leaf which fell. She could not reproduce what flowed from the pen of her analyst-father with a Xerox, which symbolized the incorporated paternal phallus. Separation expressed as a gap in space is also expressed in the typography of the spacing of the lines in the poem.

SUMMARY

Two clinical vignettes are reported to illustrate the appearance of a new symbol, the Xerox. The phallic aspects of reproducing

[2] Tmesis is the separation of parts of a compound word by another word inserted between them, e.g., *hoo-bloody-ray* (Fowler, 1965). The etymologic roots of this word derive from the Greek *tmema,* a part cut off or a section (*cf., Compact Oxford English Dictionary*).

an exact replica are symbolically expressed in the first vignette in reference to the Xerox process in a manifest dream. In the second vignette the utilization of the Xerox as a symbol of the paternal phallus facilitated the development of a useful reconstruction.

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2401 West Big Beaver Road
Troy, Mich. 48084

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On the Umbilicus as Bisexual Genital

Stanley Friedman

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ON THE UMBILICUS AS BISEXUAL GENITAL

BY STANLEY FRIEDMAN, M.D.

In a recent clinical note, Waltzer (1974) presented a borderline patient who avoided her vagina and used her umbilicus as a substitute. Although his thesis is partially convincing, my own clinical experience indicates that some female patients use the umbilicus as a reassurance against and denial of the painful fantasy that females are actually castrated males. The interest these patients have in the umbilicus relates primarily to the fact that important males in their environment possess an organ exactly like one which they themselves have; its hypercathexis can aid them in denying genital differences between themselves and the males around them. Such interpretations have been made by Roiphe (1968), Galenson and Roiphe (1971), and have been implied by Heilbrunn (1975).

This brief report on one woman and two girls is presented because the woman, unlike Waltzer's and Heilbrunn's borderline patients, had a moderate transference neurosis and was interested in someone else's umbilicus, while the two girls maintained or developed their interest during the phallic period.

Case 1: A little girl began to suffer moderately severe penis envy following the birth of a brother when she was eighteen months old. At about two years of age, she developed an interest in her father's umbilicus, an interest that lasted for two years. She would stay nearby when he changed into informal attire after returning home from the office. When his arms were upstretched in pulling off or putting on a shirt, his undershirt at times would rise, exposing his umbilicus. The child would then laugh with glee and announce triumphantly that she had 'seen it'. Teasingly, she would state that she wanted to insert her finger into it and would laughingly persist in such attempts, despite her father's efforts to discourage her. She had a list of people's 'priva-

cies' (anatomic parts that did not have to be exposed to view) and this included 'penises, ginas, bottoms, bosoms, and belly buttons'. Despite the intensity of her interest in her father's umbilicus, the child had no interest in her mother's, although the mother's underwear and bathing suits more often exposed her umbilicus. There was little curiosity about her younger brother's umbilicus which, it may be suspected, would be visible at times when his penis was also exposed.

Cases 2 and 3: A thirty-year-old mother of two, an analytic patient, presented a dream that contained elements implying a wish to penetrate her husband's body. Thinking of a possible fantasy of digital penetration of the anus, the analyst pointed out the patient's implied wish to penetrate her husband's body and asked for her thoughts. She was surprised to realize that one of her frequently expressed impulses had been kept secret from the analyst for three years: following intercourse, she would have the urge to poke her finger into her husband's umbilicus. He found this activity annoying and embarrassing but the patient found it very difficult to control the impulse and continued it, with teasing rationalizations. The situation had changed in recent weeks because the patient's three-year-old daughter, who was exposed daily to the sight of her older brother's penis, also had developed an interest in her father's umbilicus; she too wanted to play with it. The patient's husband jokingly reproached his wife for 'passing on such defective genes' to their daughter, as they both were aware that she had never been present during their sexual activities. The patient realized the significance of her impulse as soon as she confessed it. She was also relieved when she noticed that she had been feeling vaguely guilty about her daughter's interest, as though she had taught it to her. She now stated that she understood that 'any little girl could get interested on her own as a way of avoiding feeling inferior further down'. Displacing interest upward from the genital area avoided painful awareness of differences by stressing in a libidinized way a substitute area where all mankind was created equal.

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9 East 96th Street
New York, N. Y. 10028

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Robert Hans Jokl, M.D. 1890–1975

Maurice N. Walsh

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ROBERT HANS JOKL, M.D.

1890-1975

Analysand of Sigmund Freud; officer of the Vienna Psychoanalytic Society; training analyst in the Vienna, Topeka, and Los Angeles Psychoanalytic Institutes; biologist, neurologist, and psychiatrist prior to his psychoanalytic training; military physician in World War I; escapee from Nazi tyranny and concentration camp inmate in World War II; valued teacher and friend to several generations of psychoanalytic trainees; affectionate and loving family man—Robert Jokl lived a long and rich life.

He was born in Czechoslovakia, then a part of the Austro-Hungarian Empire. At the Carl Ferdinand University in Prague, he first studied marine biology and philosophy, then attended medical school at the same university, receiving his medical degree in 1915. After serving as assistant physician in the Department of Medicine of the university, he was appointed an exchange assistant in the clinic of Professor Bleuler in Zürich, where he received his neurological training. It was during this period that he developed an interest in psychiatry.

Dr. Jokl's life was disrupted by two holocausts—World Wars I and II—which he survived although he was in grave danger during both. In World War I, as a medical officer in the Austro-Hungarian Army, he conducted typhus research and was sent to the Eastern Front to combat a cholera epidemic. There he contracted typhus fever, narrowly escaping death. After recovery he was sent to the Italian Front, was captured by the Italian army, and spent a year in Monte Cassino as a prisoner of war.

At the end of World War I, after Dr. Jokl had returned to civilian life, Bleuler suggested he visit Sigmund Freud. He was accepted by Freud for psychoanalytic training and was analyzed by him for two years. From 1919 to 1922, he had a number of control cases with Freud, Federn, Hitschmann, and Bernfeld. In

the fall of 1921, he became an active member of the Vienna Psychoanalytic Society.

Like many of the scientifically oriented early psychoanalysts, including Sigmund Freud, Robert Jokl received a thorough training in biology and neurology, thereby laying a sound scientific foundation for later psychoanalytic research and practice. He received a qualification in neurology and psychiatry under the tutelage of Professors Poetzl and Wagner-Jauregg, and became an active member of the Vienna Association of Neurology and Psychiatry. He was appointed Director of the Neurology Department and Chief of the Encephalitis Division of the Vienna General Hospital; he lectured on psychotherapy and medical psychology at the Medical School of the University of Vienna and carried out research on the regeneration of nerves under the influence of radium at the Lainzer Hospital. During this period he was also engaged in the private practice of psychoanalysis, psychiatry, and neurology.

His close association with Freud, the Vienna Psychoanalytic Association, and the International Psychoanalytic Association lasted over a period of sixteen years. In 1923, he began teaching psychoanalysis and became a member of the Educational Board of the Psychoanalytic Polyclinic. He was a member of the Executive Committee of the Vienna Psychoanalytic Society, then its secretary, and, during the presidency of Federn, was vice-president of the Society. As a training analyst in Vienna, Grete Bibring, Otto Isakower, Otto Sperling, Jenny Waelder-Hall, and Robert Waelder were among his distinguished analysands.

Noting that the younger candidates and members of the Vienna Psychoanalytic Society were contributing less and less to ongoing discussions, presumably because they felt intimidated by the sharp criticisms leveled at them by older members, Jokl suggested to Freud that a Youth Group be formed. When Freud agreed, such a group was established in collaboration with Otto Fenichel, Wilhelm Reich, and other younger members of the Society, their meetings alternating with the regular meetings of the Society. Although the group was never made an official part

of the Society, it continued to meet until the organization of the Vienna Institute made it unnecessary.

In 1938, five months after the Nazis took over Austria, he and his wife, Magda Blumenstein Jokl, escaped to France where they awaited an entry permit to England which was being arranged by John Rickman. But before their permits were received, the Nazis invaded Southern France and he and his wife were placed in a French concentration camp. There he was appointed physician for the inmates and, because of the severe shortage of physicians, he was allowed to practice general medicine outside the camp. On several occasions he was called upon to treat members of the Maquis who were hiding in the mountains and, on two occasions, members of the German Wehrmacht who were cut off from their military units. For Robert Jokl they were all people in need of medical care. When Southern France was liberated from the Nazis in 1944, he and his wife stayed on and he continued his medical practice.

In 1946 he returned to Vienna to assist Professor Aichhorn in the reconstruction of the Vienna Institute and Society. However, finding the then prevailing atmosphere and conditions in Vienna not conducive to a renaissance of psychoanalysis, he accepted the position of Training Analyst at the Topeka Institute for Psychoanalysis offered him by Karl and William Menninger. After three and a half years on the educational staff of the Topeka Institute, he moved to Los Angeles. Dr. Henry Lihn and I accompanied him to continue our training at the Los Angeles Psychoanalytic Institute where Dr. Jokl was appointed a Training and Supervising Analyst. He became a member of the American Psychoanalytic Association in 1951.

In Los Angeles he became a valued and productive member of the psychoanalytic community. His biological and scientific orientation, his belief that analytic candidates should be required to write a graduation thesis, and some of his other expressed views and suggestions were at first considered by some to be old-fashioned. Later developments vindicated the majority

of his views, which were always consonant with sound, present-day psychoanalytic theory and practice.

Among his important papers were a 1922 contribution on the psychogenesis of writer's cramp; a 1926 paper on the mobilization of guilt feelings in 'active therapy'; a paper in 1930 on resistance to psychoanalysis; his study of *Danse Macabre* by Frans Masereel in 1943; and a paper in 1950 on the preservation of sublimation, in which he dispelled the myth that psychoanalysis destroys talent and emphasized that, conversely, it has the effect of freeing bound talent.

In both his professional and personal life, Robert Jokl was a man of character, integrity, and modesty. He was compassionate and had a keen social conscience; throughout his life he observed with zest the contemporary scene. His influence will continue to serve as an example to his many analysands and colleagues, as well as to younger psychoanalysts.

MAURICE N. WALSH

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The Inability to Mourn. Principles of Collective Behavior. By Alexander and Margarete Mitscherlich. Translated by Beverly Placzek. New York: Grove Press, 1975. 322 pp.

George H. Pollock

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BOOK REVIEWS

THE INABILITY TO MOURN. Principles of Collective Behavior. By Alexander and Margarete Mitscherlich. Translated by Beverly Placzek. New York: Grove Press, 1975. 322 pp.

Alexander Mitscherlich, a recent Vice President of the International Psycho-Analytical Association, is the Editor of *Psyche* and the Director of the Sigmund Freud Institute in Frankfurt. His very significant earlier volume, *Society Without the Father,*[1] was published in 1963. He was awarded the 1969 Peace Prize of the German book industry and, until recently, was Professor of Psychology and Social Psychology at the Frankfurt University. Margarete Mitscherlich, his wife, is also a practicing psychoanalyst as well as the author of *Must We Hate?,* a study dealing with conflicts between internal and external reality.

The Inability To Mourn, first published in West Germany in 1967, had an unusual impact. More than one hundred thousand copies were sold in the original cloth edition, and the book was on the best seller lists for more than a year. Sections of it have found their way into German school books. Now it has been translated and published in the United States.

R. J. Lifton's Preface to the American edition and the authors' Foreword comment briefly on events that have occurred in Germany and the United States during the eight-year interval between the German and the English editions. The Mitscherlichs indicate in the new introduction that 'it is a study of collective social conduct which is indebted . . . to the methodology of psychoanalysis'. As we learn in the book itself, the volume is based on the authors' clinical observations during psychoanalytic treatment of their patients as well as on the earlier work of Alexander Mitscherlich in the sociopsychological aspects of German political behavior. Although the Mitscherlichs are writing of their research in post-Hitler Germany, the principles they evolve apply to today's world as well as to that of societies preceding this century.

