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Herbert Wieder

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THE FAMILY ROMANCE FANTASIES OF ADOPTED CHILDREN

BY HERBERT WIEDER, M.D.

Despite the absence of psychoanalytic studies to support the position, family romance fantasies have been assumed to be similar in form and function in both the adopted child and the blood kin child. My studies, documented herein from the analyses of three adoptees, reveal that knowing one is adopted results in modifications of the fantasy and that certain types of adoptees seem incapable of effectively creating the paradigmatic family romance fantasy.

INTRODUCTION

Freud's 1908 paper, "Family Romances," marked the beginning of an extensive literature on family romance fantasies. Paradigmatic for children who know they have only one set of parents, these fantasies have not been studied in children who have knowledge of two sets. Apart from a few references (Clothier, 1943; Peller, 1963; Schechter, 1967), there are no psychoanalytic studies of adoptees that focus on their family romance fantasies. For the most part the reports available are of inferences from psychoanalytic theory applied to the paradigm (*cf.*, Blum, 1969; Glenn, 1974). This report, an extension of an earlier paper on the consequences of learning one is adopted (Wieder, 1977), presents the romance fantasies from the analyses of three adoptees, aged nine, seventeen, and twenty-seven.

The usual basic form of the latency child's family romance expresses the wish to be an adoptee in order to overcome ubiquitous and inherent disappointments in the relationship with parents. In fantasy, the child devaluates the parents to poor or peasant status and then elaborates on the possibility of having

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been adopted, stolen, or separated for other reasons from imagined parents of aristocratic or even royal status. One day, reunion with, or rediscovery by, these imagined parents will restore the child to his or her rightful status and regal life (Freud, 1908). This fantasy may be carried unconsciously into adulthood.

The fantasy's role in mythopoesis has been documented (*cf.*, Greenacre, 1958; Kris, 1952; Rank, 1909), along with its force as a motivation for behavior. Primarily defensive against incestuous and aggressive urges elicited in the parent-child relationship, the fantasy reduces anxiety or guilt by an illusory denial of that relationship; it also serves to help the child achieve independence from the authority of the parent (*cf.*, Schechter, 1967). Frosch (1959) stresses the fantasy's function as an attempt at recovery of the overidealized lost object occasioned by the devaluation of the parents, while Kris (1952, 1956) underscores the blending of biography and fantasy into a defensive screen. Greenacre (1949, 1958) states that well organized family romances derive from unresolved, intense oedipal conflicts and reveal marked ambivalence. In addition, early experiences and biography act as determinants of the fantasy and its representation in behavior.

Necessary to the fantasy form and function is an imagined good and loving parent who never disappointed the child nor aroused sexual longings. Freud (1908) pointed out that ". . . these works of fiction . . . preserve, under a slight disguise, the child's original affection for his parents. . . . We find that these new and aristocratic parents are equipped with attributes that are derived entirely from . . . [the] humble ones. . . . The child's overvaluation of his parents survives as well in the dreams of normal adults" (pp. 240-241).

Characteristically, for blood kin children such fantasies can be consoling since they are purely in the realm of make-believe. Children, however, react with alarm when they learn that some children are adopted or when they hear of kidnappings. The actualization of fantasy content can change a wishful, pleasur-

able fantasy into a fearful reality concern, thereby spoiling its function.

In my patients, the content of family romance fantasies was, along with their function, considerably modified. Schechter (1960) noted the prolongation of the paradigmatic family romance in his adopted patients, but they were not analyzed. Clothier (1943) believed that two sets of parents interfere with the fantasy's function as a mode of mastery. My data support her view and differ at some points with Schechter's. It is important to emphasize that my analytic reports have been on one type of adoptee: children adopted at birth who have had an unbroken relationship with the adoptive parents. Other types of adoptive experience and history would have a different influence on the form of the eventual fantasy.

My earlier paper (Wieder, 1977) described the deleterious effects on development, object relationships, cognitive function, and fantasy life occasioned by my patients' learning of their adoption under the age of three. Their developmental inability to comprehend clearly or to master the implications of the communication produced confusion, overwhelming anxiety, shame, and rage, leaving persistent effects on the personality and intellect. Knowledge of being adopted led to excessive dependence on the adoptive mother, an accented belief in the probability of fantasy's actualization, devaluated images of abandoning biological parents, and phobic avoidance of references to adoption. These effects are relevant to an understanding of the modifying influences on the formation and function of family romance fantasies, as will be described in my case material.

Communicated in that period of life when the distinction between fantasy and reality was not clearly demarcated, the actual message of relinquishment had endowed phase specific fantasies of loss of object and love with a sense of actuality. The fantasies were then transformed into a frightening fantasy of the actuality of abandonment. This accent on actuality contributed to a later anxiety-laden sense of probability that fantasies of all types would be actualized. This sense of probability heightens

anxiety. Although external reality can supply actualization of almost any of a child's fears about what could happen, the sense of probable realization is greater in adoptees, who have a special proof of reality central to their fantasies. And fantasy takes on special importance when supported by reality (*cf.*, Blum, 1969). In my patients, knowledge of their relinquishment represented the external danger coinciding with fantasy content. This factual element led to the recrudescence of separation fears and a disorganizing confusion.

The transformation of the fantasy depended on many factors. One of them—the tendency of young children toward concretism and literal interpretation of words—led to reacting to elements of the communication as meaning that they were literally “gotten rid of” and left to die until “found” by the savior adoptive mother. In addition, each child experienced being told of the adoption as a shaming rejection by the adoptive mother. The overwhelming separation anxiety that followed precipitated a regressive period which led to a persistent, exaggerated dependency on the adoptive mother. Other defenses also had to be mobilized.

Each child turned away from the adoptive mother and refused to listen to the explanations. Denial was supplemented by reversal as the children rejected the adoptive mother when told of their relinquishment by another mother. In time, the children reworked and revised the adoption story in unsuccessful attempts to control the anxiety and shame engendered. A prominent focus of defense was against recall of the realistic history. Reminders evoked hatred of the imagined biological mother, as well as intense shame and fear.

Denial or isolation of data limited what my patients could know intellectually; denial of related affects limited what could be felt consciously. As the children's defenses against the pain associated with adoption were applied in other areas of their lives, a more generalized disturbance developed in learning, thinking logically, and knowing. Phobic avoidances of reminders of adoption—the images and fantasies of the biological

parents—developed. The adoptive mother became ambivalently viewed as an all powerful savior who would nevertheless get rid of a bad child. The relationship to the adoptive mother, which involved a conscious attitude of anger and hostility masking the extreme dependence, became the model for the adoptee's attitude toward other persons. The child had difficulty trusting her and others who came to represent her.

Knowing that they had another set of parents somewhere, the children developed images of and fantasies about them. These images, which were formed from meager, secretive, inherently socially devaluating information supplied by the adoptive parents and intertwined with fantasy stimulated by the story, indistinctly described real people. They were not fantasies of idealized or exalted images unsullied by misdeeds. Rather, my adopted patients revealed images of debased and feared people for whom they had an unrelieved hatred.

CLINICAL MATERIAL

My patients' fantasies emerged from the beginning of their analyses, revealing their preoccupation with adoption themes and the readiness for their transference portrayal (*cf.*, Frosch, 1959). At all times, the idealization of the analyst represented the unconscious attitudes toward the adoptive mother; debase-ment represented the attitudes toward the biological mother. The fantasies were associated with unconscious, repetitive enactments in life of adoption themes (*cf.*, Kris, 1952) which also appeared in the analyses.

Pete, a seventeen-year-old referred for academic and social difficulties extending back to nursery school days, began his analysis under the influence of his fears about being an adoptee. He was preoccupied with thoughts of punishment "for being no good" and hoped I would save him if he were cast out by his adoptive mother. "Since my [adoptive] mother listens to you, you must be more powerful than she; if I'm bad, she'll get rid

of me." The ideas were linked to a repetitive pattern in his life, which Pete and I called "the second chance game."

For example, Pete might do poorly on an examination or in a subject on the first try and even fail. His adoptive mother would then "make arrangements" for a second try, in which he would succeed, feeling "saved" by the omnipotent adoptive mother. This theme, which recurred in different forms, represented the enactment of a fantasy that had evolved from what he had been told or had fantasied about his adoptive status. He had been told at age two and a half that "Mother and Father [adoptive] wanted a baby very much, but something was wrong with Mother's insides. Another Mother bore you. She was a young girl who made you with a soldier. They couldn't take care of you. We found you through a doctor who took care of her and made arrangements for us to take you home."

Pete had distorted and modified the contents of the original communication into a biographically constructed fantasy. He believed that he had been "cast out as an infant by poor, slum class, stupid people" and left alone to die, unable to care for his needs until "found" by the adopting mother. The savior mother took him in, reinfusing him with life. This fantasy was projected onto experiences in nursery school, during examinations, and in treatment where first attempts symbolized being cast away as no good; he would confirm "being no good" through failure. The second attempts represented the rescue arranged by the adoptive mother, which saved his life.

Many circumstances acted as illusory confirmations of this fantasy, even though they were merely coincidental; other events were brought about through his motivation. In the transference, he used the realistic coincidental experience of changing therapists as confirming the fact that he was "gotten rid of." His "second chance" with me then represented the "saving, being taken in." Later, in testing my steadfastness to him in the treatment alliance, much as he tested his adoptive parents in life, he tried to have me "get rid of" him so that he could be taken in by the adoptive mother.

Other details of this pattern emerged in other contributing fantasies. A current one—"I am an airline pilot, or in the Army, and I'm stationed in a warm sunny place; I can take my plane anywhere and always return home"—was traceable to age four. The childhood version was, "I am flying and going to some strange place. It is sunny and warm, and I am with my mother." Pete had been told that his adoptive parents had flown south with him when he was thirteen months old to meet his grandparents. He could readily see that this knowledge could have retrospectively supplied elements for ideas of "other parents" when he had been told at age two of his adoptive status. Pete would try to imagine these biological parents and would say, "I only see my father as a killer and my mother as a whore." Such associations immediately filled him with shame as well as hatred of them.

Pete's fantasy of joining the Army represented a wish to find a family setting where killing was given license and not punished. "I would just be told to kill, like my mother tells me to be good. If you follow orders and do as you are told, you are rewarded and taken care of forever." This wish fulfillment would have offered him permissible expression of his aggression toward his adoptive family, in which the home climate was characterized by violent interactions between the parents who demonstrated little affection toward each other. The Army represented an amalgam of Pete's images of both his biological and his adoptive parents. The representation of the killer biological father also related to the adoptive mother as the eternal, powerful nurturer who could "court-martial and kill me," the savior mother who would cast out a bad child.

To escape the abrasiveness at home, Pete at times would try to conjure a different set of adoptive parents. This attempt would immediately remind him of having been given up once before and of his images of his biological parents, re-evoking rage and fear. He would then turn to a favored fantasy of sailing his boat "at peace on the sea." He was an avid boatman and scuba diver, and he reported this recurrent fantasy:

I am a scuba diver, traveling the silent depths where only I and the environment exist. I am attached to the oxygen tank, my life support mechanism, by the tube carrying the life air. Without the tube, or the tank, if anything should happen to it, I die.

He associated the tank to his adoptive mother, the tube to the umbilical cord. Being cut off from the adoptive mother was, in his mind, the worst possible situation in the world, tantamount to dying. This fantasy reminded him of a fantasy he had at age four: "I am swimming and floating on water." This was associated to feeling safe, "like with my mother," "like when I'm sailing my boat." Two themes emerged: being cast adrift by the biological mother and left to drown or die; and being saved by the nurturing adoptive mother and reborn when she reinfused him with life.

Mixed with his "second chance" fantasy was his preoccupation with the danger of incest. Discussion of his fears of social relationships with girls led to a fantasy revealing his belief that incest was a potentiality: "Any girl could be my [biological] mother or a sister." An earlier belief that "I could be my [adoptive] mother's boyfriend" underscored the fact that the absence of the biological blood tie was an incest threat. This material demonstrated that the realistic absence, as compared to the illusory one, did not diminish anxiety or guilt. On the contrary, these feelings were aggravated, which elicited the need for greater defense through hostility to prevent incest with the adoptive mother, experienced as incestuous via her nurturing role. Other women were also considered to be potential incestuous objects. At times, he used his fear of incest as a rationalization to avoid the humiliation that would be occasioned by a possible refusal or rejection by a girl.

In latency, Pete's feelings of humiliation intensified when he learned that "bastard" meant illegitimate. In an attempt to erase this shame, he tried to fantasy that he was the "blood" child of one of the adoptive parents by a previous marriage. Reality, however, would disillusion him, and humiliation would resurface: "I never had any physical resemblance to either of them."

Pete used repetitive re-enactment as a means of attempted mastery of the fearful fantasies about his birth and early history; his fantasy elaborations can be viewed as unsuccessful attempts to construct paradigmatic family romance fantasies.

The second patient, Jim, sought analysis at twenty-seven because of difficulties in establishing and maintaining relationships, particularly with women, undue hostility toward his adoptive parents, and a feeling of confusion about his existence. He blamed all his difficulties on being an adoptee.

Jim's attitudes about adoption emerged in many different ways, but a repetitive pattern, which seemed at first to be realistic or adaptive, revealed an organized set of fantasies derived from his fantasy of early abandonment. He would feel impelled to leave where he was living or working "in order to better myself and improve my standard of living." After an initial enthusiasm for the place or relationship, difficulties and disappointment would produce humiliation and anger. The "new place," he imagined, did not want him, would reject him, and was then experienced as "lower class" or beneath him. He would therefore have to find an "upper class" situation and would reinitiate the cycle of finding "something better."

Jim had been told at the age of two and a half that his biological mother, a young girl living near a military base, had been impregnated by a naval officer. The biological father was sent overseas, and the girl was unable to care for her baby. The adoptive parents tried unsuccessfully to have a child and began to search for a baby when the father's sterility was diagnosed. They finally found Jim and took him home from the hospital.

Jim's sister was adopted when he was three. He felt her presence as a threat to his remaining in the family and in later years kept aloof from her out of fear of potential incest. Jim had reworked and revised the communication about his adoption: "My biological mother got rid of me like so much shit because I was damaged. They had to be lower class, irresponsible, ignorant people." He believed he had been literally cast out and then had to exist on a completely independent basis, "willing

myself to live." He imagined he overcame a life-threatening illness produced by the abandonment and then was found by the wealthy "upper class" adopting mother, who "protected me from the elements." The horror of this fantasied abandonment later justified for him his rage at the "bad world," which represented his rage at his biological mother and the world of his biological parents.

Going from "lower class" to a "better place" symbolized the cyclic enactment of actively replacing a "bad" parent with a "good" one who then became bad in turn. By actively leaving and then actively choosing the new place, he defensively reversed the history of being passively cast out by the biological parents and chosen by the new parents. His behavior represented the enactment of his fantasy of passive abandonment, his reversal and attempt at active mastery, and revenge. The Army, his job, the analysis, his relationships, could symbolize in turn both the biological and the adoptive mother. Believing he had willed himself to live produced a feeling of omnipotent self-sufficiency which defended against feeling his extreme dependence on the savior adoptive mother.

The act of "finding a better place" could be traced to when Jim was five or six years old: he would leave his house and run off into the community. Often he would get into scrapes with older children, and neighbors would return him to his house. This behavior was associatively linked with enactment of ideas about his existence and adoption.

From latency, Jim had imagined his environment as comprised of two worlds. One was "the real world, the adoptive home" which embraced him and where he felt he wanted to be, but which he nevertheless behaved rejectingly toward. He felt always in danger of being given away by his adoptive mother; his dependence upon her frightened him. In the transference his fear of being trapped by me led to uncovering his wish to be engulfed by me, as the adoptive mother. The second world, "the bad world" where he did not want to be, was a "delinquent-type" of place—"the underworld" where people were "rough

and bad, stealing, attacking, and doing sexual things." He felt extremely hateful toward this world; he could not embrace it, but he felt drawn to it by his need for sexual and aggressive relief.

Symbolizing the "lower class, bad places," the bars he frequented facilitated the enactment of his fantasy. A fluid transition between actuality and fantasy was readily available to him through "home" and "bars." At times he would find them both frightening because of the reminders of the fantasy of abandonment they contained. Running away was the escape from those elements of reality that tended to document or authenticate the notions of abandonment he had elaborated.

Like Pete, Jim was troubled by the possibility of an incestuous encounter. He feared closeness to his adoptive mother and sister for that reason. At times his hostility and his running from them—to the "better place"—represented the defense against this danger. Any other woman, however, especially a sexual partner or whore, "could be or reminded me of my biological mother."

With Jim, as with Pete, the fantasy of having been cast out to die by a hateful biological mother is evidenced. Rescued by a savior adoptive mother, Jim belied his extreme dependence on her by hostile rejection. He depicted his biological parents as debased and immoral, and reminders of them or of his fantasies of his abandonment evoked fear, shame, and rage. He developed a repetitive re-enactment, which represented continued and unsuccessful attempts to master the overwhelming affects associated with his belief.

The third patient, nine-year-old Jeannie, was referred because of poor academic performance, telling fantastic stories she would insist were true, and alienating classmates by bullying them.

Adopted at birth, Jeannie was brought to her adoptive home when she was eight days old. At two and a half years, she was told of her adoptive status. The adoptive mother informed her

that "the lady who bore you died and no one was available to raise you. Mother and Father had wanted a baby very much, but were unable to make one. We had been searching for a special baby and found you through a friend. We took you home and made a new family."

Jeannie revealed her distortions of the communication, as well as omnipresent thoughts about being an adoptee, through a series of dramas and stories. Thoughts about bad people who do sexual things, who are sadistic and cruel, and whose behavior is shameful carried her fantasies about her biological mother. One typical drama was enacted with seven "very sexy" girl dolls and a boy doll. All the girls lived in a house and talked about dates and making babies. One "shocked" the others by her open and brazen behavior with the boy doll. She abused, hit, and bossed the boy and gave him to the girls. Then she and the boy went to a beach party and stayed out all night.

Jeannie told stories about three little chicks who almost starved to death because their mother was not there to feed them. The chicks were in danger of being sold and eaten, but they were rescued by a nice lady. Jeannie went on to describe mothers who do not take care of their chicks as bad people who are aggressive and sexual and get rid of babies. "Sometimes I think of who made me and I hate being given away. My [adoptive] mommy wouldn't give me away. She saved me." The shocking girl, the abandoning chicken, a girl who would not feed her cat, all represented Jeannie's image of a hated, abandoning mother. In contrast, the good adoptive mother nurtured, saved, and took care of babies and was not sexual or aggressive.

Some reasons for Jeannie's hostile, ambivalent attitude toward her adoptive mother and for her bullying behavior toward children in school could be extracted from another story: "A kangaroo mother had to go and buy food. As soon as she left the house, the baby kangaroo ran wild." Jeannie recognized herself as the baby who "ran wild" in school when her mother was not available. The baby kangaroo feared she was being left to starve and die. "Baby kangaroo heard of babies gotten rid of."

"You too have heard about that," I remarked. She replied, "And I don't want to think about it; it makes me so mad I could tear down a house!"

The discussion of the kangaroo demonstrated Jeannie's denial by way of reversal of her actual history. When Jeannie went to school, she really left her mother, not the other way around. But she felt leaving and being left as the same—as being abandoned, bad, and wanting mother. She was really hating her adoptive mother for something she believed her other mother did.

DISCUSSION AND SUMMARY

Strikingly similar prelatency fantasies composed of distortions and fantasies derived from biographical history and experiences were reported by each of my patients. All three came to believe that they had been literally cast out into the world as helpless infants and had survived independently for a while. Close to death, they were then rescued by a savior mother whose presence became necessary at all times to insure survival. Fantasies and images of the abandoning biological parents developed. They were represented as corrupt, immoral, sadistic, lower class, and uneducated. The savior was ethical, moral, protective, powerful, and asexual.

Under the pressure of incestuous and aggressive urges during latency, the fantasies contributed to more organized fantasies and theories regarding family structure and personal existence. The role of family romance fantasies in the creation of myths of the birth of heroes has been documented by Rank (1909) and by Kris (1952). That the fantasy and myth may be re-enacted unconsciously in patterns of behavior also was demonstrated in my patients. A variation of the paradigm was noted by Kris (1952) in his paper, "The Image of the Artist." The shepherd boy theme, depicting the adopting parent as the exalted benefactor of genius and the biological parents as of peasant stock, was related to the myth of Christ's birth. It should be empha-

sized that the biological parents are represented as idealized, good and loving, though humble.

In *Moses and Monotheism*, Freud (1934-1938) drew attention to the uniqueness of the story of Moses' birth:

It is all the more deserving of interest that the legend of the birth . . . of Moses occupies a special position and, indeed, in one essential respect contradicts the rest. . . . In his case the first family, elsewhere the aristocratic one, was sufficiently modest. He was the child of Jewish Levites. But the place of the second family, elsewhere the humble one, was taken by the royal house of Egypt; the princess brought him up as her own son. This deviation from type has puzzled many people (pp. 12-13).

The similarity to the shepherd boy variation is apparent. The myth, however, is of and about an adoptee, Moses, and about people cast out of their homeland. Although the divergence from the usual myth of the birth of a hero may be pointed out, the similarity to my patients' myths of their existence could underscore the prevalence of this myth among the adopted people I studied.

Central to the paradigmatic fantasy is the blood kin children's defensive devaluation of their parents and the idealization of imagined parents who, in fact, depict the real parents. The family romance, especially when intense, as emphasized by Greenacre (1958), represents an attempted solution to severe conflicts through the wish to be an adoptee.

In the matrix of my patients' extreme dependence on their adoptive parents, anger at them for real life disappointments and ubiquitous conflicts carried fearful possibilities of retaliatory reabandonment. To be without the adoptive savior mother even in fantasy evoked fear. Idealization of imagined other parents either could not occur or could not be maintained; thoughts of other parents revealed their debasement.

Another adopted youngster, fourteen-year-old Albert, when refused material gratifications, would imagine that his biological parents had been millionaire "jet setters" who would have fulfilled his materialistic wishes. But Albert would repudiate

them with the statement, "They couldn't even claim poverty—like some people could—for getting rid of me. Anyone like that is just plain shit." Wealth and social status did not exalt the fantasied parents; instead, rage at them was aggravated, and their corruptness confirmed in the child's mind. This is mentioned as a cautionary suggestion that when adoptees reveal what might appear to be a paradigmatic fantasy, continued analysis may show the failure to maintain the attempt at idealization of the imagined parents.

The fantasy solution of the biological child's conflicts—adoption—is the *fait accompli* underlying the adoptee's distress. The adoptee's wish, in contrast to the blood kin child's, is to deny adoption, establish a fantasied blood tie to the adoptive parents, and thereby erase the humiliation adoption implies.

BIBLIOGRAPHY

- ARLOW, J. (1969): *Unconscious Fantasy and Disturbances of Conscious Experience*. This QUARTERLY, XXXVIII, pp. 1-27.
- BERNARD, V. (1953): Application of Psychoanalytic Concepts to Adoption Agency Practice. In: *Psychoanalysis and Social Work*. Edited by M. Heiman. New York: International Universities Press, Inc., pp. 169-209.
- BLUM, H. (1969): *A Psychoanalytic View of "Who's Afraid of Virginia Woolf?"*. J. Amer. Ps. Assn., XVII, pp. 888-903.
- BRENNER, A. (1962): *Onan, the Levirate Marriage and the Genealogy of the Messiah*. J. Amer. Ps. Assn., X, pp. 701-721.
- COLTRERA, J. (1965): *On the Creation of Beauty and Thought: The Unique as Vicissitude*. J. Amer. Ps. Assn., XIII, pp. 634-703.
- CLOTHIER, F. (1943): *The Psychology of the Adopted Child*. Mental Hygiene, XXVII, pp. 222-230.
- FREUD, A. (1965): *Normality and Pathology in Childhood. Assessments in Development*. New York: International Universities Press, Inc.
- FREUD (1908): *Family Romances*. Standard Edition, IX, pp. 237-241.
- (1934-1938): *Moses and Monotheism: Three Essays*. Standard Edition, XXIII, pp. 7-137.
- FROSCH, J. (1959): *Transference Derivatives of the Family Romance*. J. Amer. Ps. Assn., VII, pp. 503-522.
- GLENN, J. (1974): The Adoption Theme in Edward Albee's "Tiny Alice" and "The American Dream." In: *The Psychoanalytic Study of the Child, Vol. XXIX*. New Haven: Yale University Press, pp. 413-429.
- GOODMAN, J.; SILBERSTEIN, R.; MANDELL, W. (1963): *Adopted Children Brought to a Child Psychiatric Clinic*. Arch. Gen. Psychiat., IX, pp. 451-456.

- GREENACRE, P. (1949): A Contribution to the Study of Screen Memories. In: *The Psychoanalytic Study of the Child, Vol. III/IV*. New York: International Universities Press, Inc., pp. 73-84.
- (1958): The Family Romance of the Artist. In: *The Psychoanalytic Study of the Child, Vol. XIII*. New York: International Universities Press, Inc., pp. 9-36.
- KRIS, E. (1952): *Psychoanalytic Explorations in Art*. New York: International Universities Press, Inc.
- (1956): *The Personal Myth. A Problem in Psychoanalytic Technique*. J. Amer. Psa. Assn., IV, pp. 653-681.
- PELLER, L. (1963): *Further Comments on Adoption*. Bull. Phila. Assn. Psa., XIII, pp. 1-14.
- RANK, O. (1909): *The Myth of the Birth of the Hero*. New York: Robert Brunner, 1952.
- SCHECHTER, M. (1960): *Observations on Adopted Children*. Arch. Gen. Psychiat., III, pp. 21-32.
- , Reporter (1967): *Panel on Psychoanalytic Theory as It Relates to Adoption*. J. Amer. Psa. Assn., XV, pp. 695-708.
- WIEDER, H. (1977): *On Being Told of Adoption*. This QUARTERLY, XLVI, pp. 1-22.

25 Chapel Place
Great Neck, New York 11021

The Significance of Jacques Lacan

Stanley A. Leavy

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THE SIGNIFICANCE OF JACQUES LACAN

BY STANLEY A. LEAVY, M.D.

The contemporary French psychoanalyst, Jacques Lacan, has offered a reinterpretation of basic Freudian concepts that is to a great extent based on the structural linguistics of F. de Saussure. Certain fundamental ideas of Lacan, such as his views that "the unconscious is structured like a language" and that "the unconscious is the discourse of the Other" are examined here, and an attempt is made to place them in perspective in psychoanalysis.

Jacques Lacan's ideas on psychoanalysis, of which he has been a practitioner and teacher for many years, have never been systematized by him. He has written voluminously, and his seminars over twenty years are in process of publication (Lacan, 1953-1954, 1964, 1966,¹ 1972-1973). Also in print are studies which present his thoughts in more or less organized fashion (Fages, 1971; Palmier, 1972). Lacan looks on his work as essentially a rereading of Freud; unfortunately for the beginner, he prefers to state his ideas in a cryptic language more open to interpretation than to exposition.

Great and unpredictable shifts of emphasis are also the rule with him, to the peril of whoever would try to outline the development of his thought. It is perhaps just as well to bear in mind that his later views are not necessarily more valuable than his earlier ones—which are often clearer. For Lacan himself, Freud's greatest discoveries are his early ones, and we need

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¹ This reference (Lacan, 1966) is the collection of Lacan's principal works. Page references to this book in my text are to papers by Lacan that appeared at different dates and are not yet available in English translation.

only read Freud's preface to the later editions of *The Interpretation of Dreams* to remind ourselves that Freud stated this first. They have to do with dreams, jokes, parapraxes and slips, and neurotic symptoms. That is, they are his discoveries of what Lacan (who is addicted to recondite and complex puns) would call "lacunary phenomena," evidences of unspoken declarations to be read between the lines of manifest statements and actions. They open pathways to an unconscious discourse for which the speaker seeks utterance with the analyst's help.

I

"The unconscious is structured like a language" (Lacan, 1957, p. 103) is perhaps the most frequently pronounced dictum of Jacques Lacan and his school and can therefore serve as an introduction to an account of Lacan's ideas. