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SOME THOUGHTS ON THE EGO IDEAL A CONTRIBUTION TO THE STUDY OF THE 'ILLNESS OF IDEALITY'

BY J. CHASSEGUET-SMIRGEL

Man searches continuously for the time when he was his own ideal—a time that is coincident with primary fusion with the mother. The fantasy of this fusion underlies the incest wish. Because of his helplessness, the child must postpone the realization of his incest wish and project it forward into the future. However, if the subject chooses the pathway of the œdipus complex and identification with the father to realize his incestuous fantasy, circumstance may lead him to circumvent the œdipal sphere and, through the mechanisms of regression, return to the mother of primary fusion. As in Aesop's adage, the ego ideal is at the source of the best and the worst of things.

Freud has written ' . . . whoever understands the human mind knows that hardly anything is harder for a man than to give up a pleasure which he has once experienced. Actually, we can never give anything up; we only exchange one thing for another' (Freud, 1908, p. 145). The Freudian concept of the ego ideal follows directly from this statement. The ego ideal is a substitute for primary narcissistic perfection, but it is a substitute separated from the ego by a difference, a breach which we continually seek to heal. When considering the various devices man uses to avoid this separation, some of Freud's statements about the human condition must be kept in mind.

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It is my belief that, however strange it may sound, we must reckon with the possibility that something in the nature of the sexual instinct itself is unfavourable to realization of complete satisfaction (1912, pp. 188-189).

The ultimate ground of all intellectual inhibitions and all inhibitions of work seems to be the inhibition of masturbation in childhood. But perhaps it goes deeper; perhaps it is not its inhibition by external influences but its unsatisfying nature in itself. There is something lacking for complete discharge and satisfaction—*en attendant toujours quelque chose qui ne venait point*— . . . (1941[1938], p. 300).

Childhood love . . . has, in point of fact, no aim and is incapable of obtaining complete satisfaction; and principally for that reason it is doomed to end in disappointment . . . (1931, p. 231).

It is only later that the [sexual] instinct loses [the breast], just at the time, perhaps, when the child is able to form a total idea of the person to whom the organ that is giving him satisfaction belongs (1905, pp. 222).

We also must recall the dramatic picture of the œdipal child in *Beyond the Pleasure Principle* (Freud, 1920). In this description, giving up the œdipal object is linked to the child's painful recognition of his smallness, his inadequacy. The child's tragedy is that of 'lost illusions'. Four years later, in *The Dissolution of the Oedipus Complex*, Freud (1924) stated: ' . . . the absence of the satisfaction hoped for, the continued denial of the desired baby, must in the end lead the small lover to turn away from his hopeless longing. In this way the Oedipus complex would go to its destruction from its lack of success, from the effects of its internal impossibility' (p. 173). And finally, Freud (1930) wrote: 'What we call happiness in the strictest sense comes from the (preferably sudden) satisfaction of needs which have been dammed up to a high degree, and it is from its nature only possible as an episodic phenomenon' (p. 76).

In the period when the child is his own ego ideal, there is no dissatisfaction, no desire, no loss. And in later life the ego ideal

persists as the engram of perfect and everlasting happiness. Freud never abandoned the idea that although man searches relentlessly and unceasingly for happiness, he never really attains it. Man's quest for the perfection he thinks he once had has been at the heart of some of the most sublime human accomplishments, but it has also had some of the most damaging effects on humankind. This presentation attempts to contribute to our understanding of this apparent contradiction.

THE EGO IDEAL, THE ÆDIPUS COMPLEX AND GENITALITY

The '*maladie d'idéalité*' (Mallarmé, 1867-1870) is universal: it infects all of us. Hence, in studying the ego ideal we are inevitably led to contemplate mankind in general.

When Freud introduced the ego ideal into psychoanalytic theory, he made it the inheritor of primary narcissism. He wrote, '... man has ... shown himself incapable of giving up a satisfaction he had once enjoyed. He is not willing to forgo the narcissistic perfection of his childhood; ... he seeks to recover it in the new form of an ego ideal. What he projects before him as his ideal is the substitute for the lost narcissism of his childhood in which he was his own ideal' (Freud, 1914, p. 94). Accordingly, Freud explains, man is torn away from the narcissistic perfection of his childhood by the 'admonitions of others' and the 'awakening of his own critical judgement'. It seems to me that a more spontaneous formation of the ego ideal might be based on some other observations made by Freud.

In a footnote to *Instincts and Their Vicissitudes*, he suggests that the disturbance of the primary narcissistic state is indeed linked to the subject's incapacity to help himself (Freud, 1915, pp. 134-135, n.)—a helplessness which forces him to acknowledge the nonself, the object, after passing through a phase of hallucinatory wish fulfilment.¹ In *Inhibitions, Symptoms and*

¹ In the *Project*, Freud (1895) had already stressed the incapacity of the human organism in its early stages to obtain an experience of gratification without external help.

Anxiety, Freud is very definite about attaching the child's primal helplessness to his immaturity. He says that man's intra-uterine life seems short-lived when compared to that of animals; he is not as 'finished' as they are when he comes into the world. Because of this, the influence of the external environment is increased, the early differentiation between the id and the ego becomes necessary, the dangers of the external environment are more marked, and the object, which alone possesses the power to protect the child against these dangers and to provide a substitute for intra-uterine life, finds its value greatly augmented. This biological fact establishes the first danger situations and creates in man the need to be loved, which never leaves him (Freud, 1926, pp. 154-155). Man, in this light, is essentially a sickly animal.

My essay thus finds its focal point in man's prolonged immaturity and in the Freudian concept of *Hilflosigkeit* (helplessness). The dissolution of primary fusion which results from this helplessness, and which causes the child to recognize the non-self, seems to be the determining moment when his narcissistic omnipotence, now denied, is projected onto the object—the child's first ego ideal. Separated from his narcissistic omnipotence he senses within himself a gap which he will seek to fill throughout his life. This need then becomes the prime mover both of his upbringing and of his activities; the gap left in his ego cannot be closed except by returning to a fusion with the primary object. This hoped for fusion may be transformed into the incestuous desire to re-enter the mother's body through genital coitus. As the child's genital weakness makes impossible the immediate realization of this desire, he can be 'incestuous' (unseparated, unsevered) only by projecting ahead in time the fantasy of reunion with his mother. He is then led to discover the father's role in relation to the mother and thus turn the genital father into an ideal.

Even before introducing the ego ideal into psychoanalytic theory, Freud (1908, 1909) insisted on one essential wish of the child: the wish to become big. What pushes us forward is the

desire to regain that blessed period when we ourselves were our own ideal. We are always '*à la recherche du temps perdu*'—seeking the time we lost at that moment when primary fusion was ruptured. The entire psychosexual evolution of man may be found between this moment and the moment projected ahead when incest is supposed to be achieved.

In fact the œdipus complex itself can be viewed as inextricably tied to human immaturity. Béla Grunberger (1957, 1967) has stressed this point. He believes the conflict between œdipal desire and the child's incapacity to satisfy it to be the basis of the incest taboo, a taboo projected onto the father in order to safeguard the child's narcissism. 'It is not I who *cannot*, it is he who prevents me.'

If we regard incest to be incest only when the mother is its object, this means it is a return to primary fusion and thus precludes a separation between the ego and the ego ideal. In this light, for the girl only mother-daughter incest would have true incestuous content. Ferenczi (1924) implied this when he stated that the woman identifies with the man's penis in coitus in order to assure an identical gratification of the desire of both sexes to return to the womb. In a more evolved stage, the woman can, in fact, realize through pregnancy and maternity her desire to be fused with the mother. That incest with the mother represents for both sexes a return to primary fusion might give us a clue to why father-daughter incest rarely leads to psychosis,² while mother-son incest often causes a 'psychic death' within the boy. This 'psychic death' seems to result from the destruction of ego development, this development being precisely provoked by the infant's impossible union with the mother. The merging of the ego ideal and the ego eliminates those useless and inconvenient developments of human evolution which prevent the realization of fusion, whose effect on the ego is deleterious.

Indeed, if the complete satisfaction the child experiences in

² The deflowering of the girl child by the father is even ritualized in certain primitive tribes (*cf.*, Freud, 1918a).

primary fusion persisted, not only would it be impossible for him to separate himself from it—as Freud (1912) says in *On the Universal Tendency to Debasement in the Sphere of Love*—but he would be incapable of acquiring the differentiation of the psychic systems and the different ego functions. It is from frustration that the ego is born and the system perception-conscious develops. When certain gratifications and successive objects are given up, the need to seek substitutes and to effect displacements (for instance, symbol formation and sublimation) arises. Expectation of gratification gives rise to fantasy life, the elaboration of wishes, as well as language.

Each phase of development, in its own specific way, contributes to our reaching satisfaction. The anal phase allows the child to separate himself from his primary undifferentiated state, gives him a sense of inside and outside, and places him in time and space. The œdipal phase, with its incest taboo, solidifies awareness of the ‘third dimension’. Immediate satisfaction keeps us very close to the object, in fact, immerses us in it. Progressive frustrations—which later acquire an œdipal meaning—and the triangular situation enable us to keep the object at a distance, *creating perspective*. To understand that this is not a simple figure of speech, one has only to ‘listen’ to Sechehaye’s (1950) patient describe the terror that seized her at the onset of her illness—objects rushing toward her because of her loss of a sense of perspective. In other words, access to reality, existence of the ego and the secondary process are possible only in the absence of such total wish fulfilment as union with the mother affords. All these acquisitions which have made us human beings would collapse like a house of cards if that which gave rise to them were abolished; that is to say, if instead of ‘projecting itself forward’, the ego ideal sought only to be reunited with the ego in a regressive style (psychotically, in Sechehaye’s patient).

In fact, implicit within the ego ideal is a sense of expectation, hope, and promise. Hope and expectation in turn imply postponement, detours, and an entering into temporal order—

features of a mode of mental functioning in accordance with the reality principle. This evokes the idea of *development*, of *evolution*. In fact, the mother bears the greater responsibility—at least at the beginning of life—of ensuring that the child projects his ego ideal onto successive and more and more advanced models. Frustrations and gratifications, appropriately applied, must encourage the child to give up some of those satisfactions which are linked to acquiring certain functions so that he can acquire new ones. Each stage of his development must afford him enough gratification so that he does not want to turn back, and enough frustration to urge him onwards so that he does not remain fixated. In short, the *hope* that will allow the child to move forward in his development must be maintained. In this way the child is guided by his mother who helps him to project his ego ideal 'forward'; in stimulating the mechanisms of development, she encourages the child to project his ego ideal onto his own development.

Can the difficulties experienced in abandoning one phase of development for a new one, 'the adhesiveness of the libido' (Freud, 1937), the tendency toward fixation, be understood, at least in part, as being linked to early failures that prevented the child from investing in his development as such (see, Freud, 1918)? In this development, the projection 'forward' of the ego ideal plays a central role. The child, therefore, creates for himself a series of short-term pregenital ego ideals that temporarily and only partially replace the genital œdipal ego ideal, which implies the promise of narcissistic achievement. The genital, œdipal ego ideal contains all of the pregenital ego ideals. What happens, it seems to me, is that the genital ego ideal is charged with the mission of promoting an ego that owes its formation to the successful integration of all of its components through those identifications arrived at during the different stages of development. The ego ideal imposes strictures on the building of the ego and does not tolerate any lapses in this process.

I expressed this hypothesis for the first time in a clinical note on examination dreams (Chasseguet-Smirgel, 1967). This article,

which was theoretical as well as clinical, noted that Freud's (1900) interpretation of examination dreams—which he included among the typical dreams—is based on the idea that these dreams deal only with examinations which have been successfully passed in reality. According to Freud these 'anxiety-dreams' occur during the night preceding some difficult task. He writes: 'What is regarded as an indignant protest against the dream: "But I'm a doctor, etc., already!" would in reality be the consolation put forward by the dream, and would accordingly run: "Don't be afraid of tomorrow! Just think how anxious you were before your Matriculation, and yet nothing happened to you. You're a doctor, etc., already." And the anxiety which is attributed to the dream would really have arisen from the day's residues' (p. 274). While agreeing with this, would it not be simpler, and more in line with the dreamer's wish for him to dream of *succeeding* in his enterprise? Why this complicated twist?

Clinical experience has led me to the following hypothesis: examinations are a significant part of the different stages of our school careers, and can be likened to the different stages of our development, our growth toward maturity. (In some languages, matriculation has been derived directly from the Latin word, *matura*.) In many instances the examination successfully passed in reality, and of which we dream, is considered a piece of luck, obtained through fraud or by error. In any case, it is a success which is felt to be undeserved. The symbolic maturity represented in this success is experienced as a kind of make-believe, not based on real integration. In my opinion, it is the ego ideal which is dissatisfied and disturbed by the ego's lacks, which are camouflaged by the apparent success. This is a narcissistic wish, dominated by the ego ideal, to fill the gaps in maturation by repeating the defective process which finds its expression in the examination dream. This wish mobilizes one or several drives; it comes up against barriers which have not yet been broken down and causes anxiety.

It is noteworthy that the examination which Freud reports

he dreamt about most often is precisely an examination whose success depended on a minor fraud: 'In my dreams of school examinations, I am invariably examined in History, in which I did brilliantly—though only, it is true, because [in the oral examination] my kindly master (the one-eyed benefactor of another dream) did not fail to notice that on the paper of questions which I handed him back I had run my finger-nail through the middle one of the three questions included, to warn him not to insist upon that particular one' (Freud, 1900, p. 275).

In Chapter VI of *The Interpretation of Dreams*, Freud studies what he calls 'hypocritical' dreams which, according to him, 'offer a hard test to the theory of wish-fulfilment' (p. 473). He goes on to recount one of his own dreams in which he finds himself in a chemistry laboratory carrying out analyses. He then experiences a feeling of shame and discomfort, which he compares to the feelings provoked in examination dreams (p. 475). I believe that here too what is at issue is the desire not to camouflage a narcissistic failure (the element of shame) symbolized by the failure of the chemical analyses. I suggest the hypothesis that inadequate completion of any stage of development—no matter what the apparent success of the ego may be and in spite of its manifest maturity—gives rise to tension between the ego and the ego ideal. Just as no desire can be concealed from the superego, no ruse, no make-believe, can deceive the ego ideal.

One can imagine the existence of an innate program of psychosexual development (of the ego and the instincts) that would be analogous to the absolute biological necessity for the embryo to develop along the lines of specific organizing principles, or analogous to the natural tendency toward the formation of scar tissue; in other words, analogous to mechanisms responding to a pre-established order. Such an idea would not be foreign to Freud (see, for instance, Lecture XXVII in the *Introductory Lectures*, 1916; *Female Sexuality*, 1931, where he refers to the natural steps of the process of development; and *The Dissolution of the Oedipus Complex*, 1924, where the idea of

an innate program is confirmed). Anna Freud (1965) believes that an innate tendency toward the completion of development exists.

If we accept that genitality implies the integration of pre-genital organizations, it is possible to understand why the ego ideal, when projected onto genitality, demands this integration; that is to say, a development in which all of the stages are integrated.

If the inevitable separation from primary narcissism is accompanied by the detachment of this narcissism in the form of the ego ideal, and if the ego ideal implies the promise of returning to the primal mother through an identification with the genital father who can be united sexually with the mother, one can understand why the ego ideal drives man toward a 'completed' genitality—the necessary condition for achieving his original goal. From the time when the goal was first conceived to the time of the promise of its realization through genital coitus, the unformed skills with which the child has come into the world have been shaped gradually by the instincts. Any lacuna in this integration is experienced by the genital ego as a castration because it disrupts the balanced contiguousness of the partial instincts upon which the primacy of genitality rests. This primacy is thus menaced. A natural trait of the ego ideal is its maturational character,³ a trait that can be rendered almost inoperative if profound alterations in development occur. I shall try to describe the nature of these alterations.

Disturbances in development raise the risk of the individual's abandoning any idea of postponement (the reality principle) in order to attain the wished-for satisfaction and promote quicker solutions through regression (the pleasure principle). However, full access to genital organization and what it implies, raises, as

³ When I was completing my bibliography I came across a definition of certain functions of the ego ideal similar to the one I am attempting to develop here. Gerhart Piers proposes that these functions be identified by the generic term, 'maturation drive' (see, Piers and Singer, 1953).

we know, a number of problems to which I can only answer briefly here. Following Ferenczi, I conceive of genitality as a means, different from regression, to recover the primary object (and the moment when the ego is its own ideal). Abraham (1924) describes the narcissistic-oral stage as pre-ambivalent, and the genital stage as post-ambivalent; in other words, both stages might be characterized as being without ambivalence. One stage then becomes identifiable in the other after the ego and the instincts have come to the end of their long developmental journey. However, the absence of ambivalence is conceivable only if it means man has arrived at complete satisfaction. In fact, as long as prolonged prematurity and the incest taboo exist, man will always feel within himself a separation between his wish and its fulfilment. If genitality is conceived as a final reconciliation of the contradictions within man, and with his objects, we might have to consider such a conception illusory. (The negation of the human tendency to attempt a synthesis of the instincts is, in like manner, just as much an illusion.) Suppressing any notion of development and maturation, and therefore of any differences, is tantamount to eradicating the basic separation between desire and satisfaction, between the ego and its ideal through the denial of the very existence of this basic separation.

Love is probably one of the principal postœdipal manifestations of the ego's desire to be united with its ideal, a union which does not necessarily occur in a nonregressive way. This is particularly true, for example, in the case of adolescent love where carnal relationships seem incompatible with an idealization of the object, and in the case of the medieval and troubadour *amour courtois* which claimed that (sexual) dissatisfaction was in itself the necessary condition for spiritual enjoyment. This reminds us of Tausk's (1919) description of the ego's development. He postulates the existence of a psychic ego which predates a body ego; the body ego is at first experienced as foreign but is then integrated by the psychic ego (in fact, this is the psychic ego's specific task). In this light we can understand

why the individual, on the way back to narcissistic fusion, feels that his body is a 'ragged cloak' which must be discarded in order to release himself from the limits imposed by his existence in the flesh.⁴

Thus the ego ideal is characterized by its bipolarity. In order to be again united with the ego it can choose either the shortest route, the most regressive one, or the evolutionary route which includes the integration of each stage of development. This bipolarity can be observed even in love.

In this context, we might appropriately suggest a modification of some of Freud's conclusions on love, as he expressed them in *On Narcissism: an Introduction* (1914) and in *Group Psychology and the Analysis of the Ego* (1921). In the latter he shows that the object has taken the place of the ego ideal, but he also states in both of these works that the lover has discarded his narcissism in favor of the object. In point of fact, this is not true. Love is exaltation, ecstasy, and exaggeration of the ego even in those cases when love is not shared. It seems to me that in the state of love—from the outset, at the very moment of 'election'—the subject and its object represent the relationship between the ego (the subject) and ego ideal (the object). In other words, the subject finds himself brought nearer to his incarnate ideal. From the beginning, the abolition of the space that separates them is anticipated and experienced as a hallucinatory satisfaction of desire. Only disappointment, repeated rejection, will lead the spurned lover to try to detach himself from his ideal and subsequently to accomplish the work of mourning. The experience of dissatisfaction brings about the end of the hallucinatory satisfaction of desire. The first moments of love—in spite of the object's reaction—are moments of joyful exaltation, an expansion of the ego. In fact, the object's splendor (the ego ideal) rubs off on the ego. I would even suggest that Freud's statement, 'The object absorbs, devours . . . the ego', be rephrased, 'The ego ideal absorbs, devours the ego'. In other words, this is the

⁴ This concept can be found in various Christian heresies, particularly in Gnosis.

merry fusion of both agencies. Love therefore represents in a sometimes regressive, sometimes maturational way, the marriage of the ego and its ideal and is one of the essential human ways to heal the wound left in the ego after primary defusion.

In *Beyond the Pleasure Principle* (1920), Freud again speaks of the tendency, which we never give up, to repeat primary satisfaction: 'No substitutive or reactive formations and no sublimations will suffice to remove the repressed instinct's persisting tension; and it is the difference in amount between the pleasure of satisfaction which is *demande*d and that which is actually *achieved* that provides the driving factor which will permit of no halting at any position attained, but, in [Faust's] words, "*ungebändigt immer vorwärts dringt*" [Presses ever forward unsubdued]' (p. 42).

If the fantasy of fusion with the mother is an organizing factor in our psychosexual lives, if this fantasy 'presses ever forward unsubdued', what elements are prone, in a contrary manner, to press us *backwards* so that we can rediscover our lost perfection? This is the question to which we now address ourselves.

THE EGO IDEAL AND ATTEMPTS TO DESTROY REALITY

If the wish to be big like father and to thus possess mother (a realization of incestuous desire) results from nostalgia for primary fusion, when the infant enjoyed fullness and perfection, there is no doubt that in adult behavior we can observe attempts to abolish the gap that separates the ego from its ideal in ways other than those described above.

The case of the sexual pervert is prototypical. In the etiology of perversions, the particular intensity of the mother's and son's relationship has been frequently remarked, a relationship from which the father is excluded. I think what is pertinent to our subject is that everything happens as if the mother has deceived her son by making him believe that with his (pregenital) infantile sexuality he is a perfect partner for her, and therefore free of any envy of his father; she thus arrests her son's develop-

ment. His ego ideal, instead of cathecting a genital father and his penis, remains attached to a pregenital model.⁵

At this point I would like to hypothesize that the theory of sexual phallic monism, which is at the core of the Freudian theory of the œdipus complex, confirms the masculine narcissistic defenses, particularly those of the sexual pervert. In fact, the claim that when the male child reaches the œdipal phase he has no desire to penetrate the mother (since he possesses no knowledge, conscious or otherwise, of the mother's vagina) robs the œdipus complex of much of its dramatic power. By the same token, the œdipal child, who, according to Freud, thinks his mother has a penis and not a vagina which can be filled, is in the position of not having to envy the father. The pre-pubescent boy's small penis suffices for the 'vague' and 'imprecise' sensations which sum up his sexual desires toward his mother. Hence, *to ignore the difference between the sexes is to ignore the difference between the generations*. This is consistent with the goal the sexual pervert sets himself with his mother's help: to guarantee that, with his pregenital sexuality, he is an adequate sexual object. This upsets the very foundation of reality—that reality which rests on the difference between the sexes and the generations. The sexual pervert therefore attempts to re-establish the fusion between the ego and its ideal by evading development.

In the group, we discern mechanisms which are analogous to those I have just described in the sexual pervert.

Without going into a detailed description of the superego and the ego ideal, it is noteworthy that a fundamental difference exists between the ego ideal, inheritor of primary narcissism, and the superego, inheritor of the œdipus complex. At least initially, the former is an attempt to repossess the lost omnipotence. The latter, in a Freudian perspective, stems from the

⁵ The mother's attitude can only be considered one of the factors, among many others, that contribute to this result. I cannot here expand on the different variations of this theme. However, my article, *Perversion, Idealization and Sublimation* (1974), raises some of the issues mentioned.

castration complex. The first tends to restore illusion, the second to promote reality. The superego cuts the child off from his mother; the ego ideal pushes the child toward fusion with her. In fact, according to Freud, the superego is chronologically the last agency to be included in the psychic apparatus. When Freud introduced the superego into the structural theory, he fused it with the ego ideal. He wrote: 'The super-ego is, however, not simply a residue of the earliest object-choices of the id; it also represents an energetic reaction-formation against those choices. Its relation to the ego is not exhausted by the precept: "You *ought to be* . . . (like your father)." It also comprises the prohibition: "You *may not be* . . . (like your father)—that is, you may not do all that he does; some things are his prerogative." ' (Freud, 1923, p. 34).

Within the perspective of this study, it should be noted that, if we continue to distinguish between the superego and the ego ideal, we are led to believe that the inheritor of narcissism encourages the child to identify with his father while the inheritor of the œdipus complex discourages this identification. Let us remember that, according to Freud (1929), many adults neither acquire a true 'moral conscience', the result of internalized interdictions, nor have real 'feelings of guilt'; they feel only 'social anxiety'. In brief, they are without a superego and are prevented from wrong doing only because they fear being caught at it. This idea had already given rise to similar remarks in *On Narcissism: an Introduction* (1914) and in Chapter VII of *Group Psychology and the Analysis of the Ego* (1921) when Freud had not yet elaborated the structural theory.

In 1933 when Freud was studying the different agencies of the psychic personality he was even more radical: ' . . . as regards conscience God has done an uneven and careless piece of work, for a large majority of men have brought along with them only a modest amount of it or scarcely enough to be worth mentioning' (p. 61). It seems that this statement has received little attention in the psychoanalytic literature. On the contrary, emphasis has been placed on the universal severity of the superego; no

attempts have been made to distinguish between the different sets of factors assigned to the heir to the œdipus complex. In fact, it seems that under certain circumstances, this only recently incorporated agency, which is sometimes, according to Freud, almost nonexistent and at best is probably very fragile, can be swept away by the sudden revival of the old wish to reunite the ego and the ego ideal.⁶

Groups seem to be particularly apt to provoke the dissolution of the superego. Freud (1921) pointed to this in *Group Psychology and the Analysis of the Ego*. 'For us it would be enough to say that in a group the individual is brought under conditions which allow him to throw off the repressions of his unconscious instinctual impulses. The apparently new characteristics which he then displays are in fact the manifestations of this unconscious, in which all that is evil in the human mind is contained as a predisposition. We can find no difficulty in understanding the disappearance of conscience or of a sense of responsibility in these circumstances. It has long been our contention that "social anxiety" is the essence of what is called conscience' (pp. 74-75). And further: 'In obedience to the new authority he may put his former "conscience" out of action, and so surrender to the attraction of the increased pleasure that is certainly obtained from the removal of inhibitions. On the whole, therefore, it is not so remarkable that we should see an individual in a group doing or approving things which he would have avoided in the normal conditions of life . . .' (p. 85). Freud goes on to say that any assembly of men carries within it a strong tendency toward becoming a pathological group. As we all know, Freud considers the crowd to be the 'revival of the primal horde' made up of 'an individual of superior strength among a troop of equal companions . . .' (p. 122). 'The primal father is the group ideal, which governs the ego in the place of the ego ideal' (p. 127), while the members of the group, having

⁶ A patient of Alexander's (1938) made the statement that the superego can be drowned in alcohol. Therefore, it is clearly narcissistic elation, the meeting of the ego and the ego ideal, which dissolves the superego.

replaced their ego ideal with an object, common to all, become identified with each other. The cohesiveness of the group depends largely on its relationship to the leader who forces the members of the group to give up their individuality. Freud states that as long as the group formation is maintained, the individuals seem faceless, cut from the same mold: ' . . . an individual's private emotional impulses and intellectual acts are too weak to come to anything by themselves and are entirely dependent for this on being reinforced by being repeated in a similar way in the other members of the group. We are reminded of how many of these phenomena of dependence are part of the normal constitution of human society, of how little originality and personal courage are to be found in it, of how much every individual is ruled by those attitudes of the group mind which exhibit themselves in such forms as racial characteristics, class prejudices, public opinion, etc.' (p. 117). This leveling of individual characteristics caused by the identification of the members of the group with each other, and the formation of a common ego ideal through projection onto a single object (the leader), appears to be all the more definite because the 'individual characteristics' are already intrinsically weak. In the primal horde the will of the individual was feeble; he did not venture upon action. 'No impulses whatever came into existence except collective ones An idea did not dare to turn itself into an act of will unless it felt itself reinforced by a perception of its general diffusion' (pp. 122-123, n.).

In relationship to the 'gregarious' instinct, Freud asserts: 'All the members must be equal to one another, but they want to be ruled by one person. Many equals, who can identify themselves with one another, and a single person superior to them all—that is the situation that we find realized in groups . . . capable of subsisting.' Rather than define man as a gregarious animal, Freud calls him a 'horde animal, an individual creature in a horde led by a chief' (p. 121). Freud's conclusions belong to the realm of the paternal complex; the chief is a father substitute, and the crowd, the brothers.

It seems to me that not all human groups, and the mob in particular, correspond to the schema described above—a schema which applies to an already advanced situation. In fact the paternal figure is excluded from the group in the same way as the superego. It is as if the group formation was in itself a hallucinatory realization of the brothers taking possession of the mother, and in a very regressive vein, by primary fusion. Nazism has frequently been compared to religion; the Nuremberg rallies, for instance, were compared to the Eucharistic rites of the Church. But Nazism was directed more toward the Mother Goddess (*Blut und Boden*) than God the Father. In such groups, one witnesses the complete erasure of the father and the paternal universe, as well as all of the elements pertaining to the œdipus complex. In Nazism, the return to nature, to the old German mythology, is an expression of this wish for fusion with the omnipotent mother.

The leader, of course, exists (we only have to think of Hitler). In my opinion, however, he is not necessarily to be confused with the father. Rather, the leader is responsible for reviving the old desire to reunite the ego and the ego ideal. He promotes illusion; he mirrors it temptingly before the star-struck eyes of man; he is the one through whom the illusion may be achieved. The group desires illusion more than leadership, and chooses as master the one who promises to reunite the ego and the ego ideal. No absolute leader is without an 'ideology'. He is, in fact, the intermediary who negotiates between the people and the ideological illusion. Underlying the ideology, there is always a fantasy of narcissistic triumph.

In this light, it seems to me, one can better understand why the superego is so violently and completely rejected—just like the advanced ego ideal—every time illusion is brought to the fore in human groups. If it is possible to bring the ego and the ego ideal together, what was previously obtained through development becomes useless and even constitutes a hindrance. (Those things obtained through development can be obtained only gradually, precisely because the ego and the ego ideal are separated.)

In his article on the superego, Sandler (1960) points out that ' . . . situations do exist in which the ego can and will totally disregard the standards and the precepts of the superego, if it can gain a sufficient quantity of narcissistic support elsewhere. We see this impressive phenomenon in the striking changes in ideals, character, and morality which may result from the donning of a uniform and the feeling of identity with a group. If narcissistic support is available in sufficient quantity from an identification with the ideals of a group, or with the ideals of a leader, then the superego may be completely disregarded, and its functions taken over by the group ideals, precepts, and behavior. If these group ideals permit a direct gratification of instinctual wishes, then a complete character transformation may occur; and the extent to which the superego can be abandoned in this way is evident in the appalling atrocities committed by the Nazis before and during the last war' (pp. 156-157).

I am in agreement with Sandler. I too would emphasize that groups formed on the basis of ideology aim at narcissistic triumph. Nevertheless, it seems to me that the capacity to commit atrocities (as an instinctual satisfaction) not only results from the adoption of the group's moral criteria (which are a substitute for the personal superego), but also is a necessary consequence of the group's ideology. Everything that interferes with the success of the illusion must be swept away. And since idealization of the ego is the purpose of illusion and since projection always accompanies the idealization of the ego, the objects of the projection must be destroyed. I do not think that the murder that then results occurs in the name of the superego—as a means for its justification. I believe it occurs in the name of the ideal—like the murder of the infidels by the Crusaders. Hence, any rebirth of illusion in a group is followed by a blood bath if the group possesses external means equal to its internal violence.⁷

⁷ The principle of Machiavellian politics, 'the end justifies the means', is in fact an 'idealistic' precept which is applied every time illusion is revived: the end (the reunion of the ego and its ideal) justifies the means (the annihilation of the superego).

It should be stressed that the members of the groups I have in mind are not necessarily to be found assembled in the same locale. I am speaking not only of actual crowds but also of potential ones comprised of individuals united through common political, religious, mystical, or mystical-political convictions. These individuals are tied together essentially through *illusion*, the realization of which is promised by the leader. In these groups the leader plays the same role with respect to the group's members as the mother of the future sexual pervert does with respect to her child in giving him the opportunity to think that he neither needs to grow up like, nor identify with, his father, thus allowing a confusion between his incomplete growth and his ego ideal.

In a certain sense one can regard the theory of sexual phallic monism, which I tried to describe earlier as a mechanism for safeguarding the child's narcissism at the expense of reality, as the prototype of all adult ideologies. (I do not include among these ideologies systems of thought which do not seek to satisfy illusion; for example, governmental solutions to problems and programs with limited objectives do not, in this sense, constitute ideologies.) The ease with which people are seduced by illusion clearly illustrates the urge within all of us to avoid development; otherwise how can we understand how highly differentiated individuals are transformed into groups of people who behave like termites and/or murderers.

This tendency to short-circuit development is also revealed in artistic creativity. Individuals who have not been able to project their ego ideal onto the father and his penis (I refer here to males) and as a consequence achieve faulty identifications, will, for obvious narcissistic reasons, be led to give themselves the identity they lack by various means, of which creativity is one. The work thus created symbolizes the phallus, the missing identity being comparable to castration. Inability to identify with the father, or father substitutes, leads the individual to *fabricate* and not *engender* his work which, like himself, is therefore devoid of any 'family generational ties'. Since introjec-

tion of the paternal qualities has not occurred, and because the wishes linked to this process have been repressed and counter-cathected, the individual finds himself deprived of the necessary desexualized (sublimated) libido for the creation of his work. Hence, what is behind this creation is the ego ideal; the raw material of the creation, however, is not altered in any fundamental way. The phallus thus created can only be fictitious, that is to say, nothing more than a fetish. It is necessary to avoid the obstacle created by the difficulties encountered in object relations through the substitution of a cathexis of quality with an artificial cathexis of form: authentic cathexis seems unattainable. The ego and ego ideal must be brought together by skipping the process of sublimation that involves paternal identification and by economizing on the conflicts of introjection (see, Chasseguet-Smirgel, 1974).

The object of this process (which, in fact, is an *acting out*) is to magically close the gap between the pregenital penis and the genital penis, between the child and the father. The anal drives are the raw material which idealization tries to transform by gilding them with a flashy veneer; but contrary to what occurs in sublimation, they actually remain unchanged. In the final analysis, the magical phallus thus autonomously created (i.e., without identification with the father) is nothing more than a disguised anal penis. This is a striking attempt at *alchemy*. The 'false' work is often preferred to the authentic one, like the Chinese Emperor's mechanical nightingale in Andersen's fairy tale. The admirer of 'falseness' is in effect faced with the possibility of directly acquiring the phallus forever, without conflict and in a world devoid of castration.

We find ourselves faced with certain attempts at resolution through the destruction of reality, as in the case of the sexual pervert.⁸ The desire to bring together the ego and the ego ideal can lead, on the one hand, to sublime creations of the mind, the

⁸ The model of the sexual pervert recurs frequently in psychopathology: the tendency to short-circuit conflicts through acting out in drug addiction, delinquency, etc.

heart, and the senses in art, science, and love; but, also on the other, to 'false' creations in esthetics, thought, mysticism, political ideologies etc.

CONCLUSION

In this paper, I use the word 'illusion' to describe the path of regression taken by the ego and the ego ideal in their search for fusion.

In *The Future of an Illusion*, Freud states that the prototype of illusion is religion. In an earlier book, *Totem and Taboo*, he mentions Darwin's theories on the primal horde and their amplification by Atkinson (Freud, 1913, pp. 141-142). Through religion the dead father finds himself revered, adored in the guise of the totem, and, through religion, the memory of the son's triumph over the dead father is kept alive in the ceremony of the totemic meal. Morals and religion find their common source in repentance and tenderness for the dead father.

From this description of totemism it is obvious that the dead father is idealized in the form of the totem. However, it seems to me that this ego ideal (later to be projected onto the ancient gods and then onto the God of monotheistic religions in the form of omnipotence) is linked to complex factors which prevent its being the direct heir to primary narcissism. In fact, this idealization of the dead father rests on the necessary repression of the aggressive instincts which had him as their target; they are replaced by the positive half of the love-hate ambivalence, which brings this idealization close to the mechanism described by Melanie Klein. Furthermore, and I believe this is to be a key feature of religion, the father is no less the representative of the superego than the ego ideal. The oedipus complex and the superego hold a central position in religion. In a more positive vein, Freud thought that illusion, as epitomized in religion, would soon dwindle and that science would take its place. In fact science, since the writing of *Totem and Taboo* (1913) and *The Future of an Illusion* (1927), has made tremendous progress, particularly in the field of technical application.

But the human mind still has a long way to go before it enters the scientific epoch. Religion has been dealt some serious blows, but only to find itself superseded by ideology or mysticism.

Max Weber wrote that science produces disenchantment with the world. It is as if science, through the rational explanation of phenomena, had destroyed the basis for religion because it too pretends to constitute a system capable of explaining the universe. But the need for illusion remains unsatisfied, and this insatiable thirst for illusion has struck a more bitter blow to reason than any religion in the past.

There are, of course, degrees of illusion. A system where the œdipal dimension of the psyche is still present is less deserving of the term illusion than another which annihilates it. Mysticism, contrary to religion, has little to do with the œdipus complex or the superego. And this is also true of ideologies, in so far as I have defined them here. Mysticism follows the pattern of the fusion of the ego and its ideal, the 'quick route'. It promises fusion with the primary object—even when on the conscious level it is identified with a God-Father, who in the end is equivalent to the mother before defusion. Many descriptions of mystical ecstasy confirm this view. Saint Francis de Sales describes how in this state the soul is like an infant still at the breast; the mother cuddles him in her arms, pressing the milk into his mouth, so that he need not even move his lips.

Freud admitted that oceanic feelings—a primary feeling of the ego—existed, although he claimed that he himself had never experienced them. Hence, when he made the father the object of primary identification, he neglected an important aspect of the human psyche which today seems to play a more significant role. The search for oceanic feeling through drugs, mysticism, and ideology has replaced the more difficult path of religion, where paradise was promised only after sacrifice. Religion never offers 'Paradise Now'. However, in its present-day configuration, the œdipal dimension of religion has been altered. In *Moses and Monotheism*, Freud (1939) writes that in Christianity the son's wish to take his father's place is almost realized: God the

Father will take second place and the religious compromise which reconciles repentance and triumph in relation to the father—the basis of morals—, will obviously favor the triumph of the son.

However, we might add, the fact that in Christianity the father still exists alongside the son, even if only as a second-in-command, may signify that he represents the vestiges of repentance and, therefore, the continued action of the superego. Acting upon a powerful trend in modern Christianity, Karl Barth advocates a 'Christo-centrism' that rules out the figure of the father. To my mind, this step reduces the gap between religion and mysticism. The absolute reign of the son ultimately implies union with the mother. A slogan of the 'Jesus Freaks' is 'After religion, try Jesus'.

Moreover, if science itself has found its detractors, this is because it destroys the spiritual nourishment (illusion) for which man aches and because it too is experienced on a much more profound level, as a force that re-activates illusion itself.

In fact, even if scientific progress does call into action secondary processes, demanding a sequence of acts, indecisions, trial periods, patient work which must be begun again and again, —a psychic dimension which confronts the individual with differences and therefore development,—it is nevertheless experienced in terms of the primary process; its results are felt to be magical. When we view moon landings on television, we not only observe that 'the queen of the night', 'the funeral torch', 'Diana', 'Phoebe', 'Selene', etc., are replaced by a non-descript gray matter—the annihilation of what Hugo called the 'realm of dreams', the 'land of illusion'—but after a few repeated landings we also begin to feel that this remarkable demonstration is, after all, banal and boring. In terms of the primary process, this increases our impatience. Man can no longer adjust to the natural rhythm of life but has begun to operate according to the models he has himself created in the form of his machines. Thus science seems to play an important role in reactivating

illusion even if, as we have seen, on another level it brings disillusionment.

Even though psychoanalysis addresses itself to internal factors in order to explain the phenomena that confront it, and must consider society as inextricably linked to the individual unconscious, I think we are justified in taking into account external forces which stimulate the old wish to bring the ego and the ego ideal together by the shortest route, that of illusion. I hypothesize that the changes in pathology which we observe today involve those factors which tend to take progress in science as a confirmation of the possible and immediate reuniting of the ego and the ego ideal. This leads me to believe, like many other authors, that the differentiation between the ego ideal and the superego is still a legitimate one.

An effective internalization of the superego should 'ideally', as Freud (1924, 1931) said, bring about the dissolution of the œdipus complex as well as the ego ideal if, of course, the ego ideal and the fantasy of incest, as I have tried to demonstrate, are intimately connected. The superego should become the main, if not the exclusive, source of narcissistic nourishment for the ego. The ego should obtain its sense of value and pride from its obedience to the superego's demands. We should note, in passing, how profoundly the nature of narcissistic satisfaction is thus modified. The superego (as the term itself implies) stands above the ego, limits the ego, even weighs down upon it: we submit to the superego. As Annie Reich (1953, 1954, 1960) has said, the superego is a powerful agent in the service of reality. Nevertheless, the absorption of the ego ideal by the superego is incomplete, just as the dissolution of the œdipus complex is incomplete. It could only be complete if the establishment of the superego took place after the child has actually recognized his organic inferiority and his father's role in the primal scene, with the subsequent rejection, on all levels, of the infantile theory of sexual phallic monism. But the superego comes into being—at least in part—from the need to deny these realities.

In sum, in order for the many things which are the father's prerogative to be truly integrated, there must be acceptance of the fact that genital coitus is reserved for the father. Not only is this a paternal prerogative, but only the father can achieve it; coitus is not only forbidden to the child, he is not capable of it.

With the hypothesis I have tried to develop here—according to which incest implies fusion with the primary object, and fusion of the ego and ego ideal—one can better understand that what is behind the œdipal wish is more than the search for an instinctual satisfaction. After all, there is no œdipal instinct, there is only a sexual instinct. The œdipal wish is stimulated by our search for a lost omnipotence. This is not to minimize the role sexuality plays in the œdipal wish; in fact, I would stress that if 'love is much more than love', the wish to enter the mother also includes our quest for the unlimited, the absolute, the perfection of an ego whose wound (the result of our being torn away from our narcissistic perfection) would at last be healed.

In fact, if there is an element of truth in the hypothesis that the superego finds its basis in a compromise with reality and, therefore, correlatively with narcissism, one can understand why the ego ideal is never completely or definitively absorbed into the new structure, since the ego is not prepared to give up its past splendor. Because the ego ideal persists alongside the superego—at least in latent form—and because this is where the reactivation of illusion takes root, we should not confuse this with 'models' which have been imposed from without, by the parents in particular. Such models are molds to which the child conforms, and which, in my opinion, are linked to an anal regression of the superego.

In a general way, it would seem that even when the superego is well established within, this condition is not sufficient to offer man the narcissistic nourishment which he requires; even when the individual's development has been a harmonious one, he manages only to a relative degree to reconcile the demands of

his superego with his old (dormant) wishes for completeness—through love and through sublimation. He loves the object in spite of its finitude and because of it; he strives for creativity because of the very trials it imposes on him. Man needs both 'bread and roses'.

The ego ideal can live in harmony with the superego when it has adopted the maturational characteristic mentioned earlier, and after a certain number of instinctual integrations have taken place. It can then cathect, to a certain extent, the qualities or behaviors springing from the disillusionments the ego must face. Lucidity, intellectual courage, love, and truth are qualities that can be integrated within the ego ideal when the superego is established. They protect man against *hybris*. They are necessary for the individual who wishes to do scientific and scholarly work.

I am not sure if we ever completely rid ourselves of all traces of infantile megalomania. But perhaps this would be undesirable. I believe that scientific work combines an approach to reality (be it psychic or external) and a narcissistic cathexis of this same approach. 'Show me the way and I shall move the world.' This famous aphorism clearly illustrates that at the heart of all our activities, even those of a 'secondary' nature, there is to be found—transformed but always irreducible—our dream of omnipotence which 'presses ever forward unsubdued'.

REFERENCES

- ABRAHAM, K. (1924): A Short Study of the Development of the Libido, Viewed in the Light of Mental Disorders. In: *Selected Papers on Psychoanalysis*. London: The Hogarth Press, Ltd., 1942; New York: Basic Books, Inc., 1953, pp. 418-501.
- ALEXANDER, F. (1938): *Remarks About the Relation of Inferiority Feelings to Guilt Feelings*. Int. J. Ps., XIX, pp. 41-49.
- CHASSEGUET-SMIRGEL, J. (1967): Note clinique sur les rêves d'examen. In: *Pour une psychanalyse de l'art et de la créativité*. Paris: Payot, 1971, pp. 177-255.
- (1974): *Perversion, Idealization and Sublimation*. Int. J. Ps., LV, pp. 349-357.
- FERENCZI, S. (1924): *Thalassa. A Theory of Genitality*. New York: W. W. Norton & Co., Inc., 1967.

- FREUD, A. (1965): *Normality and Pathology in Childhood. Assessments of Development*. New York: International Universities Press, Inc.; London: The Hogarth Press, Ltd., 1966.
- FREUD (1895): *Project for a Scientific Psychology*. Standard Edition, I, pp. 295-397.
- (1900): *The Interpretation of Dreams*. Standard Edition, IV/V.
- (1905): *Three Essays on the Theory of Sexuality*. Standard Edition, VII, pp. 123-243.
- (1908): *Creative Writers and Day-Dreaming*. Standard Edition, IX, pp. 143-153.
- (1909): *Family Romances*. Standard Edition, IX, pp. 237-241.
- (1912): *On the Universal Tendency to Debasement in the Sphere of Love (Contributions to the Psychology of Love II)*. Standard Edition, XI, pp. 179-190.
- (1913): *Totem and Taboo*. Standard Edition, XIII, pp. 1-161.
- (1914): *On Narcissism: An Introduction*. Standard Edition, XIV, pp. 73-102.
- (1915): *Instincts and Their Vicissitudes*. Standard Edition, XIV, pp. 117-140.
- (1916): *Introductory Lectures on Psycho-Analysis*. Standard Edition, XV/XVI.
- (1918a): *The Taboo of Virginity (Contributions to the Psychology of Love III)*. Standard Edition, XI, pp. 193-208.
- (1918b): *From the History of an Infantile Neurosis*. Standard Edition, XVII, pp. 7-122.
- (1920): *Beyond the Pleasure Principle*. Standard Edition, XVIII, pp. 7-64.
- (1921): *Group Psychology and the Analysis of the Ego*. Standard Edition, XVIII, pp. 69-143.
- (1923): *The Ego and the Id*. Standard Edition, XIX, pp. 13-66.
- (1924): *The Dissolution of the Oedipus Complex*. Standard Edition, XIX, pp. 173-179.
- (1926): *Inhibitions, Symptoms and Anxiety*. Standard Edition, XX, pp. 87-174.
- (1927): *The Future of an Illusion*. Standard Edition, XXI, pp. 5-56.
- (1930): *Civilization and Its Discontents*. Standard Edition, XXI, pp. 64-145.
- (1931): *Female Sexuality*. Standard Edition, XXI, pp. 225-243.
- (1933): *New Introductory Lectures on Psycho-Analysis. Lecture XXXI. The Dissection of the Psychological Personality*. Standard Edition, XXII, pp. 57-80.
- (1937): *Analysis Terminable and Interminable*. Standard Edition, XXIII, pp. 216-253.
- (1939): *Moses and Monotheism: Three Essays*. Standard Edition, XXIII, pp. 7-137.
- (1940[1938]): *An Outline of Psycho-Analysis*. Standard Edition, XXIII, pp. 144-207.

-
- (1941[1938]): *Findings, Ideas, Problems*. Standard Edition, XXIII, pp. 299-300.
- GRUNBERGER, B. (1957): Essai sur la situation analytique et le processus de guérison. In: *Le narcissisme. Essais de psychanalyse*. Paris: Payot, 1971, pp. 53-115.
- (1967): L'oedipe et le narcissisme. In: *Op. cit.*, pp. 331-348.
- MALLARMÉ, S. (1867-1870): Igitur ou la Folie d'Elbehnon. In: *Oeuvres complètes*, coll. La Pleiade. Paris: Gallimard.
- PIERS, G. and SINGER, M. (1953): *Shame and Guilt. A Psychoanalytic and Cultural Study*. Springfield, Ill.: Charles C Thomas.
- REICH, A. (1953): *Narcissistic Object Choice in Women*. J. Amer. Ps. Assn., I, pp. 22-44.
- (1954): *Early Identification as Archaic Elements in the Superego*. J. Amer. Ps. Assn., II, pp. 218-238.
- (1960): Pathologic Forms of Self-Esteem Regulation. In: *The Psychoanalytic Study of the Child, Vol. XV*. New York: International Universities Press, Inc., pp. 215-232.
- SANDLER, J. (1960): On the Concept of Superego. In: *The Psychoanalytic Study of the Child, Vol. XV*. New York: International Universities Press, Inc., pp. 128-162.
- SECHEHAYE, M. (1950): *Journal d'une schizophrène*. Paris: Presses Universitaires de France.
- TAUSK, V. (1933): *On the Origin of the 'Influencing Machine' in Schizophrenia*. This QUARTERLY, II, pp. 519-556.

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A Note on Internalization as Process

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A NOTE ON INTERNALIZATION AS PROCESS

BY W. W. MEISSNER, S.J., M.D.

To the view of internalization as fantasy, there is counterposed the view of internalization as process. The philosophical roots and basic argument of the 'fantasy' view are evaluated, particularly in reference to the position of metaphorical terms in psychoanalytic theory. Especially confusing is the literal interpretation of metaphors of spatialization distinguishing the inner dimensions of psychic experience from external referents. The persistent theoretical need is to translate metaphorical usage into meaningful and consistent theoretical terms. The organization of introjects cannot be reduced to memory elements, object representations, or fantasy products. Internalization as process refers to a series of real psychological events whose specific delineation and description has not been accomplished.

The following reflection has been stimulated by the recent writings of Roy Schafer (1968, 1972) on the subject of internalization. Schafer's formulations have been stimulating, even provocative, and have provided a refreshing revision of the psychoanalytic concepts not only of internalization but also of structure formation. My comments are not intended as an attempt at refutation. Refutation is neither feasible, since one cannot substantially refute an orientation or point of view, nor advisable, in so far as Schafer's formulations provide a useful counterpoint and dialectical antithesis to prevailing psychoanalytic views. Rather, in the following pages I shall discuss an alternative point of view about internalization. Schafer proposes that internalization be viewed simply as fantasy. The view to be expressed here is that internalization involves both process and product.

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INTERNALIZATION AS FANTASY

In order to delineate the view of internalization as fantasy, I quote from Schafer's 1972 paper. The basic point of the approach to internalization as fantasy, as well as his major conclusion, is stated as follows:

The gist of my argument is that internalization is a spatial—actually, pseudospacial—metaphor that is so grossly incomplete and unworkable that we would do best to avoid it in psychoanalytic conceptualization. Incorporation (and incorporated object or person) is the only term that has a real referent, namely archaic fantasies of taking objects into the body. Logically, internalization cannot mean anything more than that: it refers to a fantasy, not to a process (p. 434).

To understand the derivation of such a strong and stark conclusion, one must turn to the argument itself. The use of the term 'internalization' implies in some sense that something has shifted from an external frame of reference to an inner frame of reference. The problem arises, however, when we ask 'Inside what?'. We cannot mean that what is internalized is within the body or within the mind without basically confusing psychological with physiological or anatomical realities.

Hartmann (1939) had originally formulated the notion of internalization in terms of the increase of inner regulation in the phylogenetic progression. He wrote:

In the course of evolution, described here as a process of progressive 'internalization', there arises a central regulating factor, usually called 'the inner world' which is interpolated between the receptors and the effectors (p. 57).

Thus for Hartmann, the increasing capacity for delay and the relative independence from stimulus conditions served as the basis for arguing that the inner apparatuses sustaining such processes were located within the organism. As Schafer correctly observes, this evolutionary concept of internalization involves an illogical leap from greater organismic complexity and inde-

pendence from environmental stimulation to the location of thought and subjective experience. The psychological observer, nonetheless, has no warrant to locate mental activity anywhere—whether inside the organism or not. Consequently, Hartmann's formulations retain a certain biological validity, but they do not stand as adequate or accurate psychological formulations.

To carry this reasoning a step further, thinking is undoubtedly an elaborate form of self-regulation and adaptational capacity, but where shall we locate thinking? Thought takes place 'in the mind', which is nothing but an abstraction that includes thinking among its referents. Its boundaries are the boundaries of a concept and not of a place. If we dispense with the local notion of inside, we can then recognize that if the person has a private world, it does not mean that it is necessarily equivalent to an inner world. The result of these considerations is that the concept of introjection must be synonymous with that of incorporation; that is, it refers to the fantasy of taking something into one's own body. The correlative concept of projection comes to mean a fantasied expulsion from the body.

The argument, however, can be carried even further, to the concept of identification and the forms of structuralization which constitute the psychoanalytic structural hypothesis. Structures are defined and articulated in terms of spatial metaphors; that is, in terms of higher and lower (ego, superego), in terms of hierarchical organization and integration, and also in terms of surface and depth. In the light of the argument, however, structures are to be regarded as classes of events rather than spatial designations.

Schafer (1972) writes:

What does it mean, then, that identification is assigned so important a role in the development of psychic structure by Freud (see, e.g., 1923) and others after him? It means that modeling change of ideas about oneself and change of one's behavior on aspects of important real or imaginary people plays a decisive part in the progressive stabilization and integration of one's

specifically human activity. It means that to develop as a specific person one must have models; one cannot and does not have to create his idea of being fully human by himself. We know that the process of modeling oneself after another person is typically fantasied as an incorporation of that person and may even be undertaken for that purpose (e.g., to preserve a sense of the presence of that person or of one of his qualities). But we realize too that when we say 'incorporation' we are speaking of imagination or fantasy; we are not conceptualizing psychological processes for systematic purposes.

It comes then to this: identification is or may be 'structure-building' in the sense that it may make possible a high degree of consistency in certain modes of subjective experience and behavior; on the basis of identification, specific modes of desiring, feeling, thinking, and doing things, along with specific ideas and feelings associated with these modes, may be in evidence much more regularly and readily than they would be otherwise. But we speak of structure in this instance because, thinking metaphorically, we are picturing mind as a matter of places, currents, quantities, interactions—in short, as a spatial entity containing other localizable entities and processes. This entire notion, once made explicit, can be seen to be the archaic invention it is (p. 419).

The leading edge of the argument deals with the problem of the implicit spatial metaphor in such expressions as 'in the mind', but one is left with the uneasy feeling that what is lost sight of is precisely the metaphor. Thus, if as an analyst I tell a prospective patient that I am 'in the Institute' the metaphorical quality of that spatial expression is clear, so that what is conveyed to the listener is not the meaning that I am at this moment physically located in the Institute, but rather that I am a member of that Institute, while my physical location at the moment is in a chair in my office. Confusion about the metaphor arises only if its meaning is taken in a strictly literal sense. The very asking of the question 'Inside what?' forces a literal meaning onto the metaphor and gives it a questionable status which is from the beginning foreign to the meaning. If I speak

of a memory image as 'internal', I do not mean that it is inside anything, but rather that it is a functional component of an individual mind or that it corresponds to a specific set of individual mental operations. However, the point should also be made that terms like 'inside' or 'internal' not only involve a spatial metaphor but also an extrinsic denomination. There is an implicit assumption in the use of such terms that there is an association of such internal processes with as yet unspecified physiological operations and functional processes having to do with the nervous system. These processes and structures do not partake of the spatial metaphor but are literally 'inside'.

A second source of uneasiness with the view of internalization as fantasy relates to the problem of definition. Thought, for example, takes place 'in the mind', but if we then say that the mind is nothing but an abstraction, we are left with an ambiguity. If we are clear about the nonliteral usage of the expression 'in the mind', we are not misled into problems of spatial localization. But then how shall we conceive of the 'mind'? What does it mean to say that it is a pure abstraction, whose boundaries are the boundaries of a concept and not of a place? Or shall we acknowledge that the concept of mind may have real referents which are nonmaterial and nonextended? In contrast to the abstract quality of the concepts of truth and justice, the concept of mind is concrete; it has an explicit real reference to the organization of mental activities which are the stuff of everyday personal experience.

The same difficulty arises in relation to the expression 'in the self'. This is a troublesome area since the whole notion of the self and its referents within the psychoanalytic frame of reference is as yet unclear.

The problem recurs in focusing on the concepts of structure and structure-building. The argument that the notion of structure is inherently metaphorical and spatial implies that when we have once liberated ourselves from the constraints of such metaphorical thinking, in terms of localizable entities and processes, we can just as well do without it. Thus the alternatives

left us are to consider structure either as such primitively spatial designations or as classes of events. The analytic notion of structure is also lacking in specification. But its implications cannot simply be reduced to the literal dimension of the metaphors used to speak of structure, nor can intrapsychic structures be translated simply into the terms of classes of events.

In brief, it can be said that the argument advanced in Schafer's considerations confronts us with some of the most difficult and problematic aspects of psychoanalytic theory. It challenges analytic thinkers to develop a better sense of what is specifically meant by terms like internalization, introjection, identification, structure, function, as well as of the specific meaning of particular structures at various levels of the organization of the psychic apparatus. While the argument brings us face to face with these issues, it also brings us to a more specifically philosophical concern having to do with the problem of definition and the nature of theoretical concepts.

THE CONCEPT OF MIND

The approach to these logical problems in Schafer's work is strongly influenced by and derives from the work of Gilbert Ryle, particularly in his *The Concept of Mind* (1949). Ryle's discussion launches a sustained attack on the viewpoint of 'Cartesian dualism'.¹ He states:

There is a doctrine about the nature and place of minds which is so prevalent among theorists and even among laymen that it deserves to be described as the official theory. . . . The official doctrine, which heralds chiefly from Descartes, is something like this. With the doubtful exceptions of idiots and infants in arms every human being has both a body and a mind. Some would prefer to say that every human being is

¹ It should be noted that the 'Cartesian dualism' in Ryle's treatment bears little reference to the historical doctrine of Descartes. Rather it is a shorthand for a view with which Ryle caricatures certain points of view and linguistic abuses which he feels are frequently encountered in common sense and philosophic usage.

both a body and a mind. His body and his mind are ordinarily harnessed together, but after the death of the body his mind may continue to exist and function.

Human bodies are in space and are subject to the mechanical laws which govern all other bodies in space. Bodily processes and states can be inspected by external observers. So man's bodily life is as much a public affair as are the lives of animals and reptiles and even as the careers of trees, crystals, and planets.

But minds are not in space, nor are their operations subject to mechanical laws. The workings of one mind are not witnessable by other observers; its career is private. Only I can take direct cognizance of the states and processes of my own mind. A person therefore lives through two collateral histories, one consisting of what happens in and to his body, the other consisting of what happens in and to his mind. The first is public, the second private. The events in the first history are events in the physical world, those in the second are events in the mental world (pp. 11-12).

Related to this basic dualism, Ryle focuses on the parallel dualism between what is internal and external to the mind. It is this aspect that Schafer's argument has incorporated in a particularly forceful manner. Ryle continues:

It is customary to express this bifurcation of [a person's] two lives and of his two worlds by saying that the things and events that belong to the physical world, including his own body, are external, while the workings of his own mind are internal. This antithesis of outer and inner is of course meant to be construed as a metaphor, since minds, not being in space, could not be described as being spatially inside anything else, or as having things going on spatially inside themselves. But relapses from this good intention are common and theorists are found speculating how stimuli, the physical sources of which are yards or miles outside a person's skin, can generate mental responses inside his skull, or how decisions framed inside his cranium can set going movements of his extremities.

But when 'inner' and 'outer' are construed as metaphors, the problem how a person's mind and body influence one another is

notoriously charged with theoretical difficulties. What the mind wills, the legs, arms and tongue execute; what affects the ear and the eye has something to do with what the mind perceives; grimaces and smiles betray the mind's moods and bodily castigations lead, it is hoped, to moral improvement. But the actual transactions between the episodes of the private history and those of the public history remain mysterious, since by definition they can belong to neither series (pp. 12-13).

Ryle refers to this misconception as 'the dogma of the ghost in the machine'. He attacks this dogma with two basic forms of argument. The first is an attempt to show that the dogma of the ghost in the machine does not serve the purposes of explanation and is in fact logically incoherent, leading to such obvious logical abuses as infinite regressions. The second approach is to show that a satisfactory and constructive account of mental life can be provided without appealing to the ghost in the machine. This account can be administered in terms of concepts of style of performance, dispositions to characteristic forms of performance, and acquired skills. In this view, if a person performs a physical action while thinking about that action, we can take it not that the ghost thinks and the bodily machine moves, but rather that the person performs the action bodily in an appropriate way, while he is at the same time disposed to perform other actions if the occasion should arise. Of the dogma of the ghost in the machine, Ryle comments:

I hope to prove that it is entirely false, and false not in detail but in principle. It is not merely an assemblage of particular mistakes. It is one big mistake and a mistake of a special kind. It is, namely, a category-mistake. It represents the facts of mental life as if they belonged to one logical type of category (or range of types of categories), when they actually belong to another. The dogma is therefore a philosopher's myth (pp. 15-16).

The category-mistake occurs equivalently when something is taken to belong to a different category from that to which it truly belongs. Ryle's thesis is that there is a special sort of con-

fusion which arises when one takes team spirit, for example, as an element in a football game, as though it were on an equal footing with running or punting. Or similarly, as though one were to construe a military division as being somehow equivalent with its component regiments and companies. The Cartesian dualism, against which Ryle inveighs, tends to treat the mind as an entity equal in standing to the body and mental activities as somehow on an equal footing with bodily activities.

Thus, in his attack on the Cartesian viewpoint, Ryle takes up the Cartesian claim that, when an action is performed carefully, there is a private inner event that is at once different, but also somehow associated with the overt behavior. This private event corresponds to the care that is involved in the careful behavior. Ryle argues that this two-occurrence account is similar to a claim that when a bird migrates to the South there is both a behavior, which constitutes its flying, and an inner event, which constitutes the migratory aspect of the flight. Or, again, if someone does something intelligently, it would be as though one were to claim that there was a private thought that was the counterpart of the mental act which accompanies the physical movements. If this were so, we could then inquire as to whether the mental act itself was performed intelligently or not. Thus we would have to postulate a second mental act which is the intelligent aspect of the first mental act, and this leads us to an absurdity of an infinite series. Ryle describes his argument in the following terms:

It is an attack from one flank on the category-mistake which underlies the dogma of the ghost in the machine. In unconscious reliance upon this dogma theorists and laymen alike constantly construe the adjectives by which we characterize performances as ingenious, wise, methodical, careful, witty, etc. as signalling the occurrence in someone's hidden stream of consciousness of special processes functioning as ghostly harbingers or more specifically as occult causes of the performances so characterized. They postulate an internal shadow performance to be the real carrier of the intelligence ordinarily ascribed to the overt act,

and think that in this way they explain what makes the overt act a manifestation of intelligence. They have described the overt act as an effect of a mental happening, though they stop short, of course, before raising the next question—what makes the postulated mental happenings manifestations of intelligence and not mental deficiency?

In opposition to this entire dogma, I am arguing that in describing the workings of a person's mind, we are not describing a second set of shadowy operations. We are describing certain phases of his one career; namely we are describing the ways in which parts of his conduct are managed. The sense in which we 'explain' his actions is not that we infer occult causes, but that we subsume under hypothetical and semi-hypothetical propositions. The explanation is not of the type 'the glass broke because a stone hit it', but more nearly of the different type 'the glass broke when the stone hit it, because it was brittle' (p. 50).

Schafer's argument corresponds closely with Ryle's where he opts for dispensing with the vocabulary of internality, and seeks to translate identification into changes in self-conception or changes in public behavior; or when he seeks to address himself to the superego in behavioral terms of the child's reminding himself to do things when before it required a parent's reminding, or his imagining his father's commanding face when the father is absent, or that he begins to think of himself as looking after himself. It is in these terms that the Rylean translation and interpretation of category-mistakes has been regarded as a form of philosophical behaviorism. Does the translation of psychoanalytic terms into Schafer's approach also constitute a psychoanalytic behaviorism?

I do not wish to stumble over the insertion of the literal interpretation of spatial metaphors of internality and externality, but it seems to me that if we avoid that trap, we are left with a conceptual problem of definition. The question of internal versus external, then, seems to be translatable into the language of theoretical terms versus external observations. The problem has become more acute under the pressure of the behaviorist-

positivist critique. But it seems clear, as I have argued elsewhere (Meissner, 1966), that analytic conceptualizations cannot be successfully reduced to intervening variable paradigms, nor can they be restricted to the reinterpretation of theoretical terms in the language of dispositions.

The argument is reminiscent of the difficulties inherent in the use of intervening constructs—that is, between the rigidly operational point of view, which insists on constructs as intervening variables, as opposed to the use of intervening constructs as hypothetical entities (Meissner, 1960). The problem in the latter case arises around the question of ‘surplus meanings’ and their logical and definitional status. The surplus meanings exceed the definitional basis either in observation or experience, and thus tend to reach beyond the empirical base. Hypothetical constructs usually take the form of models, which can serve important heuristic goals, but which are neatly fitted into precise definitional schema only with difficulty. Thus the argument tends to stir between those who seek definitional clarity and precision and consistency of theoretical formulation, and those who emphasize heuristic and more pragmatic considerations. Taking the intervening variable paradigm as equivalently a ‘black box’ situation, the definitional status of hypothetical constructs translates into the same issues of ‘inner’ and ‘outer’ that Ryle’s criticism and Schafer’s argument propose. If the surplus meaning cannot be defined by public and extrinsic observation or denomination, the elements of the intervening construct must be regarded as internal.

A similar issue is related to the problem of anthropomorphism in psychoanalytic concepts. The question has been discussed with considerable clarification by Grossman and Simon (1969), but the point to be made here is that the anthropomorphic elements in psychoanalytic theory partake in a fairly specific way in the sense of internality which Ryle associates with the ‘ghost in the machine’. The argument can be made that anthropomorphism is not only heuristically useful, even necessary in the inchoate state of analytic theory—as a brand of

'surplus meaning'—but also that it is in some respects necessary and unavoidable. But here again, it is important to remember that one does not get into difficulty with anthropomorphic metaphors, any more than spatial metaphors, unless one bypasses the metaphorical meaning and focuses on the literal meaning.

The problem for an emerging theory is to be able to translate such 'surplus' and metaphorical anthropomorphic conceptualizations into more specifically theoretical or systematic concepts. This is the ultimate task of psychoanalytic metapsychology. The question is whether the task is one that can ever be adequately fulfilled. For example, the analytic formulations regarding the superego tend to have a particularly anthropomorphic tone. Attempts of analytic metapsychology to translate superego functions and operations into terms of structure and function have been only partially successful. At the hands of thinkers like Hartmann and Rapaport, the theoretical reformulation of the ego has been rather more successful, but not completely so. Although the ego is much more readily susceptible to functional description and organization, even here the problems of how to deal with introspective content and particularly the personalized data of consciousness has remained a persistent problem.

INTERNALIZATION AS PROCESS

The theoretical task, then, that confronts us is to translate the metaphors of internalization into more meaningful theoretical terms—into the language of systematic theory.

The basic proposition of the 'internalization as fantasy' view is that incorporation is the only term with real referents in the vocabulary of internalization, and that it stands for the fantasy of taking objects into the body. In opposition to this view, we propose the view of 'internalization as process'. By internalization as a process, we mean to separate it from and contrast it with other kinds of internal mental operation or content, such as the contents of images and the correlative acts of imagining, memories, fantasies, and other products of concep-

tual or cognitive processing. We also separate internalizations from products of learning and other processes by which behavioral modification or experiential modification may be achieved (Meissner, 1973). This has particular reference to modifications of representational schema as components of the 'inner representational world', particularly self-representations (*cf.*, Meissner, 1973; Sandler and Rosenblatt, 1962).

In commenting on the nature of introjective primary presences and their apparent intrapsychic influence, Schafer (1968) observes:

These presences reside in what the objectively observing psychoanalyst refers to, from his point of view, as the inner world. In this inner world, influence or impulsion may be said to reside only in the subject's motivation. In the present-day metapsychology, object representations are usually said to be cathected with various kinds of energy, to retain these cathexes, and to have properties based on these cathexes. In effect, these conceptualizations ascribed to the representation the status of an independent object that exerts its own influence, and that therefore may discharge its own cathexes. In contrast, I have maintained that representations should not be granted the implicit status of agencies or systems of functions; they should be treated merely as thoughts, ideas, or information. Consequently, instead of speaking of their cathexes, one should refer to the strength of the motives to which they are relevant, or the energy of those motives that require or implement their continued existence as ideas, and that require and support their conscious representation. . . . Primary process presences are object representations, and, although they are of a special kind, they are just as much subject to those considerations as objectively rendered perceptions of external objects (pp. 138-139).

We here adopt the divergent position that the introjects are not simply equivalent to object-representations and, moreover, that the modification of object-representations cannot be simply attributed to the function of cathexis. Cathexis can do no more than increase the intensity, vividness, and duration of the object-representation as object-representation. There is no spe-

cific resource in the theory of attention cathexes—in the terms developed by Rapaport (1959), for example—to explain either the internalization of object-representations or their transformation into structural formations.

The argument for internalization as process takes its point of departure in clinical experience. The patient presents a series of self-images, self-referents, self-evaluations, and attitudes, together with a series of behavioral expressions and affective manifestations that provide a relatively consistent and coherent expression of the patient's sense of himself. This constellation of factors shows an inherent consistency and coherence as well as a discouraging perdurance and persistence. It provides a focal point for the patient's pathology and is the source of his deepest and more perduring resistance in analysis. It is this insistent configuration that I describe in terms of the introject. It is part of reasonably common analytic experience.

A young man in his early twenties entered analysis with complaints of phobic anxiety, inability to relate to women, and impotence. When called on in class or when consulting teachers, his anxiety was such that he was unable to think or talk; he 'lost' his thoughts, became confused, stumbled over words, and in his words, generally made a fool of himself. With women he was nervous and awkward, and if the relationship approached intimacy he became panicky. He was the youngest son of insecure and anxious parents, and his mother was constantly preoccupied with his smallness and weakness. He felt that his brothers—twelve and seven years older—far exceeded his capacity to perform or relate to girls. He was the baby of the family, cute and amusing, never to be taken seriously. He was born with a patent ductus and this was the pervasive focus of his mother's obsessive anxieties. An operation at the height of the oedipal phase was experienced as a castrative attack; his scar was the undeniable testimony of his weakness, vulnerability, and castration.

These data describe phenomenologically the patient's sense

of self and its contextual derivation. The patient saw himself as weak, helpless, vulnerable, although there was abundant evidence that such a perception was neither realistic nor appropriate. The sense of vulnerability and victimization permeated his experience and dictated much of his behavior and symptomatology. It was only after long analytic effort, clarification, and interpretation that the various elements of this configuration fell into place: the patient was gradually able to see that this sense of himself was acquired and that it did not necessarily accord with the reality of himself. Only as this realization or insight emerged did there develop any sense of separation between the patient's experiencing ego and the introjective configuration.

While the introject derives from a congeries of images, memories, affects, and other experiences, it cannot be simply reduced to them. Nor does the organization of such elements in terms of a sense of self seem adequately accounted for by appeal to a form of cathectic charge. The introjective experience is qualitatively different. Moreover, in this patient, as in many others, work was required to bring the introject from a position of self-integration (as a part of the self-image) to a more therapeutically useful position of primary process presence.

This view differs from Schafer's formulation. Schafer preserves a distance between the experiencing ego and the primary process presence which involves a suspension or mitigation of reflective self-representation in this area of the subject's introspective experience. In my experience, this formulation expresses only a fragment of the function of introjects. Frequently the introject pervades the subject's sense of self to the extent that it becomes the subject's experienced self and overtakes or subsumes the self-representation. The introject can also express itself as a primary process presence. Often extensive therapeutic effort is necessary to move from the former to the latter state, and it requires a degree of externalization.

The elements which compose this introjective configuration

can be traced to significant objects in the patient's life experience: thus the patient's sense of self has been shaped and formed around the internalization of characteristics from designated and specific external objects. The primary objects in this frame of reference are the parents, though certainly not exclusively or necessarily so. The classic analytic formulation of such introjective configurations has focused on the superego as the primary inner repository for such introjective derivatives. But clearly the introjective content in any given patient cannot simply be restricted to superego formulations.

The operation and vitality of these introjective formulations can also be recognized and determined clinically by the fact that they reveal the susceptibility of introjects to drive derivatives (particularly those having to do with narcissism and aggression), by the involvement of aspects of the introject in defensive and conflict-ridden vicissitudes, and, finally and most characteristically, by the susceptibility of such introjective content to projection. In the clinical setting one frequently sees the projections of aspects of this introjective configuration and the persistent internalization of correlative aspects—for example, in the paranoid projection of persecutory (superego) attitudes and the correlative retention of the sense of victimization and helplessness (victim introject).

From the perspective of 'internalization as process', our contention is that this kind of internal structuralizing content is specifically different from other forms of mental content we have mentioned. In its more pathogenic form, the introject seems to invade and take over the patient's entire sense and experience of himself, an experience which is clearly different from a simple memory content. Thus the content of memory is restrictively cognitive or conceptual, while the introjective content carries with it the vitality and conviction of the lived experience of oneself.

Schafer clearly rejects Rapaport's (1951) view of an introject as equivalent to a memory image with a special cathexis. He considers Rapaport's formulation to be incomplete because of its

failure to take into account the loss of memory notation, i.e., the reflective self-representation. From the clinical point of view, it is appropriate to say that the undoing of the introject in the mourning process has to do with a re-externalization to the status of object-representation, but the fact that object-representations are expressed in terms of memory contents and images does not mean that internalized objects are equivalent to such images. I would maintain that the introjective experience is not adequately described in terms of a memory content which has lost its memory notation or which is invested with a different cathexis.

Similarly the introjective experience cannot be simply reduced to that of imagining or fantasy. In this respect, I would argue that Schafer's formulation of the concept of introjection does not measure up to the quality of the introjective experience. Schafer (1968) sees the introject as a form of primary process presence, which is more or less separate from the individual's sense of self. Thus he proposes

. . . that introjects are daydream figures who, upon the subject's suspending the reflective self-representation that he is daydreaming, are experienced by him as objectively present and then reacted to as such; however, the temporary or oscillating nature of the suspension of the reflective self-representation, together with the intactness of other ego functions, may, and often do, enable the subject to experience the introject as a felt presence that is somehow not an 'objective' presence, that is, not a full-fledged or sustained hallucination. I have termed this experience the primary-process presence (p. 135).

Schafer's argument is that the only real referent in this context is the fantasy of incorporation. Thus the introject is a form of daydream (fantasy) whose only real referent is itself fantasy. In counterdistinction to this view, the view which conceives introjection as a process understands that the elements of introjection involve specific intrapsychic processes.

In this sense, the experience of fantasy or daydream is of quite a different order from that which obtains in the intro-

jective experience. There is little question that the introjective organization serves as the basis for and gives rise to specific fantasies about the self and, projectively, about the external world. But this does not mean that the introjective configuration itself is composed of fantasy—any more than the expression of object-representations in terms of memory content establishes that equivalence.

The process view of internalization relates the introjective experience to a series of interlocking processes which give rise, in the first instance, to the forming of the mental representation of the object, and then to the subsequent internalization. The articulation of these mental processes, which contribute to the formation of the representation, is an area of psychoanalytic theory which is yet to take shape. Undoubtedly perceptual, memory, affective, and other cognitive processes play a role in such representational formations. Clearly the object-representation is a complex theoretical construct and is not simply reducible to the terms of images or perceptual formations. The object-representation that the child forms of his mother, for example, is an extremely complex developmental and mental product (Meissner, 1974).

Even more complex, and unfortunately less understood, is the consequent process of internalization by means of which the object-representation is translated from its representational (cognitive) status as a mental content to a form of internalized (and correspondingly structuralized) part of the psychic apparatus. The juncture between the 'inner world' and the 'internal world' and the manner of transmission from one to the other remains a theoretical enigma (*cf.*, Rapaport, 1957; Meissner, 1972).

In consequence, to return to the rudiments of the argument being presented here, when we speak of internalization as process, we are referring to a series of real psychological events, both with reference to the process of internalization and with reference to the products of such internalization—namely, the introjects or internal objects. I do not exclude identification

and its products from this consideration, but have merely focused this discussion specifically in terms of the introjects and introjection. The extent to which the metaphors of spatialization can be bypassed and substituted by a language of extrinsic denominations remains a moot question. It may be that increasing theoretical sophistication as well as an increasing conceptual capability of articulating and formulating such processes and understanding their functions and interactions will make it possible to provide a theoretical account of internalization, which can effectively set aside the relatively primitive and gross metaphors of spatial localization. We have not yet arrived at that point. Consequently the metaphors of spatiality serve the theory in a heuristic sense, as at least connoting the operation of as yet unspecified but specifiable processes operating with the psychic apparatus.

A further question is one of theoretical importance but one which can hardly be resolved at this stage of our knowledge. That question is one which is relevant to all scientific theorizing—namely, to what extent does the constructural apparatus provided by theory correspond in any sense to the real organization and functioning of the human mind and psyche? The question is of course ultimately unanswerable, because the approach to the understanding of mental functions through a scientific methodology is the best that mere humans can do. We can only hope that by continual refinement and growth in understanding and conceptual sophistication, as well as in the evolving of new methodologies and correspondingly of new evidential bases, that our constructural elaboration—the scientific theory and its understanding—will increasingly approximate the reality of its object.

REFERENCES

- GROSSMAN, W. I. and SIMON, B. (1969): Anthropomorphism: Motive, Meaning, and Causality in Psychoanalytic Theory. In: *The Psychoanalytic Study of the Child*. Vol. XXIV. New York: International Universities Press, Inc., pp. 78-111.

- HARTMANN, H. (1939): *Ego Psychology and the Problem of Adaptation*. New York: International Universities Press, Inc., 1958.
- MEISSNER, W. W. (1960): *Intervening Constructs—Dimensions of Controversy*. Psychol. Rev., LXVII, pp. 51-72.
- (1966): *The Operational Principle and Meaning in Psychoanalysis*. This QUARTERLY, XXXV, pp. 233-255.
- (1972): *Notes on Identification. III. The Concept of Identification*. This QUARTERLY, XLI, pp. 224-260.
- ((1973): *Identification and Learning*. J. Amer. Psch. Assn., XXI, pp. 788-816.
- (1974): Differentiation and Integration of Learning and Identification in the Developmental Process. In: *The Annual of Psychoanalysis, Vol. II*. Edited by the Chicago Institute for Psychoanalysis. New York: International Universities Press, Inc., pp. 181-196.
- RAPAPORT, D. (1951): Toward a Theory of Thinking. In: *Organization and Pathology of Thought. Selected Sources*. New York: Columbia University Press, pp. 689-730.
- (1957): A Theoretical Analysis of the Superego Concept. In: *The Collected Papers of David Rapaport*. Edited by Merton M. Gill. New York: Basic Books, Inc., 1967, pp. 685-709.
- (1959): The Theory of Attention Cathexis. In: *Ibid.*, pp. 778-794.
- RYLE, G. (1949): *The Concept of Mind*. London: Hutchison House.
- SANDLER, J. and ROSENBLATT, B. (1962): The Concept of the Representational World. In: *The Psychoanalytic Study of the Child, Vol. XVII*. New York: International Universities Press, Inc., pp. 128-145.
- SCHAFER, R. (1968): *Aspects of Internalization*. New York: International Universities Press, Inc.
- (1972): Internalization: Process or Fantasy? In: *The Psychoanalytic Study of the Child, Vol. XXVII*. New York: Quadrangle Books, A New York Times Company, pp. 411-436.

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ON PARALLEL PROCESSES IN THERAPY AND TEACHING

BY DAVID M. SACHS, M.D. AND STANLEY H. SHAPIRO M.D.

Using the format of a continuous case conference, the authors demonstrate that the therapist-presenter develops unconscious identifications with the patient which are especially intense when difficulties (resistances) arise which he cannot resolve. The presenter then enacts these identifications in the seminar giving rise to responses from the seminar members which repeat the difficulties of the therapy. These parallel processes can be made explicit by eliciting the empathic responses of the seminar participants. By interpreting these parallelisms the authors have evolved a teaching methodology which, like therapy itself, provides an emotionally based learning experience for the participants.

INTRODUCTION

In previous communications (Sachs and Shapiro, 1972, 1974), we described our observations and preliminary findings on a pilot project aimed at teaching the psychoanalytic psychology of adolescence to residents. We found a parallelism between the interactions in the continuous case conference and the interactions of the therapist and his patient: the residents were tempted to view the adolescent in a psychosocial or interpersonal frame of reference, thus bypassing intrapsychic factors. Without fully appreciating the extent to which this phenomenon occurred, we observed that it was parallel to the adolescent's own view of his life. Later we paid closer attention to the conference interactions and were able to study other examples of this sort of parallelism. We noted how this phenomenon seemed to occur at points of difficulty in the therapy. Either the therapist was faced with a situation he did not understand or there was difficulty because of some technical problem in management of the case. Instead of being able to report what was happening,

the therapist re-enacted in the conference what had gone awry in the treatment. He took the role of the patient and placed the group in a position analogous to the therapist.

The project has continued with a new group of residents each year and has consisted of a continuous case conference, jointly chaired by the authors. The group has comprised second year residents in child psychiatry, third year residents in adult psychiatry on an elective basis, and several social workers. Believing that our method of conducting the conference has much in common with the structure of analytic therapy, we have sought means to approximate the teaching method to therapy.

METHOD

We asked the members of the group to respond to the accounts of treatment sessions. These responses we used as our clinical data to explore the underlying assumptions of the participants as they try to understand what is taking place in the therapy. Instead of a lecture approach or the usual content-oriented case conference, this format was used to stimulate the group to become aware of the implicit assumptions in their own approaches to treatment. But we discovered it was not always possible for people to express these assumptions when asked. It became a challenge to us to learn what these underlying assumptions were, just as it is with a patient whose actions are based on unconscious (implicit) assumptions. Because the conference was set up so that the participants' responses were neither directed by our questions nor prevented from developing by our lecturing about our point of view, two things occurred. First, we found the limits of the residents' explicit ideas about how to conduct therapy; second, we saw that by studying the pattern of the group's responses to the accounts of the treatment session, we could discover the implicit shared assumptions of the participants by applying the same method one uses in therapy in following the trend of a patient's associations. Our method facilitated the intrusion of unintended attitudes of the participants. This shifted the interactions in

the conference from a strictly logical secondary process communication to communication more influenced by the unconscious. Our clinical data comprised the group's cumulative responses and reactions to the therapist's account of the treatment sessions. And it is the discovery of simultaneous occurrence of similar patterns of interaction in the therapy that we refer to as parallelism.

We asked the group to try to be as frank and open as possible in their comments; we explained that the purpose of the seminar was to heighten each individual's awareness of his mental processes as he listens to the material. Further, we indicated that we were doing this in order to bring into focus their own implicit and explicit assumptions regarding how treatment works.

We also encouraged the members to interrupt the presentation at any point rather than have a complete treatment session reported with discussion to follow as is usual in clinical case conferences. This recommendation elicited immediate and recurrent opposition from some members. They preferred to have all of the material before commenting. We viewed this as opposition to the conference process similar to opposition to the fundamental rule of therapy and endeavored to clarify our rationale so that the coöperation of everyone could be obtained. We explained that we wanted the conference to give each participant the chance to react to the material as if he were the therapist. Since the therapist did not know how things would turn out, we indicated that it was not fair for the conference members to have the advantage of hindsight over the therapist. With this the presenters enthusiastically agreed.

A CLINICAL EXAMPLE: THE THERAPEUTIC MISALLIANCE

The therapist, a resident, presented material from the weekly psychotherapy of a fourteen-year-old boy with enuresis and dyslexia. Difficulties related to drinking, sexual exploits, cheating in sports, and bullying those weaker than himself gave his

behavior a delinquent quality. For many months this young man stayed home from school on the day he had his morning appointment at the clinic. Because the school expressed concern to the therapist, he explained to the patient that missing school was not beneficial to him, and that he would set a new time after school hours. The patient became angry and adamantly refused to go to treatment and school on the same day. If the therapist insisted, the patient implied he would quit. The therapist therefore reconsidered the matter. He decided not to inject himself into the problems the school was having with the patient's attendance and gave the patient back his old hour. After this the patient dropped his previous rebellious, provocative, tough-guy attitude, and became more open about the intimate details of his daily life. His relationship with the therapist was easy and comfortable. He confided his fears of death and was more candid in his allusions to fears of inadequacy as revealed by his enuresis and reading problem. His provocative, aggressive show of bravado, together with his readiness to resort to underhanded, tricky means of achieving success, were now seen by the group to be compensatory devices. The appearance of new data, especially the evidence of phobic anxiety and other much more neurotically tinged material, provided the conference with a rich lode for speculations about dynamics related to castration fears, oedipal rivalry, and fears of growing up. These elements had previously been unsuspected because the group's attention had been drawn to the aggressive and impulsive quality in his behavior.

In order to keep abreast of developments and share our observations, we (the authors) met regularly after each conference for a period of mutual supervision. During one of these sessions we became aware of a problem. We realized that though there had been an outpouring of new material, the dynamic formulations which the group had evolved could not be used to suggest any interpretation to the patient. For example, the patient had alluded to his enuresis and quickly followed up with references to recent sexual exploits. This had been seen by some

as an instance of castration fear followed by compensatory boasting of masculine prowess. But no one had appeared able to recommend any intervention other than encouraging the therapist to ask questions to extract more detailed information.

At the next conference another session was presented which again was rich with dynamic implications. The therapist once again showed himself to be adept at capturing the flavor of his patient's adolescent street talk which was heavily spiced with crude, sexual remarks and obscenities. As in previous sessions the group was stimulated to laughter by the patient's earthy manner of expression and his entertaining rendition of the daily events in his life. He told of his confused and 'weird' reaction to being a pallbearer at his uncle's funeral, the first he had attended. This was a man of whom the patient had spoken before when he was bragging about his own drinking capacity, although he noted that his uncle was seriously ill at the time with liver disease. This was followed by humorous descriptions of an Easter shopping trip with his father and several brothers. There were many details of the clothes that he and his brothers bought. There were hilarious references to shopping in an outsize shop for big men and to seeing the customers and outsize salesmen who were hired by these stores. The group speculated about the significance of the uncle's death and the conflicts stirred up by the funeral. Attempts were made to link these events with his previously expressed fears about his own death and difficulties about growing up. Other comments focused on possible phallic competitive conflicts as shown in his references to the large men.

The therapist also contributed his own ideas about what the death of the uncle meant to the patient. When he was asked why he had not mentioned this to the patient, he replied that he considered doing so but rejected the idea, anticipating the patient's usual response of disinterest. Since he saw no way of getting through the patient's resistance, he withheld comments, adding that his reluctance to intervene had been present for some time. We pointed out to the therapist that in deciding he had to avoid the patient's anticipated resistance, he seemed to feel

that he could do nothing but ask questions and solicit further descriptive details from the patient. When we inquired about the purpose of this maneuver, the therapist and others in the group explained that the aim was to accumulate the right kind of information about the patient with which he could ultimately be confronted without stirring up resistance. In reply we wondered why the apparent disinterest could not itself have been brought to the patient's attention: the therapist could have acknowledged the difficulties the boy was having with his confrontation with death and funerals. We explained this approach in terms of the psychoanalytic view of resistance as an expression of unconscious warding off of painful material. And since resistance is unavoidable, the task of the therapist is to help the patient become aware of it. Thus the therapist is relieved of the burden of trying to devise clever means of circumventing the inevitable.

There were two points of view about this. One, held by a majority of the group including the therapist, was that an intervention which would be rejected by a patient should be withheld; the other view maintained that intervention should take place and that any rejection should itself be made the object of scrutiny. There was, however, general agreement that therapy in terms of communicating insight was stalemated at this point.

We then pointed out to the group that in recent weeks we had noticed a certain hands-off attitude toward the material. Further, that we were all finding the presentation very enjoyable because the therapist re-created the patient's manner with great skill. Thus the conference was stalemated in a pleasant way that paralleled the therapist's stalemate with his entertaining patient. And like the therapist, we were loath to do anything to disrupt the performance by suggesting interventions or challenging the therapist's handling of the patient. We explained to the group that instead of telling us what was happening with his patient, the therapist was unwittingly re-enacting it. He was in the position of the patient while the group was in the position of the therapist.

Our idea met stiff challenge by several of the participants.

Their position was that the therapeutic alliance was good and nothing should be done to disrupt it. A good therapeutic alliance was seen to be an end in itself. And the task of the therapist was to keep the pump primed with timely questions. Cure was thought to evolve by a process of self-awareness which was induced by the cumulative answers to the right questions posed by the therapist. However, the group had to concede that this patient was not being reflective about himself, nor were they able to describe how this could be fostered. Instead, they expressed the hope that insight would derive mysteriously from friendly conversation which itself was the therapeutic agent. This point of view justified their acceptance of the therapist's behavior with the patient and its re-enactment in the conference.

But from our point of view it was a therapeutic misalliance indicative of a problem. By becoming aware of our own complicity in this phenomenon in our discussions after the conference, we put ourselves in the position to break up its displacement from the therapeutic situation to the conference. Our technique was to interpret the parallelism to the group, impelling them to clarify and assess their own assumptions. What we did in the conference demonstrated what the therapist should have done with his patient. Since we had shared with the group their enjoyment of being entertained by the presenter, we had to put at risk our friendly and harmonious relationship with them in order to show that the therapeutic process actually works when the therapist is willing to risk his alliance with the patient in order to demonstrate the nature of his unconscious conflicts. If the therapist is unwilling to put his alliance to the test, therapy becomes stalemated.

Because of a holiday the next conference took place two weeks later. The resident indicated that by this time his patient had missed two appointments without canceling them in advance. Further, though he had seen him just prior to the conference that morning, he said there was very little in the material to discuss. He suggested that since he would be away

himself the next two weeks on vacation, it might be a good idea to start with a new case which another resident was prepared to present. The group had no objection. We indicated that we had a great deal of curiosity about what had happened that morning following the two missed appointments. We could hardly believe that there was nothing to discuss in the material from the morning therapy session.

The resident then began to relate what had taken place. At first he asked the patient about the missed appointments. The patient explained that not only had he forgotten about them, but his mother had forgotten also. It was just one of those things. He then went on to say that there was a lot going on at home. His sister had come home from the hospital and was found to have an infection under her cast. He commented on the poor care she was given by those doctors in the hospital. Then he complained about something his mother had not done for him. Next, the young man asked the therapist directly what could be done for facial pimples. He noted that all of his friends had them and 'why couldn't something be done about it?'. He then went on to relate how he had begun to exercise with barbells to build himself up.

At this juncture one of us interrupted the presentation to ask what was the therapist thinking during the patient's discussion. In particular, what did he make of the way in which the subject of the missed appointments had been responded to by the patient? The therapist acknowledged some frustration of his interest in finding out more about the underlying factors which he felt must have had some connection to the treatment. Since he strongly suspected a resistance was operating, he hoped to get some further idea about it through his questions. He quickly added that he did try to bring the patient back to the subject by pointing out to him that he had perhaps changed the subject in order to avoid upsetting feelings.

There were several comments from the group about this point. One participant, who was not a regular member but who was sitting in with a colleague visiting from another city,

made an interesting observation. He noted that the boy's comments about the poor care his sister was receiving could be construed as his answer to the question of why it was so easy to miss appointments. It might have been a veiled complaint regarding his own 'poor treatment'. Another resident then observed that this was even more evident in the next remark about pimples since the therapist himself had some facial acne, and the patient might be wondering how he could be helped by a doctor who had similar problems.

The discussion led to a further crystallization of the meaning of the comments which followed the initial question. First, a glib response in the form of an excuse: 'I forgot. Even my mother forgot'; then, remarks which could be translated into a feeling of disappointment in the therapy, a feeling that he was not getting what he wanted from his doctor. The remark about a self-prescribed weight lifting program fitted right in as an expression of the idea: 'If you aren't going to help me, I'll have to do it myself'. One of us then drew attention to the previous conference discussion about the patient's last session. He had been discursive, revealing, and entertaining, even though upsetting events including the uncle's funeral had occurred. At that time we had presented our view that the purported good therapeutic alliance was necessary but not sufficient to the task of therapy. How long will the patient be willing to unburden himself without expecting something more than friendship in return? Missing the next two appointments in a row could now be seen as a way of expressing the feeling that he was getting little from the therapy. The therapist was a pal and a good listener but nothing more. This would make it very easy for the patient's other activities to pre-empt his time.

We explained that the technical problem was the patient's acting out his feelings toward treatment rather than being able to discuss them directly. In this acting out, however, the patient was behaving in the same way as the therapist who was reluctant himself to be direct about the patient's behavior. The therapist then revealed to us that he had been of the opinion during the

interview that missing the appointments was acting out and that the patient was angry with him for not giving him the help that he wanted. He had asked his questions to direct the patient's attention to this area hoping to acquire further information to confirm the notion that the resistance was due to anger and disappointment.

We interpreted to the conference that once again this approach stemmed from the therapist's assumption that the right question would enable the patient to give an answer which would reveal his unconscious thoughts directly. This notion put pressure on the therapist to act like a prosecuting attorney whose job is to outsmart the defendant and get him to reveal himself by asking him clever questions. This led the therapist to understand the patient's responses as representing a change of subject rather than being disguised responses. The patient was answering the question, without knowing it, in his comments about his sister's cast, the pimples, and the weight lifting. If the material had been looked at from this point of view, no further information would have been needed to confirm the nature of resistance. It could have been revealed to the patient without further questions.

We then offered an interpretation about what was taking place in the conference. We recalled how the therapist, at the beginning of the conference, had identified the material as not worth discussing and had suggested going on to a new case. No one in the group had challenged this idea; all appeared willing to drop the case. This passive compliance by the group was the same position adopted by the therapist with his patient. Thus the conference participants had re-created in the group what was going on in the treatment. The presenter had enacted an important part of the therapy instead of telling about it. Like the patient, he lost interest in the treatment. Of course this attempt to divert our attention to another case may have been influenced by the presenter's concern that his material reflected poorly on his ability as a therapist and would be embarrassing to display in front of the two visitors. The presenter was quite frank to

confirm that he did indeed want to avoid the task of presenting altogether. But could this not serve to inform us about the patient's position as well? The patient had been revealing all sorts of things about himself for weeks, but nothing had happened. Might he not have been stimulated to skip these sessions both out of disappointment and fear of not having anything further to say? In view of the fact that the patient might be acting out his disappointment with the therapist, the question then naturally arose as to whether the therapist might not have been disappointed with the conference. He was asked whether he felt he had been shortchanged by the conference in his wish for help in dealing with the friendly stalemate into which the treatment had fallen. In a very candid way the presenter revealed that he had indeed felt shortchanged, because he had reached a dead end with this patient and we were not helping him. Since he was unable to make interventions even when he thought of them, he had decided to make the best of it. He had deliberately set out to make his presentation as lively and as interesting as possible in order to offset the deficiency in his therapeutic attempts with the patient.

Once again we could infer what was going on in the therapy by noticing what the therapist was doing to us. In this instance, the therapist had despaired of remedying what was going on in the treatment. By virtue of his impending vacation he was opting out; he further reflected this wish to give up by trying to persuade the group to go on to another case. The group in turn found themselves quite willing to do so rather than challenge the therapist's action. They were also motivated by a concern for the narcissism of the therapist who had this difficult problem. This was exactly what was wrong in the treatment itself: there was an exaggerated concern about upsetting the young patient by challenging him in any way. The stalemate in the conference was broken by our intervention which did not permit the dropping of the case. Through our actions we were able to intervene with the presenter in a way that he should have been able to do with the patient. What the patient needed to

be told was that he was disappointed with the treatment and was showing it by not coming.

DISCUSSION

This clinical fragment reveals the parallelisms that occur between the conference and the treatment situation, and illustrates our method of dealing with them. The crucial point seems to be that the therapist not only reports verbally what is taking place in the treatment but also demonstrates in conference what has happened. A similar reciprocal relationship between remembering and repeating was discussed by Freud (1914): ' . . . we may say that the patient does not *remember* anything of what he has forgotten and repressed, but *acts* it out. He reproduces it not as a memory but as an action . . . ' (p. 150). This compulsion to repeat occurs under conditions of resistance and 'in the end we understand that this is his way of remembering' (p. 150). From this point of view the transference, rather than an unwanted interference in the treatment is 'itself only a piece of repetition' (p. 151) which provides the analyst with a dramatic portrayal of the patient's past.

Loewald (1973) described two forms of remembering which he called 'enactive' and 'representational'. The latter form refers to the familiar verbal recall of the past; the enactive type is exemplified by transference, by acting out, and by 'identificatory reproduction'. Loewald gives the example of a patient who alternated between reporting how his father treated him (representational memory) and acting toward the doctor the way his father treated him (identificatory reproduction). With this additional category of identificatory reproduction, Loewald significantly broadens Freud's concept of remembering by repeating. For, in transference repetitions within the analysis, as well as in situations where the transference is acted out, the analyst has become the *object* of some infantile striving of the patient; whereas, in identificatory reproduction the therapist is placed in the position of becoming identified with the patient, while

the latter takes on the attitudes and behavior of his infantile object.

This variation in the way in which the past can be remembered through repetition bears a striking resemblance to one form of the parallelism we observed in the conference where the therapist identified with the patient and re-enacted with the group the way the patient had acted toward him. Parallelism was also encountered which reflected the more usual transference configuration with the therapist placed in the role of an object from the patient's past. The therapist-presenter in the conference was then treated by the other participants in a manner similar to the way the patient reacted to him. However, parallelism of the type described by Loewald as identificatory reproductions occurred more frequently in the seminar; consequently, the discussion will center mainly on this particular form of re-enactment and its implications for teaching.

In examining the contexts in which the parallelisms tended to occur we were struck by the fact that many of them involved aspects of setting up and maintaining a treatment situation so that a therapeutic process could get started. Parallelisms were seen in connection with such phenomena as protracted silence and lateness and irregularity in keeping appointments. They were often noted in instances when the therapist was pressured for instant advice or quick relief from suffering and in the face of a threat that the patient would quit therapy. On what basis, we wondered, was a persistent identification effected at these times?

That the therapist must in some way identify with his patient has long been recognized in psychoanalytic theory, particularly in relation to empathy. Freud (1923) described the state of mind of the analyst as one of '*evenly suspended attention . . . to catch the drift of the patient's unconscious with his own unconscious*' (p. 239). In a discussion of occult processes in analysis Deutsch (1926) wrote that the capacity for unconscious communication with the patient rests on the analyst's capacity for 'intuitive empathy [which] is precisely the gift of being able to experience

the object by means of an identification . . . ' (p. 137). She ascribed the 'intuitive attitude' to the 'fact that the psychic structure of the analyst is a product of developmental processes similar to those which the patient [has] also experienced. Indeed, the unconscious of both the analyst and the analysand contains the very same infantile wishes and impulses' (p. 137). The analyst's empathic identification with his patient proceeds, according to Deutsch, by revival of memory traces in the analyst as a result of an unconscious perception of the patient's material. Thus, the analyst's unconscious experience of the patient becomes transformed into an apparent inner perception. If the process stops at this point, the therapist remains unconsciously identified with his patient. It is this identification which appears in the conference as a parallelism: the therapist re-enacts that portion of the therapy during which he becomes identified with his patient.

It appears that identification often occurs when the novice therapist feels vulnerable and subject to anxiety at the same time that similar anxiety is being experienced by his patient who has problems in his life with which he cannot effectively cope. Potentially, there is a wide area of overlapping vulnerability between patients and inexperienced therapists who are both beset by doubts about their own capabilities and are fearful of being unequal to the therapeutic task. The patient and the therapist thus share the burden of experiencing painful feelings of inadequacy and then having to re-experience them in front of others. For example, the patient's demands often have an exaggerated quality. He pressures the therapist for quick action, for emotional relief, or for expert guidance. Like an insecure parent who is frightened by the demands of his child, the therapist becomes involved in trying to meet demands which he is incapable of fulfilling. His failure then increases the patient's frustration, leading to further intensification of his unrealistic demands for help. Under these circumstances the therapist's narcissistic vulnerability may lead to an identification with the patient as aggressor. This seems to be one type of

identification that leads to enactment (parallelism) rather than verbal reproduction.

Some therapists were able to admit quite frankly that they were hampered in their ability to handle a patient's silence because of anxiety stimulated by the concern that they would not have 'good material' for the conference. Others had difficulty in dealing with a patient's threat to leave therapy, since their reputation among their colleagues might suffer should the threat be carried out. Time and again therapists have revealed their belief that they should always know what to do. This perfectionistic attitude made them feel helpless. In the case described, the therapist's own unresolved need for omnipotence resonated with that of his patient, creating the identification which was then re-enacted in the conference as a parallelism. The patient in his demands for help wished the therapist to respond as an omnipotent rescuer. Instead, the therapist became like the patient, reflecting rather than responding to his demands.

What must occur to prevent this miscarriage of the treatment process? By applying his conscious knowledge, the therapist has to be able to reverse the process by which the identification was brought about. To do so he must be able to recognize that what he is experiencing as an inner perception is really an identification stimulated by the patient's material. Thus the therapist's feeling of helplessness could be constructively used to arrive at an insight regarding the patient's own feeling of helplessness.

It is extremely important that the conference leaders be aware of the destructive potential of the nonverbal interaction between patient and therapist. If this is not made an aspect of the therapy which is discussed and thereby converted from an enactment to verbal representation, the same vicious cycle can be repeated in the conference. This time the therapist is in the position of the patient, wanting instant help or relief, and the conference is in the position of the therapist. When the conference fails to provide the 'answers', the therapist is likely to be disappointed and may, like the patient, act out his disap-

pointment. For example, the therapist may return to the patient and play the disappointing role by doing nothing for the patient. Thus, the conference can intensify the problems in the therapy. But, if the conference leaders try to tell the therapist what he should have done, he may feel humiliated. The solution in the conference, as in therapy, is to interpret the problem.

Efforts have been made by other authors to distinguish between constructive or facilitating identification with the patient (empathic identification) and those identifications which impede therapeutic progress (countertransference). Fliess (1942) coined the term 'trial identification' to indicate how the analyst can make a temporary identification with the patient. Instead of trying to fulfil an infantile demand, the analyst 'projects the striving, after he has "tasted" it, back onto the patient and so finds himself in possession of the inside knowledge of its nature, having thereby acquired the emotional basis for his interpretation' (p. 215). Some authors (Greenson, 1960; Isakower, as quoted by Malcove, 1975; Katan, as reported by Shapiro, 1975) argue against the use of the term identification to describe this process, preferring to reserve its use to those permanent structural changes in the personality brought about by introjective mechanisms, such as in the formation of the superego. There is general agreement, however, that the therapist must come into close emotional contact with his patient and experience within himself what the patient is experiencing, whether it is called intuitive empathy (Deutsch, 1926), trial identification (Fliess, 1942) or transient empathic identification (Kohut, 1959).

We can at this point only begin to approach the question of how the parallelism does in fact take place. Deutsch's (1926) formulations are attractive as a general framework which subsumes the process under well-known psychoanalytic concepts of repression, unconscious perception, and identification. Our experience working with novice therapists, however, has produced repetitive parallelisms which appear to derive from some general similarities among narcissistically vulnerable novices

which, in turn, are congruent with anxieties found in most patients with regard to feelings of inadequacy, dependence on authority as a protection against helplessness, etc. In the case of a specific therapist one is dealing with his potential to learn how to use his responses to the patient within the limits set by his basic capacity for empathy. This capacity appears to be an endowed talent further circumscribed by the therapist's own particular personality conflicts and the resultant degree of openness or fluidity with which he can respond (see, Poland, 1974; Green, 1975). Since there is no such thing as a perfect 'analyzing instrument' (Malcove, 1975), it will always come down to a matter of degree to which the identifications remain reversible (fluid) and thus constructive.

One cannot help but be struck by the repetitive use in the literature of metaphors such as mirroring, reflecting, doubling, and others similar to parallelism, which is proposed here to describe an aspect of psychoanalytically-oriented teaching. Many of the discussions on the nature of empathy (Greenson, 1960; Deutsch, 1926; Fliess, 1942; Poland, 1974) refer to some kind of communication, verbal or otherwise, in which similar processes are set up in the therapist as a result of the interaction between patient and therapist. These are to be 'used as an essential source of information about the patient' (Poland, 1974, p. 292).

Searles (1955) gave numerous examples of how the identifications of the therapist with his patient were enacted in the supervisory sessions. This caused the therapist to act toward the supervisor in a way similar to that of the patient toward the therapist. This, in turn, gave rise to feelings in the supervisor which could inform him of what the patient was doing to the therapist. At first Searles tried to interpret the observed similarity between the treatment and therapy situations, but later he abandoned this approach in order to use the knowledge gained as a means to explain to the therapist what the patient was attempting to evoke from him in therapy. He also reported that in group supervision the relationship between the therapist and

the patient influenced the mode of relatedness among the members of the group. The regularity of this phenomenon caused Searles to think that such enactments of identifications with patients by therapists do not necessarily imply a countertransference problem in the therapist, but rather are an expectable aspect of work with patients.

In a study of supervision, Arlow (1963) observed a phenomenon similar to parallelism. He cited examples which demonstrated 'in a clear-cut fashion how, during the supervisory session, the therapist, in presenting the material, unconsciously shifted his role from reporting the data of his experience with the patient to "experiencing" the experience of the patient. That is to say, during the supervisory session, one could see evidence of a transient identification of the student with his patient' (pp. 578-579). This phenomenon is not solely due to the countertransference difficulties but occurs as 'a *normal* and *essential process* in reporting' (p. 592). He noted that in therapy 'the patient oscillates between experiencing and reporting, while the therapist oscillates between identifying with the patient and observing him. During supervision the therapist recapitulates this oscillation of roles' (p. 581). Parallelism, as we have described it, appears to be part of the same shifting between reporting and identifying with the patient. Arlow attributes this identification during supervision to a 'community of resistance or of defense mechanisms' between therapist and patient, or to shared fantasy wishes—'one of the principal causes of the so-called "blind spot" of the therapist' (p. 582). Beres and Arlow (1974) characterized these identifications as short-lived so long as the therapist maintains an awareness of his separateness from the object. Although he does not specify how he deals with this problem, Arlow indicates that he rarely finds it necessary to point out the identification.

In contrast to this approach, we regularly pointed out the parallelisms as we discerned them. We tried to help the therapist become aware of the persisting identification which was impeding his empathic response and preventing him from achiev-

ing insight into his patient's emotional state. Also, by acquainting the group with the phenomenon of parallelism we hoped to demonstrate that the therapist's own empathic responses could be used as a source of information in understanding the patient. However, one of the difficulties we encountered was the belief, widely held, that any identification with a patient was synonymous with countertransference. To tell the therapist that he was unknowingly acting like the patient and identifying with him, was equivalent to accusing the therapist of letting his personal problems interfere with the treatment. Naturally, a good deal of defensiveness was encountered, and it was hard for the group to accept the idea that identification was not only unavoidable but necessary to the treatment process. Only after elimination of this barrier to accepting the inevitability of identification with the patient, could the therapist begin to do the necessary work to transform the experience into understanding what was going on in the patient.

It was not necessary, therefore, to try to determine when a transitory identification became a countertransference. Until shown otherwise, we assumed that difficulties being encountered were due to inexperience for which an educative approach would be sufficient. We simply viewed any identification which was re-enacted as a hindrance and endeavored to elucidate it and thereby remove it. Our aim was to complete the empathic process which had become arrested at the level of an unconscious identification.

Those therapists who could not accept the idea that they were acting like the patient represented an interesting challenge to our teaching method. Since they themselves were not employing empathy as part of their technique, they could not accept the comments from the group as efforts to empathize with them as therapists. Instead, they looked for advice or direct suggestions and felt criticized or attacked by any questions designed to explore problem areas. It remains an open question as to how far the conference can develop with a presenting therapist who views himself as a counselor.

By focusing on parallelism and the underlying identifications of the therapist, we do not mean to imply that other more didactic discussions concerning diagnosis, psychopathology, or principles of techniques are precluded. Our purpose is not to denigrate their value, but rather to draw attention to the neglected area of exploring the manifestations of the therapist's empathic functioning as a source of information about the patient. The lifelong process of achieving mastery of the 'empathic attitude' (Deutsch, 1926) can be fostered by developing a better awareness and control of the identifications which a therapist makes with his patients.

By contrast, other teaching approaches, which ignore the therapist's emotional responses, have to rely on processing data about the patient on theoretical grounds. Here, the student is placed in the position of having to agree or disagree with the more informed view of the instructor whose authority stems from his superior ability. The validity of this teaching method rests on an assumption that the student can be objective in his approach to differences of opinion, that he can be open-minded, and that he can view dispassionately interpretations about the therapy which are at variance with his own. Our experience has demonstrated that this proposition is no more tenable in the conference than in psychotherapy.

Some comments are in order about what has been referred to as 'mutual supervision'. From the beginning we found it necessary to discuss the progress of the conference afterwards. As we became more and more aware of the need to examine the group process of the conference as well as the therapy process which was being presented, the burden became intense and needed to be shared. With the two of us as co-chairmen there was the opportunity for dual observations. While one of us might be engaged in discussing a point, the other could be reflecting on the flow of events both in the conference and in the therapy. After the conference we could synthesize our findings. At times we discovered parallelisms which had been going on for several weeks and in which we had unintention-

ally participated. As we grew more adept, we could often reveal our findings in the conference as they occurred; but initially these formulations had to be painstakingly arrived at by mutual supervision.

SUMMARY

A teaching method has been described which utilizes a continuous case format with two instructors chairing the conference. By pursuing the analogy between analytic therapy and teaching, it has been possible to use the transactions of the conference as clinical data. We find a parallelism between what takes place in the therapy and in the conference. During the process of reporting, the therapist unconsciously identifies with the patient and re-enacts his role.

Parallelism often occurs in treatment when anxiety and feelings of inadequacy about performance are stimulated. These are points of vulnerability common to novice therapists and patients. Beginning therapists frequently have difficulty accepting their identifications with patients and so are unable to use them in an empathic way to acquire insight. The failure to recognize and use these identifications lies behind the tendency in the conference toward repeating, which we have termed parallelism. It may explain many of the residents' early treatment failures.

Our method is to point out the parallelism and trace it back to its source in the patient in an effort to undo the identification which has taken place. The aim is to provide the therapist with the means of unraveling the identification so that he can understand the patient's thoughts and feelings. To the extent that the identification is due to inexperience and does not involve critical conflictual areas in the therapist, it is remediable. Although the method involves attention to feelings and personal reactions of the therapist and the participants, it is limited to an examination of conscious phenomena and is not suitable for exploring countertransference difficulties. The dramatic re-enactments which occur in the conference provide the residents with an emotionally based experience which we believe to be superior to more didactic methods of teaching.

REFERENCES

- ARLOW, J. (1963): *The Supervisory Situation*. J. Amer. Psa. Assn., XI, pp. 576-594.
- BERES, D. and ARLOW, J. (1974): *Fantasy and Identification in Empathy*. This QUARTERLY, XLIII, pp. 26-50.
- DEUTSCH, H. (1926): Occult Processes Occurring During Psychoanalysis. In: *Psychoanalysis and the Occult*. Edited by George Devereux. New York: International Universities Press, Inc., 1953. pp. 133-146.
- FLIESS, R. (1942): *The Metapsychology of the Analyst*. This QUARTERLY, XI, pp. 211-227.
- FREUD (1914): *Remembering, Repeating and Working-Through (Further Recommendations on the Technique of Psychoanalysis II)*. Standard Edition, XII, pp. 147-156.
- (1923): *Two Encyclopedia Articles*. Standard Edition, XVIII, pp. 235-259.
- GREEN, A. (1975): *The Analyst, Symbolization and Absence in the Analytic Setting*. Int. J. Psa., LVI, pp. 1-22.
- GREENSON, R. (1960): *Empathy and Its Vicissitudes*. Int. J. Psa., XLI, pp. 418-424.
- KOHUT, H. (1959): *Introspection, Empathy, and Psychoanalysis. An Examination of the Relationship between Mode of Observation and Theory*. J. Amer. Psa. Assn., VII, pp. 459-483.
- LOEWALD, H. (1973): *Perspectives on Memory*. Read before the Philadelphia Association for Psychoanalysis, March 30.
- MALCOVE, L. (1975): *The Analytic Situation: Toward a View of the Supervisory Experience*. J. Phila Assn. Psa., II, pp. 1-14.
- POLAND, W. (1974): *On Empathy in Analytic Practice*. J. Phila. Assn. Psa., I, pp. 284-297.
- SACHS, D. and SHAPIRO, S. (1972): *Comments on Teaching and Psychoanalytic Psychology of Adolescence to Residents*. J. Amer. Acad. Child Psychiatry, XI, pp. 201-211.
- (1974): *Comments on Teaching Psychoanalytic Psychotherapy in a Residency Training Program*. This QUARTERLY, XLIII, pp. 51-76.
- SEARLES, H. (1955): *The Informational Value of the Supervisor's Emotional Experiences*. Psychiatry, XVIII, pp. 135-146.
- SHAPIRO, S., Reporter (1975): *Panel Discussion and Workshop Reports, Tri-City Congress June 15-16, 1974*. J. Phila. Assn. Psa., II, pp. 16-19.

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Some Problems in Faculty Selection of Patients for Supervised Psychoanalysis

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SOME PROBLEMS IN FACULTY SELECTION OF PATIENTS FOR SUPERVISED PSYCHOANALYSIS

BY NORMAN D. LAZAR, M.D.

The selection of patients for supervised analysis by candidates involves special tasks in evaluation and prediction. A number of problems emerge when the entire faculty of an institute participates in evaluating such patients. These include the different ways in which the initial consultant and the Admitting Psychoanalyst view their roles; insufficient consideration given to the specific criteria of suitability for analysis by a candidate; and the tendency to emphasize œdipal pathology while overlooking relevant ego capacities.

In recent years there have been a number of papers on selection of patients, usually by a clinic committee in a psychoanalytic training setting (*cf.*, Greenspan and Cullander, 1973; Huxster, et al., 1975; Hildebrand and Rayner, 1971; Kantrowitz, et al., 1973; Lazar, 1973; Limentani, 1972; Lower, et al., 1972). This paper, however, is addressed to the problems arising from a program in which an entire psychoanalytic institute faculty participates in the evaluation and selection of patients for analysis by candidates.

At the Columbia University Psychoanalytic Clinic for Training and Research, until 1972, patients were interviewed and evaluated by an Admissions Service, in effect a Clinic Committee for patient selection, in which candidates also participated in their third or fourth years of training. The final decision was made by the Admitting Psychoanalyst (the Chairman of the Clinic Committee), who also assigned patients to candidates. In 1972 a Consultation Center was organized in which almost

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the entire institute faculty participated. The Consultation Center faculty interviewed and evaluated patients not seen by the Admissions Service. This allowed all patients applying for treatment to be interviewed with much less delay in processing. However, the data that the Consultation Center faculty provided in their evaluations of patients recommended for analysis were frequently inadequate for a final decision by the Admitting Psychoanalyst; additional interviews by Admissions Service staff (the patient selection committee) were often necessary. In other instances data provided by the interviewer did not seem to justify the recommendation of analysis by a candidate. Similar findings were noted by Huxster, Lower, and Escoll (1975). They report a number of instances in which an examiner recommended 'acceptance for analysis, in spite of factual information in his own report which should have given rise to caution. . . . such as, for example, grossly impaired object relationships' (p. 91).

In 1972 there were 119 interviews by the Consultation Center of the Columbia University Psychoanalytic Clinic. From this group, 14 applicants were recommended for analysis, and 8 were accepted by the Admissions Service. In 1973, there were 156 interviews by the Consultation Center; 46 applicants were recommended for analysis and 16 were accepted by the Admissions Service. Of those accepted 3 declined treatment while 3 applicants withdrew before the final decision had been made by the Admissions Service.

In view of these statistical data, a question was raised by some faculty members of the Consultation Center and addressed to the author: 'Why are patients who are recommended by qualified analyst colleagues and members of the teaching faculty rejected by the Admissions Service?'. The attempt to answer indicates that a number of issues are involved. The most obvious factor is the Admissions Service staff's familiarity with other available patients which gives them an opportunity to compare and then select patients with fewer technical problems

for the candidate.¹ In addition, some of the difficulties may arise because a consultant views his role differently from those who have ultimate responsibility of selecting patients for candidate analysis. For example, shortly after the author assumed the position of Admitting Psychoanalyst, his predecessor in that position referred a patient to the clinic for analysis by a candidate. The predecessor had misgivings about the patient she was recommending: she said that were she still responsible for selecting patients for analysis by candidates, she might have evaluated this particular patient differently. She would have paid more attention to whether the patient was suitable for analysis by a candidate rather than considering whether the patient was suitable for analysis in general.

In a paper on selection of patients, Hildebrand and Rayner (1971) of the London Clinic of Psychoanalysis refer to the subtle pressure on the consultant 'once [he] has actually met a patient face to face' (p. 3).

The potentially misleading influence of subjective factors in evaluative interviews has been stressed in a number of recent papers. Kantrowitz, Singer, and Knapp (1973) suggest that psychological tests minimize subjective factors in evaluating the prospective patient's contact with reality, his maturity in object relations, and his ability to modulate emotions, as well as whether he is sufficiently motivated for treatment. The authors state '. . . we found that subjective factors seemed to play a larger role for the people who had personal contact with the patients . . . subjective responses seem generally to have led the interviewer and examiner to have more extreme reactions to the patient, either seeing him more favorably or more unfavorably than the chairmen or the "reliability" psychologist did . . .' (p. 19). Lower, Escoll, and Huxster (1972) in evaluating criteria utilized by interviewers as compared with the criteria

¹ We do, of course, make mistakes; I am sure we have rejected patients who might have been suitable, just as we have accepted some patients who turned out to be unsuitable. A Follow-Up Committee is in the process of studying these errors in prediction.

of the selection committee (whose members did not see the patient) point out: 'The screening analysts seem to have responded subjectively to the applicants when the recommendation was favorable for analysis, whereas the committee was more concerned with objective evidence of the applicants' performance' (p. 617). According to the authors, the 'committee's greater apparent objectivity' is due primarily to 'the fact that the committee is not involved in personal confrontation with the applicant' (p. 618). Limentani in a 1972 paper stated: 'Major areas of disagreement occur in the way evaluators deal with the interaction between interviewer and interviewee, and the transference manifestations which occur at all first interviews. To draw too many conclusions on the basis of these findings can be misleading, because none of the observed phenomena has anything to do with the transference neurosis which is to come' (p. 355).

Subjective factors of a narcissistic nature may enter into the positions taken by candidates who are members of the Admissions Service, as they appear to have some investment in having the patients they interview and recommend accepted by the clinic. Thus there are conflicts between their function as members of the Admissions Committee and personal subjective factors. The same candidates, when assigned patients for supervised analysis, seem to rely on a different set of criteria. Similar observations are reported concerning selections made by the faculty. When recommending a patient to the clinic, the supervising psychoanalyst may emphasize criteria different from those he would employ in evaluating a prospective patient for analysis by a candidate he was supervising. The difference between the role of 'consultant' and that of supervisor is illustrated by the fact that in a number of instances, supervising analysts rejected as unsuitable the patients assigned to candidates they were supervising, although these very patients had been recommended by them in their capacity as consultants. Many observers have been puzzled by the fact that senior training analysts with years of experience should, in these circumstances, have

difficulty in evaluating analyzability. Among such experienced analysts, there appear to be differences in capacity to predict, to select patients, especially for analysis by a candidate.²

Hildebrand and Rayner (1971) addressed this issue in the following terms: 'It may be objected that if we relied on experienced analysts providing us with appropriate cases, we would do away with the need for lengthy selection interviews. However . . . this suggestion could not be substantiated. For example, in 1962, 55 patients were referred to us by practicing psychoanalysts, members and associates of the British Psycho-Analytical Society. We accepted 16. Similarly in 1963, we accepted 12 out of 34 referred by psychoanalysts. *We considered slightly less than 1 in 3 of patients referred to us by analysts as suitable for treatment by a student. This is surprising, if one feels that the analysts themselves are those who might be best expected to understand our needs*' (p. 4, italics added). It is possible that the experienced analyst, functioning as consultant, may at times be evaluating the patient on the basis of his own analytic skill rather than in terms of suitability for a candidate. The subject may be summed up in the words of Hildebrand and Rayner (1971): 'Selecting for the Psycho-Analytic Clinic is a specific skill and like all skills can only be learned by experience' (p. 10).

Another major issue is the change in the population of patients seeking psychoanalysis. Studies indicate that in recent years there has been an increase in the number of narcissistic and related character disorders among those seeking treatment (Kohut, 1971; Lazar, 1973). According to Gedo and Goldberg

² Zetzel, at a workshop during an American Psychoanalytic Association annual meeting in 1966, said that the worst referrals to the Boston Psychoanalytic Institute in terms of suitability for candidate analysis came from the older, more experienced analysts (*cf.*, Bing, 1966). In the 1974 Workshop on Psychoanalytic Clinics, the representative from Washington reported that some of the most experienced and respected teachers in that Institute referred some of the 'sickest' patients, patients who were impossible to analyze in an institute supervised setting (*cf.*, Morris, 1974). My experience at Columbia is consistent with these observations.

(1973), the tripartite model of mental functioning which emphasizes œdipal conflict derivatives is less applicable to this patient population (as compared with a self-object model), and its use may result in wrong conclusions about analyzability (*cf.*, Huxster, Lower, Escoll, 1975). Kohut (1972) has suggested that the influence of preœdipal narcissistic factors in this group of patients may lead us to 'a reformulation of the nexus of causal factors in early life' (p. 367). Such a reformulation might influence the question of suitability for analysis. The recent paper by Huxster, Lower, and Escoll (1975) describes how a selection committee may be misled in evaluating analyzability by relying on criteria of 'œdipal versus preœdipal issues' in contrast to a study of underlying ego functioning. In sum, it may be concluded that consultants may err in choosing patients suitable for analysis by candidates if they emphasize œdipal pathology and overlook relevant ego capacities.

Some of these issues may be illustrated by the following clinical examples.

CASE I

A medical student complained of depression, difficulty in academic functioning, and dissatisfaction in heterosexual relationships. A senior faculty member of the Consultation Center found the patient attractive, articulate, and insightful and recommended acceptance for candidate analysis. In reviewing the material, however, an Assistant Admitting Psychoanalyst raised questions about the applicant's long history of apathy, his capacity for object relationships, and the possibility of early deprivations. The member of the Admissions Service, who interviewed the applicant twice, expressed doubts about his suitability for candidate analysis because of possible technical difficulties, such as a sadomasochistic transference neurosis. Most crucial, however, was the fact that the applicant might leave the New York area for residency training; he explicitly put such considerations above commitment to analysis. This factual data,

which was not explored by the consultant, would make the patient unsuitable for assignment to a candidate.

CASE II

A thirty-year-old man sought help for 'sexual impotence', manifestations of anxiety, and depression. The applicant was interviewed by a senior faculty member of the Consultation Center whose report was quite brief: he found the applicant a 'pleasant young man, obsessional, depressed, and shy', and recommended him for candidate analysis. In a review of the data an Assistant Admitting Psychoanalyst noted indications of 'severe underlying problems' and suggested further exploration of depression and basic distrust. After interviewing the applicant, a member of the Admissions Service pointed out that the applicant had never had a close relationship, was a 'life-long loner', with long-term feelings of loneliness and despair. The applicant could not tolerate regular, scheduled situations and traveled 'compulsively'; he had expressed reservations about analysis for these reasons. The interviewer concluded that the applicant could not tolerate a close relationship and that he had intense object hunger. He recommended psychotherapy instead of psychoanalysis. This impression was confirmed by the member of our Admissions Service whose responsibility it was to discuss with the applicant the Committee's recommendation that he receive psychotherapy rather than psychoanalysis. During that interview, he was struck by the applicant's vagueness, indecisiveness, passivity, and rumination. The applicant at that point expressed doubts about any kind of treatment. This is an example of a case in which the original consultant's exploration of the applicant's capacity for object relationships was inadequate.

CASE III

A twenty-eight-year-old woman complained of anxiety, depression, procrastination, and difficulties in relationships with

men. The faculty member of the Consultation Center who interviewed her noted 'marked unresolved compulsive conflicts manifested during adolescence . . . in addition, unresolved œdipal and competitive strivings further complicate professional and heterosexual relationships'. The diagnosis was obsessional character disorder and psychoanalysis was recommended with 'certain reservations': for instance, parameters might be necessary to avoid a power struggle. In a review of the data, an Assistant Admitting Psychoanalyst found a number of ominous symptoms which he felt should be evaluated: the applicant seemed unable to sustain a relationship without regressive angry behavior and there were indications of an inability to sustain motivation. A senior member of the Admissions staff presented a detailed account of an additional interview. He noted indications of fear of the instincts; fear of disorganization; a constant high level of anxiety which, under stress, might lead to serious states of withdrawal or 'catatonic episodes'; a tendency toward impulsive, chaotic behavior; and episodes of pathological jealousy with disturbed reality testing. He concluded that there was a schizophrenic process underlying the applicant's obsessional character structure, and he recommended psychotherapy with the use of medication. This example illustrates the fact that an emphasis on symptom content reflecting œdipal conflict and an incomplete evaluation of some crucial areas of ego functioning can be misleading.

CASE IV

A twenty-nine-year-old woman complained of problems concerning 'sex and anger'. The senior faculty member who interviewed the applicant in the Consultation Center found her 'open, warm, and engaging'. She seemed to have the capacity to form a transference relationship. She was diagnosed as having an 'expressive' character disorder with 'hysteroid' features, and it was felt that psychotherapy or psychoanalysis would be effective. However, there was a question about her motivation for psychoanalysis beyond symptom alleviation, and the consultant

recommended 'trial analysis'. An Assistant Admitting Psychoanalyst reviewing the data emphasized the question of motivation and also suggested that the area of object relations should be explored further. A member of the Admissions Service interviewed the applicant and reported that the emerging data tempered his initial enthusiasm about analysis for her: there were many indications of underlying preœdipal conflict. Her sexual difficulties appeared related more to chronic states of angry depression than to an œdipal defensive structure. The interviewer felt that beneath the applicant's surface functioning there was an inordinate amount of rage resulting from early maternal deprivation, and 'an entrenched masochistic position'. Analysis by a candidate might encounter prolonged and very difficult, perhaps insurmountable, depressive, pain-dependent defenses. The diagnosis in this case was character neurosis, oral type, and psychoanalytically oriented psychotherapy was recommended. This case, in which the consultant recommended 'trial analysis' for the applicant, illustrates the consultant's tendency to pay insufficient attention to suitability for analysis by a candidate.

These brief clinical examples serve to illustrate some of the problems arising in the evaluation of applicants by a psychoanalytic institute's faculty at large as compared with evaluation by the Patient Selection Committee. The original consultant often does not obtain adequate data. At times he misses some valuable information; at other times he does not pay sufficient attention to the data he has obtained. In addition, the consultant may overlook or disregard considerations of suitability for treatment by a candidate rather than analyzability in general. Other distorting elements include subjective reactions to the applicant and a focus on symptom content of œdipal origin rather than on the underlying ego functions that make it possible for a patient to participate in the analytic situation and process.

What are some of the clinical criteria for the patient suitable for candidate analysis? A projected paper by the research group on criteria of analyzability at the Columbia Psychoanalytic

Clinic will focus on object relationships and object constancy. There is increasing emphasis on ego functions in evaluating analyzability (*cf.*, Lazar, 1968). Waldhorn (1967), reporting on the Kris Study Group's examination of indications for psychoanalysis, highlights the ambiguities in existing criteria of analyzability and offers a useful outline of pertinent functional considerations. Although the importance of the structural theory and of the principle of multiple function is stressed in the report, the study group members focus chiefly on ego factors. They state: 'Of all the factors involved in determining indications for analysis at a particular time, those which were attributable to the organization and functioning of the ego were most important' (p. 32). In this report Waldhorn refers to Leo Stone's cogent remarks to the effect that 'analysis requires no extraordinary talents or abilities but that the ordinary capacities exhibited in the course of meeting general life situations [are] the ones involved in undergoing analysis successfully. Among these he included the capacities for object relations, work, sexual gratification, etc.' (p. 42). Consistent with the emphasis on ego functions, there has been increasing focus on evaluating analyzability in terms of developmental features, such as quality of anxiety, the nature of defenses, the level of object relationships, and self-object differentiation.

One can conceptualize the criteria for analyzability in terms of the capacity to function in both the psychoanalytic situation and process (*cf.*, Zetzel, 1970). This is not to be equated with the prediction of therapeutic results of psychoanalysis. It has often been noted that a patient may provide a useful training experience for a candidate, even when there are limited therapeutic results (*cf.*, Bing, 1966; Morris, 1974).

The capacities required of the patient by the analytic situation include:

1. Motivation that goes beyond relief of symptoms. Such motivation might be compared with the wish to grow up and leave childhood, referred to by Anna Freud (1969), and should

include the ability to accept one's feelings and have some curiosity about oneself (*cf.*, Waldhorn, 1967).

2. The capacity to tolerate anxiety, frustration, and depression.

3. The ability to maintain a stable relationship so that the therapeutic alliance can be established.

4. The capacity to sustain secondary process thinking and to achieve the therapeutic split of the ego which enables the patient to experience while observing (*cf.*, Stone, 1954).

The patient's ability to function in the analytic process depends upon:

1. The capacity for regression and an ego flexible enough to permit the patient to shift from a regressive mode to a rational alliance with the analyst.

2. The establishment of the transference neurosis which relates not only to the patient's capacity for object relations but to his ability to handle regressive transference reactions without disorganization and disruption of ego functions.

3. Access to the patient's unconscious fantasies and primary process thinking. See Stone's description of the mobility required in analysis between fantasy and reality, between past memories and associations and the present perception of reality (Waldhorn, 1967).

What kind of patients are suitable for supervised analysis? They should have the capacity to develop a transference neurosis (including variant forms seen in narcissistic and related disorders) in the context of a stable therapeutic alliance and be able to differentiate the former from reality; this, of course, implies a self-observing ego and the capacity to differentiate internal from external reality. The achievement of object constancy, for example, would suggest the capacity to synthesize and tolerate both 'good' and 'bad' object and self-images, without resort to splitting (Lazar, 1973). This also involves tolerance of frustration; the ability to accept the limitations of the loved object; renunciation of what is realistically unattainable; the ability to cope with separation and loss; 'basic trust'; and a sus-

tained sense of identity and the related capacity to test reality. In view of today's changing patient population, one also needs to consider the relative stability of self-representations, as well as the quality and nature of the patient's aggressive drives and the problems these might present to a candidate analyst. Because present-day patients tend to act out more frequently and present more defects in synthetic ego function, they may pose greater problems for the candidate than the inhibited patients who were formerly seen.³

This discussion of problems in faculty selection of patients is not intended to suggest that there can be omniscience in this area; however, an estimation of the extent of technical problems is of crucial importance in evaluating suitability for analysis by a candidate. Limentani (1972) put it very well when he stated: 'In the meantime we shall go on working, knowing that there are no ideal patients waiting to be assessed by omniscient assessors for treatment by omnipotent therapists' (p. 359).

SUMMARY

The selection of patients for supervised analysis by candidates involves special evaluation. Since 1972 at the Columbia University Psychoanalytic Clinic, applicants have been interviewed and evaluated by the entire faculty, as well as by the Admissions Service (the Patient Selection Committee). The fact that a relatively low percentage of applicants are accepted from among those who are recommended by the faculty highlights a number of factors involved in the selection of patients for analysis by a candidate. Some difficulties arise because the original consultant views his role differently from those who must assume the ultimate responsibility for selecting patients and supervising candidates. When acting in the capacity of consultant, even some senior analysts are found to recommend applicants who, after further exploration, prove to be unsuitable for analysis by

³ See Atkin (1975) for an account of the complex technical problems involved in the analysis of a borderline case.

a candidate. Subjective factors seem to play a larger role in the consultants, who see the applicants, than in Admitting Psychoanalysts, who do not see them. In addition, it appears that consultants are often misled by judging analyzability on the basis of œdipal conflict derivatives (in symptom content, for instance), rather than on the basis of the ego capacities that will enable a patient to function in the psychoanalytic situation and process. In particular, the present-day change in the population of patients seeking psychoanalysis may make reliance on the tripartite model and on œdipal pathology misleading in evaluation of analyzability.

Clinical examples are presented to illustrate the issues involved, and some of the criteria for patients suitable for candidate analysis are discussed. Emphasis is on ego functions and on the area of object relationships and object constancy. One can conceptualize criteria for analyzability in terms of capacities to function in the psychoanalytic situation and process. In view of the change in the psychoanalytic clinic patient population, special consideration should be given to the stability of the applicant's self-representations and to the quality of his aggressive drives. Of crucial importance in evaluating suitability for analysis by a candidate is an attempt to estimate the magnitude of potential technical problems.

REFERENCES

- ATKIN, S. (1975): *Ego Synthesis and Cognition in a Borderline Case*. This QUARTERLY, XLIV, pp. 29-61.
- BING, J. F. (1966): Reporter: *First Analytic Case Assigned for Supervision*. Workshop, Committee on Institutes, American Psychoanalytic Assn., Dec. 12.
- FREUD, A. (1969): *Difficulties in the Path of Psychoanalysis. A Confrontation of Past with Present Viewpoints*. New York: International Universities Press, Inc.
- GEDO, J. and GOLDBERG, A. (1973): *Models of the Mind. A Psychoanalytic Theory*. Chicago: The University of Chicago Press.
- GREENSPAN, S. I. and CULLANDER, C. H. (1973): *A Systematic Metapsychological Assessment of the Personality—Its Application to the Problem of Analyzability*. J. Amer. Ps. Assn., XXI, pp. 303-327.

- HILDEBRAND, H. P. and RAYNER, E. H. (1971): *The Choice of the First Analytic Patient*. Read at the International Psychoanalytic Congress, Vienna, July. (unpublished)
- HUXSTER, H., LOWER, R., ESCOLL, P. (1975): *Some Pitfalls in the Assessment of Analyzability in a Psychoanalytic Clinic*. J. Amer. Psa. Assn., XXIII, pp. 90-106.
- KANTROWITZ, J., SINGER, J., KNAPP, P. (1973): *An Evaluation of Suitability for Psychoanalysis. I. A Comparison of Clinical and Psychological Assessment*. Read at Meeting of the American Psa. Assn., December 14. Published under title, *Methodology for a Prospective Study of Suitability for Psychoanalysis: The Role of Psychological Tests*. This QUARTERLY, XLIV, 1975, pp. 371-388.
- KOHUT, H. (1971): *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. The Psychoanalytic Study of the Child Monograph No. 4. New York: International Universities Press, Inc.
- (1972): Thoughts on Narcissism and Narcissistic Rage. In: *The Psychoanalytic Study of the Child, Vol. XXVII*. New York: Quadrangle Books, pp. 360-400.
- LAZAR, N. D. (1968): *Criteria for Selection of Patients in a Psychoanalytic Training Setting*. Mimeograph of the Columbia University Psychoanalytic Clinic for Training and Research.
- (1973): *Nature and Significance of Changes in Patients in a Psychoanalytic Clinic*. This QUARTERLY, XLII, pp. 579-600.
- LIMENTANI, A. (1972): *The Assessment of Analyzability: A Major Hazard in Selection for Psychoanalysis*. Int. J. Psa., LIII, pp. 351-361.
- LOWER, R., ESCOLL, P., HUXSTER, H. (1972): *Bases for Judgments of Analyzability*. J. Amer. Psa. Assn., XX, pp. 610-621.
- MORRIS, T. A. (1974): Reporter: Workshop on *Psychoanalytic Clinics*, Committee on Institutes. Meeting of the American Psychoanalytic Association, May 2.
- STONE, L. (1954): *The Widening Scope of Indications for Psychoanalysis*. J. Amer. Psa. Assn., II, pp. 567-594.
- WALDHORN, H. F. Reporter: (1967): *Indications for Psychoanalysis: The Place of the Dream in Psychoanalysis*. The Kris Study Group of the New York Psychoanalytic Institute. Monograph II. Edited by E. D. Joseph. New York: International Universities Press, Inc.
- ZETZEL, E. R. (1970): *The Capacity for Emotional Growth. Theoretical and Clinical Contributions to Psychoanalysis, 1943-1969*. New York: International Universities Press, Inc.

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A Psychoanalytic Model for Human Freedom and Rationality

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A PSYCHOANALYTIC MODEL FOR HUMAN FREEDOM AND RATIONALITY

BY RUTH MACKLIN, PH.D.

The nature and scope of freedom and rationality in man are explored in light of the problems posed by a deterministic framework for understanding and explaining human thought, feeling, and behavior. It is argued that the sort of explanation afforded by a psychodynamic theory is fully compatible with attributing freedom and rationality to persons. In particular, psychoanalytic theory is able to account for the existence of causal laws governing all aspects of human behavior, while providing a schema by which we can distinguish rational from irrational behavior, and free acts from those that are unfree.

I

Although decades have passed since Freud's last writings were published, misconceptions about various aspects of his theory still abound. Among the most misunderstood elements of his theoretical contributions to human knowledge are two of the more philosophical topics he touched upon: rationality and freedom in man. These topics are best viewed as philosophical issues rather than as purely psychological ones, since the various hypotheses advanced for them cannot be directly confirmed or disconfirmed by experimental or clinical data. An inquiry into a psychoanalytic model for human rationality and freedom is all the more appropriate in the present psychological climate of enthusiastic, albeit uncritical acceptance of both the explanatory value of learning theory and the effectiveness of behavior modification therapy. Indeed, in a well-known recent contribution to the vast philosophical and psychological literature on

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the subject of human freedom, B. F. Skinner (1971) inveighs against the meaningfulness of such a notion in the face of the contemporary science of wholly deterministic psychology.

It is a mistake to think that there is no room for a conception of human rationality in a deterministic psychology, or that the notion of human freedom is emptied of meaning if there exist causal laws that govern human emotion, thought, and action. But it matters a great deal just what sort of deterministic theory one espouses in any attempt to render meaningful and workable the concepts of rationality and freedom. Skinner (1971) argues rather forcefully for the rejection of the concept of freedom as applicable to human behavior; and perhaps his rejection is understandable, given the species of psychological determinism that he adopts—behaviorist learning theory. The underlying assumption of this paper is that the notions of freedom and rationality are not incompatible with a deterministic framework, but that they do require a psychodynamic model in order to have any theoretical or practical (therapeutic) significance. Those deterministic psychological theories that reject a psychodynamic model for the understanding and explanation of human behavior will, it appears, have no place for the concepts of rationality and freedom.

In explicating the role of these basic precepts of humanistic philosophy and psychology, I propose that 'rationality' and 'freedom' be viewed as *theoretical* terms, whose meaning and criteria of application derive from the particular theory in which they are embedded. Psychoanalytic theory is especially well suited to provide a conceptual model for explicating these two concepts, even though it is admittedly a fully deterministic schema for the conceptualization and explanation of human psychological phenomena. But despite its adherence to scientific determinism, psychoanalysis constitutes a fundamentally humanistic psychology in its theory as well as in its therapeutic applications. In this connection, Richard Sterba (1974) observes:

Though one may have doubts whether modern psychoanalysis can still hold passionately to the humanist tradition, it is certainly true that its founder and its original foundations were deeply influenced by humanistic ideas and ideals (p. 167).

It is beyond the scope of the present account to attempt a detailed examination of what properly constitutes a humanistic psychology; however, a good beginning is provided by Sterba in his paper from which the above quotation was drawn, *The Humanistic Wellspring of Psychoanalysis*. It is my contention that a necessary (though perhaps not sufficient) condition for a humanistic psychological theory is the acknowledgment and explication of some measure of rationality and freedom in human beings. Psychoanalysis is, therefore, an appropriate discipline for providing a theoretical underpinning for concepts that we ascribe *uniquely* to humans (i.e., not to animals or machines)—namely, rationality and freedom.

The analysis in this paper proceeds as follows. The next section undertakes an explication of the Freudian notion of rationality. The vehicle I have chosen for presenting what I take to be the correct Freudian view is a systematic critique of one commonly held misconception of the psychoanalytic position. Whether or not this particular misconception is paradigmatic of the objections that have been leveled against psychoanalytic theory on this topic, it serves as a dialectical tool for expositing Freud's notion of human rationality. Section III focuses on the psychoanalytic model for explicating human freedom. This analysis is put forth as a way of rendering meaningful and plausible the philosophical viewpoint known as 'compatibilism' or 'soft determinism'—the view that the existence of human freedom is compatible with the truth of scientific determinism. The final section addresses the relation between the attributes of freedom and rationality, on the one hand, and the notion of psychological health, on the other. An argument is given in support of the thesis that it is possible and, indeed, plausible to ground a system of values in a psychodynamic theory of persons, thus providing an empirical basis for a normative approach to moral and other values.

II

In a recent article in the philosophical literature, Harvey Mullane (1971) defends what is essentially the common-sense view of rationality and irrationality against what he calls 'the paradoxical view', namely, that irrational behavior is really rational—a view seemingly supported by the psychoanalytic explanation of behavior. Mullane draws the conclusion—rightly, I believe—that 'what the neurotic does is correctly characterizable as irrational because what he does is regularly and systematically self-defeating' (p. 426). Mullane also seems to be right when he claims that it is correct to say that what the neurotic does is *act*, because of the strong affinities between what he and the normal person do. The difficulties with Mullane's account are as follows. First, although he appears to acknowledge two relevant senses of 'rational' and 'irrational' and escapes the paradox described above by opting for one of these senses, he has nevertheless failed to produce the sense of 'rational' that is most relevant to psychoanalytic theory.¹ Second, while Mullane's criticism of the paradoxical view is correct (since that view admits too *wide* a class of behavior as rational), it turns out that his own view must be incorrect because it admits too *narrow* a class of behavior as rational.

According to the so-called paradoxical view, behavior that is bizarre or seemingly inexplicable can be shown, after psychoanalytic explanation, to be 'completely rational in the sense that we come to understand fully why the agent, *given his circumstances*, did what he did' (p. 413). The behavior was purposive, expressed something the agent wanted to express, or achieved something he wanted to achieve. Thus the sense of 'rational' (referred to hereafter as rational₁) that Mullane attributes to the proponents of the paradoxical view seems to be the following:

¹ In referring to psychoanalytic theory, I have in mind Freud's own account. Since Mullane refers to Freud and to no other psychoanalytic writer (neo-Freudian or anti-Freudian), I think it is fair to take Freud himself as the spokesman for psychoanalytic theory.

(1) Behavior is rational if it is explainable by *reasons* (the agent's beliefs, motives, etc.), whether conscious or unconscious, however bizarre or self-defeating that behavior may be.

Mullane's own account of rationality is given in terms of a reformulation of two conditions suggested by Peter Alexander (1962). Mullane's (1971) reformulation (referred to below as rational₂) amounts to the following complex set of conditions:

(2) Behavior is rational only if the agent is justified in believing that what he does (a) is likely to achieve what he wants to achieve, or (b) is one possible way (which in certain circumstances may be a very unlikely way) of achieving what he wants to achieve, and (c) is not likely to bring about other consequences more undesirable than the prospective desirability of what it is intended to achieve; . . . (p. 423).

and

the agent's reasons must be either conscious or preconscious; that is, either he is aware of them or he can *become* aware of them without any unusual effort (p. 422).

As we shall see shortly, the clause embodied in (c) is the heart of Mullane's sense of 'rational'.

Mullane's way of escaping the paradoxical view is to deny the appropriateness of the concept of rational₁ and to insist on the correctness of rational₂, which supports the common-sense distinction between rational and irrational behavior. He poses the following dilemma: 'Either irrational behavior is inexplicable and therefore utterly incomprehensible, or it is, after explanation, purposeful and intentional and, hence, not really irrational' (p. 418). The resolution of the dilemma consists in denying that explainable or purposeful behavior is *eo ipso* rational behavior. For, if behavior is self-defeating—i.e., fails to meet condition (c)—then it is not correctly characterizable as rational *even if* it is explainable, purposeful, and goal-directed. What Mullane's rejection of the paradoxical view amounts to, then, is the identification of an ambiguity in the term 'rational' and the decision to opt for rational₂ rather than rational₁ (the

alleged psychoanalytic meaning), thus enabling him to conclude that 'what the neurotic does is correctly characterizable as irrational because what he does is regularly and systematically self-defeating' (p. 426).

If this were all there is to the matter, we could either agree with Mullane that the complex condition embodying (a), (b), and (c) is a necessary condition for rational behavior and its absence a sufficient condition for irrational behavior; or we could admit that 'rational' is ambiguous as between the two legitimate senses, rational₁ and rational₂. Indeed, Mullane himself acknowledges this ambiguity in the following passage:

What our analysis shows is that neurotic behavior is not irrational in only one of the senses of 'irrational'. That is, the terms '*irrational*' or '*insane*' suggest that there are no reasons for such behavior, that it is without reason, that it is utterly without sense. Psychoanalytic explanations show that this is false; neurotic behavior makes a perfectly good kind of sense given the agent's (unconscious) beliefs and fears. But this does not make the behavior, as *behavior*, any less self-defeating, and this alone is a very strong reason for retaining the term 'irrational' (pp. 424-425).

Mullane has correctly identified two senses of 'rational' and 'irrational', and he goes on to argue that 'rational₂' is the relevant and appropriate sense, since 'rational₁' (the putative psychoanalytic sense) fails to meet an important condition for rational behavior, namely, that such behavior not be self-defeating. There is, however, still another relevant sense of 'rational'—a sense that appears to be crucially linked to psychoanalytic theory and that is entirely overlooked in Mullane's account. Indeed, it is of necessity absent from Mullane's account because he formulates his conditions for rational behavior solely in terms of the agent's *beliefs* (conscious, preconscious, and unconscious), thereby omitting the all-important Freudian notion of 'instinctual forces'. Because of this omission, Mullane has failed to produce the sense of 'rational' that is most relevant to psychoanalytic theory.

On the Freudian account, the notion of rationality is not simply a question of beliefs (conscious or unconscious) and their relation to action. Psychoanalytic theory is based, crucially, not only on the cognitive relation between belief and action, but also on other psychological 'forces' emanating from the id. In Freud's later writings (1923, 1940 [1938]) the contrast between rational and irrational behavior is drawn in terms of conflict—not between what is conscious and what is unconscious² but rather between domination by the *ego* versus domination by the *id*.³ The ego, which follows the reality principle, acts in accordance with reason and common sense, while the id, which is wholly dominated by the pleasure principle, represents the passions: sexual (and, in the later theory, destructive) instinctual forces.⁴ The heart of Freud's own view of the desirability of rational behavior is given in his famous dictum concerning the goal of psychoanalytic therapy: 'Where id was, there ego shall be'. A good deal more needs to be said to support the view that this is, in fact, the most relevant sense of 'rational' within psychoanalytic theory, but I think adequate textual evidence from Freud's writings can be produced in this connection. 'Rational' in this sense must be viewed as a *theoretical* term and hence, is not ascribable to persons solely on the basis of be-

² This is the view Mullane attributes to Freud, or at least to psychoanalytic theory: 'This incompatibility of unconscious and conscious reasons and desires is, in effect, what a neurotic conflict amounts to' (p. 424). While Freud did hold essentially this view in his early writings, he modified it later on.

³ In *The Ego and the Id*, Freud (1923) makes this distinction explicitly: '... we land in endless obscurities and difficulties if we keep to our habitual forms of expression and try, for instance, to derive neurosis from a conflict between the conscious and the unconscious. We shall have to substitute for this antithesis another, taken from our insight into the structural conditions of the mind—the antithesis between the coherent ego and the repressed which is split off from it' (p. 17).

⁴ Cf., Freud (1923): '... the ego seeks to bring the influence of the external world to bear upon the id and its tendencies, and endeavors to substitute the reality principle for the pleasure principle which reigns unrestrictedly in the id. For the ego, perception plays the part which in the id falls to instinct. The ego represents what may be called reason and common sense, in contrast to the id, which contains the passions' (p. 25).

havioral observation. In other words, it can only have meaning within a psychodynamic model; it is a technical term that rests for its application on the entire body of Freudian theory. Psychoanalytic theory thus recognizes, in addition to the common-sense meaning identified by Mullane (rational₁) still another sense of the term (referred to hereafter as rational₃):

- (3) Behavior is rational if it is dominated by reason and adequate perception of reality (the ego), rather than by unconscious instinctual forces (the id).

It is the contention of this paper that rational₃ is the true psychoanalytic sense of the term, which is operative in psychoanalytic theory as expounded by Freud and the neo-Freudians. While not denying that rational₁ might also be a sense of the term employed loosely by psychoanalysts, I think that neglect of the sense embodied in rational₃ results in an oversimplification or even a distortion of psychoanalytic theory and its conception of rationality. Moreover, although rational₃ is a fully theoretical term deriving its meaning from its context within psychoanalytic theory, it is more in line with the common-sense conception of rationality that Mullane himself opts for, and so the alleged paradox can be addressed by appealing to considerations lying within psychoanalysis itself. Thus the 'dilemma' as formulated by Mullane acknowledges only one relevant sense of 'rational', which might be used nontheoretically by some psychoanalysts. It would appear, however, that there is another sense, formulated in terms of the concepts of the ego and the id in Freud's structural theory of the human psyche. This latter sense accords more with the common-sense view, as well as being centrally operative in psychoanalytic theory.

In our attempt to elucidate the psychoanalytic notion of what it is to be rational, we turn next to an issue that cannot even be addressed within the framework of the behaviorist account which disavows a psychodynamic model. Let us begin by stating the second criticism that can be leveled against Mullane's account: although he is right in claiming that the paradoxical

view admits too *wide* a class of behavior as rational, his own view can be seen to admit too *narrow* a class of behavior as rational. It is too narrow precisely because Mullane fails to acknowledge an important Freudian teaching: there is no clear-cut distinction between neurotic and normal behavior; we are all governed by unconscious forces—forces that underlie much normal as well as neurotic behavior. Freud (1940 [1938]) states this point explicitly:

The neuroses (unlike infectious diseases, for instance) have no specific determinants. It would be idle to seek in them for pathogenic excitants. They shade off by easy transitions into what is described as the normal; and, on the other hand, there is scarcely any state recognized as normal in which indications of neurotic traits could not be pointed out. Neurotics have approximately the same innate dispositions as other people, they have the same experiences and they have the same tasks to perform (p. 183).

Mullane's account, on the other hand, presupposes the ability to make a hard and fast distinction between normal and neurotic behavior, a distinction that Freud would argue is impossible to draw. Mullane (1971) writes:

If all neurotic behavior comes about as a result of repression and if we can show that this 'mental act' or 'psychic event' differs from the mental events that provide explanations for normal behavior, we should be able to provide a strong reason for concluding that neurotic behavior is not rational (pp. 419-420).

What Freud believed he had demonstrated, however, is that the same considerations that can be used to explain pathological behavior can also be used to explain much of the behavior of normal persons—behavior that cannot be explained solely on the basis of conscious processes. In addition to the significant phenomena of dreaming and the parapraxes, which occur in normal as well as neurotic persons, much of our so-called 'normal' behavior is determined by unconscious forces. Some

such forces arise out of the conflict between the ego and the id (a conflict that occurs in *all* persons) and others arise out of the conflict between the ego and the superego.

Thus it appears that Mullane's account requires the ability to make a clear-cut distinction between normal and neurotic behavior—a distinction that psychoanalytic theory refuses to acknowledge. Another precept of Freudian theory is that behavior is 'overdetermined', that is, there are complex or multiple causal factors, operating simultaneously, which constitute the determinants of human behavior. Some of these causal factors are, as is well known, unconscious, and the thesis of overdetermination applies to normal as well as neurotic behavior. Freud took it to be one of the merits of his theory that it enabled him to explain both normal and pathological behavior by appealing to the same factors, thus demonstrating a continuum in human behavior between what is normal and what is pathological. The situation might be viewed in terms of the classic philosophical distinction between appearance and reality. Many items of behavior that would *appear rational* by conditions (a), (b), and (c) of Mullane's criteria may nevertheless *be* (at least in part) unconsciously motivated and hence, *irrational* by Mullane's second condition, which requires that the agent's reasons must be either conscious or preconscious. So behavior that is not self-defeating—that is, meets conditions (a), (b), and (c)—may still turn out to be irrational by failing to meet Mullane's second condition. But now, if we recall that according to psychoanalytic theory all behavior is to some degree unconsciously motivated, then only a small portion of human behavior turns out to be rational, since the rest fails to meet Mullane's second condition for rationality (i.e., that the agent's reasons be either conscious or preconscious).

Let us consider the case of an agent whose behavior is 'overdetermined', that is, has more than one motivating factor, at least one of which constitutes 'his' reason and at least one of which involves unconscious motives or purposes. From a psychoanalytic point of view, such a case is not atypical. Human be-

havior is exceedingly complex; it may have multiple causes and unconscious as well as conscious motives. Suppose Jones is engaged to be married and at the last minute breaks the engagement on the grounds that he believes he will not be happy in the long run with this woman as his wife. While his fiancée is attractive and their courtship has been relatively free from strife, Jones believes that she is intellectually inferior to him and that he will tire of her once the physical attraction wears off. These are Jones's conscious beliefs and they provide perfectly rational reasons for his action of breaking the engagement. Moreover, they meet Mullane's criteria (a), (b), and (c) for rational behavior: Jones is justified in believing that what he does is likely to achieve what he wants to achieve (a happy marriage, in the long run, with a woman who is his intellectual equal); it is one possible way of achieving what he wants to achieve (break this engagement and seek out a more qualified marital partner); and it is not likely to bring about other consequences more undesirable than the prospective desirability of what it is intended to achieve (he will get over the loss of this woman and find another, better suited to him, who is also attractive and personally compatible). While the stated reasons may really be Jones's (conscious) reasons and his behavior rational in accordance with them, still his psychoanalyst may interpret his behavior in terms of additional (unconscious) reasons: Jones's unresolved oedipal conflict, as a result of which his fiancée is an unsatisfactory object choice since Jones has never successfully resolved his oedipal attachment to his mother.

Now unless Mullane rejects the Freudian concept of overdetermination or the possibility that Jones's conscious reasons and unconscious reasons can *both* be operative, he must conclude that Jones's behavior is irrational because it fails to meet the second condition for rational₂. Jones's behavior is, *ex hypothesi*, not self-defeating, yet an important determinant of his behavior is unconscious. If Mullane chooses to reject the notion of overdetermination, then it would seem he is not talking about psychoanalytic explanation. Otherwise, he must con-

clude that Jones's behavior is, by his own criteria, irrational; but according to both the common-sense and the psychoanalytic notions of rationality, Jones's behavior is perfectly rational. So if we cannot make a hard and fast distinction between normal and neurotic behavior because all persons have unconscious conflicts, to a degree, and if, in addition, we acknowledge the psychoanalytic concept of overdetermination, then Mullane's (1971) conditions for rationality are too strong since he claims that 'neurotic thought and neurotic behavior fail to meet either of these two conditions for rationality' (p. 423). Thus, while according to Mullane a psychoanalytic account employing the notion of rational, admits too *wide* a class of behavior as rational, it turns out that his own account admits too *narrow* a class, since according to the actual precepts of psychoanalytic theory, normal as well as neurotic persons act from reasons that are unconscious on many occasions.

If one wants to attempt an account of rationality incorporating psychoanalytic concepts such as the unconscious, repression, and the like (as Mullane has chosen to do), then he must acknowledge that Freud's description of a person depends on construing unconscious as well as conscious reasons as the agent's reasons for acting. For, if conduct flows from character (neurotic as well as normal), and if a person's character is largely constitutive of him as the person he is, the unconscious reasons that fit in with that character must be viewed as *his* reasons (since that is the sort of person he is), even if he is not consciously aware of those reasons.

III

Having tried to elucidate the psychoanalytic concept of rationality by exposing a series of misconceptions about it, I turn now to an examination of the psychoanalytic model for human freedom. Freudian theory contains the machinery for an approach to the so-called problem of human freedom—an approach that can be viewed as supporting the philosophical position known variously as compatibilism, reconciliationism,

or soft determinism. The major thesis of the compatibilist view is that freedom and determinism are not incompatible notions, so that even if causal determinism is true, human freedom is not thereby precluded. I do not propose to review the many philosophical arguments for and against compatibilism, hard determinism, or libertarianism (the view that genuine freedom exists and thus precludes the possibility of psychic determinism). Instead, I should like to present a model for interpreting the compatibilist view—a model that draws upon psychoanalytic theory and Freud's own views about the aims of psychoanalytic therapy. It would seem that an inquiry into the traditional problem of human freedom could benefit from an appeal to a systematic psychological theory, instead of proceeding in the usual philosophical manner of bypassing the existing theories in psychology and treating the issue as one demanding further conceptual analysis. Our focus lies in the response to the following question: if psychoanalysis is a fully acceptable or true or well-confirmed theory of human behavior (normal as well as pathological), then what follows from that hypothesis concerning human freedom?

First of all, it is interesting to note that in the philosophical literature on freedom and determinism, an appeal to psychoanalytic theory is made in support of the thesis of hard determinism (the view that scientific determinism and human freedom are incompatible or irreconcilable), and not in defense of compatibilism, as I propose to do here. The chief proponents of this view are John Hospers (1958) and Paul Edwards (1958), who argue that persons cannot be considered *responsible* for their actions since conduct springs from character and we have no control over the formation of our character. Hence, if we cannot be considered responsible for our character, then we cannot be considered responsible for the conduct that flows from that character; so it is a mistake to attribute responsibility to persons for their actions. Hospers and Edwards both appeal to psychoanalytic theory in support of their arguments, and this appeal is consistent with Freud's acknowledged determin-

ism in his psychoanalytic writings. The present analysis aims to show that contrary to the presuppositions of the Hospers-Edwards position, the psychoanalytic deterministic schema does not preclude a meaningful notion of degrees of human freedom—a notion invoked by Freud himself in discussing the aims of psychoanalytic therapy.

It would be well to look briefly at Edwards's description of the compatibilist or soft determinist thesis. Edwards (1958) writes:

According to this theory there is in the first place no contradiction whatsoever between determinism and the proposition that human beings are sometimes free agents. When we call an action 'free' we never in any ordinary situation mean that it was uncaused; and this emphatically includes the kind of action about which we pass moral judgments. By calling an action 'free' we mean that the agent was not compelled or constrained to perform it. Sometimes people act in a certain way because of threats or because they have been drugged or because of a post hypnotic suggestion or because of an irrational overpowering urge such as the one that makes a kleptomaniac steal something he does not really need. On such occasions human beings are not free agents. But on other occasions they act in certain ways because of their own rational desires, because of their own unimpelled efforts, because they have chosen to act in these ways. On these occasions they are free agents although their actions are just as much caused as actions that are not deemed free. In distinguishing between free and unfree actions we do not try to mark the presence and absence of causes but attempt to indicate the *kind* of causes that are present (p. 312).

Edwards goes on to argue that this attempt to reconcile freedom and hard determinism will not work, especially in the light of psychoanalytic findings concerning character formation. Further, he adds that an appeal to the notion of character *change* by means of psychoanalysis will also fail, since early influences that help shape character will determine the susceptibility or unsusceptibility of the person to such changes, thus rendering

the success or failure of a person's efforts to change beyond his own control. Edwards (1958) says:

Now, it is true that A helped form his own later character. But his starting point, his desire to change, his energy and courage, were already there. They may or may not have been the result of previous efforts on his own part. But there must have been a first effort, and the effort at that time was the result of factors that were not of his making (p. 315).

In order to rebut Edwards's contentions here, we need to point out several things. In the first place, there is an assumption implicit in Edwards's view that if the first effort in a causal chain of actions is one for which a person cannot be held responsible, then responsibility for his actions cannot be ascribed to that agent at any later time, for any subsequent actions. This would seem to imply that freedom and responsibility are 'inherited properties' of actions or, perhaps, of persons. That is to say, if an action (i.e., the 'first effort') is discovered to be unfree, then any subsequent actions in a causal chain started by that act must therefore also be unfree. Or, alternatively, if an agent cannot be held responsible for the first effort, he is thereby precluded from being held responsible for subsequent efforts. I see no good reason to adopt this 'inherited property' view of freedom and responsibility, since the circumstances under which we deem an agent free or ascribe responsibility to him must encompass the causal conditions relevant to performing a particular action at a particular time. Those causal conditions may be complex and may involve a multiplicity of factors (e.g., the agent's current beliefs and attitudes), some of which may not have been present at an earlier time. The Edwards position seems to view freedom and responsibility as enduring properties of a person, rather than as ascriptions made at particular times on the basis of causal factors present at those times. So if freedom and responsibility are properly to be ascribed to specific actions at particular times, then Edwards's claims about the *first* effort being one for which an agent cannot be held responsible are beside the point.

A second consideration in assessing Edwards's contention is the fact that among the character traits cited as constituting A's earlier character—his 'starting point'—are his energy and courage. Edwards acknowledges that these traits may have been the result of previous efforts on A's part, in which case A might be considered at least partially responsible for his own character development. But suppose the energy and courage were *not* the results of previous efforts on A's own part; what follows from this? Here it is important to note that energy and courage, among other character traits possessed by persons, are *dispositional* properties. In ascribing such properties to a person we are saying something about the tendency he has to behave in such and such a manner under appropriate circumstances. We are not, however, saying anything about the particular causal factors that result in action whenever the disposition is manifested. The manifestation of a certain disposition at any particular time can be such that the causally relevant factors lead us to call the action free or unfree, regardless of whether or not the action is construed as actualizing a dispositional trait of the person. Some courageous acts or jealous acts or energetic acts may be free acts and others not, depending on the agent's beliefs, desires, and attitudes at the time of the action. Just how such judgments of freedom or ascriptions of responsibility are properly to be made will be taken up below in connection with the psychoanalytic model. The present point is simply to note that the mere attribution of a disposition to a person says nothing about whether manifest occurrences of that disposition are to be deemed free or unfree. So neither the possession of character traits in the form of long-term dispositions, nor the fact that a person's first effort to change his own character is not of his making, would seem to preclude the possibility of actions that are free or for which the person can be held responsible.

Let us now turn to psychoanalytic theory in order to review those considerations that lend support to the compatibilist thesis. Freudian theory affirms the existence of two different

sorts of psychological laws: those governing conscious mental processes and those governing unconscious mental processes. These latter sorts of laws can be observed to be operative in dreaming, and they are characterized by their deviation from reality and common sense and by being somewhat 'illogical' in character. A person caught in the grip of unconscious forces often does things that neither he nor others can understand. In short, a person in whom the unconscious ideas and emotions of the past are continually operative as causal factors in his present behavior will do things he cannot control. His behavior seems puzzling even to himself, and he seems not to be acting in accordance with reason and common sense (i.e., rationally). Through the dynamic process of psychoanalysis, once people recognize the actual causes of their neurotic behavior—the ideas and impulses emanating from the unconscious—they can then be freed from these irrational impulses and obtain more control over their behavior. As Sterba (1974) notes, 'The strengthening of the ego—this main distributor of mental forces—was and still is the aim of the psychoanalytic treatment' (p. 174).

With the full elaboration of Freud's structural hypothesis—the view that there are structures in the mind or personality for mediating conflicts—the psychoanalytic picture of human freedom emerges. The more a person is in the grip of forces emanating from the id, the less free he is, and consequently, the less he is to be held morally responsible for his behavior. In the optimally functioning person—one who fulfils the normative ideal of health—the ego is in control of the id. Reason and common sense dominate the individual and the rational part of the person is in control. Thus, the more a person's ego is in control (i.e., the more *rational* he is), the more 'free' he is and, hence, the more responsible he can appropriately be considered for his actions.

As a determinist, Freud was committed to the view that all human behavior is caused. But now we can see that from a Freudian point of view, the issue concerning freedom and re-

sponsibility does not rest on whether human actions are *caused* or not. Rather, the issue concerns just which causes, or kinds of causal laws, are operating: a person dominated by forces emanating from the unconscious—whether in the form of repressed memories or unfulfilled unconscious desires—is governed by irrational impulses, subsumable under the laws governing the primary processes. A person whose ego is dominant over the id has reason, common sense, and the capacity for self-control as the predominant influences, subject to the laws governing the secondary processes; hence, he is rational and free.

The theoretical account described above has a direct bearing on psychoanalytic therapy, since the aim of therapy is to enable the patient to free himself from unconscious and irrational impulses, and thus obtain control of his emotions and behavior. Once the neurotic patient becomes conscious of the ideas and impulses that have been governing his behavior, he is better able to employ reason and common sense—the conscious mental processes—in his choices, decisions, and actions. As Freud (1923) himself stated the aim of psychoanalytic therapy: ‘. . . analysis does not set out to make pathological reactions impossible, but to give the patient’s ego *freedom* to decide one way or the other’ (p. 50, n. 1, Freud’s italics). To the extent that a person’s behavior is ego-dominated—to that extent he is free and, hence, responsible because he is able to make choices and decisions based on a rational assessment of alternatives.

It is, to be sure, more appropriate to talk about *degrees* of human freedom when using the Freudian explanation, rather than about behavior that is absolutely free or utterly compelled. In the case of the severely disturbed neurotic or the psychotic, the most prevalent psychological laws are those governing the primary processes, and the causes of behavior are subsumable under those laws. The less severely neurotic is more free—he is not as much in the grip of forces beyond his understanding and control. The normal person is still not wholly free, although the most prevalent psychological laws will be those governing the secondary processes, and the causes of his behavior will be

subsumable under those laws. So while none of us can be wholly free according to Freud, it is possible to approximate freedom by trying to ensure that the causes of our behavior will be ego factors rather than id factors. This, in turn, is accomplished by the therapeutic means of manipulating the relevant variables in such a way that the factors that become antecedent conditions for behavior are the conscious beliefs and rational desires of the person—those subsumable under the psychological laws governing the secondary processes.

Since the psychoanalytic model of human freedom sketched above has implications for moral accountability and responsibility, we need to note the role of the superego in this picture—a picture that is complicated still further by the fact that the superego itself can consist of irrational (unconscious) forces, and so work against the ego within the personality. If a person's ego is powerless to act against the combined forces of the superego and the id, that person is not free nor is he fully rational. Here we should recall Freud's view of conventional morality: it places too great a demand on the person since, among other things, it requires that he renounce all instinctual satisfaction—a task it is psychologically impossible for him to perform. The goal of psychoanalysis is seen to be somewhat broadened by these considerations; it must not only support the ego in the face of the id, but it must also support the ego against the person's own superego, representing the effect of parental authority and his internalized moral strictures, which may place too great a demand on him. Freud (1940 [1938]) wrote:

The ego is weakened by the internal conflict and we must go to its help. . . . The analytic physician and the patient's weakened ego, basing themselves on the real external world, have to band themselves together into a party against the enemies, the instinctual demands of the id and the conscientious demands of the super-ego. We form a pact with each other. The sick ego promises us the most complete candour—promises, that is, to put at our disposal all the material which its self-perception yields it; we assure the patient of the strictest

discretion and place at his service our experience in interpreting material that has been influenced by the unconscious (p. 173).

I have tried to show that psychoanalytic theory enables us to give an account of human freedom that is fully compatible with the thesis of determinism and can thus be used to support the compatibilist or soft determinist position—a position denied by behaviorists such as Skinner, in favor of the hard determinist line. The way the soft determinist position is often propounded is by urging what should be considered the relevant pairs of contrasts: the proper contrast is between determinism and *in*-determinism, on the one hand, and between freedom and compulsion, on the other. In order to show that behavior is free, we need not demonstrate that it is not determined, meaning that it is uncaused; rather, all we need to show is that a piece of behavior is *not compelled* in order to support the claim that it is free. Traditionally in philosophy, this compatibilist line has had a hollow ring to it. I have always suspected that its proponents wanted to have their cake and eat it too—that they were swayed by the force of the traditional and contemporary arguments for both determinism and freedom. I now believe that the merits of the compatibilist thesis can be evaluated in terms of a psychological theory such as psychoanalytic theory. In this view, ‘freedom’—like ‘rationality’—is a theoretical term deriving its meaning and the criteria for its correct application from the theory in which it is a functional term.

It should be noted that I have made no attempt to defend the ‘free will’ position of the compatibilist thesis by the usual sorts of arguments: alleged introspective evidence for freedom; its necessity for moral accountability; an appeal to linguistic considerations concerning what our ordinary concepts entail; or yet another tiresome conceptual analysis of the phrase ‘he could have done otherwise’. Instead, I have concentrated on considerations lying within a particular psychodynamic theory—considerations that seem to indicate that persons are less free

than libertarians or proponents of compatibilism usually suppose. The analysis rests on the two sets of psychological laws postulated by Freud, as well as on an acceptable account of rationality. Since the approach to freedom discussed in this paper presupposes the legitimacy of the psychoanalytic account of rational beliefs, choices, and decisions, the notions of freedom and rationality would seem to stand or fall together.

IV

The maintenance of mental and physical health would seem to be a universal value for all people, since being in a state of health is a necessary condition for implementing any other values a person may hold. Since in the absence of health people cannot thrive, pursue their own self-interests, do their duty, enjoy pleasures, lead the contemplative life, exercise cardinal virtues, or seek to contribute to human welfare, it seems evident that all ethical theorists must acknowledge that health is an ultimate value—one that serves as a precondition for satisfying whatever specific norms are espoused by their own particular theories. Consequently, since maintaining health is a universally held value among humans, as well as being empirically necessary for the satisfaction of whatever particular goals or ideals they may pursue, it would seem to follow that the perceived good for humankind, or that of which moral rightness consists, must at the very least be *compatible* with what fosters health or does not detract from it. It would seem, then, that a scientific basis for a system of values might plausibly be derived from findings in the health sciences—disciplines that are capable of confirming recognizable behavior patterns as either contributing to or detracting from human health. A fundamental *ethical* question thus emerges: which patterns of behavior or human actions *ought* we to promote (foster, prefer, choose, approve of) and which *ought* we to discourage (extinguish, punish, disapprove of) if human health is to be maximized?

The psychoanalytic concept of health or normality (in the

normative—not the statistical—sense)⁵ has a number of theoretical dimensions, depending on just which aspect of Freud's metapsychology one focuses on. The notion of normality or health most relevant to the concerns of this paper is put succinctly by Lawrence Kubie (1950) as follows:

In short, the man who is normal in the psychoanalytic sense can accept the guidance of reason, reality, and common sense. The outside world may be unyielding; but he remains flexible, modifiable, and educable, and therefore, in a pragmatic sense, *free*. This indeed is . . . the most important freedom of all, i.e., the freedom from the tyranny of the unconscious. It is the essence of the psychoanalytic concept of normality (pp. 16-17, Kubie's italics).

It is worth recalling that a behaviorist theoretical model eschews the notion of mental health, along with the attendant notions of freedom and rationality. According to most theorists in the behaviorist tradition, so-called neurotic symptoms are simply another species of learned behavior. Indeed, the standard line is that 'learning theory does not postulate any such "unconscious causes", but regards neurotic symptoms as simply learned habits; there is no neurosis underlying the symptom, but merely the symptom itself. *Get rid of the symptom and you have eliminated the neurosis*' (Ullman and Krasner, 1965, p. 2, italics in original).

It is apparent, then, that not only is there no room for the notions of human rationality and freedom on a behaviorist model; there is also no conception of mental health or normality (in the sense of a theoretical ideal posited by the system). Thus the very conceptions that are intertwined in the psychoanalytic and other psychodynamic theories are, of conceptual necessity, wholly absent from behaviorist accounts. This absence bears significant negative implications for the possibility of grounding an empirically based system of values in a behaviorist conception of human beings. For, if there is no conception

⁵ Cf., Jahoda (1958) and Macklin (1972).

of mental health and no theoretical underpinning or possible meaning for notions such as rationality and freedom, then how is an objectively based system of values possible? How can therapists and patients form a valid conception of what *ought* to be achieved in therapy, that is, what values *ought* to be maximized (as opposed to what values the therapist or patient merely *wants* to maximize)? It is by now generally accepted that norms and values exist—explicitly or implicitly—in both psychological theory and its therapeutic applications (*cf.*, Macklin, 1973). The notion of psychological health can supply the basis for a humanistic value system—an objective set of norms and ideals for persons to strive for in their individual goals and interpersonal relations. The sort of conception found in psychoanalytic theory supplies just such an objective basis, while still leaving a good deal of latitude for personal preferences, life styles, and modes of behavior in work and play. But a theory that eschews the notions of psychological health, freedom, and rationality cannot even offer vague guidelines for a sound humanistic system of values. In remaining ‘value-free’ (a misconceived ideal of social scientific theories with practical implications), behaviorism loses any claim to being a comprehensive account that touches on the significant modes of human existence. A psychodynamic theory, on the other hand—be it the classic Freudian version or the self-actualization accounts of Horney (1950), Goldstein (1939), or Maslow (1954, 1968)—contains an ideal of health, an optimum state for persons to achieve or approximate as a therapeutic goal and beyond.

There is little doubt that the goal of psychiatry—helping people attain better mental health—is appropriately described in terms of the pre-eminence of rational elements over irrational forces in motivations to act, as well as in terms of successive gains in freedom from internal tyranny. If, as the evidence appears to indicate, people can indeed be helped through psychoanalysis to gain more sound mental health or free themselves from crippling neuroses, then by the same token, they can improve in their ability to have their reason dominate over

irrational elements governing their behavior. To exhibit mental health and to act mostly from rational motives appear to be alternative descriptions of the same psychic phenomenon. It is in these classical humanist concerns of freedom and rationality, rooted in the Western philosophical tradition, that we may seek an objective basis for a system of human values—notably, moral values. Theoretical and therapeutic systems that eschew the notions of rationality, freedom, and mental health are thereby impoverished in their ability to touch the lives of human beings in comprehensive and deep-seated ways.

SUMMARY

The analysis in this paper has tried to elucidate the theoretical notions of freedom and rationality, as they are embedded in psychoanalytic theory and posited as goals of therapy. These concepts pose special problems in the face of a deterministic framework in psychology, such as that presupposed by Freudian and other theories that purport to explain human thought, feeling, and action. It has been argued here that the sort of explanation afforded by a psychodynamic theory is fully compatible with attributing freedom and rationality to persons, and, in particular, that psychoanalytic theory provides a way of distinguishing rational from irrational behavior and free acts from those that are unfree. The basis for both of these distinctions lies within Freudian theory itself, in the structural point of view that conceives of the ego, id, and superego as structures in the mind for mediating conflict. 'Freedom' and 'rationality' are taken as theoretical terms in this analysis and so they could not have a place in a theory, such as behaviorist learning theory, that has no room for so-called 'mental entities' or for theoretical concepts of the sort found in psychodynamic theories. Finally, it has been suggested that psychodynamic theories in general and psychoanalytic theory in particular are well suited to provide a foundation (along with the other health sciences) for a system of norms whose basic underpinning lies in the notion of health.

REFERENCES

- ALEXANDER, P. (1962): *Rational Behaviour and Psychoanalytic Explanation*. Mind, LXII, pp. 326-342.
- EDWARDS, P. (1958): Hard and Soft Determinism. In: *Problems of Moral Philosophy*. Edited by Paul W. Taylor. Encino, Calif.: Dickinson Publishing Co., Inc., 1972, pp. 312-317.
- FREUD (1923): *The Ego and the Id*. Standard Edition, XIX, pp. 12-66.
- (1940[1938]): *An Outline of Psycho-Analysis*. Standard Edition, XXIII, pp. 144-207.
- GOLDSTEIN, K. (1939): *The Organism. A Holistic Approach to Biology Derived from Pathological Data in Man*. New York: American Book Co.
- HORNEY, K. (1950): *Neurosis and Human Growth*. New York: W. W. Norton and Co., Inc.
- HOSPERS, J. (1958): The Range of Human Freedom. In: *Problems of Moral Philosophy*. Edited by Paul W. Taylor. Encino, Calif.: Dickinson Publishing Co., Inc., 1972, pp. 317-330.
- JAHODA, M. (1958): *Current Concepts of Positive Mental Health*. New York: Basic Books, Inc.
- KUBIE, L. S. (1950): *Practical and Theoretical Aspects of Psychoanalysis*. New York: International Universities Press, Inc.
- MACKLIN, R. (1972): *Mental Health and Mental Illness: Some Problems of Definition and Concept Formation*. Philos. of Science, XXXIX, pp. 341-365.
- (1973): *Values in Psychoanalysis and Psychotherapy: A Survey and Analysis*. Amer. J. Ps., XXXIII, pp. 133-150.
- MASLOW, A. H. (1954): *Motivation and Personality*. New York: Harper & Bros.
- (1962): *Toward a Psychology of Being*. Princeton, N.J.: D. Van Nostrand Co., Inc.
- MULLANE, H. (1971): *Psychoanalytic Explanation and Rationality*. J. Philos., LXVIII, pp. 413-426.
- SKINNER, B. F. (1971): *Beyond Freedom and Dignity*. New York: Alfred A. Knopf.
- STERBA, R. F. (1974): *The Humanistic Wellspring of Psychoanalysis*. This QUARTERLY, XLIII, pp. 167-176.
- ULLMAN, L. P. and KRASNER, L. (1965): *Case Studies in Behavior Modification*. New York: Holt, Rinehart and Winston.

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A Note on the Drawing of Dream Details

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A NOTE ON THE DRAWING OF DREAM DETAILS

BY JOSEPH W. SLAP, M.D.

From time to time, it has seemed useful to have a patient draw a dream detail he is having trouble describing. A precedent exists in that the Wolf-man produced a sketch of his childhood dream about wolves (Freud, 1918, p. 30). In the incident to be reported, drawing a dream detail led to a parapraxis that helped to clarify the dream.

A young woman entered analysis with the fear that she might cut off her newborn's penis or throw him out of a window. In addition, she was concerned that her husband, because of rare epileptic seizures, would be forced to undergo sterilization for eugenic reasons. It soon became clear that the patient regarded the delivery of her child, with the attendant cutting, tearing, swelling, and bleeding, as a phallic catastrophe and that her symptoms were derived from retaliatory fantasies aimed against the child and his father.

Some months after turning the care of her child over to a nurse and taking a job, her symptoms subsided and she was able to enjoy both her child and her husband. One day she reported a dream.

A strange looking bug or bird flew in the kitchen window and attacked me.

As she had difficulty describing the bug or bird, I handed her a pad and pencil and asked if she were able to draw it. She quickly drew a duck on a platform with wheels. She looked at what she had drawn and exclaimed, 'Why, that's Bobby's toy!'. She went on to say that on the previous day her son had discovered his penis; he had seemed to derive much pleasure from

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playing with it and she and her husband had joked about 'Bobby's new toy'.

I asked if she could account for the detail of the kitchen window. She said that she had suggested to her husband that they enlarge the kitchen window into a door. 'Then, when Bobby gets a little bigger, he and his friends can come drooping into the kitchen from the backyard.' 'Drooping?', I asked. 'Oh! I meant to say *trooping*.'

It thus became apparent that her son's pleasurable manipulation of his penis had aroused envy in her, which had led to castrative impulses.

The dream impresses me as a punishment dream in which the dreamer pictured herself as being attacked by the organ she wished to destroy. Her attempt to draw the dream detail she was having trouble describing facilitated interpretation of the dream.

REFERENCE

- FREUD (1918): *From the History of an Infantile Neurosis*. Standard Edition, XVII, pp. 7-122.

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The Annual of Psychoanalysis, Vol. I. Edited by The Chicago Institute of Psychoanalysis. New York: Quadrangle/The New York Times Book Co., 1973. 395 pp.

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BOOK REVIEWS

THE ANNUAL OF PSYCHOANALYSIS, VOL. 1. Edited by The Chicago Institute of Psychoanalysis. New York: Quadrangle/The New York Times Book Co., 1973. 395 pp.

The publication of this annual marks the introduction of another source of papers significant to readers in the psychoanalytic field. A contribution of the Chicago Institute of Psychoanalysis, the volume is edited by a committee chaired by George Pollock. The editorial committee states in the Preface that its members 'seek to publish good writings which focus on the theoretical and clinical aspects of psychoanalysis and, beyond that, over the full range of Freud's scientific humanism'. In the first volume, the committee has more than lived up to its purpose.

The editors have divided their initial presentation into seven sections devoted to psychoanalysis in contemporary society; psychoanalytic theory and developmental psychology (the longest section); interdisciplinary studies representing papers from psychology and philosophy; clinical studies; psychoanalytic education; the history of psychoanalysis; and lastly, applied psychoanalysis. The authors contributing to *The Annual* are not restricted to the Chicago Institute nor to those closely affiliated with it. Contributors such as Kohut, Basch, Benedek, Fleming, Gedo, and Wolf are all from Chicago; writers such as Waelder, Guttman, Hartmann, Kanzer, Loewald, Modell, Schafer, Schwartz, Khan, Searles, Grinstein, and Kernberg range across the institutes and societies of this country and abroad.

Many of the papers have apparently been written specifically for inclusion in this annual, while some have been presented in other situations but are published here for the first time. The paper by Kohut, for example, was presented in 1970 on the occasion of the fiftieth anniversary of the Berlin Psychoanalytic Institute. Waelder gave his paper in 1956 at the time of the centennial of the birth of Freud, but apparently it has not been published before. The inclusion of these hitherto unpublished papers lends excellence to this first volume. While it will soon be necessary for *The Annual* to depend upon recent presentations or papers prepared specifically for this publication, as previously unpublished worthy papers become

scarce, those papers that seem to have been written for this volume are of sufficiently high quality to hold promise for the future.

In a short review it is impossible to discuss all of the papers presented, although each paper in this fine collection is entitled to careful report and comment. Kohut, in his paper, *Psychoanalysis in a Troubled World*, briefly reviews the history of psychoanalysis, its development, and its contributions. However, he adds a section in which he discusses the application of the concepts of narcissism. The widening scope of such concepts suggests a possible application of these insights to an area in which psychoanalysts have yet to make their most detailed contribution. That area is the one pertaining to the problems of group psychology and the insights a social psychologist must have in order to understand the mass phenomena of our generation, which have led to dictatorships, genocide, and wars. At the same time, Kohut is well aware of the need for analysts to stay within the consulting room, 'to understand your patient, to communicate your understanding to him and to help him through his increasing self-knowledge to become the master of his fate' (p. 19). Although Kohut feels that analysts have much to contribute to understanding the phenomena that trouble large numbers of people, he is also intensely aware that psychoanalysis is an investigative science inseparable from the psychotherapy of the individual. He presents no simple solutions to complex problems—but to raise the questions is at least a beginning in the search for answers.

Waelder's paper, *Sigmund Freud Centennial Lecture*, is in a different vein. He describes the monumental historic discoveries that fathered scientific psychoanalysis and contributed much to the understanding of human development, functioning, and culture. Waelder is aware, of course, that much remains to be done within the field and that Freud's work has pointed the way rather than provided a closed system that would never change. He illustrates this point with a moving personal reminiscence of his farewell to Freud in 1938, when each went his separate way from Vienna. His recollection emphasizes Freud's feeling that everything is temporary and transient, including scientific findings.

In the section on psychoanalytic theory and developmental psychology, Michael Basch writes a thoughtful and provocative paper titled *Psychoanalysis and Theory Formation*. He conceives of theory

formation as proceeding through stages from deductive theory to inductive theory; under the latter are such categories as classificatory theory, explanatory theory, causal explanatory theory and descriptive explanatory theory. Following this description of theory formation, Basch notes that in psychoanalytic theorizing there is a confusion between abstraction and postulation. Abstraction is derived from the clinical data, while postulates are inferences of hypothetical causal entities such as the mental apparatus. This confusion, he feels, has tended to obscure both the clinical data and the explanatory concepts used to describe the data. Such psychoanalytic theorizing leads to ever increasing confusion which has hindered the 'development of psychoanalysis as a basic discipline and obscured the function it can perform for science at large' (p. 52). This attempt at clarification of theory formation, if pursued further, might well serve to bring psychoanalysis out of esoteric realms of hypothetical entities, which are reified, and clarify the differences between many of the explanatory concepts used in the field and the basic data from which they are derived.

Guttman, in *Psychoanalysis and Science: The Concept of Structure*, approaches psychoanalytic theory formation from a different direction. He points out that the new findings of psychoanalysis will not necessarily fit into current theoretical constructs. In this regard psychoanalysis is like any other field of science. Progress in science is based upon certain theoretical assumptions and in the biological sciences particularly, Guttman feels that these assumptions are based upon studies of elementary structures. He believes that knowledge of structures is an integral part of man's expanding universe in a variety of areas, including psychoanalysis. His intellectual approach involves the 'need to develop further principles, not of simple isolated or relatively isolated parts but of the interconnections and interactions of very complex structures with parts interacting on one another. The interactions take place on all levels with a hierarchy of substructures continuing to form interacting superstructures' (p. 81). In discussing this paper, Heinz Hartmann states that the concept of structure is 'the key concept in current theory construction' (p. 86). Hartmann details the way in which such a concept has been used by various people within the analytic field. He calls attention to the fact that the essential concepts in analysis are far removed from everyday discourse and immediate

experience, and structure is one such concept. In this last statement, Hartmann is pointing to the need for clinical analysts to keep pace with continuous theory formation so that discourse far removed from immediate experience can be understood and translated into their everyday experience. To the extent that this is possible, psychoanalysis in its theoretical form can also be understood by other scientists working in the field of human behavior, a desirable goal but probably not achievable since the psychoanalytic data base is different from that of other fields.

Hans Loewald, in *Comments on Some Instinctual Manifestations of Superego Formation*, and Arnold Modell, in *Affect and Psychoanalytic Knowledge*, attempt to approach basic aspects of psychoanalytic theory and developmental psychology. The former does so through pointing out the role of instinctual drive derivatives and their vicissitudes in superego formation, while the latter stresses the necessity of linking psychoanalytic understanding of mental processes with the affects associated with thought processes. Modell feels that affects have a special function that may ensure the survival of the group. He suggests that the communication and understanding of affects may antedate the development of language and may, in fact, have facilitated and contributed to such development. The basic role of affects in all mental development, including superego formation, is accepted by all analysts, but beyond this there is little agreement. One need not grant a special position to affects as ensuring the survival of the group, but the communicative role of affects in groups and in individual interaction is a well-documented phenomenon. Affects and their impact still need to be elucidated in all their aspects.

Continuing her long-standing interest, Joan Fleming contributes a paper titled *Training Analyst as Educator*, which discusses the need for the training analyst to serve both a therapeutic and an educative role. She describes not only the problems inherent in such a dual relationship, but also the advantages of both aspects of the relationship. Unlike many who would separate these functions, she presents a cogent argument for keeping them together but working on both sides of the problem. While her arguments are convincing, most training analysts are not pedagogues, and much confusion can result from carrying out this dual role. It will require more education of the educators to implement Fleming's concepts.

As a supplement to Fleming's approach, Paul Dewald's article, *The Clinical Conference in the Psychoanalytic Process*, considers the traditional use of the clinical conference as a teaching practice in analytic institutes and demonstrates a defect inherent in such a passive learning experience. As he observes, the more actively a student participates in the educational process, the more effective is that learning process. He asks whether it is possible or desirable to alter the traditional format of the clinical conference to make it a more valuable educational tool, thereby linking therapeutic and educational aims along lines analogous to Fleming's point of view. He suggests, for example, that senior analysts rather than candidates present cases in the clinical conference, in order to provide a better model of analytic work. He also suggests conferences which concentrate on different phases or different aspects of the analytic process. Both of these articles will no doubt produce much discussion in institutes as they come to be considered at greater length. They complement the discussion of the COPER reports and ask for some innovative changes in the traditional institute curriculum. As such, they will meet resistance, but when considered on their merits, they offer much of value for psychoanalytic educators. Both articles require that we reorient ourselves from *training* psychoanalysts to *educating* them—an important difference.

In the section titled *History of Psychoanalysis*, John Gedo and Ernest Wolf describe Freud's interest in Don Quixote, including his adolescent reliving of the Don Quixote-Sancho Panza relationship with a close friend. His interest was sufficient to lead him to learn Spanish before the age of sixteen so that he might read the masterpiece in its original language. Gedo and Wolf trace the ways in which Freud continued to cathect this adolescent fantasy throughout later portions of his life and, more particularly, how its power influenced his work. As they clearly show, Freud did not tilt at windmills but rather tackled real dragons in the course of his life.

The section titled *Applied Psychoanalysis* contains an excerpt from Grinstein's longer work, *On Oscar Wilde*. This psychobiography attempts to explain some aspects of Wilde's psychology that led him at the pinnacle of success to undertake an ill-fated court venture to defend his 'honor' at a time when it was indefensible. Grinstein suggests that identification with his father, guilt over his sister's death, and the living out of an adolescent fantasy of being

famous and notorious all played a part. The end result was disgrace and imprisonment for two years. From that point onward, Wilde's life was downhill and his creative energies were destroyed. An exception was his final work, *The Ballad of Reading Gaol*. This article is a fascinating glimpse into a creative life and suggests a larger relationship between Wilde's literary creations and his inner life than literary critics have considered to date.

Included in this section is Kernberg's thoughtful, informative discussion of an integrative theory of hospital treatment of borderline and more severely ill patients. He shows that the application of various forms of psychoanalytic theory offers a therapeutic approach to patients who cannot be treated within the classical psychoanalytic situation. In the same vein is a paper by Searles, *Therapeutic Symbiosis*, which also deals with the treatment of psychotic individuals who are not usually treated by psychoanalysis. Searles's approach is uniquely his own and difficult to teach to others. But in the hands of a gifted therapist, it aims at a greater resolution of the personality disorders than is usually attempted. Searles can accomplish this; the question is whether others can do as well.

In the section, *Interdisciplinary Studies*, a long paper by Fred Schwartz presents findings from a research project stimulated by Rapaport's theory of attention and learning. The report of detailed experimental work concludes with a rejection of energetic mechanisms to account for attention and learning, a rejection Schwartz bases on a lack of evidence. Several positive findings, however, are discussed; namely, conscious experiences are governed by limited capacity; learning extends capacity by internalizing experience; and overlearning automatizes response, freeing capacity. These findings are perhaps not as important to psychoanalysts as is the conclusion that energetic mechanisms cannot account for attention and learning. Such a finding should force psychoanalysts to study the problem further and not conclude that they have fully explained these phenomena.

Within the limited space of a review, many papers included in this collection cannot receive the detailed comment they deserve. However, mention must be made of Schafer's article, *Action: Its Place in Psychoanalytic Interpretation and Theory*, which represents an attempt to provide a new model for metapsychological thinking and a reformulation of current theories. It requires care-

ful reading and provokes thought which will be the basis for many discussions in the years ahead. Khan, in his paper titled *Role of Illusion in the Analytic Space and Process*, applies Winnicott's concept of illusion and space in the analytic situation to demonstrate that these are valuable in the understanding and treatment of borderline patients. These are unfamiliar concepts on the American scene, and it is valuable to have them presented here. *Two Prevalent Misconceptions about Freud's Project* by Kanzer shows that in spite of the current misconceptions, the germ of Freud's later thinking existed in the *Project*. This paper is a contribution to the study of scientific creativity and will, one hopes, be followed up in the future. Benedek examines the dual instinct theory, the concept of a life and death instinct, as related to recent discussions in the field of microbiology, particularly the writings of the Nobel Laureate, Monod. She feels that the latter's views confirm the validity of Freud's concepts and she decries the tendency to think of the death instinct as of philosophical interest but of no practical importance. Noy's *Symbolism and Mental Representation*, Sawyer's *Commentary on Freud and Philosophy*, Trosman's *Freud's Cultural Background*, and Wolf's *Freud at the Allgemeine Krankenhaus* round out the volume. They all deserve reading and greater comment than space permits.

The uniformly careful editing of the many papers has produced a volume of high quality and literary excellence. The articles give pause for thought, reflection, and discussion. We shall look forward to the second, third, fourth, and subsequent volumes of the *Chicago Annual*.

EDWARD D. JOSEPH (NEW YORK)

PSYCHOANALYSIS AND CONTEMPORARY SCIENCE. *An Annual of Integrative and Interdisciplinary Studies*. Volume II, 1973. Edited by Benjamin B. Rubinstein. New York: Macmillan Publishing Co.; London: Collier Macmillan Publishers, 1973. 401 pp.

There is no need to take issue with the quality of the individual articles in this second annual volume of *Psychoanalysis and Contemporary Science*; they are serious, sober, of an unequivocally high level, varying only from good through excellent to superb. Regarding the functions of this *Annual*, announced in its subtitle, how-

ever, it seems to this reviewer that it more nearly accomplishes its integrative than its interdisciplinary intentions. In the Introduction to Volume I, the Editors (Holt and Peterfreund)¹ spelled out their view that 'psychoanalysis needs stimulating ideas from other sciences, such as psychology, ethology, genetics, neurophysiology, psychiatry, psychopharmacology, philosophy, linguistics, anthropology, history, sociology and the information and systems sciences'. And indeed in that first volume there were sections on psycholinguistics and psychohistorical and developmental issues, among others; and in Volume II there are sections on philosophy, information theory, development (again), and more. Another measure of the diversity of material in this collection can be seen in the fact that less than ten per cent of the eight hundred fifty-three bibliographic entries cited are from the works of Freud (and among those seventy-seven entries there has been no attempt to eliminate the considerable duplication). Clearly there is an attempt, quite well executed when one looks at the high level of the individual articles, to integrate 'stimulating ideas from other sciences' into a first-rate source book for those readers interested in psychoanalysis and science.

But who will these readers be? Psychoanalysts, to be sure, but to what extent will these erudite, sophisticated, and often difficult essays and articles be disseminated to, and read with understanding by, scholars in other disciplines? Most students of analysis will have little difficulty with the following sentence (taken from Leo Stone's fine essay on resistance): 'In working through, there is the biphasic and arduous problem of restoring original or potential object cathexes in the transference neurosis, reducing their pathological intensities or distortions, and then deploying them in relation to the outer world' (p. 64). One can only guess, however, at its impact on, say, a psychopharmacologist or an ethologist. Perhaps it must remain for the full flowering of the growing movement to provide complete training in psychoanalysis to interested parties from other disciplines (and not just, or even primarily, psychologists or social workers, but economists and geologists, etc., as well) before this admirable goal of the editors for truly interdisciplinary study can be achieved.

¹ Cf., Holt, R.R. and Peterfreund, E., Editors: *Psychoanalysis and Contemporary Science, Vol. I*. New York: The Macmillan Co.; London: Collier Macmillan Ltd., 1972. Reviewed in *This QUARTERLY*, XLIV, 1975, pp. 469-471.

While these questions which have to do with the larger intent of the volume as a whole need raising, the individual articles which make up that whole are of the finest caliber. The editor's preface, in which he briefly describes the essays that follow, proves to be an accurate and useful guide to the contents of the volume; the interested reader will find it worth his while to read these two and a half pages to be directed to those articles which most nearly fit his own interests. This reviewer was most impressed with Lois Murphy's essay, *Some Mutual Contributions of Psychoanalysis and Child Development*; it is a rich interweaving of material from both disciplines and reminds us that 'We are currently struggling for solutions of problems in raising children who can enhance, not destroy, civilization' (p. 119). Donald Kaplan's paper on a technical device in psychoanalysis makes it clear at once that his is a first-rate mind from which we can expect many seminal contributions to our field. He neatly identifies the psychoanalytic situation as following that scientific methodology which employs as a strategy 'obstructing the activity of a phenomenon'; an anemometer, for example, obstructs (and thus measures) the flow of the wind; a photographic plate, by its obstructive position, can tell us something useful about what has gone on before it. In the analytic situation, Kaplan points out, it is the analyst himself who takes the place of the anemometer or the photographic plate, and thus permits the observation of mental activity in its resistance to the interposing set of circumstances.

Leo Stone also deals with resistance in his essay, and identifies the 'struggle around separation [as] the bedrock of ultimate resistances . . .' (p. 62). Stone calls instances of chronic severe transference regression a 'triumph of the resistance', but he also delineates some of the healthy, pacing aspects of resistance phenomena. Jane Loevinger's impressive syllabus for a course in ego development will be profitably challenging not only for the graduate students in psychology for whom it was designed but, with its emphasis on the defense/adaptational side of the drive/defense continuum, it will stretch the mind of the practitioner whose main workaday task is the investigative pursuit of drive derivatives.

The broad spectrum of diversity of opinion regarding the place of theory in psychoanalysis is indicated at one end by Emmett Wilson's careful essay, *The Structural Hypothesis and Psychoanalytic Metatheory*, which supports the position that psychoanalytic theory

must develop with as few constraints as possible, and at the other by the late George Klein, whose essay, *Is Psychoanalysis Relevant?*, is the lead paper in the volume. Klein's humanistic sensibilities led him to the position that its clinical orientation links psychoanalysis 'more closely to the humanistic disciplines than to natural sciences', and he repeatedly raises the criterion of clinical relevance ahead of explanatory models and mechanisms. It seems to this reviewer that psychoanalysis is relevant today, perhaps more than ever before, precisely because of the opportunity it presents to serve quite naturally as a bridging phenomenon between 'purely' theoretical and 'purely' clinical pursuits. Psychoanalysis may be the principal example of a science which depends for its research function on a viable clinical interaction; as such, it is in one special sense itself 'interdisciplinary'.

MICHAEL BELDOCH (NEW YORK)

OF TIME, PASSION, AND KNOWLEDGE. Reflections on the Strategy of Existence. By J. T. Fraser. New York: George Braziller, Inc., 1975. 529 pp.

Fraser's first major work on time,¹ published in 1966, led me to anticipate that this volume would be stimulating and scholarly, but its excellence exceeded my expectation. It is a beautifully written, thought-compelling presentation of the evolution of Fraser's theory of 'time as conflict'. The reader is treated to a critical review of the author's thirty-year study of the subject, a study that ranged from classical philosophy and religion to modern science and art. The great poets who had much to say about time are represented by numerous quotations in the text.

The book defies simple categorization. It is, among other things, an incisive affirmation of the complexity of knowledge in general, and of the human brain and mind in particular—an antidote against the current plague of reductionist, eclecticist, and faddist prescriptions for personal and social problems. Fraser's orientation is indicated by the following statement:

¹ Fraser, J. T., Editor: *The Voices of Time. A Cooperative Survey of Man's Views of Time as Understood and Described by the Sciences and by the Humanities*. New York: George Braziller, Inc., 1966. Reviewed in This QUARTERLY, XXXVI, 1967, pp. 297-300.

It is rather an understatement that the variety and number of possibilities in the physical universe stagger the imagination. But if my reasoning is correct, then the store of images contained in and generated by the mind is immensely richer than that of the external universe, for it comprises, in addition to an inner map of the world, models of things and events which may exist, though need not; models of things and events which could not possibly exist or come about, and also a model of the self (p. 262).

The psychoanalyst will be particularly interested in the author's handling of psychology and psychoanalysis. Regarding behaviorism he states:

Methodological behaviorism demands that psychologists confine themselves to the study of behavior as measurable by an experimenter (observer) in a subject (agent). This is a very neat trick, a copy of the mathematization of physics. It removes creative processes from psychology, assuring thereby the security of law and order in the world-view of the psychologist even though it pays the price of incompleteness by definition. Figuratively speaking, it admits as valid the occurrence of sexual orgasm but not that of any associated joy. Still, the approach is useful as long as it doesn't claim to interpret temporal experience or accommodate existential stress of an agent, but confines itself to the inventory method of an observer. Strict behaviorism abandons the concept of the mind altogether. Neo-behaviorism permits 'self-reports' but would judge them to be reports of biological or physical events (p. 241).

Fraser has been most impressed by Freud. How well he understands the many psychoanalytic concepts he discusses may be gauged by his definition of the system unconscious (*Ucs.*):

The modern history of the *Ucs.* may be summed up in four precepts: (a) that the irrational, the destructive, and the creative in man belong to the natural order; (b) that the potential for strange and uncommon behavior exists in all members of our species; (c) that the life of the sources of our motives of which we are not aware displays lawfulness subject to test; and (d) that understanding *Ucs.* motivation is essential to a humanistically and scientifically acceptable evaluation of the nature and destiny of man (p. 285).

Piaget's outstanding contributions are discussed but Fraser finds his over-all view of the mind too narrow. Fraser's lucid interpretation of Jung's concepts of the collective unconscious, archetypes, and synchronicity grants them some plausibility but little operational value.

Fraser conceives of time as 'a hierarchy of distinct temporalities corresponding to certain semiautonomous integrative levels of

nature' (p. 435). Five levels are delineated in increasing order of complexity: 1, the 'atemporal' level of the electromagnetic substrate of the universe, where 'everything happens at once'; 2, the 'proto-temporal' level of indistinguishable particulate matter; 3, the 'eotemporal' level of pure succession, before/after, but without a preferred direction of time (this is the temporality of the laws of physics and the cyclicity of primitive forms of life); 4, the 'biotemporal' level where 'intentionality', goal-directed behavior, first appears and becomes more prominent as evolution progresses; and 5, the 'nootemporal', the temporality of the human mind with its consciousness of past, present, and future and its unique capacity for 'autogenic imagery'.

Each integrative level has certain unresolvable conflicts which provide the motive force for the emergence of the next higher level of integration.² Each higher level depends on the functioning of the lower levels but transcends them with its own autonomous laws.

For instance, the laws of gravitating matter are located in areas left undetermined by the regularities of flat space-time; principles of nature unique to life can operate only in regions unrecognized by eotemporal regularities. Whatever principles may be unique to the mind, they can be expected to control only those regions of reality which were left uncontrolled by the laws of physics and of life (p. 443).

Those regions are shown to be large indeed and include intrapsychic conflicts concerning birth, sex, death, and the creative process.

The evolution of the hierarchy of temporalities is, as it were, repeated ontogenically in the development of the mind. An essential part of the theory is the interplay of the five temporalities in the body and mind of the individual, for example, in dreaming. The theory is reminiscent of Darwin, Hegel, Marx, and Hughlings Jackson, but it is no mere derivative. It bears the stamp of Fraser's originality and creativeness.

This review provides no more than a hint of Fraser's elegantly detailed presentation. The book is highly recommended to scholars of any persuasion. Among psychoanalysts, it should prove particularly stimulating to those interested in the development of psycho-

² Fraser speculatively but persuasively considers a sixth level of integration, the societal. This level is of course full of conflicts, some of which threaten our existence and pose the danger of regression to inorganic levels.

analytic theory and interdisciplinary research. Finally, because of its rich references and indexes, the book is also recommended as a valuable reference work.

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

PSYCHIATRY IN TRANSITION. SELECTED PAPERS OF JUDD MARMOR, M.D.
New York: Brunner/Mazel, Inc.; London: Buttersworth, 1974.
448 pp.

This collection of thirty-two papers, all of which have been previously published elsewhere, is divided into four sections: *General Psychiatry*, *Psychoanalysis*, *Psychotherapy*, and *Social Psychiatry*. The section on psychoanalysis occupies almost one half of the book; but despite the large number of topics Marmor discusses in these papers, which span some thirty years, there are recurrent themes.

Progressive, modern analysts like Marmor have the courage to question some of Freud's theories. Psychoanalysis, he claims, is a useful investigative instrument, but is of dubious therapeutic value, is problematic theoretically, and psychoanalytic education should be returned (*sic*) to the universities. In addition, Freudian analysts are characterized as frequently rigid, cold technicians who parrot their master and teachers and are duped into accepting the passive acquiescence of their patients and candidates as confirmation of their beliefs. In the course of these strident observations, Marmor raises useful criticisms and questions which deserve careful assessment. But unfortunately, the uneven level of scholarship, the rather elementary and one-sided consideration of highly complex issues, the clinical naïveté, the polemic tone, and Marmor's tendency to set up straw men spoil the usefulness of many of his valid criticisms of psychoanalytic theory and education. He predicts the demise of psychoanalysis in its current form and its ultimate absorption into one fundamental science of dynamic psychiatry—and he would evidently enjoy hastening the process.

The book is replete with erroneous and misleading assertions. To cite only a few egregious examples, he states on page 13: '... the Freudian concept of *trieb* is not very far removed from the concept of instinct'. In his summary of Freud's views, he states on page 95: '... repression in turn leads to castration anxiety ...'. In a discussion of female sexuality, he says on page 149: 'Whenever, and

for whatever reason, a psychological inhibition of the capacity to enjoy sexual intercourse exists, the woman will usually be capable of responding orgasmically only at a *spinal* level, if at all; that is to say, only through the medium of direct mechanical stimulation of the clitoris itself'. He goes on to say that 'if a woman is free of *psychological* inhibition she will be able to have enhanced *cortical* excitement (i.e. through cortical facilitation). The difference between so-called clitoral and vaginal orgasms is then . . . in the degree to which *cortical* factors are contributing.' Finally, he states on page 254 that 'it was largely the historical accident that Freud was attempting to earn a living as a psychiatric practitioner that drove him to utilize his *investigative* tool simultaneously as a therapeutic instrument' (*italics added in each quotation*).

This last example illustrates Marmor's implicit failure to understand the subtle, inseparable connections of technique, therapeutic results, and theory, a failure that seems to characterize several of Marmor's statements. He also suggests that we should dismantle some elements of psychoanalytic theory and retain others in a rather cavalier fashion. For example, on page 84 he discusses the case of a toddler who is having a typical toilet training struggle and concludes that the concept of anal erogenicity is superfluous. The child simply wishes to move his bowels wherever he pleases: 'Thus the issue is not anality but the broader one of the pleasure principle versus the reality principle'. At other points, Marmor advocates that we retain the concepts of fixation and regression and dispense with 'libido'. This might be very useful; several serious theoreticians have suggested that we should radically revise our theory of drives. But it is not possible to do this coherently while simultaneously retaining terms and concepts that have historically been integrally related to the evolution of drive theory without stating clearly in what new way one wishes to use these old terms. Is Marmor referring to a 'pleasure principle' without economic aspects? Does he suggest that we limit the concept of fixation to object choice alone? If we throw out infantile sexuality and the libidinal aspects of the oedipus complex, why should we retain the concept of dynamic conflict at all? If 'thwarting non-instinctual security needs' can produce a neurosis, Marmor ought to be able to give clinical data to demonstrate this. It is his failure to even ask these questions that will cause many analysts to part with him on crucial issues. Marmor

seems to feel, however, that the critical, objective scrutiny of psychoanalytic theory is largely in the domain only of 'progressive, modern' analysts.

It seems rather fitting that Marmor selected the example of a golf pro in his explanation of the concept of working through. To his way of thinking, the interpretation by the analyst is the equivalent of the golf pro's saying 'Look what you're doing!'. But the patient must practice. *That* is working through. Marmor's view is that he is an irreverent scientist who has offended the 'establishment'. In the opinion of this reviewer that seems to be an exaggerated claim.

DALE BOESKY (DETROIT)

EGO FUNCTIONS IN SCHIZOPHRENICS, NEUROTICS, AND NORMALS. A Systematic Study of Conceptual, Diagnostic, and Therapeutic Aspects. By Leopold Bellak, M.D.; Marvin Hurvich, Ph.D.; Helen K. Gediman, Ph.D. New York: John Wiley & Sons, Inc., 1973. 571 pp.

Among psychoanalysts, Bellak is not alone in conceptualizing the schizophrenic syndrome in terms of the impairment of ego functions. He is, however, one of the very few who not only thinks it useful to quantify such impairment, but has actually designed and carried out a research project to formulate an assessment of ego functioning in schizophrenics and neurotics, as well as in normal persons. The book under review is a report of this impressive research project conducted by Bellak and his associates.

The book is divided into four parts, with appendices. Part I gives a brief account of structural theory, aimed at familiarizing readers with the authors' psychoanalytic orientation and with the concept of the ego and its functions. Part II discusses the rationale for the final selection of twelve ego functions for evaluation. These are: reality testing; judgment; sense of reality of the world and of the self; regulation and control of drives, affects, and impulses; object relations; thought processes; adaptive regression in the service of the ego; defensive functioning; stimulus barrier; autonomous functioning; synthetic-integrative functioning; and mastery-competence. Since the assessment of these ego functions constitutes the core of this research project, the authors rightly devote a whole chapter to the definition and the dimension of each

of them. In Part II, these twelve ego functions are delineated primarily from a theoretical point of view. The translation of theoretical considerations into practical application (what kinds of questions should the patient be asked during clinical interviews in order to assess certain ego functions) is illustrated in appendices A and B at the end of the book.

Part III deals with the methodology and the result of this research project. Here the authors describe the selection of subjects for their research (fifty schizophrenics, twenty-five neurotics, and twenty-five normal controls); the use of a tripartite approach (clinical interviews, psychological tests, and experimental tasks) to elicit data for the assessment of the twelve ego functions; the adoption of a 13-point rating scale; and the designing of an 'ego function profile' on which the ratings can be neatly plotted. They discuss various problems they encountered, some shared by all researchers (unusable data) and some pertaining to their specific project (the clinical interview yielded more ratable data than the other two methods in the tripartite approach). The results of the study reveal that, as a group, the schizophrenic subjects, as anticipated, scored lowest in regard to their ego functioning level, while the normal controls scored highest. On the 13-point scale, the mean score for the schizophrenics was 5.86, for the neurotics, 7.43, and for the normal controls, 9.08. The results further demonstrate that while the tested group of schizophrenic patients, on the average, had low scores on each ego function, they did not uniformly show impairment in the same ego function or in the same group of ego functions. For instance, some had low scores in 'reality testing' and in 'sense of self and the world' and almost normal scores in 'thought processes' and in 'regulation and control of drives, affects and impulses', whereas others showed a reverse trend. Over-all, however, the impairment did show up in certain definitive patterns which led the authors to consider possible therapeutic and prognostic clues.

Part IV, *Clinical Application of the Ego Function Profiles*, illustrates with case material how one may use the ego function profile derived from the ratings as an aid in planning treatment, as well as in making predictions. The authors express the hope that in the future ego function assessment of large samples may produce better diagnostic subgrouping and therefore enable us to make more specific and rational treatment plans and more accurate statements in

relation to prognosis. The authors further hope that early assessment of 'high-risk' individuals (the offspring of schizophrenic patients) may help to design corrective measures so that schizophrenic disease may be prevented among these highly vulnerable subjects.

After reading this book, one has the impression that the research has reached a stage at which a report is warranted, even though additional valuable ideas have yet to be scrutinized. Consequently, the book may be evaluated in two ways: in its present form and as if some of these additional ideas were fully realized.

In its present form, the book has extended beyond its scope as a report on a research project. It reiterates Bellak's multiple-factor-psychosomatic theory of schizophrenia, a theory that was first propounded in 1948¹ and is still attractive today. It stresses the importance of diagnostic considerations as a means for rational planning of treatment—a viewpoint that has also been advocated by others, such as Karl Menninger². The book reflects Bellak's view that schizophrenics, neurotics, and normals are to be placed on a continuum. Because of this humanistic attitude, Bellak succeeds in imparting to the reader a deep conviction that 'once a schizophrenic, one is not always a schizophrenic'. The contrary view has been so thoroughly impressed upon us by Kraepelin's formulation of dementia praecox that it is difficult to shake it off despite the opposing evidence accumulated in the past eighty years. Although Bellak has a generally optimistic view, he is nevertheless a realist: he suggests that while we await more comprehensive knowledge about schizophrenia, we have to consider the disease a grave human affliction which is and probably will remain the major public health problem for some years to come. Consistent with his multiple-factor-psychosomatic theory, Bellak advocates an eclectic approach to the treatment of schizophrenia, even though he stresses the value of psychotherapy and indicates that it may yet prove to be the remedy for the 'revolving door' phenomenon.

The research was determined by the authors' wish 'to show . . . that all persons diagnosed as schizophrenic manifest serious disturbance or regression of some ego functions but that schizophrenics

¹ Bellak, L.: *Dementia Praecox. The Past Decade's Work and Present Status. A Review and Evaluation*. New York: Grune & Stratton, Inc., 1948.

² Menninger, K., et al.: *The Vital Balance: The Life Process in Mental Health and Illness*. New York: Viking Press, 1963.

differ in regard to which functions are the most disturbed . . . and that it would be found useful to group patients on the basis of similarities of ego function patterns or subpatterns' (p. 2). In the course of the research, the authors realized that they should perhaps have paid attention to evaluating id and superego manifestations as well. There is no question that their profile would have increased value if the assessment of these other functions were also included. For instance, in his 'profile for psychotics', Freeman³ has demonstrated that the knowledge of whether the libido of the patient is attached primarily to his ego, to fantasized objects, or to real external objects can be quite useful. The necessity for including id and superego evaluations seems very much determined by the purpose for which the assessment is made. If the goal is to learn how schizophrenics differ from each other in regard to specific disturbed functions, it seems imperative that the profile should integrate not only an assessment of id and superego functions,⁴ but the evaluation of reality factors as well. As important as knowledge of the patient's adaptive capacity is, we must not disregard that to which he is adapting. No one lives alone; one's life is greatly affected by people around him. The future of a schizophrenic patient depends on the people with whom he interacts as much as on his own assets and liabilities. He may, for instance, start with a good score of mastery-competence but end up with a very poor score as he continues to live in a highly conflict-laden environment.

The authors realize that the profile made up of the twelve ego functions represents only one cross sectional view of the patient. To obtain more information, they recommend that in addition to the 'current' assessment, an estimation or rating should also be made in regard to the patient's past 'highest' and 'lowest' possible ego functioning levels. A three-curve profile can of course be more informative than a one-curve profile. However, we must realize that even the three-curve profile might not reflect the possibility of a quite commonly encountered phenomenon: that shortly after the patient engages in treatment and settles into the hospital, his ego functions become further regressed.

³ Freeman, T.: *A Psychoanalytic Profile Schema for the Psychotic Patient*. Brit. J. Med. Psychol., XLV, 1972, pp. 243-254.

⁴ The authors do see the feasibility of including assessments of id and superego functions. They have therefore left blank spaces on their 'ego function profile' for future entries of such assessments.

Even if one assumes that the information from selected psychological tests and experimental tasks can be satisfactorily utilized, and/or that measures to assess id and superego functioning (and even reality factors) will eventually be standardized, the profile can be used *only* as an aid in diagnosis. We must keep in mind that the scoring is likely to be highly colored by the rater's subjective responses to the patient. For reliability, such subjective rating must in some way be 'objectified'.⁵ The prognosis of the outcome of schizophrenic illness is perhaps the most difficult task that confronts the clinician. We have mentioned the possibility of the patient's becoming further regressed when he settles into the treatment. We all know that often the outcome of the schizophrenic illness can not be predicted from the patient's assets and liabilities—that is, the data culled from a profile. In the patient's interaction with the people in his environment the magnitude and nature of his conflicts may change and, in turn, his 'need' to hide behind the acute illnesses may be dropped.

This reviewer has major objections concerning the authors' recommendation of specific treatment for specific ego function impairment. Atomizing the treatment program is probably aimed primarily at enlightening the novice. Nevertheless, the recommendations are articulated so mechanistically that they conflict with the authors' general humanistic approach and their viewing the patient as a whole person. In practice, specific prescriptions for specific impairment of ego functions do not work.

To sum up, this book may be viewed as a preliminary report. Many of the details will no doubt be worked out further by the authors in coming years. As it stands, the book is still highly recommended to those researchers and clinicians who are especially interested in schizophrenia. The clinician can learn much from Bellak's description of his dealings with schizophrenic patients; and the researcher will be enriched by familiarizing himself with the authors' inquisitive spirit, methodological thoroughness, and admirable objectivity. The 'ego function profile' starts from a solid theoretical ground and has many potentialities. Even in its present stage, it could be useful in evaluating and assessing the improve-

⁵ Cf., Pao, P.-N.: On the Diagnostic Term 'Schizophrenia'. In: *The Annual of Psychoanalysis, Vol. III*. Edited by the Chicago Institute for Psychoanalysis. New York: International Universities Press, Inc., 1975, pp. 221-238.

ment of a patient in the course of his treatment by comparing a series of profiles taken at regular (but not too frequent) intervals. This is an important contribution. To date, we have only one similar evaluative device, that proposed by Greenspan and Cullander.⁶ This profile by Bellak and his colleagues certainly appears to have a promising future.

PING-NIE PAO (ROCKVILLE, MD.)

EGO PSYCHOLOGY: THEORY AND PRACTICE. By Gertrude and Rubin Blanck. New York and London: Columbia University Press, 1974. 394 pp.

In one of the outstanding laboratories of a leading medical school there is a sign that reads: 'In this lab we use the scientific method—try anything!'. In our attempts to deal with severely regressed or primitively organized patients, we all, at one time or another, have used this 'science'. A burgeoning literature is now helping us to think about what we are doing.

Gertrude and Rubin Blanck's *Ego Psychology: Theory and Practice* is an important addition to this literature. The book offers a compelling method of psychotherapy based on an ego-building technique rooted in the theoretical contributions of Hartmann, Mahler, and Spitz. By defining the neurotic patient as one who can be analyzed 'without the use of significant parameters', they are able to concentrate their effort on describing and explaining a variety of devices they have found useful in the treatment of individuals with more severe disturbances. The section on technique which makes up the second half of the book is particularly helpful; even the experienced therapist will find himself drawing on their sensitive advice. Their technical recommendations focus mainly on the nonneurotic patient, on borderlines and psychotics. In general, their position is: the better the patient's 'foothold in secondary process', the more the technique can allow and make use of regressive material. The estimation of the firmness of this foothold is a diagnostic process that continues throughout the therapy with the therapist assessing the dynamically important developments from

⁶ Greenspan, S. I. and Cullander, C. C. H. (1975): *A Systematic Metapsychological Assessment of the Course of an Analysis*. J. Amer. Psyc. Assn., XXIII, pp. 107-138.

moment to moment. In their description and formulation of this assessment the authors move nimbly back and forth between object relations theory and the more classical energetic formulation relating to the structures of the mental apparatus.

Since the central contribution of the book is the Blancks' ego-building technique, I shall discuss the first and later turn to the theoretical underpinnings of their method.

The 'developmental lesion' in borderline, narcissistic, and psychotic patients occurs prior to the separation-individuation phase. As a result, such patients have difficulty in maintaining a constant self-object differentiation—a prerequisite for the use of a primarily interpretive method. With a diagnostic approach which enumerates the strengths and weaknesses in the patient's early development, the Blancks concentrate their technical interventions on supporting those ego capacities which contain potential for further development in the direction of autonomy.

The Blancks view their patients as individuals whose current lives are burdened with the excess baggage of childhood meanings: 'The past refers to id wishes which remain alive in the present'. In spite of the fact that interpretation is presented as the central device which allows development to proceed, their method focuses on highly supportive responses by the therapist. In one instance, for example, they feel that a patient sorely needed to learn to appreciate his aggression 'as the road to freedom out of the symbiotic bond'. Their gentle confrontation showed the patient the aggressive elements in his fulsome praise of the therapist and resulted in 'steps toward separation-individuation and establishment of identity . . . simply by the therapist's providing an atmosphere of welcome for [the aggressive elements]' (p. 157).

Another instance: 'The major consideration . . . is as always to promote ego growth . . . a patient may bring flowers for an empty vase . . . The temptation to analyse the symbolism should be postponed in favor of giving adequate recognition to ego growth . . . "Isn't it nice that you thought of what I would like?"' (p. 180).

Although the authors feel that preverbal experience is fundamental to development, whenever possible their method uses words, not action. 'Verbalization protects identity by guarding privacy.' Those in the ' . . . symbiotic mode [who have] no boundaries between themselves and others [are also] relieved to know that the

therapist cannot know anything not told him' (p. 216). '... patients have to be assured that their desire for privacy is not "resistance". Such assurance captures the developmental lesion from childhood when the patient reached ... the beginnings of separation/individuation only to be deterred by a residue of unneutralized aggression ...' (p. 217).

In addition to the technical section there is an attempt to synthesize a variety of the theoretical positions which the authors use to support their technique. This attempt occupies the first portion of the book and raises many of the problems that beset psychoanalytic theory formation.

One of the oldest and most persistent problems for analytical theorists has been the place of 'reality', its role and function in human development. The central development of analytic theory, including the post-Freudian contributions of Hartmann and the structural theorists, has taken a clear stance systematically de-emphasizing the role of reality events in development. Analytic ego psychology tries to provide a way of thinking about issues in a systematic way. In outline, the theory states that relatively permanent psychological functions (structures) are formed during the development of human infants. These structures are 'precipitated' by the interaction of changing and developing biological needs intersecting with an 'average expectable environment'; the latter is condensed in Winnicott's phrase, 'the good enough mother'.

The epigenetic element in our theory, however, emphasizes the notion of a developmental ground plan which requires *phase-specific* environmental responses for 'structures' to develop. In Erikson's terms, structures are elements like 'basic trust' and 'autonomy'. The research focus of theorists like Spitz and Mahler has been on the highly detailed examination of the interaction between the infant and his environment, and it would appear from sensory deprivation studies that even the most stable intrapsychic structures are embedded in specific environmental responses.

In spite of the attention which Mahler and Spitz seem to pay to environmental specifics, de-emphasizing reality is usually justified on two grounds: first, because it allows us to make general statements which cut across the myriad specific experiences of the individuals we work with and thus supplies us with a general picture of an 'average expectable development' against which judgments about deviations can be made; and second, in the analytic situation or in

the psychotherapy of neurotics (individuals whose suffering is primarily intrapsychic), the theory helps to focus our attention on the personal meaning of events and experiences rather than on the reality of our patient's lives.

It is an open question, however, whether we can continue a de-emphasis of 'reality' when we extend our work to patients whose primary difficulties cannot usefully be conceptualized in terms of intrapsychic conflict. Some recent literature has attempted to reintroduce the importance of specific realities. Buie and Adler¹, for example, have emphasized the real qualities of the therapist as a consistent, caring person who can survive the primitive destructive rage of borderline patients. This literature implies that a 'corrective emotional experience' is necessary for structural change involving preverbal attitudes, and that the therapist must differ in critical real aspects from the perceptions and memories of the primary objects.

Such an emphasis on reality might logically derive from the Mahler-Spitz object relations theory—a theory which, in effect, views early structural problems as a series of deficiency syndromes, that is, inadequate phase-specific responses. This emphasis tends to be diluted by the Blancks as they attempt to extend elements of a theoretical orientation derived from psychoanalytic experience to psychotherapy in general.

Psychoanalysis might better be viewed as a special type of psychotherapy in which the primary focus is the elaboration of fantasy material and its developmental roots. Interaction processes are thus downplayed, the person of the analyst remains shadowy by design, and 'reality' is systematically viewed as a route to the patient's world of private meanings, a world to which we try to help a patient gain access primarily by the method of interpretation.

The theoretical section of the book attempts to integrate the recent contributions of Mahler and Spitz with classical metapsychology as expanded by Hartmann. The resultant 'ego psychology' is a developmental theory of intrapsychic structure formation which informs the Blancks' approach to the psychotherapy of borderlines. It seems to this reviewer that the theoretical integration, while interesting, simply will not hold together. The point made years ago

¹ Buie, D. H. and Adler, Gerald: *The Uses of Confrontation with Borderline Patients*. Int. J. Ps. Psychother., I, 1972, pp. 90-108.

by Glover seems just as true today. The subject matter of psychoanalytic observation is the ongoing experience of another human being viewed through the empathic instrument. Child observation data is of a different order requiring a leap of the imagination; understanding the meaning of any particular maternal handling to an individual preverbal child is still a mysterious process. Our comprehension of this interaction is at best statistical; that is, severe deprivation is likely to produce a higher frequency of structural defect in a given population. Mahler, Spitz, and others have constructed an important theory of how these early interactions produce an organization of meanings in the child. The theory can alert us to qualities in the transference which are suggestive of what the early experiences of our patients might have been. Useful as these theories may be, they derive from and describe a subject matter different from the subject matter of the analytic situation. It is not required that the two theories be integrated into a 'general psychology'—only that they do not produce obvious contradictions. The same might be said of theoretical constructions from social observation—or of deductions from animal behavior.

At this stage of our knowledge, should we not encourage rather than 'put down' (as the authors do) a variety of theoretical developments which reflect descriptively the content of various psychotherapies? Even though this attitude might produce a proliferation of new theoretical languages, it has the advantage of allowing theorists to stick to their observational subject matter without being encumbered by a terminology derived from a different type of observation, a terminology which tends to be specifically meaningful only when describing the psychoanalytic situation.

Even with Hartmann's brilliant contributions, psychoanalytic metatheory still seems to be too narrowly conceived to serve as a general psychology. Data from the psychotherapies and other fields of study may point us toward a more general theory within which ego psychology might appear as a special case in which reality can be treated as a relative constant.

The Blancks have certainly written an interesting book, but their effort to graft object relations theory onto the body of psychoanalytic metapsychology in order to develop a unified developmental theory of psychotherapy seems forced.

LEON N. SHAPIRO (WHITE PLAINS, N.Y.)

ESSAYS IN CREATIVITY. Edited by Stanley Rosner and Lawrence Edwin Abt. Croton-on-Hudson, N. Y.: North River Press, Inc., 1974. 214 pp.

This group of essays on creativity purports to move toward a much-needed metatheory, an ambitious task given the present stage of theoretical disagreement. But the seemingly arbitrary arrangement and uneven quality of the essays and the lack of editorial direction in providing the unifying threads through this labyrinth of diverse formulations leads to disjunction rather than integration.

The book contains six articles, each representing a different theoretical perspective, and a conclusion by the editors. Curiously, the first paper, reprinted from Rudolph Arnheim's book on *Guer-nica*, criticizes the slant of the editors when the author notes that academic psychology yields little more than common-sense results; that most of its theorizing turns the creative mind into a mental sorting machine. Arnheim rejects classical Freudian and Jungian approaches for their reductionism and their attempts to build an æsthetic centering on the unconscious, which he feels leads to primitivism. He calls for a holistic approach which emphasizes the artist's conscious restructuring of experience—a position already assumed by ego psychology. Arnheim's special contribution is the concept of 'visual thinking': the creative person thinks *through* what he observes, perceiving the visible world symbolically as embodiments of significant relationships. Given the similarity of Arnheim's concept of Freudian primary process, it is not surprising that he finds in the mechanisms of dream work a 'grammar for visual thinking'.

In contrast to Arnheim's æsthetic concerns, Mary Henle's cognitive approach limits creativity to problem solving. Ignoring subjectivity, she concentrates on the role of questions, defined as 'gaps' that demand to be filled, and the conditions propitious for their formulation. Although most of her examples are drawn from science, even art is located within a question-answer configuration: the developing work itself provides 'vectors beckoning in a certain direction'.

David Feldman's paper, while also limited by a positivistic faith in external conditions, is a comprehensive argument for a 'process' view of creativity which stresses the role of culture in promoting the expression of potential. Following his interest in the conse-

quences of theory on education, Feldman refers to Piaget's stages of development, placing creativity at the end of a continuum of mental development, a special case of intellectual advance. He then delineates the 'crystallizing conditions' necessary for its emergence.

Of Elizabeth Drew's pietistic polemic, *The Values of Being*, the less said the better. But why select Drew and not a Chomskyite or a structuralist in these pages?

The final two papers share some basic assumptions in spite of rhetorical differences. Albert Hofstadter uses the rhetoric of phenomenology to describe the imagination as 'the organ by which the mind constitutes its world'. Man has a fundamental instinctual drive toward 'appropriation', an 'urge to be with other as with self'. This is the creative urge, for which the imagination has to supply a concrete image 'to body forth a form for the desire'. But since the urge is universal, Hofstadter is left with the unsatisfying explanation that creativity is 'a happy juncture' of impulse and skill.

Harry Slochower provides a loosely organized encapsulation of psychoanalytic thought from the early reductionist tendencies of Freudian theory to the more recent formulations of ego psychology. Many of Slochower's points, such as the artist's externalization of what he imagines or the role of symbols as bridges between object and subject, could be related to Hofstadter's and Arnheim's papers. However, what emerges most clearly from Slochower's fragmentary survey is the lack of agreement among analysts about the relative importance of psychopathology, regression, and the centrality of the unconscious. One feels the psychoanalytic position would have been better represented by a single developed position.

The editors conclude by offering their own integrative framework, a highly elaborate 'field' which attempts to include the various conceptual positions of this anthology. But their complicated schematizing merely repeats something we already know: that a theory has yet to be devised which would account for all the relevant factors.

CLAIRE KAHANE (BUFFALO, N.Y.)

CHILD AND ADOLESCENT DEVELOPMENT. LABORATORY-FIELD RELATIONSHIPS. Edited by Alvin M. Snadowsky. New York: The Free Press, 1973. 308 pp.

The readers anticipated by this text are university graduate students, and only such a captive audience would wittingly endure the edi-

tor's selections. Snadowsky has used previously published research papers to demonstrate the mutual contributions of experimental/laboratory and naturalistic/field research in child development. *Child and Adolescent Development* has redeeming virtues, but they are few. The reader must be prepared to translate the sociopsychological conceptual variations among the contributing authors into something consistent or meaningful.

It is doubtful that either the editor or the authors contributing to this text would have solicited review in a psychoanalytic journal. Some of the authors, particularly Piaget, Kagan, and Yarrow, are well known for their contributions to child development research. But the particular papers republished here are at best peripheral to psychoanalytic interests. Indeed, psychoanalytic contributions of the past six decades, in particular those on unconscious and dynamic determinants of child development, are simply ignored in these selections. In one of the rare direct references to psychoanalysis, A. Bandura evidences the academician's not atypical ignorance of analytic theory. In his interpretation of his research findings, Bandura provides, *en passant*, a simplistic misconception of the psychoanalytic 'hydraulic energy model of personality' which he finds contradicted by data that child analysts are all too familiar with; namely, that 'vicarious participation in aggressive activity increases, rather than decreases, aggressive behavior' (p. 164).

E. Pikler, an authoritative and dedicated research director of a residential children's institute in Budapest, has contributed a brief paper that demonstrates a particular limitation of nonanalytic researchers. Her data derives from voluminous research on children from birth through age three. In describing how the children are reared and studied, Pikler bypasses the complexity and enormity of her many years of work in developing a child care staff and child care procedures that sustain child and adult attachment and continuity of care (a notable accomplishment in any institutional setting). Pikler's impressive efforts were accomplished, in part, by obtaining a special exemption from government labor laws for her staff: they were given permission to work a twelve-hour day so that caretakers might be continuously available during the infants' and toddlers' waking hours. In her failure to note this history, Pikler illustrates a general point of view in academic 'scientific' child development research. Pikler's publications, some more impressive than this, fail to convey the emotional climate that she, in particular,

has worked arduously to develop and maintain in a child care setting. Her research reports simply omit mention of caring for and nurturing babies, since this appears to be 'too unscientific' to merit comment in publications.¹ This might be compared to a physicist reporting data without documenting thermal constancy/variability.

Child and Adolescent Development follows a relatively orthodox format of psychology texts. The research papers are presented under the general headings of: *Nutritional Deprivation, Psychological Deprivation and Voluntary Separation, Motor Development, Perception and Cognition, Learning, Personality Development, Attitudes and Values, Developmental Disorders and Their Resolution*. Several papers provide frequency polygons, scatter diagrams, and correlative statistics that evidence mathematical rigor and nominal devotion to the objectivity of the null hypothesis. Regrettably, statistical rigor does not improve on the quality of the hypotheses tested, and the major portion of this (and most other) child development research is devoid of comprehension of either ego psychology or the enormous range of developmental injury and pathology 'normal' children are subject to. While psychoanalysts remain appropriately disconcerted by the incompleteness of the field's general theory of ego psychology, it is instructive to review such other theoretical contributions as are implicit in this text. The various authors do not necessarily share a conceptual and theoretical frame of reference and one must infer from context, or from other knowledge of the authors, whether they in fact mean the same thing when they use the same terms.

The *intent* of the editor of this volume is laudable; namely, to provide a convenient text incorporating and contrasting field and experimental research. The vast preponderance of psychoanalytic research has been naturalistic, i.e., clinical. The maturing new generation of interdisciplinary psychoanalytic researchers, of whom Merton Gill is a senior and particularly articulate model, would provide an invaluable service if they were to improve on Snadowsky and systematically relate the exploratory and experimental work of researchers, such as Steckler, Luborsky, and Silverman, to the

¹ Personal communication from Pikler, Budapest, August, 1965.

wealth of existing clinical research of psychoanalysis.²

In maintaining a traditional focus on clinical training of psychoanalysts, our institutes have maintained and probably increased the rigor of psychoanalytic method. Lacking—and sometimes rejecting—academic/university affiliations, however, psychoanalytic institutes have yet to evolve and sustain a research base for the profession. In criticizing the conceptions and meaningfulness of the research of other disciplines, psychoanalysts need to recognize openly that their findings are anything but self-evident to the rest of the scientific world. The academic research community is relatively bereft, and perhaps relieved, of psychoanalytic inputs. Snadowsky's *Child and Adolescent Development* makes that point all too clearly.

DALE MEERS (WASHINGTON, D.C.)

² Silverman's recent paper is a particularly good illustration of the complementary value of experimental and clinical research. Cf., Lloyd H. Silverman: *On the Role of Laboratory Experiments in the Development of the Clinical Theory of Psychoanalysis: Data on the Subliminal Activation of Aggressive and Urging Wishes in Schizophrenics*. Int. Rev. Ps., II, 1975, pp. 43-64.

Psyche. XXIX, 1975.

S. Warren Seidf.S

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ABSTRACTS

Psyche. XXIX, 1975.

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

Limits and Potentialities of Child Analysis. Rosmarie Glantz. Pp. 1-20.

Half a century ago it seemed as though the approach to successful child analysis was obstructed by a series of difficulties, all of which arose from the discrepancy between the therapeutic situation and the model of classical adult analysis. The ongoing development of psychoanalytic theory has served as a pacemaker in the successive mastery of these difficulties and in the exploration of technical modifications. The author demonstrates the significance of the viewpoint of phase specificity and of Kohut's theory of narcissism for contemporary technique by means of two case illustrations concerning adolescents.

Criticism of Society within the Interpretational Process. Paul Parin. Pp. 97-117.

By means of clinical vignettes, the author scrutinizes interpretation in the classical analytic setting. The analyst should include in his interpretations far-reaching criticism of the underlying forces and laws which govern society. This is necessary on the one hand because of the forming and transforming influence of the larger society upon the psychic structure, and on the other hand because of the limitations inherent in the function of reality testing, even in the case of a mature psychic apparatus governed by the reality principle. The discussion of some of the theoretical implications leads to inferences for psychoanalytic technique and to the claim that the same interpretational attitude should be adopted in training analysis.

Morality and Criminality. Margarete Mitscherlich-Nielsen. Pp. 131-153.

On the basis of the sparse psychological data in the biographical literature about Karl Kraus, Mitscherlich-Nielsen concludes that this great critic attempted to master latent melancholia by directing the aggressions of his conscience outward. The peculiar features of his relationships with women, such as Anni Kalmar and Sidonie Nadherny, apparently resulted from his preference for relationships which permitted the repetition of traumatic separation situations he had originally experienced with his mother. Kraus's praise of promiscuity may also derive from his relations with his mother.

The Suicidal Act from the Standpoint of the Psychoanalytic Theory of Narcissism. Heinz Henseler. Pp. 191-207.

Typical phenomena of the suicidal act (e.g., the characteristic discrepancy between knowledge about the reality of death and death fantasies) are not adequately accounted for by the classical psychoanalytic depression-aggression theory developed by Freud and Abraham. Basing his thesis on relevant concepts

of Freud, Henseler proposes to extend traditional theory in the direction of the contemporary theory of narcissism. In this context, he regards the suicidal act as a defense against a narcissistic catastrophe, implemented by acting out the wishful fantasy of a return to the harmonious primal state.

On the Psychodynamics of Narcolepsy. Christoph Mundt. Pp. 208-222.

A case of narcolepsy is presented and the course of treatment described. Although the author found no answer for the question of how the libidinalization of sleep behavior occurred, the function of the symptom was clarified. The patient used falling asleep as a defense mechanism which served to effect the hysterical restriction of self-perception ('inversion of activity'). In seduction situations which aroused the patient's denied sexuality, the falling asleep reaction permitted her an unconscious wish-fulfilment under the safe conditions of sleep. The latter served in this instance as a 'protector of the dream'.

Medical Psychotherapy on a Psychoanalytic Basis. Wolfgang Loch. Pp. 383-398.

Nonspecific psychological techniques have always been part of the physician's instrumentarium. Whenever they prove insufficient, a psychotherapy which may change 'invalidating psychic dispositions' is indicated. Such 'dispositions' are the capabilities or the incapacities of dealing with problems that have been acquired essentially by relating to 'significant others'. These dispositions may be actualized and worked through in the mutual relationship of doctor and patient. Training in Balint groups opens the way for specific psychotherapeutic interventions within the framework of normal medical practice.

Tasks and Limitations of the Child Psychotherapist in Our Society. Renate Meyer zur Capellen. Pp. 591-608.

On the basis of her experience as therapist with children and adolescents, the author attempts to define the limits and the potentialities of such treatment. The therapeutic relationship permits the correction of specific defects of socialization within certain limits—for all too few of the children who need treatment. To understand the neurotic and the nonneurotic disturbances prevalent among children, one must view them against the background of the changed social definition of the role of women and the changed function of children in the psychic economy of parents and in the adaptive efforts of family systems. The view of the therapist must therefore reach beyond the immediate doctor-patient relationship, and this requires reforms in training.

Freud and Irma: Genetic Aspects of the 'Initial Dream of Psychoanalysis'. Johannes Grunert. Pp. 721-744.

The dream about Irma's injection was the first one that Freud subjected to a thorough analysis. Grunert attempts to push the elucidation of this 'initial dream of psychoanalysis' beyond the interpretive limits set by Freud himself. He relates the sexual components of the dream, which Freud toned down, to the intricate family relationships among the dramatis personae of Freud's early childhood. His particular relationships with his mother and father shed light

on the sources of Freud's will to 'uniqueness' and on his ambivalent attitude toward women.

Psychoanalysis and Female Sexuality. Margarete Mitscherlich-Nielsen. Pp. 769-788.

Freud developed his theoretical propositions about sexuality on the basis of the limited knowledge available in his day and guided by unexamined ideologies of the 'natural' inferiority of women. Some of these propositions have been disproved by research on embryology and on the physiology of the sexual function in both genders. The organization of the human embryo is, in a primary sense, female; therefore, the clitoris cannot be regarded as a rudimentary penis. Both genders identify first with the mother. The notion that at puberty the clitoris must be given up for the vagina as central zone of sexual arousal and satisfaction is untenable inasmuch as the 'purely' vaginal orgasm is a myth. The author emphasizes that the psychoanalytic theory of sexuality and of neurosis deals primarily with the *psychic transformation* of biological-physiological givens. When considered in this framework, the tradition is seen as having been marked by an underestimation of the formative power of social ideologies.

Freud's Views on Female Sexuality: Retrospective Reflections. William Gillespie. Pp. 789-804.

Gillespie points out that even in Freud's earliest formulations of a theory of female sexuality, he acknowledged the great influence that societal factors have on its development. Freud recognized that the clitoris serves an excitatory function in female sexual arousal; he insisted of course that a transformation of clitoral ('masculine') into vaginal sexuality was necessary. The author expresses the opinion that Freud overestimated the traumatic consequences that the visual perception of the anatomical difference between the sexes has for children of both sexes. The anatomic sex difference is significant as the index of an evolutionary readjustment. As mammals progressed to a terrestrial habitat, the female had to replace pleasure in extrusion with pleasure in the reception of the male sexual organ and products.

The Analyst in the Initial Dream. Ursula Grunert. Pp. 865-889.

Initial dreams in which the therapist appears as a real person are ordinarily thought to indicate an erotized transference. This gives rise to the suggestion that the therapist should either deal with this transference immediately or refer the patient to another analyst. The author presents ten such initial dreams together with brief case histories. All the patients suffered from preoedipal narcissistic character disorders. Their clinging, as well as their need for distancing, demonstrated both the hunger and the incapacity for satisfying object relations. Such patients 'seduce' the therapist into defensive and countertransference reactions. Nevertheless, Grunert states that referral to another therapist is indicated only in special cases.

Psychoanalysis as Theory of Society. Helmut Dahmer. Pp. 991-1010.

According to Dahmer, Freud's critical theory of culture has fallen into disrepute even among psychoanalysts. Dahmer feels that a psychology oriented to-

ward life history must be complemented by a more or less explicit theory of society. He outlines Freud's theory of institutions and his theory of the mass bond and of social crisis. The therapy of neurosis can be understood as the psychological version of a critique of pseudonatural (social) institutions, even though the critique is originally conceived along the dimensions of a philosophy of history.

Georges Politzer's Critique of Psychoanalysis. Hans Füchtner. Pp. 1011-1031.

Georges Politzer was killed by the German army of occupation in France in 1942 because of his work on behalf of the illegal French Communist Party. In the 1920's, Politzer had published writings critical of psychology, in which he presented psychoanalysis as an approach to a materialist psychology. However, his own conception of a 'concrete psychology' may instead be considered a hermeneutic one of concrete interactional scenes which is carried out by a psychological observer in the form of a psychology of the unconscious. He regarded the concept of the unconscious as a relapse into 'idealistic' abstractions. According to Politzer, the assumption of an unconscious is an erroneous projection of conjectured meanings, derived from psychoanalytic dialogues, onto an imaginary agency in the patient. In this way, Politzer blocked his own access to life history, as well as to social history and a theory of culture. In the 1930's, party ideologist Politzer sacrificed his belief in the significance of psychoanalysis for what he considered the exigencies of the struggle against fascism.

Symbiosis and Separation: A Contribution to the Phenomenology of Human Relations. Wolfram Lüders. Pp. 1057-1077.

Symbiosis and separation are key concepts in the psychoanalytic theory of socialization. Within the present framework of a general theory of relationships, which is buttressed by manifold examples drawn from daily life and from therapy, these two concepts designate polarities of social conduct. The capacities for regression and autonomy condition each other; each move toward separation presupposes an emotional backing, that is, a closeness. Between the fear of regressive fusion or the relapse into a dependency already mastered and the fear of the loss of love, there is a 'safety zone' in which closeness and distance coincide. Tendencies toward independence are especially threatened in the areas of achievement and sexuality.

Bulletin of the Menninger Clinic. XXXIX, 1975.

Perspectives on Psychoanalytic Education. Edward D. Joseph. Pp. 131-144.

Psychoanalytic education, in reacting to the rapid changes in our society, is attempting to chart a course that preserves the best in its historical development while at the same time altering its practices to correspond to current changes. Both local and national organizations have begun to train selected nonmedical individuals. Within the traditional tripartite training, the training analysis is now viewed as a therapeutic phase of a lifelong process; and present-day didactic curricula often include increased emphasis on the current state of knowledge and more exposure to child analysis. The principle of the importance

of supervised work remains unchanged, with the focus on the use of therapeutic analysis as the main research base. Joseph discusses the question of the need for such a high degree of selectivity of applicants for training and details some implications of training younger candidates. He points out that the criteria for becoming a psychoanalytic educator are not yet precise. Other areas of change discussed by Joseph include the impact of insurance coverage on training analysis, the organizational problems of institutes associated with university departments of psychiatry, the importance of training in psychoanalytic research, and the educational contributions of the American Psychoanalytic Association.

Narcissism and the Use of the Word 'Shrink'. Stanley H. Cath. Pp. 209-221.

Because words reveal much about the narcissism of the user, such as his self-image, the quality of his object relationships, and his role in society, the implications of the use of the word 'shrink' are explored. Often the word retains both affectionate and vicious import, reflecting the user's ambivalence in his efforts to devalue those upon whom he depends. 'Shrink' may connote one who depletes (the psychiatrist), as well as one who is depleted (the patient), implying that the need for treatment is a narcissistic wound. Tolerating regression in the transference may be experienced as humiliating, particularly if the patient views it as 'shrinking' his omnipotent control. He feels threatened because his exaggerated 'head size' (his narcissism) is in need of 'shrinking'. In reality, as one ages, the body does shrink and death, the ultimate narcissistic wound, may also be conceptualized as a 'shrinker'. Perhaps there is an adaptive function in the use of the word in our anxiety-ridden times, since all of us feel unappreciated, dehumanized, devalued, and shrunken in everyday life. There is also the magical attribution of the word to psychiatrists, as if they were our society's version of the witch doctor. Oversimplifications and condensations in our language reflect man's shrinking away from responsibility for his own aggressive actions, while searching for a better world.

Psychoanalytic Precursors in Greek Antiquity. Rudolf Ekstein. Pp. 246-267.

Idealization of the past serves the psychological purpose of helping us weather the anxiety of current crises. Emphasizing the methods used to restore mental health, Ekstein draws analogies between the present and the state of affairs in Greece around 400 B.C. when Athens began to decline. Examples of dream analysis and free association employed by Socrates in Aristophanes's *The Clouds* are compared to phases in Freud's development of psychoanalytic technique: Socrates saw the goal of his therapeutic interventions as that of helping his 'patient' find new options through catharsis and insight. Greek drama, such as Aeschylus's Oresteian trilogy, permitted the audience to identify with and internalize the conflicts of the characters. In this sense, Greek drama anticipated such Freudian concepts as internalization, sublimation, and the change of superego functions in relation to socialization, in contrast to many group therapies of today which encourage acting out of conflict. An open and free society might well reflect upon the ego ideals of the precursors of freedom found in ancient Athens.

Some Observations on 'Sisterhood' in the Feminist Movement. Owen Renik. Pp. 345-356.

Although the women's liberation movement is commonly criticized as a defense against envy of men, what is often overlooked is the fact that women come together to seek security and intimacy in their relations with each other. 'Sisterhood' is sought to provide reassurance that women are not dangerous to one another; it shields women from fear of criticism and rejection by other women. Renik feels that the controversy over male supremacy and penis envy is largely misconceived. Rather, liberated women, in achieving independence from mothers whom they love, may fear punishment characterized by maternal ridicule, rejection, and accusations of betrayal. Despite the egalitarian intent of sisterhood, feminist organizations produce strongly idealized leaders. Fighting with men does not serve the principle of bringing women together, for it does not deal with the internal conflicts which originally produced the need to organize.

S. WARREN SEIDFS

American Imago. XXXI, 1974.

Anthony and Peter Shaffer's Plays: The Influence of Twinship on Creativity. Jules Glenn. Pp. 270-292.

Glenn analyzes *Equus* and three other plays by Peter Shaffer, whose twin brother Anthony is the author of *Sleuth* and *Frenzy*, and finds that in each the two main characters interact like and display the traits of twins. He suggests that twins may have enhanced creativity. Among the reasons he cites are: regression to primary process thinking is easier for twins; a partner is present in childhood with whom a twin may share stories and even a secret language; twins—who are often looked at by each other and by others—have increased narcissistic pleasure in exhibiting; and the capacity that twins have to put themselves in the place of another helps in the creation of fictional characters. Glenn posits possible audience response to plays in which the main characters are, in the author's latent thoughts, twins. This response includes: unconscious appreciation of the characters as twins; appreciation of the characters as 'doubles'; increased perception of ordinary emotions when they are displayed in exaggerated form; and experience of oedipal and other themes which might otherwise provoke too much anxiety if not for the distraction provided by the twin theme.

The Double in the Autobiography of the Elder Henry James. Howard Feinstein. Pp. 293-315.

Feinstein seeks to understand why Henry James, Sr., urged by his children to write his autobiography, produced instead an autobiographical sketch of one Stephen Dewhurst entitled *Immortal Life*. He suggests several possibilities. First, it may have been a literary convention borrowed from the German romantics and employed to call attention to suppressed aspects of the self. A second explanation is that the use of a pseudonym derived from his Sweden-

borgian theology and affirmed a belief in an immortal soul separable from his finite body. A third possibility is James's abhorrence of egoism. To these Feinstein adds a fourth '... that illuminates and is illuminated by the others': the pseudonym reflects a conflict over individuation.

'Secrets of a Soul': An Early Psychoanalytic Film Venture. Bernard Chodorkoff and Seymour Baxter. Pp. 319-334.

The authors describe the content and the circumstances surrounding the production of *Secrets of a Soul*, 'the first film to deal explicitly with the psychoanalytic conception of the mind, the causation of neurosis, and the psychoanalytic method of treatment'. The film, which was directed by G. W. Pabst, concerned a patient with compulsions and a knife phobia. Karl Abraham and Hanns Sachs served as technical consultants. After Abraham's death, Sachs played a larger role, spending much time in the studio and giving advice throughout the shooting of the film. Freud was sceptical about the undertaking, doubting that 'satisfactory plastic representation of our abstractions is at all possible'. The film was successful in Europe and in the United States.

Wordsworth's Lucy. John Price. Pp. 360-377.

Strange Fits of Passion, usually accepted as the first 'Lucy' poem, describes in the first person a horseman approaching his lover's cottage and falling into a reverie while watching the descending moon. When the moon drops behind the cottage roof, the rider is roused by anxiety: "'O mercy!" to myself I cried, "If Lucy should be dead!"'. Price argues that a wish for Lucy's death accounts for the sudden fear occurring as the rider nears her cottage. A plausible basis for this death wish is the idea that Lucy is actually Dorothy Wordsworth, the poet's sister and the 'evident favorite of scholars interested in the biographical puzzle of Lucy's identity'. The death wish is then seen as an attempt to resolve the incestuous tie by removing the forbidden object.

Hamlet's Melancholia. Stephen A. Reid. Pp. 378-400.

Using *Mourning and Melancholia* as his clinical reference, Reid asserts that Hamlet suffered from melancholia during the two-month period beginning with the ghost's disclosure of Gertrude's adultery and concluding with Hamlet's overt hostility toward Ophelia in the 'nunnery' scene. According to this line of reasoning, the melancholia was precipitated by Hamlet's discovery that his mother had been available as a sexual object but now, newly married, was irrevocably lost. Hamlet identifies with Gertrude, and his self-accusation (whore, drab, prostitute) do seem to fit her. The condition is terminated with the open expression of hatred for Ophelia, a transference figure for Gertrude.

Melville's Lost Self: Bartleby. Christopher Bollas. Pp. 401-411.

Herman Melville's *Bartleby* is a tale about a pallid, forlorn young man who is hired as a scrivener by the elderly, blithely cheerful employer-narrator. Bartleby disrupts the routine of the office when he 'prefers not to' engage in certain assigned tasks and upsets his employer greatly. Eventually, Bartleby dies a pathetic death in prison. Bollas sees the employer-narrator and Bartleby as two aspects of one psyche. Bartleby is the repudiated true self behind the cheerful façade of the executant self represented by the employer-narrator. In

the course of the story, Bartleby assaults the narrator's defenses, forces the narrator to feel the needs and pain of the true self, 'and to acknowledge its absence as a horrid personal loss'.

JOSEPH WILLIAM SLAP

International Journal of Group Psychotherapy. XXIV, 1974.

Education and Work Performance of Associate Degree Mental Health Workers as Related to Group Therapy. John E. True. Pp. 383-389.

While only sixteen students were graduated with associate degrees as mental health workers in 1968, it is estimated that there will be seventeen thousand such graduates in 1976. Little evaluation of this mental health movement has been done, although experiments have shown the ability of paraprofessionals to accept new levels of responsibility and to undertake psychotherapy. They have been particularly successful in group therapy of all kinds. Professionals who have supervised paraprofessional workers have noted the therapeutic efficacy resulting from their enthusiasm and capacity to relate, as well as their unexpected ability to handle clinical crises.

Concept of the Mother Group. Saul Scheidlinger. Pp. 417-427.

On the deepest level, group members see the group as a whole as a maternal image—either as a good image embodying the therapist's ideals, or as a bad persecuting agent from whom the group's ideals must be defended. The therapist may evoke a paternal transference, the fellow members being seen as siblings. The group, which is a totality of unknown power, can represent the harsh pre-*oedipal* mother of whom the individual has neurotic fears. The group becomes an instrument for need satisfaction, as well as a means of submerging personal identity.

Terminating a Leaderless Group. Frank M. Kline. Pp. 452-459.

A leaderless group was made up of eight psychoanalysts who suffered from social isolation due to professional and personal character defenses. The resistances they displayed were alternate playing of therapist and patient, referring to absent persons, projecting unacceptable traits onto others, and denying emotional needs. Leadership of the group was alternated among members. A leader was often the member least involved in a focal conflict, to which he could therefore devise solutions. At first, members tended to find emotional satisfaction in friends and family, rather than in therapy. One acknowledged a growing realization of personal death, from which evolved a wish to live more fully rather than become isolated with purely professional interests. The prospect of ending the group brought about discussion of loss, death, and depression. There was much ambivalence about terminating. Peer relationships had replaced the parent analyst role, in which another becomes the child patient. And affection and competition had been harnessed to coöperative effort. One member commented: 'Three years of group work could be the equivalent of a good single analysis'.

GERALDINE PEDERSON-KRAG

International Journal of Group Psychotherapy. XXV, 1975.

Group Therapy for Patients Who Attempt Suicide. Betty S. Comstock and Margaret McDermott. Pp. 44-49.

Group therapy is appropriate for dealing with such problems of suicidal patients as poor impulse control, lack of future orientation, low spirits, low self-esteem, and failure to accept personal responsibility. Crisis intervention is too transitory for these patients; prolonged treatment to alter their self-destructive tendencies is needed. Over a two-year period, one hundred and five patients, nineteen of them hospital emergency cases, were admitted to therapeutic groups after preliminary interviews. Their attendance varied from one week to one year, the median being six weeks. The group met weekly for not more than two hours. At first, the members focused on their presenting problems and dependency needs. Later, introspection and acceptance of responsibility were encouraged, as well as acceptance of their own behavior and motivations. Members learned to define their emotions and inhibit their impulsive actions under stress. Although all had contemplated suicide at least once, strong resistance to accepting blame was shown. Direct expression of anger was encouraged to lessen self-destructive tendencies. During this experience, the rate of reattempted suicide was four per cent, with only one death, indicating a measure of success.

A Group Dynamics Course for Medical Students. Joshua S. Golden and Alexander C. Rosen. Pp. 305-313.

The first year of medical school is a time of loneliness and insecurity. The workload is heavy and friendships have not yet developed to counteract the difficulties. The ensuing anxiety can hinder intellectual functioning and embitter the student. Innovative group meetings provided emotional support, interpersonal understanding, and skills. Participation in the groups was voluntary during the first two years they were instituted. Later, the group meetings were made part of the curriculum and credit was given for them. As a result of this program, the stress of learning medicine has been made more tolerable, and contact between students and faculty has been improved.

Transference in Psychotherapy with Schizophrenic Patients. Irwin Gootnick. Pp. 379-388.

Individual psychotherapy with schizophrenics is hampered by the transference complications which lead to denial, withdrawal, indifference, passivity, acting out, etc. Group therapy for schizophrenics, especially in an environment such as a day treatment center, is valuable because involvement with other patients who are viewed as peers and equals overcomes the frightening infantile transference that occurs in individual psychotherapy. Group techniques can be used in hospitals and with outpatients. The focus shifts from therapist-patient interactions to patient-group interactions. This diminishes countertransference and transference complications, enables the therapist to overcome schizophrenic resistances, improves the patient's reality testing and object ties, and strengthens the healthy part of the schizophrenic ego so that it can maintain its defenses against the psychotic part.

GERALDINE PEDERSON-KRAG

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Dismemberment Murder: In Search of the Object. Jay E. Harris and Anne-liese A. Pontius. Pp. 7-23.

This paper expresses the thesis that acts of dismemberment attempt to disintegrate the most important object representation in order to reconstitute it in a subjectively more meaningful way. The older man described in the paper cut his victim into seven pieces, each one representing a lost member of his own family. Then he merged with his own mother-child image. A younger man attempted to protect his wife from his image of her destruction by dismembering another woman. Dionysian, Toltec, Mayan and Aztec ritual dismemberments are seen as collective repetitive re-enactments of infantile ego states seeking access to the gifts of the gods through primary identification.

Disproportionate Disability: The Freud-Charcot Syndrome Rediscovered. Harley C. Shands and James D. Meltzer. Pp. 25-37.

Eighty-eight out of one hundred twenty people referred for psychiatric evaluation by the Workmen's Compensation Board were found to suffer from catastrophic disability although their residual physical impairment was minimal. A smaller sample of claimants suffering from this 'disproportionate disability' syndrome were compared with a psychiatric control group. It was found that the claimants had a statistically significant inability to solve verbal similarities. This specific cognitive limitation leaves them vulnerable to the severe and chronic disorganization that is the hallmark of the syndrome. They seem unamenable to psychodynamically oriented psychotherapy and may respond more favorably to supportive treatment and environmental manipulation.

The Conflict and Reconciliation of the Ethical Interests of Therapist and Patient. Henry H. Foster, Jr. Pp. 39-61.

Attention is focused on the failure of the medical and legal professions to police themselves. One cause of this failure is the lack of communication about ethical and moral principles in the training of the attorney and the physician. The role of the psychiatrist is singled out for consideration in regard to important ethical interests between psychiatrist and patient. Four major areas of conflict are explored: 1, human experimentation; 2, informed consent; 3, confidentiality and privilege; and 4, the professional obligation to exercise due care. The ramifications and potential difficulties for the psychiatrist-patient relationship concerning these issues are explored.

Oak Ridge Patients: Pre-release Characteristics and Postrelease Adjustment. Vernon L. Quinsey; Manfred Pruesse; Robert Fernley. Pp. 63-77.

Readmission and criminal conviction data were obtained for sixty men who had been released from a maximum security psychiatric hospital for an average of thirty-nine months. Twenty of the men had been readmitted to the security hospital or had been convicted of an offense during that time. Men who had been found unfit to stand trial or not guilty by reason of insanity before

their admission were less likely to get into difficulty upon release than men who had been admitted for other reasons. Patients who got into trouble after their release were more likely to be diagnosed as having character disorders and to be under thirty-one years of age upon release. A number of other variables were also related to post-discharge adjustment.

Commitment of the Mentally Ill in New York: Some Comments and Suggestions.

Donald J. Dawidoff. Pp. 79-95.

The author describes the law and procedures at hearings concerning the further retention of mentally ill patients who are confined at a city hospital, emphasizing the role of psychiatrists and attorneys. It is shown that the hearings are not truly adversary since neither an attorney representing the hospital nor a psychiatric witness for the patient is present. Patients are too ill to participate in their own defense and most hearings result in continued retention. Dawidoff suggests certain changes which might result in greater attention being paid to the civil and due process rights of patients.

The Association of Violent Dangerous Behavior with Psychiatric Disorders: A Review of the Research Literature. Alvin M. Mesnikoff and Carl G. Lauterbach. Pp. 415-445.

In this review of the research literature on the associations of violence with psychiatric disorders, the studies are divided into four groups involving: (a) psychiatric disorders among criminal offenders; (b) violence of former psychiatric inpatients; (c) violence related to organic brain dysfunction; and (d) prediction of violence occurring among psychiatric patients. Considerable variability in rate and distribution of psychiatric disorders among criminal populations are indicated. A reversal of earlier research findings regarding relative rates of violence among patients and normals is discussed. Efforts to identify associations between organic cerebral damage and a propensity toward violence, and to cope with the general problem of the prediction of violence are also discussed.

Sentencing Procedures in England and America—American Bargains or English Justice? Anthony E. Davis. Pp. 447-462.

Davis traces the relationship between guilty pleas and sentencing and demonstrates the effect on this relationship of the practice of plea bargaining. The meaning attributed to the underlying requirement that all guilty pleas—whether the product of bargains or not—be voluntary is investigated, and the differing attitudes of the English and American courts to this requirement are compared. Finally, the scope of plea-bargaining practices in both the English and American legal systems is contrasted and evaluated.

A Psychoanalytic Approach to Plea Bargains and Confessions. C. G. Schoenfeld. Pp. 463-473.

After noting some of the faults of plea bargaining, Schoenfeld stresses the considerable guilt that besets mankind; he details how confessions, particularly, may be related to this guilt and emphasizes the fact that implicit in every plea

bargain is a confession. The hypothesis is advanced that plea bargaining is proliferating because it helps significantly to lighten man's burden of guilt.

Some Reflections on the Interface of Law and Psychiatry in Child Custody Cases. David B. Saxe. Pp. 501-514.

In the trial of child custody cases, psychiatric testimony has recently assumed a more important role. The author reviews some psychiatric studies dealing with the effect of custody disposition and then focuses on certain legal proceedings in which psychiatric testimony has assumed a paramount role in disposition. Saxe concludes that unless members of the bar, the bench, and the therapeutic community work more closely together, the 'best interests' test will become a meaningless exercise.

The Prediction of 'Dangerousness' as a Criterion for Involuntary Civil Commitment: Constitutional Considerations. Rona G. Laves. Pp. 291-326.

The basic premise of this paper is that involuntary civil commitment constitutes an adversary procedure, since the individual so committed is deprived of fundamental civil liberties. This is particularly true when the individual is committed because he is dangerous to others, and the state is therefore acting primarily in the interests of others—i.e., for the protection of society—rather than in the interests of the patient. The civil commitment hearing must therefore meet the high standard of proof required in criminal trials by substantive due process. Civil commitments which are based on the predictions of psychiatrists are a denial of fourteenth amendment safeguards, since the state of the science does not qualify the psychiatrist as an expert witness. Evidence of this point includes: 1, disagreement among experts on a definition of dangerousness; 2, a lack of consensus regarding indicators of potentially dangerous behavior; 3, confusion on the part of psychiatrists regarding legal standards distinguishing mental illness, incompetency, and dangerousness; 4, the unfounded use of clinical judgment rather than actuarial methods in prediction by psychiatrists; 5, the difficulties inherent in the prediction of infrequent events; and 6, the antipodal nature of the decision rules in law and in medicine. Given the fundamental prognostic limitations, the author recommends a re-evaluation of current commitment practices and urges psychiatrists to examine the ethical ramifications of their continuing participation in such procedures.

Determining the Continued Dangerousness of Psychologically Abnormal Sex Offenders. George E. Dix. Pp. 327-344.

Direct observations by a legally trained observer were made of staff decisions concerning whether psychologically abnormal sex offenders committed as dangerous were still dangerous. The staff's decision was found to be influenced by the offender's willingness to admit guilt and responsibility and by his fantasies of future offenses. It was also affected by the offender's behavior in the institution, the duration of institutionalization, the seriousness of the offense committed, and changes in the situation to which the offender would be discharged. Anticipated benefits from continued exposure to the institutional program were also considered. The apparently necessary reliance upon a conceptualization of

antisocial conduct as a response to stress and factors only indirectly if at all related to an objective standard of 'continued dangerousness' raises significant doubts concerning the propriety of programs of social control that make continued institutionalization depend upon a professional determination of continued dangerousness.

Pacifism and the Law: A Psychoanalytically Oriented Inquiry. C. G. Schoenfeld. Pp. 345-366.

Psychoanalytic discoveries regarding man's aggressivity, the viability of the pacifist belief that aggression can be controlled simply by an effort of will, and the role of the superego in coping with man's aggressive and hostile urges are all detailed in this paper. An attempt is then made to show how the law—both by blocking and helping to express man's anger and hostility—gives the superego much-needed help in this task. The conclusion is advanced that the law offers to pacifists and the doctrines they espouse their greatest chance of survival in today's strife-torn world.

Psychological Aspects of Jury Performance. Jacquelin Goldman; Karen A. Maitland; Pennie L. Norton. Pp. 367-379.

Students were assigned to juries after scores on a measure of moral judgment were equalized for groups. Subjects were seated in a courtroom where a moot court trial of a case of criminal insanity was enacted by law students. Two juries deliberated separately in separate chambers. The control jury registered verdicts individually, were retested, and dismissed. Experimental juries registered verdicts individually before deliberation and were retested after deliberation. Jurors were post-tested again one week later and recorded their personal verdicts. All jurors became more anxious and less hostile as a result of the trial. Subjects whose verdicts were consistent throughout had a significantly higher initial level moral judgment, and significantly so on the one-week post-test.

Meetings of the New York Psychoanalytic Society

Russell Gardner Jr. & Carl T. Wolff

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

October 15, 1974. INSTINCTS, AFFECTS AND OBJECT RELATIONS. Otto Kernberg, M.D.

Dr. Kernberg related current thinking in psychoanalysis to other fields such as ethology, neurophysiology, psychophysiology of affect, and general learning theory. Using systems thinking, particularly that concerned with boundary interactions, he proposed that internalized object relations be considered 'units'. Such units include self-images and object-images and are subsystems integrated by organizations at the next order in the hierarchy which are psychologically oriented drives and psychic structures (ego, id, superego). In turn, these superordinate systems are components of the personality at large which is the super-system for this model. On the other end of the hierarchy, the units of object relations consolidate more fundamental subsystems such as inborn behavior patterns, affect dispositions, neurovegetative discharge patterns, and nonspecific arousal mechanisms.

In a developmental framework, ethology and neurophysiology consider instincts as organizations of behavior centered around drive systems determined not by a simple chain-like organization of organismic changes resulting from specific external stimuli, but in their very organization determined by the integration of experience. Instincts change through learning, from primitive inborn patterns into flexible over-all plans. In the human, such inborn patterns determine early attachment and affect dispositions (mediated by neurophysiologically identified 'reward' and 'punishment' neural systems). In earliest development, affect dispositions of the units of internalized object relations carry out a major organizing function through which 'all good' object representations are separated from those that are 'all bad'. Further, these two affect-determined series of units, one pleasurable and one unpleasurable, evolve into libidinally and aggressively invested constellations of psychic drive systems. This is a reformulation of Freud's dual instinct theory. In Dr. Kernberg's view, libido and aggression are not external givens in development but represent the over-all organization of drive systems in terms of the general 'good-bad' polarity.

Dr. Kernberg referred to the James-Lange versus Cannon theories of affect, Brierley's 1937 review of affects in a psychoanalytic framework, Rapaport's review of Freud's evolving theories of affect, and Jacobson's contributions regarding the relationship of affects to internalized self and object representations. The trend of thinking is away from Freud's earlier view of affects as 'peripheral discharge' phenomena and toward the Cannon-McDougal views of affects as centrally derived subjective states crucially involved in psychic motivational systems. Clinical support stems from evidence that affects can be unconscious, for example, and do not 'drain instinctual needs'. Modern psychophysiological work is congruent with a view of affects as essentially central phenomena.

DISCUSSION: Dr. Charles Brenner commented that this work is in the broad context of efforts to understand the psychology of the neonate as it applies to

psychoanalytic theory and treatment. He criticized the implicit tendency of such work to emphasize the preœrdipal period in neurosogenesis because he feels that this view is not consonant with available clinical data and because observations of such young children are still insufficient. He felt that more clinical material to support some of Dr. Kernberg's dynamic inferences should be presented. Dr. Brenner presented clinical vignettes to illustrate why one should be sceptical of the dynamics of several clinical states that had been presented by Dr. Kernberg in summary form.

Dr. Hartvig Dahl commented that Dr. Kernberg's main model is basically presented in the Seventh Chapter of *The Interpretation of Dreams*. Freud's version has the advantage of stressing the importance of the 'wish', which is untreated by Dr. Kernberg. (The notion of the hallucinatory wish-fulfilment as a prototype of cognitive mechanisms may be confirmed by Helen Keller's memories of her hallucinatory cognitive experiences prior to acquiring verbal abilities.) With this concept, Freud furnished a specific mechanism for cognition in his model whereas Kernberg omits this. This omission may stem from the possibility that the theory of object relations contains a nonspecified cognitive theory; for example, that an individual's introjects may do his thinking for him. Examples are evident in Kernberg's clinical descriptions of borderline patients.

Dr. Dahl noted two major differences in the Kernberg and Freud models. 1. Kernberg's assumption of early 'all good' versus 'all bad' internalized object relations leads to the prototype defense he calls 'splitting' whereas Freud's model of hunger followed by satisfaction implies a model fit by the prototype defense of 'repression'. 2. Kernberg corrects Freud's early emphasis on the infantile reaction to somatic response which neglected the quality of object relations as a determining force.

RUSSELL GARDNER, JR.

October 29, 1974. CLINICAL AND PROGNOSTIC CONSIDERATIONS IN THE ANALYSIS OF A FIVE-YEAR-OLD HYSTERIC. By Henry Rosner, M.D.

Dr. Rosner presented data from the analysis of a five-year-old girl which lasted six years and was terminated on the basis of metapsychological criteria rather than external events. After a three-year interval, when the patient was fourteen, there was a follow-up visit. Dr. Rosner used the clinical data to illustrate the problems of evaluating the efficacy of analytic interventions in the resolution of basic conflicts. In the follow-up visit, the patient retained her analytic stance and, at the end of the session, presented an enigmatic drawing which apparently expressed her view of what the analysis had meant to her. For Dr. Rosner, this raised metapsychological questions about the structure of the case and its prognosis.

The patient was brought for treatment at age five when severe functional and structural regression occurred following her seduction of her two-and-one-half-year-old brother when she gained control, literally and figuratively, of his penis. The analysis elucidated the reasons for her heightened castration anxiety which

included her position as an older sister; the object loss of her mother at the time of her brother's birth; her traumatic toilet training when her mother was absent in the hospital; her body image distortion as a result of a congenital foot deformity; and parental pathology, especially problems of identification with a phallic mother and a father who needed his daughter to satisfy his own needs. The analysis helped her to distinguish between attempts at restitution for her pregenital disturbance and her defensive attempts to use these earlier experiences to ward off phallic-œdipal conflicts. Termination was planned according to criteria of dynamic and economic changes.

In the follow-up visit, the patient reviewed her current life, her past, and her analysis. At the end of the session, she drew a horse with an extended hind leg which looked like a penis. (During the analysis, she had also drawn a horse but had particular difficulty in drawing the hind legs.) She said, 'Now I can do it', and she named the picture 'Charlie Horse'. Dr. Rosner outlined the different possible interpretations of the meaning of the picture; he believes the most plausible interpretation is that it represented an overcathexis of the male genital and the patient's pride in showing it.

DISCUSSION: Dr. Peter Neubauer felt there was substantial evidence that the analysis had produced significant transformation of the patient's central conflict. He pointed out how creative, articulate, and successful both the patient and the analyst were in this endeavor. He wondered about the effect of the patient's ego deviations on the course of the analysis and its termination. Throughout her life there was an underlying pull toward fusion and a lack of differentiation and integration which disturbed the process of individuation.

Dr. Walter Stewart reviewed the genetic factors in the patient's neurosis, emphasizing the immobilization due to her deformed foot. He commented on aspects of the treatment, including details of the drawings. The important defenses of the patient were, he believed, active over passive, reversal, identification with the aggressor, and the use of an object as a prosthesis.

CARL T. WOLFF

The 1976 Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 15-19, 1976, at the Waldorf-Astoria, New York.

The INTERNATIONAL CONGRESS OF SEXOLOGY will be held October 28-31, 1976, in Montreal, Canada. For further information write: Professor Robert Gemme, Department of Sexology, University of Quebec, P. O. Box 8888, Montreal, Quebec, Canada H3C 3P8.