The Mitscherlichs' book remains 'strictly within the context of

[1] Alexander Mitscherlich: *Auf dem Weg zur vaterlosen Gesellschaft. Ideen zur Sozialpsychologie.* Munich: R. Piper & Co. Verlag, 1963. Reviewed in This QUARTERLY, XXXIII, 1964, pp. 427-430.

psychoanalytic metapsychology' and applies principles of individual depth psychology to group phenomena in a unique manner. For example, what defense mechanisms and what aspects of the psychic apparatus are involved in 'the behavior of individuals subjected to the very severe group pressure of political passions'? What 'psychic capacities decline or appear to be crippled in their functioning' when an individual is enmeshed in a national mass reaction involving idealization, paranoid projection, and the abandonment of critical functions of the ego, along with the loss of ability to assess the quality of the political leader or of the political situation in which a nation finds itself? These significant questions are surely as pertinent today in the United States as they were in Germany thirty or forty years ago. While the unconscious constellations that underlie the individual's psychic processes remain personal, the Mitscherlichs report on the 'immense throng of like minded individuals' who make up the group and thus form the basis of collective behavior.

If this were the only contribution of this volume, it would be a most significant study in the tradition that follows Freud's monumental insights into group psychology. But in addition, the Mitscherlichs found that the inability to mourn is an enduring group psychological phenomenon that helps us understand the defensive reactions of many Germans in relation to Hitler and the Nazi movement. Extrapolating from what we know of the individual mourning process, namely, that this adaptational process is essential if one is involved in change and if the loss is to be converted into a gain, the authors explain that many Germans after the war showed an inability to mourn for the past which was gone, for the leader who was dead and who had brought defeat to Germany, for the atrocities inflicted on millions, and for the failure of what was thought to be a cohesive political philosophy and an invincible military power.

Many ideas related to the mourning process at the collective level which the Mitscherlichs stimulated in this reviewer could be included here, but the reader should have the experience of such stimulation for himself. The authors correctly point out that, first, loss must be accepted as reality; then the working through process, paralleling the mourning work, occurs. This is a prerequisite to experiencing true guilt and remorse about what was done. 'No such working-through occurred' in post-Hitler Germany: 'Instead, the recollection of a whole segment of national history soon faded; and . . . on the

individual level that meant losing segments of one's own life from memory—how one had thought, acted, and hoped in them. Blanks developed in the autobiography of the individual' (p. xvii). We are all clinically familiar with such extremes of denial, arrests of the mourning process and even, at times, an unconscious manipulation of reality. But to find this occurring on a national level and to observe it to be 'astonishingly resistant and inaccessible to critical revision' is a pessimistic finding. But collective delusional misperceptions of reality are as virulent today as they were yesterday. The issues may require explanations more complex than solely the inability to mourn, but this dimension is an essential ingredient in the resolution of the collective illness. There are few variables to which one can ascribe the sole determining role.

The Mitscherlichs assert that they have found two distinct psychic processes in the Germans: 'the retrospective warding off of real guilt by the older generation and the unwillingness of the younger to get caught up in the guilt problems of their parents. The general disintegration of traditional patterns of behavior contributes to this detachment' (p. xx). In a chapter titled *Identifications and Their Fate in Adolescence,* the authors develop the above distinction and relate their observations to pivotal issues involved in the universal adolescent transitional process. In the course of this discussion, they make a contribution to psychoanalytic developmental psychology. 'A massive lack of interest in history is one of the concomitants of our culture', they note. 'One unintended side effect of our doctrine of progress has been the gradual weakening of object relations together with an increase in secondary narcissism. Here the use of the term "alienation" is in order: such alienation adds impetus to the growing indifference to anything that entails responsibility' (p. xx).

In recent years we have seen increasing numbers of publications dealing with Germany during and before the second World War. Motion pictures from Europe, some using documentary techniques, dealing with the Nazis in Germany, Holland, and France are being shown. Perhaps it takes a generation or thirty years to view the traumas and horrors of the Nazis with some objectivity. Now the publication of *The Inability To Mourn* provides us with psychoanalytic insights into the collective rejection of guilt by a group whose members have to block memories and affects individually in order to maintain psychic equilibrium.

By utilizing the psychoanalytic conceptualization of the mourning process, the Mitscherlichs suggest that many of their patients were unable to experience this process as a means of dealing with the loss of what was very meaningful to them. This volume can be seen as a contribution to the psychoanalytic understanding of group processes. But it must also be viewed as a continuation of the heroic work of Alexander Mitscherlich, who was an early opponent of the Nazi movement. After spending time in jail as a result of this opposition, he was required to report to the Gestapo twice a day upon his release. He became a minister in the first government formed by the American occupation forces and at the Nuremberg trials, he headed the German Medical Commission which dealt with medical war crimes. Together with Dr. Fred Mielke, he wrote *Doctors of Infamy: The Story of the Nazi Medical Crimes* and *The Death Doctors. The Inability To Mourn* can be seen as a further product of an incomparable ongoing research that has not been undertaken by others.

This volume, although heavily psychoanalytic, must also be seen as a first-rate, scholarly contribution to social psychology, political theory, history, philosophy and to our understanding of some current socioeconomic-political world issues. The translation is masterful; one reads quickly, although some sections may require a second reading in order to appreciate fully some of the subtle nuances of conceptualization offered. The index of names and subject matter is adequate. Some chapters can be read individually with profit, even though they are parts of the whole presentation. Chapters titled *Tolerance—Proclaimed and Practical, The Social and Personal Ego,* and *Changing Patterns of Political Authority* are examples.

Psychoanalysts can be proud and admiring of the work of Alexander and Margarete Mitscherlich. They are important contributors to the psychoanalytic understanding of psychosocial issues and to the humanistic tradition of our science and our profession. In this latest work, they utilize their knowledge and clinical observations to contribute further insights about the aftermath of one of the worst episodes in man's history. If we can learn from them and apply their information, we may be able to contribute to the prevention in the future of such massive destructions of man and his civilizations.

GEORGE H. POLLOCK (CHICAGO)

ATTACHMENT AND LOSS, VOLUME II. Separation. Anxiety and Anger. By John Bowlby. New York: Basic Books, Inc., 1973. 444 pp.

This is the second of Bowlby's projected three volume opus, in which he presents his well-known views on the central position of separation in normal as well as pathological development. Too many psychoanalysts have only a partial acquaintance with Bowlby's voluminous work and consequently fail to recognize his radical departure from the Freudian schema of mental development. Bowlby is commonly identified in the psychiatric community at large with his most widely known thesis, the triad of reactions to separation: protest, despair, and detachment. On the descriptive level at which this is usually understood, it could hardly excite even minor controversy. However, the basic understructure represents a fundamentally different model of psychological organization. Bowlby assumes that there is an inborn instinctual urge which ties an infant to his mother. He holds that separation anxiety is a primary response, not reducible to other terms, and is due simply to the rupture of the child's attachment to his mother. This core of his thesis, he asserts, is firmly based on modern biological evolutionary thinking and has the adaptive function of ensuring the survival of the young. Thus he dismisses not only the full psychoanalytic metapsychological superstructure but also the mind-body problem that bedeviled Freud and so many other important thinkers. It is startling indeed that the index to this large volume on an important aspect of human psychology contains not one single reference to the dynamic unconscious.

There is certainly an appealing directness and simplicity to Bowlby's schema as contrasted with the at times intricate and complicated turns in Freud's metapsychological reasoning. However, these complications seem no more than a true reflection of the complexity of mental life. In Bowlby's work there is an undercurrent—one that surfaces at times in explicit statements—which would liken Freud's mind-centered metapsychology to the baroquely complicated Ptolemaic schema of an earth-centered solar system. By contrast, Bowlby offers his own 'biologically based' schema which, to belabor the metaphor a bit longer, has the elegant esthetic simplicity of the Copernican sun-centered schema of planetary motion.

Freud's passionate commitment to a biological determinism needs no defense in this review. A number of years after he was firmly embarked on his psychoanalytic investigations, he made a heroic

attempt to bridge the formidable mind-body divide in his *Project for a Scientific Psychology*. He clearly recognized that neither the biology of his time nor his psychoanalytic psychology was sophisticated or subtle enough to deal with the mind-body problem; hence his metapsychology.

At every turn in Bowlby's polemical argument he highlights the 'scientific' simplicity of his assumptions to challenge the complexity in Freud's basic theoretical constructs. This occurs, for example, in his discussion of the pleasure principle in spite of his firm recognition that such a postulate serves as a paradigm for the formulation of theory and as a model for research. In this same polemic vein, Bowlby tells us that the paradigm Freud employed throughout his metapsychology is pre-Darwinian in its assumptions. He informs us that there were two separate debates in the latter half of the nineteenth century. The first was about the historic reality of evolution, which Freud enthusiastically embraced, and the second was about the evolutionary process.

While Darwin presented the most comprehensive argument for the reality of evolution in *Origin of Species,* this was by no means his original contribution: Wallace almost simultaneously published a similar thesis and Lamarck in 1809 had advanced a systematic theory of the evolution of living species from earlier ones. Darwin's essential contribution had to do with the evolutionary process, that is, the survival of the fittest, an issue which was not settled until the 1930's after the investigations of Mendelian genetics were integrated into the biological thinking of the time. According to Bowlby, Freud did not accept the essential Darwinian thesis as to process but instead seemed to lean heavily on the vitalism of Lamarck, who proposed the evolutionary process of the inheritance of acquired characteristics and the force of a 'tendency to perfection' and of an 'inner feeling of need'. Bowlby quotes from a 1917 letter of Freud to Abraham in which he enthusiastically writes: 'Our intention is to base Lamarck's ideas completely on our own theories and to show that the concept of "need" which creates and modifies organs is nothing else than the power unconscious ideas have over the body . . . in short the omnipotence of thought' (p. 402). This hardly indicates that Freud was basing his metapsychology on the inheritance of acquired characteristics. But the polemic, emotional undercurrent of Bowlby's argument leads to the conclusion that Freud and his metapsychology

are pre-Darwinian, nonmodern, and based on the discredited vitalism of Lamarck—and are hence to be rejected. By contrast, Bowlby's thesis of an inborn instinctive urge which ties the infant to the mother and separation anxiety as a primary response to the rupture of the attachment to mother has the adaptive function of ensuring the survival of the young. According to Bowlby, this is based on modern biological thinking and consequently is correct and to be embraced. He seems to assume wishfully that the 'modern' psychology of the 1920's and 1930's on which he anchors his psychology will not be superseded by a modern biology of the 1970's and 1980's that has a different center.

Bowlby presents his familiar triad of reactions to separation—protest, despair, and detachment—along with a set of parameters which either serve to intensify or to ameliorate the experience. These include the presence or absence of a familiar companion, familiar possessions, or mothering care from a substitute mother. The careful exposition of these ideas is bolstered by reference to numerous studies, most often by other workers. Much of this material is familiar, but Bowlby is to be commended for the very comprehensiveness of his presentation of evidence. In keeping with his evolutionary point of view, he includes a series of interesting animal studies which point to similar effects of separation in young primates.

In a major section of the book devoted to the consideration of phobias, Bowlby emphasizes the central role of 'anxious attachment', by which he means the individual's lack of confidence that his attachment figure, his mother, will be accessible or responsive to him. Following this general line of interpretation, he re-examines the case of Little Hans. He virtually disregards Freud's interpretation of the œdipal constellation in the structure of Little Hans's phobia and instead points to some internal evidence which would make the fear of the loss of the parental figures, primarily the mother, the central dynamic.

This volume presents Bowlby's views in a systematic and comprehensive fashion, views which represent a radical departure from Freud's theoretical constructs. Most psychoanalysts will not, I believe, be convinced by Bowlby's central ideas but should find this a challenging opportunity to rethink and reaffirm their own point of view.

HERMAN ROIPHE (NEW YORK)

TRAUMA AND SYMBOLISM. (Monograph V of The Kris Study Group of the New York Psychoanalytic Institute.) Edited by Herbert F. Waldhorn, M.D. and Bernard D. Fine, M.D. New York: International Universities Press, Inc., 1974. 102 pp.

Another in the series of monographs issued by the Kris Study Group, this volume has the stated intention of bringing clarification to an area of psychoanalytic theory where the literature is sparse, diffuse, or contradictory. It may be well for readers to keep this aim in mind, lest they feel the work is lacking in novelty or depth. This particular effort is devoted to the two subjects, trauma and symbolism, and they are treated differently: the first section stays fairly close to clinical material with repeated references to abstract concepts; the second makes an over-all summary of a host of points in a more or less ex cathedra fashion.

The topic, *Trauma,* is presented by David Milrod who proceeds from a historical review to a series of case presentations illustrating a variety of traumatic situations and sequelae. An early goal to define the term and to distinguish definitively between shock trauma and stress (or strain) trauma was not reached. A majority of the participants felt that 'a traumatic experience can only be understood in terms of the entire context of an individual's life history and previous development' (p. 71). Traumata are felt to occur in clusters and shock trauma often occurs in a setting of established stress (or strain) trauma.

To say that the conclusions are modest may be misleading since the clinical presentations are rich and fascinating. My personal guess is that the avowed aim of the Chairman, David Beres, to have clinical material lead to theoretical constructions, rather than to work with a theoretical formulation in mind, has led to this disparity between abundant observations and sparse theory. Perhaps it is time for psychoanalysts to realize that theory does not spring out of observations but that one observes on the basis of one's theory, and observations that do not fit the theory force the scientist to develop or hazard a new theory. One cannot help but feel that this combined venture of these gifted analysts was hampered by an unwillingness to try a host of imaginative efforts to see if more sense could be made of things than actually was. (The work at times reads like descriptions of some early efforts to trap electricity in a Leyden jar before we had a reasonable theory of electricity.)

The second section, *Symbolism,* reported by John Donadeo, proceeds from the usual psychoanalytic definition of symbol: that which stands for or represents something else and, in particular, the representation essentially of unconscious mental activity. It is puzzling that the authors, who refer to Susanne Langer's work, fail to make the crucial distinction that she has so beautifully articulated between signs and symbols, between that which represents and that which is a vehicle for the conception of an object. This work therefore remains on the level of one that mixes sign and symbol together and thus separates itself intellectually from any of the current literature both within and outside of psychoanalysis on the symbolic process, the role of symbols in linguistics, and the development of the symbolizing capacity. Though a sentence in the text refers to the need for comprehending symbol formation from a developmental point of view, there are no references at all to Piaget's work on the child's capacity to symbolize. Of course it is unfair to approach a work critically for failure to do what it never planned to do, but one cannot hope to reconcile statements about symbolization at age three months with clear enough evidence from cognitive psychology that such activity is impossible. Until a more common language is spoken, psychoanalysis stands outside the mainstream of other scientific endeavors in this area.

The summary statements about symbols from a purely psychoanalytic point of view cannot be faulted save for a certain lack of preciseness. Such statements as 'symbolism [is a process] spanning the full range of developing ego structures and functions, from rudiments of organization of perceptions in earliest life to the highest levels of abstraction and secondary process' and 'it could be considered a continuum . . . acquiring ever new and different meanings at each succeeding stage and level of development' (p. 100) are hardly ones to merit protest. But one could substitute any number of words in that sentence for 'symbolism'—perhaps even 'trauma'.

ARNOLD I. GOLDBERG (CHICAGO)

SEXUAL DEVIATION: PSYCHOANALYTIC INSIGHTS. Edited by Mortimer Ostow, M.D. New York: Quadrangle/The New York Times Book Co., 1974. 187 pp.

This is the second publication to issue from the activities of the

Psychoanalytic Research and Development Fund,[1] a foundation whose purpose is sponsorship of research and education in psychoanalysis. The present work resulted from the discussions of a study group that met thirty-five times between 1964 and 1968. Members included Mortimer Ostow, Peter Blos, Sr., Sidney Furst, George Gero, Mark Kanzer, Daniel Silverman, Richard Sterba, Arthur Valenstein, Jacob A. Arlow, Earl Loomis, and Ernest Rappaport. The book is divided into three sections: an Introduction which describes the method used; Part I, which presents theoretical formulations derived from group discussion of case histories; and Part II, which contains six of the eight case histories discussed by the group.

In the Introduction, Ostow sets forth some of the problems encountered in attempting to use psychoanalysis as a research tool. He describes the relative isolation of each psychoanalyst in his consulting room and the resulting relative lack of corroboration of his own opinions by colleagues, the relative paucity of reproducible data derived from the observation of large numbers of patients, and the problems of data gathering. This group used session-by-session clinical records for a significant portion of each case they discussed. The members had agreed to meet together about once monthly during the academic year for a period of four or five years with a 'view toward achieving new and original insights'. In addition to the eight cases formally discussed, vignettes from the analytic experience of the participants were presented, so that thirty to forty cases were considered during the five-year period. All discussions were taped and transcripts were distributed to the participants.

The group chose to define perversion as Freud had in his *Three Essays on the Theory of Sexuality,* but they did not differentiate perversion from inversion, using the term 'perversion' to designate deviation in respect either to the object or the aim. The association of homosexuality with perversions in general is justified by Ostow on theoretical grounds, although he feels that under certain conditions when homosexuality exists without the qualities of compulsion and fixity, it need not necessarily be perverse. In further defining perverse behavior, the group came to several definite conclusions: it is not necessary for a partner to be present since a perversion can be acted out in fantasy; perverse behavior is imperative and insistent,

[1] The first was *Psychic Trauma* edited by Sidney S. Furst (New York: Basic Books, Inc., 1967), reviewed in This QUARTERLY, XXXVIII, 1969, pp. 132-135.

as well as inappropriate; and it may be either ego-syntonic or ego-dystonic, frequently in sequence.

The group found that perverse behavior usually terminated in genital orgasm, whatever the stimulus. This seemed to constitute the 'final common path of sexual discharge'. The criteria of primacy, closeness to the drive, fixity, and predominance were all applied in determining whether a particular behavior was to be considered perverse. As a consequence, sexual promiscuity was considered perverse when it clearly violated cultural attitudes only if it was compulsive and fixed. Similarly, the incestuous act, by virtue of the qualities of drive, fixity, and predominance as well as cultural disapproval, was considered perverse. The book differentiates a class of activities which should be classified as perverse tendencies. These could generally be described as activities or fantasies associated with pregenital components, either in masturbation, or with the participation of a partner in a single mode of discharge or in a variety of polymorphous-perverse actions.

Two approaches were used to develop a theory of causality: first, a developmental approach which viewed perversion 'in terms of relatively conflict-free, possibly pre-verbal or at least pre-genital experience'; and second, a point of view emphasizing the growing importance of conflict in both precœdipal and œdipal themes. In regard to the pathogenesis of perversion, special perceptual as well as motoric-functional patterns seem to be involved (these findings were essentially confined to homosexual men).

A limitation in the capacity for abstract thought in homosexual men is accompanied by a compensatory increase in perceptual sensitivity. The importance of the perceptual system and an unusually vivid quality to visual experience in the ego structure of perverse patients also seem to permit an easy visual-incorporative identification with the homosexual object. There also may be a hereditary predisposition for action that partly structures the pattern of discharge of aggressive and libidinal drives. This need to act complements the hypercathexis of perception, leading to a tendency to seek literalness and concreteness of experience. It was the consensus of the group that action is necessary because fantasy gratification is inadequate and that it is favored if an actual event in childhood can be magically replicated through action. A third characteristic of the ego of perverse individuals was noted: its toleration of inconsistency

far beyond that of normal or neurotic people. This, in turn, frequently nullifies the influence of the superego which has developed imperfectly in many perverse individuals. Rather than developing a superego through identification with the parental representations, there is a narcissistic merging with the parental images in many of these people. This merging process can be reflected in the perversion itself. These observations are, I think, original and, as Ostow suggests, they may serve as the focus for future research.

The foregoing description of some of the theoretical thinking of the group, as reported by Ostow, results from a faithful recording of the thoughts of each participant and affords the student of psychoanalysis a unique opportunity to participate in theory development at the highest level. This description of the development of a creative group effort, along with the detailed reports of cases, makes the book a major contribution to psychoanalytic understanding of perversion.

BARRY L. SIEGEL (ANN ARBOR)

THE ANALYST AND THE ADOLESCENT AT WORK. Edited by Marjorie Harley. New York: Quadrangle/The New York Times Book Co., 1974. 300 pp.

Marjorie Harley, in her characteristically lucid, modest, and graceful manner, has contributed another valuable addition to the psychoanalytic literature. This edited book represents the successful completion of a companion volume to Elisabeth Geleerd's *The Child Analyst at Work*[1], conceived by Geleerd and barely begun before her untimely death. Thus the bulk of the editor's work was Harley's. This thoughtful endeavor is indeed a worthy tribute to Dr. Geleerd.

It seems appropriate to begin this review with the editor's own introduction. Harley is not one to evade issues, and she explores the subject of the analyzability of adolescents in the light of their developmental processes. Child analysis, in general, has successfully developed through its own stages and amply demonstrated that children and adolescents can be analyzed. The earlier concerns of many analysts were directed at the question of modifications of technique (parameters). In my opinion, child analysts have shown convincingly

[1] Geleerd: *The Child Analyst at Work*. New York: International Universities Press, Inc., 1966. Reviewed in This QUARTERLY, XXXVIII, 1969, pp. 644-647.

that adaptations of technique are to be distinguished from the parameters in that the former implement the method, remain true to analytic concepts, and do not contaminate the transference.

This volume and its companion allow readers to follow the rich clinical material and to judge for themselves the validity of the concepts and the compatibility with accepted psychoanalytic methodology. I am in agreement with Harley's conclusion, demonstrated by the nine contributors, that the analytic method may be selectively employed with adolescents whose pathology is beyond the 'classical neurosis'.

The editor achieved an integrated style throughout the book by having the contributors briefly introduce their subject, present the problem, history, and treatment of a case and conclude with a discussion and summary. The result is an easily readable, stimulating view which is true to the title of this volume. One can see in the case material reported how frequently a workable transference evolved; in certain cases there was clearly a transference neurosis. A paper titled *The Technique of Defense Analysis in the Psychoanalysis of an Early Adolescent* by Calvin F. Settlage is one of the highlights of the volume, although the other articles certainly offer worthwhile demonstrations of creative therapeutic applications of psychoanalytic principles. Settlage integrates the pertinent analytic literature within a clear framework for his technical proposals. In his view, the defenses operative in ego functioning are seen as layered in a hierarchal manner. In defense analysis, the superficial layers of defense are approached first with the expectation that the ego will have more tolerance for exposure of the warded-off material at that level than at underlying levels. An associated tenet holds that analysis of the defense and what is defended against is worked with simultaneously. It is not the aim in the analytic work to obliterate defenses, but rather, in working through, the goal is to remove the pathologic need for the defense as it relates to specific unconscious issues at a given time in treatment. Seen in its essence, defense analysis is basically respectful of the position of the ego and its need for the particular defense at any given point.

The signal value of each contribution in this volume is that none of the authors oversimplified the problems usually encountered in the analytic treatment of adolescents. The treatment of varied symptoms is considered in separate chapters: these include homosexuality

(Marjorie P. Sprince); bisexual conflicts in prepuberty (Elizabeth Daunton); mourning (Marie E. McCann); evolution of the transference in a boy with petit mal epilepsy (Carl P. Adatto); masturbatory conflicts (Jules Glenn); severe ego regression (Selma Kramer); suicidal tendencies (Paulina F. Kernberg); and the technical problems in dealing with acting out behavior in seriously disturbed adolescents (Moses Laufer).

In conclusion, this is an excellent book with a lively presentation of clinical material thoughtfully integrated with appropriate psychoanalytic theoretical concepts. The analyst's therapeutic approach emerges clearly and stimulates further thoughts on the value of relating developmental phenomena to psychopathology and technique.

IRWIN M. MARCUS (NEW ORLEANS)

ADOLESCENCE. Psychology, Psychopathology, and Psychotherapy. By Derek Miller, M.D. New York: Jason Aronson, Inc., 1974. 544 pp.

This is the most comprehensive survey of adolescence in recent times; it encompasses the period from early adolescence (usually called preadolescence) through the later years of adolescence. The content is organized in the tripartite division that appears in the subtitle of the book. The author has avoided with great care all professional terminology or jargon; this renders the text readable and intelligible for a large audience. In contrast to writings on this subject that are rooted in a psychodynamic orientation, Miller has played down the genetic and structural points of view. Instead, he has attributed a prominent explanatory significance for the understanding of typical adolescent stress behavior, ordered or disordered, to the interaction between adolescent and society.

The concept of the 'social network' represents the basic orientation that can be traced throughout the three parts. Its working principle is convincingly demonstrated, not only in its causal nature but also in its potentiality for fostering the normal adolescent growth process. This is envisioned in adequate, supportive social participation of adults in the world of the adolescent. The corrective potential of the social interaction system that contains the adolescent and his total environment is strongly emphasized; its constructive implementation is clarified and demonstrated. A delicate balance between adult control and adolescent autonomy needs to be constantly monitored to

insure the reciprocity of the communication system and its workable adaptability to changing circumstances. The significant contributions to optimal adolescent development made by family, school, and community are demonstrated in their complexity as basic factors in normal and disordered growth. 'The life experience of the individual adolescent depends on the way the world is seen and felt.' This depends, *pari passu,* on the way the world presents itself to the young: sincere or hypocritical, understanding or prejudicial, participatory or aloof.

Miller extends the psychosocial point of view into the consideration of social class, its members' behavior, psychopathology, and accessibility to modified forms of psychotherapy. These considerations are welcome because they are often neglected in the writings on adolescence by psychoanalysts.

Throughout the book, the author has woven into the text a great deal of good and practical advice for everyone who deals with adolescents, from parent to psychiatrist; accumulatively, this counsel leads to a pervasive attitude that might well have a positive effect on life with adolescents, making it rewarding to the adult instead of frustrating.

The author attains his objectives through a text which discusses concrete behavioral issues that are universally presented as complaints, concerns, or worries. These topics include, for example, the need for privacy, adolescent vanity, girls and fathers, adolescents and money, adolescent conformity, and music. In the part on psychopathology, sections deal with dishonesty, temper outbursts, underachievement, etc. This snapshot-like sequence of behavioral items and their discussion add up to an excellent description of the consecutive stages of adolescent behavior. For his conceptual background, the author relies heavily on Erikson's formulation of identity as the central theme of adolescence. Miller differentiates clearly between the formation of male and female identity and the basically disparate emotional and sexual needs of boys and girls.

The section on psychopathology covers the well-known symptoms of the adolescent age. Again, the presentation is topical, interspersed with clinical vignettes, but with no psychodynamically elaborated case. A special etiological significance is attributed to the noxious influence of the environment. The ensuing 'stress symptoms' are brought into the context of *Social Organizations as Therapeutic*

Agents. This theme is extended, with cogent arguments and observations, into the treatment of the hospitalized adolescent. *Neurotic Problems of Adolescence* occupies the space of one page; even though this kind of affliction is widespread, Miller wisely excludes its discussion from his text which is written for the untutored, yet educated, person who can play a decisive role by conveying constructive attitudes to adolescents.

A strong case is made for 'network therapy' to serve those disturbed adolescents who cannot use individual therapy. This entails a 'network of therapeutic relationships in a social system with a meaningful lifestyle'. Miller's wide experience with the asocial adolescent is reflected in the extensive discussion of the treatment of delinquency and of drug abuse. One feels that here he is in his element.

As happens so frequently when a professional author addresses himself to a wide heterogeneous audience, his effort to reach everybody forces him to simplify the complexity of his specialty. This is not altered in this book by the fact that almost every psychoanalyst who has written on adolescence (with the exception of Edith Jacobson) is referred to. These references often seem perfunctory because the theoretical propositions by which the authors cited have extended psychological insight into the adolescent process are necessarily omitted. Yet, it is precisely the construction of theory that has deepened our knowledge and its applicability within the tripartite study of adolescence with which this volume deals. This is certainly true about psychopathology. Miller has chosen to write an informative book for a public which, one hopes, will be induced by it to ask more searching questions. Toward this end, Miller has succeeded splendidly, but the psychoanalyst will look in vain for enlightenment concerning those aspects of adolescence that still remain insufficiently explored.

PETER BLOS, SR. (NEW YORK)

THE HISTORY OF THE CONCEPT OF ASSOCIATION OF IDEAS. By David Rapaport. New York: International Universities Press, Inc., 1974. 189 pp.

This book is the first publication of David Rapaport's doctoral dissertation which was submitted in 1938 to the faculty of the University of Budapest. In his preface, Solomon Asch states: 'Those who are

not inclined to dismiss past ideas as outmoded will make a number of unexpected discoveries'. These discoveries lie in both the organization and content of this book. Taking the writings of major philosophers of the seventeenth and eighteenth centuries—Bacon, Descartes, Hobbes, Spinoza, Locke, Leibnitz, Berkeley, Hume, and Kant —Rapaport brings into focus their conceptions of associations as these relate to epistemology. Although developed during the 'prehistory' of scientific psychology, these attempts to comprehend how man thinks, what constitutes true knowledge, and how knowledge is arrived at bear significantly upon later considerations of thinking.

Associations are variously seen as sources of error, as determiners of mental processes, as atomistic and mechanistic, as dynamic, as a function of unconscious processes, as a method of imagining, and as categories of a priori synthetic propositions. Rapaport's dissertation provides the reader with an important and informative background for contemporary psychology and psychoanalysis. The place of motivation and the impact of intentions and desires upon associations are shown to have antecedents in the thinking of these philosophers. The struggles over the relationships between mind and body, between metaphysics and empiricism, between scepticism and intuition are laid out here as they relate to the formation, significance, and nature of associations. Many of these struggles are present in current controversies. Questions which were alive then are still very much with us: whether the roots of knowledge lie in the biological or in the psychological realm, whether associations afford us veridical knowledge or unstable and distorted information, and whether associations are formed in a mechanistic manner or whether there are dynamic processes at work. An early precursor of the libido concept is suggested in Rapaport's observation on Descartes: 'By specifying these motions, he built a theory of the whole of affective psychic life. That is, Cartesius, whose aim was to deliver the psychic from material or quantitative qualities, became the virtual founder of a psychic energetics. The energetics is a forerunner of the Freudian libido doctrine' (p. 24).

The meaning and sense of free associations were appreciated by Hume in 1739 in this surprising statement: 'We have already taken notice of certain relations, which make us pass from one object to another, even though there be no reason to determine us to that transition; and this we may establish for a general rule, that wherever

the mind constantly and uniformly makes a transition without any reason, it is influenced by these relations' (p. 136).

In short, for the reader who is interested in examining the philosophical roots of cognitive psychology and psychoanalysis, this dissertation is as relevant today as it was in 1938.

STANLEY ROSNER (NEW CANAAN, CONN.)

THE UTOPIAN FLIGHT FROM UNHAPPINESS: FREUD AGAINST MARX ON SOCIAL PROGRESS. By Martin G. Kalin. Chicago: Nelson-Hall Co., 1974. 231 pp.

The discontents of civilization have led men, since the beginnings of recorded literature, to formulate systems of utopian thought that in one way or another propose an ideal society free of conflict and replete with human satisfactions. Plato's *Republic,* More's *Utopia,* Butler's *Erewhon,* and Skinner's *Walden II* are but a few representatives of this long line of Western thought. Such systems are all rooted in a belief in man's perfectibility and a conviction that, given ideal social conditions, his powers will keep pace wth his needs and permit him the fullest realization of his capacities.

Kalin, a philosopher himself, places Karl Marx firmly within this tradition. Marx's utopianism, he demonstrates, derived from and was of a piece with his theory of man which ascribed all ills to social and economic constraints. Freud, on the other hand, offered an anti-utopian theory founded on his view of man's behavior as directed primarily by instincts which stand in dialectic opposition to social reality and which cannot, within the framework of civilized life, ever succeed in attaining full satisfaction.

In support of his argument, Kalin presents brief comparative critical exegeses of Marxian (as opposed to 'Marxist') and Freudian theories. This reviewer cannot speak for the accuracy of the first, but it appears to be thorough, scholarly, and penetrating. His grasp of Freudian theory is basically sound, though it bespeaks an academic approach that lacks grounding in clinical experience. This results in a somewhat unbalanced emphasis on the more speculative aspects of Freud's social theory and, in particular, a rather literal espousal of the death instinct theory that leads Kalin to advocate a return to a monistic drive theory based on identifying the pleasure principle with the Nirvana principle. In addition, there are a few

unfortunate editorial lapses, such as the use of 'bisexual' when 'heterosexual' is meant, and an excess of typographical errors.

The book is nonetheless of interest for its clear-cut acceptance of Freud's tragic view of history and its explication of the possibility of non-utopian social change within the limits prescribed by man's ineluctable biological nature. Kalin rejects such efforts as those of Marcuse to agglomerate Freudian to Marxian theory since, he indicates, the latter ultimately collapses under the weight of its naïve romantic biases. For the psychoanalyst who is interested in social issues and who wants a clear précis of Marxian doctrine to weigh against Freud's social thought, this book can be recommended.

AARON H. ESMAN (NEW YORK)

PSYCHOANALYTIC RESEARCH. Three Approaches to the Experimental Study of Subliminal Processes. Edited by Martin Mayman. Psychological Issues, Vol. VIII, No. 2, Monograph 30. New York: International Universities Press, Inc., 1973. 135 pp.

This publication is an expanded version of a 1966 American Psychological Association Symposium. It includes three experimental and two philosophical papers dealing with problems of methodology, relevance, and soundness. Mayman provides a brief historical survey of psychoanalytically related research, and some explanation of the importance of experimentation as a means of hypothesis testing, discovering new data, and developing theory.

Donald P. Spence and Carol M. Gordon, in *Activation and Assessment of an Early Oral Fantasy: an Exploratory Study,* describe their studies of the effect of the interplay of rejection, characterologic orality, and subliminal stimulation on subjects' recall of word lists and their importation of falsely recollected words. Characterologically oral individuals responded to the combination of rejection and subliminal exposure of the word 'milk' by importing regressive oral words (milk, bottle, nipple, etc.) when asked to recall a word list, and by tending to recall the more infantile words on the list (suck, mother, formula). The bias toward infantile food words is taken as supporting the idea that an organized unconscious fantasy is activated by rejection, and its influence emerges in verbal recall if an 'associative network' is activated by a mediating subliminal stimulus.

In an article, *Forgetting and Remembering (Momentary Forgetting) During Psychotherapy: a New Sample,* Lester Luborsky summarizes and adds to earlier publications that examine the clinical situation in which a patient realizes he has forgotten a thought, pauses to try to recover it, and then either remembers or gives up the search. This phenomenon, naturalistically studied in its clinical context, occurs in a 'distracted state' involving near-forgetting, uncertainty about the thoughts, and confusion about expressing them. The forgetting, which usually occurs only after twenty minutes of a session have passed, is preceded by explicit references to the therapist. At this point, the patient feels rejected, and the patient's material reflects a theme specific for that patient. Luborsky points to the obvious relevance of this data to the understanding of anxiety, transference, repression, etc.

Howard Shevrin, in *Brain Wave Correlates of Subliminal Stimulation, Unconscious Attention, Primary—and Secondary—Process Thinking, and Repressiveness,* describes a series of experimental studies. Using a drawing composed of a pen and a knee as a stimulus, he found that conceptual (e.g., ink to pen, calf to knee) associations resulted from supraliminal presentation, and rebus (coin to pen-knee) associations from subliminal presentation. Subjects exposed to subliminal presentation of the drawing gave rebus associations when awakened from REM sleep, conceptual associations when awakened from NREM sleep. Further work involved using Average Cortical Evoked Responses (AER) as derived from mathematical averaging of EEG responses. The AER was different when subjects directed their attention outward to a tactile stimulus, consciously inward (mental arithmetic), unconsciously inward in associating to a subliminal presentation, and unconsciously inward when they associated freely (resulting in alpha rhythm). Character type as measured by psychological assessment of regressiveness also influences the quantity of conceptual and rebus associations as well as correlated AER patterns. The author suggests that two processes of deployment of attention operate: in the unconscious process of 'repression', attention can be withdrawn from inner stimuli; in the conscious process of 'avoidance' it can be focused on neutral external stimuli. One or both processes are active in defense.

Philip S. Holzman in *Some Difficulties in the Way of Psycho-*

analytic Research: a Survey and a Critique emphasizes that analytic theory is an unsystematized collection of 'microtheories . . . loosely tied together', that academically trained psychologists often have insufficient clinical training to do research, that institute-trained clinicians know too little 'science', and that psychoanalytic research is conceived of too narrowly. He recommends that questions should range from those about therapeutic efficacy to those about specific functions (memory, perception), and that investigators should have a sophisticated clinical and scientific background.

Paul E. Meehl concludes the volume with a plea for avoiding extremes both of empiricism and relativistic antiempiricism.

Brief summaries cannot do justice to the thoughtful well-integrated papers, based on years of consideration and experimentation, that the authors have contributed to this small volume. Shevrin's chapter is particularly rich both in data and thought and will interest the most clinically minded, as well as the experimentally oriented reader. But the other authors, particularly in the investigative papers, offer food for thought as well. The comments of Mayman, Holzman, and Meehl attempt to justify a point of view to an audience made up of psychologists. These are historically and philosophically cursory, and will be of less interest to analysts.

A surprising omission in a book concerned with problems of psychoanalytic theory and evidence is any sign of indebtedness or even reference to the work of Heinz Hartmann. Had he written only *Die Grundlagen der Psychoanalyse,* he should be recognized as a scientific grandfather of the present volume.

ERNEST KAFKA (NEW YORK)

THE PROCESS OF PSYCHOTHERAPY. EMPIRICAL FOUNDATIONS AND SYSTEMS OF ANALYSIS. By Donald J. Kiesler, Ph.D. Chicago: Aldine Publishing Co., 1973. 464 pp.

Systematic research into the process of psychotherapy (and psychoanalysis) is notoriously difficult. This book is a cemetery for the remains of the systems of process analysis which have died in the struggle. They include one developed along allegedly psychoanalytic lines by the reviewer in collaboration with Timothy Leary, who later

went on to achieve fame in other directions. Seventeen major and eight minor direct systems (i.e., applied to the audio-recorded verbal exchange between patient and therapist), and a host of indirect measures as well lie buried here.

My metaphor is designed to underscore the fact that each system is the idiosyncratic child of its creator with whom he does a study or two. Usually no one else picks up the system to replicate it or develop it further, and it is soon abandoned by its progenitor as well. With the possible exception of the 'experiencing' scale, a patient measure of self-exploration developed in the client-centered school, this likely means that no one has yet found a scheme that taps something essential in the therapeutic process. Kiesler is aware of this, and he has decided that to tackle why it is so is not what this book should be about. I believe the main reason the systems have failed is that the work has been done principally by researchers relatively unsophisticated in therapy, and that the search has been for what is measurable rather than what is crucial. 'Objective' measures of manifest data can never be more than indices which have to be interpreted through clinical grasp. Only a system which relates manifest measures to clinical variables will succeed. Kiesler's presentation of the now familiar 'communication' model testifies to the inadequacy to the clinical situation of an abstract scheme not specifically related to its particular characteristics.

Kiesler does his necrology well and conscientiously. The comparability of the systems is enhanced by describing each in the same set of topics—rationale, data scored, method of scoring, form in which data are presented to the judge, definition of unit, sampling, training of judges, and validation. His over-all discussion of these issues is also workmanlike.

Necrology has its uses. Anyone embarking on research on the process of psychotherapy has here the only comprehensive and neatly presented collection of the systems of process analysis available. A clinico-pathological conference should tell us why the patient died in the hope that others might not. Since there is so little systematic research on psychotherapy (using the term broadly to include the psychoanalytic situation), it is unfortunately unlikely that this book will be put to such use.

MERTON M. GILL (CHICAGO)

HOME FROM THE WAR. VIETNAM VETERANS: NEITHER VICTIMS NOR EXECUTIONERS. By Robert Jay Lifton. New York: Simon & Schuster, 1973. 478 pp.

Between 1970 and 1972, Lifton and a few other psychiatrists and psychologists who had affiliated themselves with the Vietnam Veterans Against the War conducted weekly two-hour group sessions during which the veterans addressed themselves to the problems they attributed to their experiences in Vietnam. Thirty-five veterans participated intensively, a third of these for a year or more. Lifton has based his book on this experience, on a series of ten interviews with a G. I. who had been at My Lai and had not fired a gun, and on his participation in the political movement opposing the Vietnam War.

Analysts will find of most interest Lifton's suggestions regarding the structural and affective consequences of superego modification in the majority of Americans who went there. The ego ideal of masculine Hero as Warrior (epitomized by the image of John Wayne) became a distorted, numbed 'socialized warrior'. The guilt of conscience was numbed, Lifton feels, except when numbed guilt (and also shame) became transformed into animating guilt and shame that supplied a stimulus for political action: 'At any time during the life cycle a focus on animating guilt means less numbing, less in the way of repetitious self-condemnation, and more in the way of feeling, constructively critical self-evaluation, autonomy, and change' (p. 129).

One might assume that the jettisoning of the difficult Hero as Warrior ego ideal, or even the hypothetical 'socialized warrior' with its burden of repression ('numbing'), might afford economies for the individual resulting in more capacity for realistic self-appreciation, love, and work. That it seemingly does not—that the veterans in Lifton's group suffer from a less-than-satisfactory, drifting, jobless life style with many interpersonal problems that Lifton sadly notes from time to time—raises some questions. Was the ideal really jettisoned or was it not possessed in the first place? Did the antiwar hero posture provide insufficient expiation for guilt, was it unrelated to guilt, or even more demanding than the John Wayne ideal? The fact that the veterans' movement has become a means of expressing demands for benefits comparable to those given veterans of previous

wars points to realistic secondary gains that are also not considered by Lifton.

I take no exception to Lifton's assessment of the diminishing affective isolation of Americans at home, of those who bombed from high-level aircraft, and of those who fired from assault helicopters (the position of door gunner was in considerable demand and apparently gratifying to many young men) as compared with the 'grunts' on the ground. But I would add that even in the combat divisions in ground combat, there was surprisingly little direct contact with the Vietnamese as friends or foes. Security considerations did not permit the daily hire of Vietnamese of usually doubtful political affiliation from local rural hamlets. Also, the enemy was skilled in departing unseen after an attack with their wounded and dead. Other factors included our extensive tactical use of free-fire zones, mortar, artillery and rocket attacks, and especially air power to kill enemy soldiers at a distance after the infantry had merely surrounded them. Finally, American troops were increasingly isolated in garrison as the combat grew more and more stymied politically. These conditions (of ignorance of the Vietnamese because of isolation, distance, and fear) led to the stereotypical ideas which Lifton says were held by soldiers who knew the Vietnamese neither as allies nor as enemies. An official stereotype that Lifton does not mention, one of some symbolic interest, is that betrayed by the word 'infested' in describing enemy-held areas, suggesting that the Vietnamese are creatures somewhere between rodents and insects, both of which are symbolic of younger siblings in the fantasies of American patients (who usually envy the freedom and pleasure of younger siblings). Both as a projection and as comparative cultural reality, hedonism in the Vietnamese was a problem for many Americans.

Interestingly it was just those most antimilitary, frequently AWOL, and often inner city black youths (unlike Lifton's working class white youths) who had the greatest contact with and knowledge of at least the fringes of Vietnamese society. They learned Vietnamese and made Vietnamese marriages, and their less œdipal, more sibling orientation (e.g., the phrase 'soul brothers') was more akin to the Vietnamese ideal of fraternal rather than filial piety.

As a scientific work Lifton's book suffers from a lofty tone, much glib sanctimony, the repetition of poetic quotes, and padding with the cases of other psychiatrists who had not been to Vietnam. Lifton

does present his biases clearly, however, a journalistic candor lacking in many 'historical' commentators on the war.[1] Nevertheless his psychological portrait of his veterans appears highly selective to me, in addition to its general scantiness and lack of depth regarding individual cases. Although he seemed disappointed at times in his protagonists' fluid life styles and interpersonal relations, he managed to avoid the inescapable observation that infantile trends and sociopathy contributed to the development and expression of antiwar sentiments, just as they did to brutal extremes of identification with the aggressor in many young Americans.

One of Lifton's techniques of argumentation is to set up straw men, as for example 'the psychoanalytic claim, only half believed by its exponents, that individual character is essentially formed during the first six years of life and does not change much after that' (p. 385). Then, he cites Blos's *Character Formation in Adolescence*[2] to imply that only the opposite extreme is tenable. He uses the concept of 'continuous psychic re-creation', which may apply to certain types of borderline pathology but suggests too much flux for the sustained goals and relationships of health.

Lifton reapplies his term 'counterfeit nurturance' from his work with the survivors of Hiroshima to the 'counterfeit universe' of Vietnam, which in turn 'revealed and intensified counterfeit dimensions throughout American society' (p. 187). This does not refer to such superficialities of military life in Vietnam as sanctioned massage parlors, skeet shooting ranges, or the absurdity of jingling Mr. Softy ice cream trucks appearing between rows of sandbags the morning after a night of shelling (my examples), but to a dependency conflict: having special need and yet resenting help or love as counterfeits, as a reminder of weakness among soldiers who feared psychiatrists, chaplains—'spiritual authorities serving the prevailing power structure' (p. 187)—and even the antiwar organization's 'rap' groups.

Lifton's point that amnesty should not, from its etymologic root, be taken as synonymous with forgetfulness, is well taken. But for us to know what it was that happened in Indochina, to know just what it is we are not to forget, Lifton's partial view is inadequate. For

[1] For example, see Fitzgerald, Frances: *The Fire in the Lake: The Vietnamese and the Americans in Vietnam*. New York: Vintage/Random, 1972.

[2] Blos, Peter: Character Formation in Adolescence. In: *The Psychoanalytic Study of the Child, Vol. XXIII*, 1968, pp. 245-263.

more authentic accounts of a soldier's experience I would sooner recommend two novels, one by an officer[3] and one by an enlisted man,[4] both of which avoid Manichaean dichotomies and do more justice to the complexity of the experiences.

Regarding larger implications, I think we must go beyond descriptions of the hideous and sickening dimensions of the war, about which there is no argument, to learn what we have learned in Asia and what we have taught. Thus I was disappointed that as one of the small number of psychiatric students of the viewpoints of Oriental cultures in their interaction with the West (viz., his previous work on Korean 'brainwashing', Hiroshima survivors, and aging Chinese revolutionaries), Lifton did not significantly approach the vast interface of Vietnamese-American interaction for our edification as the 'blind giant' (as he aptly termed us), and remained content with the simple slogans of any 'rap' group or rally of the sixties for his formulations. Where is the consideration of the mutual modification of institutions by a collision of cultural styles that reverberated beyond the clash of weapons and tactics? If affects are the forte of our analytic sword (or plow), perhaps politics are our foible; somewhere between, still very much a cutting edge, is the relationship between individual affects and the societal institutions that induce them to develop from their potentials. I was particularly disappointed that Lifton did not avail himself of the extensive theoretic and methodologic basis for the study of the interrelation of cultural institutions and basic personality structures that has been developed within the psychoanalytic movement by Abram Kardiner and others. I have made a first attempt at applying this framework to Vietnam[5] and would welcome the participation of others, as the task is as difficult as it is justified.

I was chief of the largest outpatient clinic in Vietnam in 1968-1969. A half dozen psychiatric colleagues and I constituted the psychiatric facility at any given time to which a majority of the 500,000 troops from the several service branches at the peak of our military involvement could come. They were referred both from other psy-

[3] Bunting, Maj. Josiah: *The Lionheads*. New York: Popular Library, 1972.

[4] O'Brien, Tim: *If I Die in a Combat Zone*. New York: Dell Publishing Co., Inc., 1974.

[5] Forrest, David V.: *Vietnamese Maturation: The Lost Land of Bliss*. Psychiatry, XXXIV, May 1971, pp. 111-139.

chiatrists within combat divisions and directly from combat units in our area that lacked psychiatrists. I personally was consulted by over a thousand men in my year of seven-day-a-week, twenty-four hour duty. This was a most heterogeneous group with widely differing capabilities, tensions, and psychopathology, and as I consider the carbons I kept from these consultations now as I write this, I am again struck by the impossibility of reducing their individual histories to a massively relevant formula such as Lifton's. Lifton vehemently argues the inseparability of the individual-familial and the sociohistorical dimensions, but I fear that his theoretical argument, in his practice at least, founders somewhat on his having so scanted the intimately individual in his sociohistorical emphasis.

From a distance, to those psychiatrists who were not there and who were impatient with the resiliently individual feelings and personal meanings experienced by the young and no longer young men whose lot it was to form bonds among themselves strong enough to make war, however unpretty and unsuccessful for the rest of us, it might have seemed that the psychiatrists who went with our soldiers to Vietnam had only the sphere of political activism as an alternative to the mere mechanical technicism Lifton again foists straw-man-like upon us. This was fortunately not the case. As for my own bias? On the balance, I will stand by the humanity of what I and my psychiatric colleagues did in Vietnam.

DAVID V. FORREST (NEW YORK)

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ABSTRACTS

Revue Française de Psychanalyse. XXXVII, 1973.

Hysteria: Dream and Revolution. René Major. Pp. 303-312.

The author contrasts the theories of hysteria developed by Freud and Charcot and the theories of language implicit in their views. Before psychoanalysis, the hysteric expressed unconscious material in visual representations. Charcot was visually oriented, and his theory of hysteria was restricted by his preference for the visual element in the hysteric's language. The principal technical innovation in Freud's method was to withdraw the therapist from the visual field of the hysteric and force the patient to use verbalization. By placing the acoustical element in the dominant position, Freud forced hysterics to transform their cries and convulsions into words. They thus had to rediscover in language their internal hysteria in such a way that topographical, dynamic, and economic modifications could be made. The Freudian method thus places unconscious fantasy at the center of the symptomatic compromise and favors bringing the fantasies into consciousness while weakening their effects. In the psychoanalytic method emphasis is placed on the power of language to effect a cure by linking word presentations to affect. In the development of a psychoanalytic theory of hysteria, even in the development of psychoanalysis itself, Freud's conception of language led to a revolution. In carrying out this revolution, however, Freud caused the familiar hysteric of his time to disappear. The hysteric may return from this repression, but only under the new conditions imposed by psychoanalysis. The cultural acceptance of Freudian theories has reduced their impact. Many techniques which seemingly derive from psychoanalysis are merely surreptitious reintroductions of suggestion. Thus hysteria still poses many problems for psychoanalysis, though now in ways more subtle than in the past. The seductive hold of the patient may be set up again when interpretations are allowed to become merely new forms of suggestion or influence.

Dream and Transference in 'Dora'. Ilana Schimmel. Pp. 313-321.

Schimmel argues for the superiority of transference material to dreams for analytic interpretations. If we deal with instinctual forces as manifested in the transference, we have the best chance to expand secondary process thinking. If the dream is given preferential treatment without being linked to the transference, we align ourselves on the side of primary process thinking and risk arousing unconscious instinctual impulses without the opportunity to reveal their maladaptation to present reality. This leaves the analysand open to a traumatic inundation of primary anxieties which he can deal with only by re-enforcing his repression. The author examines Dora's dreams for their transference material and suggests that interpretation of this material might have prevented Dora's interruption of the therapy.

On Hysterical Identification. Claude Hollande. Pp. 323-330.

The development of Freud's theory of hysteria is traced from the time of his letters to Fliess, emphasizing especially the problems of bisexuality and identification. In contrast to the massive incorporation involved in the narcissistic identifications of melancholia, hysterical identifications are labile, imperative, multiple, but partial. The œdipal structure in the neurosis is always clearly shown in the triangular patterning of relationships. If Dora had multiple identifications, it was above all to maintain her different masculine and feminine impulses. Dora oscillated between making the people in her life objects of desire and objects of identification, thus keeping herself permanently suspended between the two poles of her bisexuality. She was involved in a ceaseless search for a model of identification as well as for a love object. If the partner in such a relationship refused to remain in midpath between being an object of desire and an object of identification, Dora responded by the perception of desire which led her into flight, disgust, or phobic behavior.

Anality and Hysteria. Evelyne Ville. Pp. 331-336.

The author claims that Dora had not successfully integrated her anal-sadistic impulses. This developmental failure involving representations linked to the anal phase made aggression a source of anxiety for Dora, against which she had no recourse except flight or repression. The conflict concerned the attempt to gain mastery of an object and to acquire autonomy with respect to the object. Ville examines Freud's text for several examples to support this thesis. She emphasizes passages in the Dora case which link the sexual and the excremental in hysteria and suggests that Dora had probably identified with her obsessional mother in the attempt for anal mastery of the object of œdipal rivalry.

Hate and Negative Identification in Hysteria. Dominique J. Geahchan. Pp. 337-357.

In classical considerations, hysteria has often been viewed from the standpoint of secondary identifications and erotic drives. Clinical experience, however, shows that it is aggressive impulses which make for difficulty in the analytic relationship and determine its outcome. Moreover, the hysteric struggles not with ambivalence from the anal stage, but with oral aggression. The oral aggression is to be distinguished from the sexual aggression of sadism. It is a nonsexual hate, derived from a 'primary hostility' which is nonlibidinal in character and has the sole aim of destroying the object which threatens the hedonism of the narcissistic ego.

The author notes Dora's subsequent history and deep identification with her mother which was manifested in her contact with F. Deutsch. Dora's analysis with Freud gave little indication of such a pathological identification with her mother. The concept of negative identification would explain this problem. The hysteric confronted with an invading and all-powerful maternal imago resorts to the oral defense of negative identification. By this means, the hysteric inwardly conforms to mother but opposes her externally. This mechanism may seem to resemble Anna Freud's concept of identification with the aggressor, but there is neither a dominant role for projection nor the reversal of roles characteristic of identifica-

tion with the aggressor. A secondary denial of the introject maintains the roles. Mother is not lost as in narcissistic identification, nor abandoned as in œdipal identification. Rather, the precœdipal relationship is maintained over the years as a hostile, even persecutory one.

Aspects of Homosexuality in 'Dora'. Jean-Jacques Moscovitz. Pp. 359-372.

Moscovitz discusses Freud's 'omission' of interpretations to Dora concerning her homosexual conflicts. He notes that Freud was not unaware of Dora's conflicts about homosexuality and that the case history has a long discussion of the 'gynaecophilia of hysterics'. The author considers the frequent linkage of three aspects of hysteria: homosexuality, transference, and the interruption of therapy. He claims that Dora's homosexuality did not appear as an isolated trait nor as a symptom, but was deeply involved in the transference to Freud. However, he questions whether an interpretation concerning homosexuality would have helped the analysis and suggests that Freud dealt appropriately with the manifest material. The homosexual conflict would have been dealt with later in Dora's analysis. But it might have been helpful for Freud to have been more aware of femininity and passivity, whether in the patient or in the analyst.

The Economic Point of View in Hysteria and the Concept of Trauma in Freud's Work. Jacqueline Lubtchansky. Pp. 373-405.

Lubtchansky considers hysteria as organized economically around two traumatic kernels. Bound energy goes into the symptom, while unbound energy in involved in the characteristic acting out behavior and the lability that makes for so much difficulty in the treatment of hysterics. This unbound energy often leads to the interruption of therapy or to a negative therapeutic reaction. Lubtchansky argues that hysterics suffer not only from traumatic events and conflicts which are sexual in character and inadequately dealt with; hysterics have also suffered a painful loss occurring at the stage of phallic organization, a loss which, had it occurred earlier, would have led to psychosis. The excitation accompanying such a loss was so great that it was perceived as sexual and orgastic and unconsciously equated with a passively experienced seduction. Hysteria is thus the result of a struggle to master this excitation, in much the same manner as the traumatic neuroses. Many hysterical symptoms result from the effort to translate such instinctual arousal into psychical material. If this effort is successful we have the creation of fantasy and the familiar symptomatology of conversions and phobias. But another defensive system develops from the failure to achieve such symbolization and results in dramatic re-enactment in the reproduction of the trauma rather than the elaboration of impulses in fantasy. In analysis this tendency exists as a resistance, but is extremely important and must be analyzed.

Body Image in Hysterical Psychosis. Gisela Pankow. Pp. 415-438.

Pankow's long study of the problems of body image is applied here to hysterical psychosis. She had earlier defined body image by two fundamental symbolic functions: 1, a dynamic link between body part and the body in its totality and 2, the ability to comprehend the content and meaning of such a dynamic link-

age. In the schizophrenic psychotic, there is dissociation and destruction of both these functions of the body image. Pankow regards hysterical psychosis as a non-schizophrenic psychosis involving difficulties only in the second of these functions of the body image. She presents cases in which the unity of the body was never in question but the functional meaning of its parts was not integrated. In her article she compares her views to the work of Arlow and Brenner, Joffe and Sandler, and Kohut. She notes also that there is a correlation between family structure and body image in hysterical psychosis. She does not find the severe oral traumata which occur with the schizophrenogenic mother. The father is not unavailable, as in the schizophrenic family, but often he is weak and struggles with his own perversions and inability to accept his genital role. Hence he creates areas of destruction in the emotional life of his children, leading to problems in identification and in the establishment of the second function of the body image. In hysterical psychosis it is not possible to use the economic, structural, and genetic categories which are most important in treating hysterical neurosis. We lack a metapsychology of psychosis since the ego is not comprehensible when undergoing such complete destruction.

Condensation and Regression in the Hysterical Attack. Daniel Widlocher. Pp. 439-450.

Widlocher had the opportunity to observe hysterical symptoms developing during the course of sessions with a patient. He presents the case of Aline who replaced associations with a sort of hysterical attack during moments of anxiety. The author focuses on the roles of repression, condensation, and formal regressions and on the conflict between activity and passivity. By these observations he hopes to clarify certain aspects of the mechanism of hysterical conversions, and he suggests some generalizations concerning these specific mechanisms in hysteria.

Adolescent Œdipus. Gilbert Terrier and Jean-Pierre Bigeault. Pp. 451-471.

In an interesting paper, the authors compare the adolescent process with certain aspects of the Œdipus myth. They view Œdipus's consultation with the oracle and his journey away from his home to his Theban 'successes' in terms of an adolescent's search for identity and self-knowledge. The authors seek to place in psychoanalytic terminology the conflicts and experiences of the Sophoclean version of the myth.

Toward a Metapsychology of Humor. Introduction to a Study. Jean Bergeret. Pp. 539-567.

The author attempts to clarify the place of humor in psychoanalytic theory. Freud's 1927 paper, *Humour,* stands midway in time between *The Future of an Illusion* and *Civilization and Its Discontents.* It offered a hopeful contrast to these two pessimistic works, for it conceived of a possible collaboration between the various psychic structures to the profit of the libido. As Strachey commented, the superego was presented 'in an amiable mood'. In humor, we are not so much involved with sublimation as with a modification of the instinctual aim, with the satisfaction of the impulse in attenuated form. Freud's insistence on the elevated

and sublimated aspects of humor seems to have more to do with the narcissistic recuperation involved than with an authentic sublimatory mechanism. The ego affirms itself as invulnerable and victorious in a triumph of narcissistic libido. This narcissistic regression takes place, however, without real object loss, hence without any depressive element. The potential for object relatedness remains intact, as does the hold on reality. It is a retreat within oneself without panic, without any feeling of defeat, and without any compensatory megalomania. It is pointless to make an arbitrary distinction between the structural and topographical points of view on this question; Freud insisted on both the importance of the preconscious and on the particular role of the superego. The superego of the 1927 paper, however, seems to derive from both parents and resembles the role of the mother comforting her tearful child. This appears to correspond to what we now term the ego ideal, in its function of repairing narcissistic wounds. The regression in humor should be considered as a form of collusion between the ego and the ego ideal. Bergeret examines in some detail the economics of humor and the work of humor. He delineates the various mechanisms of condensation, displacement, overdetermination, and symbolization, comparing these to dream work. He ends by making several observations on the role of humor in treatment, especially in the verbalization of insight.

Humor and Narcissism. Jacqueline Cosnier. Pp. 571-580.

Cosnier suggests that humor involves an intersystemic and intrasystemic interplay and is a function of the ego. It is a phenomenon related to Winnicott's transitional object. Humor permits the resolution of contradictions, but not by replacing reality with illusion. Instead, humor more nearly resembles the denial of reality such as one finds in a game, a denial which expresses a confidence in the ego and in its functioning. Cosnier seeks to illustrate her thesis by reference to a study of Edith Jacobson's on the genesis and precursors of humor. Humor in Jacobson's patients was used to repair narcissistic wounds concerning the differences between the sexes and between the generations.

The Dyssyntaxic Connection of Instinctual Representations in Humor and in Psychosis. Pierre Dubor. Pp. 581-606.

This tightly written article considers two fundamental elements of an instinctual drive, its affective value and its representational value, as manifested in humor and in psychosis. There are two fundamental levels of energic organization in Freudian theory. One is biological in orientation and is concerned with instinctual discharge purely on a biological level; the other, psychical in orientation, is concerned with object related perceptions and with the mental representations of instinctual discharge and the pleasure associated with these mental representations. Dubor presents a review of Freud's writings on this topic, culminating in a discussion of the 1924 paper, *The Economic Problem of Masochism*. There the biological system tends toward inertia, minimization of tension, and mastery by repetition, while the psychical system tends toward constant energy levels, toward mastery of discharge by object quest and by representation. There are then two possible evolutions of psychical manifestations, according to whether

they develop along lines of *repetition-mastery* (which Freud viewed as basic to instinct and as preceding the pleasure principle) or according to whether they are mediated by the pleasure of object-linked discharge. The latter, *discharge-mastery,* helps structure the ego and constitutes it in time and space.

In psychosis, discharge occurs according to the laws of primary process in a manner that is not structuralizing for the ego, while representational manifestations have to do only with archaic mastery by repetition and are not linked to object related discharge. In humor, this separation of object representation and discharge takes another form. The instinctual discharge is interrupted and replaced by a relative pleasure, that is, by a representation of discharge which does not have the same energic value as the discharge itself. Hence in both psychosis and humor, discharge and representation are related in unusual ways.

Dubor then considers the clinical aspects of his thesis. He discerns two varieties of humor in the psychotic patient which correspond to the level of structuralization of the patient's ego. The first form is indicative of a more profound regression in that it involves the destructuralization of object-linked experience and indicates a fundamental syntactic distortion in relation to the real world. It derives from repetition-mastery, divorced from the pleasure of object-linked discharge. Sometimes, however, humor may begin to be used defensively. This marks a relatively favorable turn in the illness toward a progressive and curative mastery of conflict, a move from repetition-mastery to discharge-mastery.

Freud between the Two Topographies: The Comic after 'Humour' (1927), an Unfinished Analysis. Jean Guillaumin. Pp. 607-654.

Guillaumin emphasizes the importance of the concepts of humor and the comic for the structural theory. The author's hypothesis is that the topographical point of view is inadequate to assure the originality of the psychoanalytic approach. Freud encountered difficulties in his first work on this subject in 1905; these difficulties were the result of the inadequacies of the topographical point of view. The weaknesses of the topographical theory made evident the urgency of the second topography (the structural theory). The 1905 work derived essentially from the confusions of a dualist epistemology that was dominant in the nineteenth century—the preoccupations of Fechner and psychophysics. Guillaumin argues that the structural hypothesis resolves many questions raised by the topographical theory, and attempts to show in a detailed analysis how the structural hypothesis accounts for the comic, including theories of projection, identification, aggression, and the 'socialization' of the ego in its microsociology of intra- and intersystemic elements. He suggests that an adequate theory of the comic presupposes the structural hypothesis; in fact, anticipations of a structural theory can even be discerned in the 1905 study, according to Guillaumin.

Between Humor and Madness. Paul C. Racamier. Pp. 655-668.

Racamier distinguishes madness (*folie*) from psychosis. The former is a psychological concept, while the latter is a psychopathological one. Madness is a complex notion involving in some instances blindness and emptiness, yet there is an old tradition of the folly of fools revealing truths others are not allowed to say.

Racamier compares this to Freud's comments on negation and suggests that in the folly of fools is to be found the prototype of humor. For humor, like the fools of kings and princes, operates by frustrating the narcissistic pretensions of its author and, by tacit complicity, of the auditor and of mankind.

Racamier discusses the strategy of madness, which he believes involves a sort of trap into which the ego is taken. He discusses the psychological booby trap as presented in the novel, *Catch 22,* and the double bind presented by schizophrenic mothers. Such techniques and strategies are used in the service of narcissistic preservation in humor as well as in psychosis. Humor succeeds, however, where the preservation attempt fails in psychosis. For, in humor the king and fool are united; there is a differentiation of the self-image and the ideal self. In support of this, Racamier cites Kohut's observation that in the therapy of narcissistic patients humor makes its appearance when the differentiation between the ideal self and the concept of the self takes place. In humor the ego puts itself in peril, just as in psychosis, but the difference is that the purpose of humor is to master the peril. The defeat of the ego is played with only in order to affirm its survival and integrity. The folly of a psychotic cannot be such a game.

EMMETT WILSON, JR.

Revista Uruguaya de Psicoanálisis. XIII, 1971-1972.

Narcissism and One Form of Its Expression: Autistic Transference in Front of Its Mirror. Luisa de Urtubey. Pp. 149-186.

After a review of the literature (Freud, Lacan, Kohut), Urtubey presents clinical material to illustrate her thesis. There is a 'lethal' aspect of the Greek myth of Narcissus that Urtubey feels has not been handled in the literature. When the patient denies the analyst's existence and feels that he is the only one in the analytic dyad, he shows the autistic transference elements of his narcissism. The mirror-analyst is therefore transformed into the patient's image on whom is projected the undesirable traits of the patient. This allows the patient to idealize himself, love himself, and indulge his omnipotent and destructive fantasies. The patient permits the analyst to be only an echo praising him and never confronting him with reality. Therefore, no synthesis occurs in his analysis. Successful therapy of these patients has to include the analysis of this splitting.

Vicissitudes of the Analytic Alliance: From Expected Communication to Catatonic Transference. Alberto Pereda. Pp. 187-226.

The analysis of a psychotic girl whose treatment failed is described. The child had seventeen months of active treatment, four sessions weekly at a regular, fixed time and no 'casual' cancellations. The initial transference idealized the analyst as an all-giving love object. Once the 'idyllic' relationship broke down, the patient's transference was primarily negative. She expressed intolerance, frustration, and very hostile feelings. This was followed by a stage of symbiotic union. After the first yearly vacation, the increased frustration led to a defensive autistic transference with episodes of stupor and destructive rage. Hence the author's term

'catatonic transference'. Ostensibly, it was the child's acting out that caused the family to stop treatment.

GABRIEL DE LA VEGA

Revista de Psicoanálisis. XXX, 1973.

Child Psychoanalysis. Arminda Aberastury. Pp. 631-687.

The author describes her technique, indicating differences from other child analysts. Among the topics covered are indications for analysis, content, first analytic hour, interventions, verbal and nonverbal language, transference, and countertransference. She believes that the need for privileged communication has been ignored by many analysts because of their preoccupation with involving the parents and that counseling parents or suggesting behavioral changes are sources of unnecessary complications. She also emphasizes the importance of nonverbal communications, indicating that these are frequently important in adult as well as child analysis. In working with child or adult, the analyst selects the relevant verbal and nonverbal communications for interpretation.

GABRIEL DE LA VEGA

American Journal of Psychiatry. CXXXII, 1975.

Court-Mandated Treatment: Dilemmas for Hospital Psychiatry. Robert Liss and Allen Frances. Pp. 924-927.

The premise of the law that men are presumed to act freely and may be held responsible for their actions is contrasted with dynamic psychiatry's concept of psychic determinism. In court commitment, it is the law, not psychiatry, that defines the mentally ill offender, and the decision made without regard to the existence or absence of an effective treatment for the mentally ill person is so defined. Mentally ill offenders are divided into three categories: 1, the psychotic offender who is too severely impaired to be held responsible; 2, the person who is not impaired at the time of the criminal act but later becomes so impaired that he needs hospitalization; and 3, the manipulator who is in the hospital because it suits him better than does prison. Case histories demonstrate that present solutions are unrelated to each type of mentally ill offender: there is a haphazard 'dumping' of patients from the courts of law and correctional facilities into psychiatric facilities. There is also a 'conceptual dumping'—a lack of clarity about whether the offender should be regarded from the legal or the psychiatric viewpoint, with the courts recommending treatment where only custodial care exists and therefore inappropriately applying psychiatric concepts. This situation would be improved if psychiatrists were willing to testify more frequently in court.

Sleep-Related Penile Tumescence as a Function of Age. Ismet Karacan; Robert L. Williams; John Thornby; Patricia J. Salis. Pp. 932-937.

Using EEG recordings, the authors studied nocturnal penile tumescence (NPT) in males ranging in age from three to seventy-nine years. The data provided clear

evidence that NPT occurs consistently in healthy human males throughout these years and that it is in some way related to a stage of psychosexual development as well as to sexual capacity and function. For example, there is a high incidence of tumescence in prepubertal and pubertal years, with a gradual decline in tumescence from puberty on. The greater incidence during prepubertal and pubertal years reflects at least some increase in non-REM related tumescence; the tendency, therefore, to exhibit NPT during this period is so great that its association with REM sleep is overridden. There is a slight but consistent decline in REM-related tumescence from the twenties through the seventies and a concurrent increase in non-REM tumescence. This increase in non-REM tumescence at the expense of REM-related tumescence may bear some relation to the changes in sexual capacity and function that occur with age. The authors feel that the accurate measurement of NPT can contribute to the diagnostic evaluation of impotence, possibly helping to differentiate between its organic and psychological causes.

Hopelessness and Attempted Suicide: A Reconsideration. Alex D. Pokorny; Howard B. Smith; Shih Y. Tsai. Pp. 954-956.

One hundred and twelve patients who had made recent suicide attempts were studied. With the aid of various tests to determine the extent of depression, the extent of hopelessness, and the seriousness of intent to commit suicide, the authors found more of a correlation between the level of depression and suicide than between the level of hopelessness and suicide, in contrast to an earlier study by Minkoff and associates.

Psychogenic Factors in Kidney Transplant Rejection. Milton Viederman. Pp. 957-959.

In a short but dramatic case report of a man suffering from renal transplant rejection, the author establishes temporal correlations between the emergence of predictable conflict and the somatic response to that conflict. In the case cited, the rejection of the kidney appeared to begin following the death of one of the patient's friends whom he had perceived as a father replacement. This trauma was followed on the day of admission by another in which the mother of his godchild unexpectedly died and the patient identified with the godchild abandoned by the parent. Both of these traumata rekindled the patient's unconscious unresolved conflicts related to the loss of his father at an early age, conflicts that involved idealization and bitterness at the loss of the idealized object.

A Study of Transsexuals Seeking Gender Reassignment. Joseph C. Finney; Jeffrey M. Brandsma; Murray Tondow; Gress Lemaistre. Pp. 962-964.

Using computerized psychodiagnostic techniques, the authors reached a conclusion intermediate between the two extremes of opinion about transsexuals: 1, that they are very sick, delusional, psychotic, and self-destructive people; and 2, that they are psychologically normal people who had the misfortune to be born with the wrong genitalia. The majority of the twenty patients studied in this fashion showed hysterical personality features and a minority showed paranoid or

schizoid features, or both. Of the twelve patients who showed psychotic trends when the computerized psychodiagnostic techniques were used, most were found to be nonpsychotic when interviewing methods of diagnosis were employed; those who received surgery in this group of patients had good results.

WILLIAM ROSENTHAL

Archives of General Psychiatry. XXXII, 1975.

Narcissism and the Readiness for Psychotherapy Termination. Arnold Goldberg. Pp. 695-699.

Utilizing Kohut's theoretical formulations on the psychoanalysis of narcissistic personality disorders, the author focuses on termination issues. Clinical vignettes are presented to illustrate the qualitative change with which the narcissistic patient receives, tolerates, and integrates interpretations; and the gradual process of experiencing and learning to tolerate disappointment or disillusionment as manifested at termination of treatment.

A Review of REM Sleep Deprivation. Gerald W. Vogel. Pp. 749-761.

After discussing the validity of the experimental procedures involved, Vogel presents a critical review of the various findings of studies on the effects of REM sleep deprivation in animals (rats, mice, and cats) and in humans. Among the findings in animals is that REM sleep deprivation in rats increases waking cortical excitability and enhances stimulus-evoked sexual and aggressive behavior. In uncontrolled studies of REM sleep deprivation in cats, increases in sexual, eating, and grooming behavior were found. In the section dealing with humans, Vogel concisely clears up the 'original—and mistakenly persistent—notion that REM deprivation is dream elimination'. He points out that visual and hallucinatory mental activity is frequently reported from NREM sleep and that REM reports can be distinguished from NREM reports 90% of the time. Studies have also shown that frequent dreaming occurs at sleep onset in the absence of REM sleep. Only total sleep deprivation would produce dream elimination. The author shows that the deleterious psychological effects of REM sleep deprivation found in early studies was an erroneous finding that has since been disclaimed and explained as an artifact of the procedures. Significantly, REM sleep amounts in schizophrenics are not remarkably different from those in nonschizophrenics, and REM sleep in hallucinating schizophrenics is not remarkably different from that of nonhallucinating schizophrenics or nonschizophrenic controls. However, a number of studies of schizophrenics did not show a normal REM rebound following experimental REM deprivation.

In the last section of this review, Vogel includes a summary of his own recent report (which appears on pp. 765-777 of the same issue) and of other papers on REM sleep deprivation and depression. The hypothesis that REM sleep deprivation, which increases REM pressure, alleviates depression is tested. The results support the hypothesis for endogenous but not for reactive depression. It is also concluded that antidepressant drugs work, at least partly, by decreasing REM sleep and increasing REM pressure.

Sequence and Stages in Patterns of Adolescent Drug Use. Denise Kandel and Richard Faust. Pp. 923-932.

Structured, self-administered questionnaires were given to adolescents of public secondary schools in New York State in the fall of 1971 and in the spring of 1972. Usable questionnaires were obtained from 8,206 and then from 7,250 students—an 81% response and a 76% response respectively. Four stages of drug use were identified: 1, beer or wine; 2, hard liquor or tobacco; 3, cannabis; and 4, other illicit drugs. Beer and wine are the first substances used, then tobacco and alcohol. The use of marijuana rarely takes place without prior use of liquor, tobacco, or both. Similarly, the authors find that the use of other illicit drugs (hashish, psychedelics, cocaine, heroin, etc.) rarely takes place before experimentation with marijuana.

Transient Ictal Psychosis. Charles E. Wells. Pp. 1201-1203.

The author reports on two middle-aged patients who were hospitalized, one with a clinical picture of psychosis and another with a psychotic suicidal depression. Neither had been previously diagnosed as having psychiatric disorders. One patient's EEG disclosed frequent bursts of spike-wave activity, continuous enough to justify a diagnosis of status epilepticus. No epileptiform movements were discerned, nor was there a history of previous neurological illness. The clinical picture cleared with administration of anticonvulsive medication. The psychotically depressed patient developed acute depressive symptoms following petit mal seizures confirmed by EEG. This patient had experienced brief episodes of 'staring' since the age of five or six. These episodes never interfered with her active life. Her depression responded to anticonvulsive medication but not to antidepressants.

JACK TERRY

Journal of Youth and Adolescence. III, 1974.

Working Youths: Select Findings from an Exploratory Study. Michael Baizerman and Nicholas C. Cooper. Pp. 7-16.

There are implications for primary prevention in this study of young blue collar workers. Using in-depth interviews, the authors explored the situation of working class youth. As opposed to middle class youth, the subjects of this study did not view work as a means of obtaining emotional gratification. They anticipated a brighter future, however, through further education and self-restraint. The authors point to the dangers involved in the unrealistic optimism of these young men: the youths have no evident understanding of occupational structure and mobility patterns and this could lead to future pessimism and frustration.

Pregnancy in the Single Adolescent Girl: The Role of Cognitive Functions. W. Godfrey Cobliner. Pp. 17-29.

This interesting paper has important implications for preventive psychiatry: the findings suggest that many of the out-of-wedlock pregnancies studied were a

result of immature cognitive mechanisms rather than psychological factors. Interviews with single adolescent girls who had undergone an elective abortion were conducted. In most cases, the knowledge of birth control could not be converted into practice, and pregnancy was an unintended consequence of sexual activity. Lasting sexual intimacy was not experienced, nor did the girls have much curiosity about their bodies. Thinking was seen to be figurative; that is, essentially set into motion by sensory input, rather than operative, which would involve the anticipation necessary for the use of birth control methods other than the IUD.

MARION G. HART

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Meetings of the Psychoanalytic Association of New York

Maxwell H. Soll & Joel Kovel

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NOTES

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

April 15, 1974. SUICIDAL BEHAVIOR DURING PHASES OF DEVELOPMENT. Henry Schneer, M.D.

The concept of specifying suicidal behavior in phases of development does not necessitate a suicidal drive or death instinct but rather the recognition that aggression as a drive is ever-present and has constructive as well as destructive force. What determines aggressive energy to be exercised in any developmental phase? Kernberg has developed the concept of eliminating self and object images built up under the influence of aggressively determined object relations by 'splitting mechanisms'. Dr. Schneer believes that when the attempt to eliminate by splitting of damaging aggressive self and object images fails, fusion of damaging aggressive self and object images of the narcissistic primary object choice becomes manifest as suicidal behavior. Thus suicidal behavior can be studied with a genetic, developmental view of the vicissitudes of a triadic constellation of aggression, narcissistic object choice, and splitting versus regressive fusion.

When separation-loss is experienced traumatically rather than as an opportunity for maturation, de-differentiation occurs. Persistent damaging, aggressive self and object images prevail and splitting serves the defensive purpose of impeding regressive fusion of aggressive self-images with images of the narcissistic object choice. In itself, splitting is a regressive ego state which functions defensively.

A complex of factors, which operate during phases of development, are active in causing suicidal behavior: in coping with conflict and adaptation a narcissistic organization is stimulated by traumatic separation-loss, narcissistic object choice, and splitting versus fusion.

Clinical examples of suicidal behavior during phases of development from infancy to old age were presented.

DISCUSSION: Dr. Louis Kaywin complimented Dr. Schneer on his attempt to form a unifying theory which would illuminate and explain the complexities involved in suicidal behavior. Rather than Dr. Schneer's conceptualization of aggression in energic terms, however, he thinks of aggression as a complex behavior, probably instigated by the self in an attempt to rid oneself of noxious and threatening awareness. Thus, a conception of part of the self in 'negative' terms is important for the understanding of suicidal behavior.

Dr. Harold Surchin agreed with Dr. Schneer that there is an anlage, a central core for suicidal behavior. The primary narcissistic aims of early life are to secure affection and supplies, and the outcome may be a constant quest for assurance of narcissistic supplies, or the opposite, a need for utter independence. Failure of either need satisfaction with its profound narcissistic injury leads to a depressive constellation. He noted that in the process in which the triadic constellation of aggression, narcissistic object choice, and failure of splitting with regressive fusion

occurs, drive defusion leads to the release of large quantities of free aggression which is then turned on the self and leads to suicidal behavior.

MAXWELL H. SOLL

September 23, 1974. THE CONCEPTS OF BORDERLINE STATES: AN ALTERNATIVE PROPOSAL. Robert Dickes, M.D.

A wide variety of opinions exists concerning 'borderline' patients who exhibit psychotic symptoms as well as symptoms that resemble those of the neurotic patient, the latter termed 'pseudoneurotic' by Hoch and his co-workers. Many of these opinions are irreconcilable. After presenting examples from the literature and from clinical material, Dr. Dickes suggested that such patients be considered as a conglomerate, composed of several syndromes of differing etiologies. He also suggested an alternative approach to the unproven hypothesis that health, neurosis, and psychosis exist on a single continuum. He presented material in support of the view that mental illness not be regarded as unitary in origin but rather as having different etiologies and courses. Work being done by geneticists, endocrinologists, and neurophysiologists is consonant with available clinical studies. Dr. Dickes also pointed out that in some borderline cases the so-called neurotic symptoms actually bear the hallmark of psychoses. Finally, he suggested retaining the term 'pseudoneurotic' to apply to the so-called neurotic symptoms and placing such patients under the diagnostic category of 'psychosis, type undetermined'.

DISCUSSION: Dr. Herbert Pardes stated that while clinically the term, 'borderline state', is used widely, there is not a clear enough view of it to allow general psychiatric texts to give it much attention or to discuss it with precision. This failure results from the inherent complexity of the phenomenon, and we are presented with substantially different views by various authors. While recognizing that all mental illnesses may not be unitary in their etiology and may not fall into a single continuum, Dr. Pardes wondered if psychogenetic or functional illnesses could not be best understood and explained with the idea of a continuum, which seems to fit neatly into much of our clinical observation.

Dr. William Niederland emphasized that the diagnosis of psychosis is not meant to be pejorative. He spoke of the 'survivor syndrome' found in victims of the Nazi holocaust. In these cases, etiologic data showed that exceptional and prolonged trauma can lead to a syndrome which is not demonstrably psychotic yet has to be considered 'borderline'.

Dr. George Wiedeman observed that the psychotic nosology is becoming more rigid, in spite of the fact that it remains mainly descriptive; except in organic states, it lacks etiologic classification. He felt that the problem of 'borderline states' might best be conceptualized in the same way as the problem of anxiety, which in more disturbed conditions is quantitatively increased to bring into play a qualitatively different set of defenses.

Dr. Richard Drooz suggested that the concept of a 'borderline' category need not conflict with the continuum theory, and that it might be analogized to the phylogenetic tree. Dr. Otto Sperling stressed the practical consequences of sound classi-

fication. He spoke of the particular problem of the patient who becomes psychotic on the couch.

Dr. Merl Jackel agreed that the concept of 'borderline state' made sense as a distinct entity, but he did not think it should be subsumed into a continuum between normal, neurotic, and schizophrenic; rather it should be reserved for the description of a constellation of specific ego functions, typical defenses, and character traits. The concept belongs more with the class of character disorders than with that of symptom neuroses. Dr. Milton M. Gross agreed with Dr. Dickes that 'borderline' is a functional concept. When specific etiologies are delineated, this becomes the primary basis for diagnosis, within which a neurotic-borderline-psychotic functional range is observed.

JOEL KOVEL

The MARGARET S. MAHLER LITERATURE COMMITTEE will award an Annual prize of five hundred dollars for the best psychoanalytic paper on a clinical or theoretical topic which derives from Mahler's developmental concepts as applied to adult or child analysis. Four copies of the paper should be submitted to: Marjorie Harley, Ph.D., Chairman Literature Committee, 201 St. Martins Road, Baltimore, Maryland 21218. The deadline for the 1977 prize is December 31, 1976.

PSYCHE is celebrating its 30th year of publication in 1976. Following World War II and the end of the Nazi order, when it again became possible to publish psychoanalytic papers in Germany, Doctors Hans Kunz, A. Mitscherlich, and Felix Schottlaender founded PSYCHE as a yearbook. Several years later, it was transformed into a monthly journal under the co-editorship of Wolfgang Hochheimer and Alexander Mitscherlich. Under its present editor-in-chief, Dr. Mitscherlich, PSYCHE continues in the tradition of the *Internationalen Zeitschrift für Psychoanalyse* and *Imago* to make a valuable contribution to the science of psychoanalysis. The editors of This QUARTERLY extend congratulations and best wishes to their colleagues, the editors of PSYCHE.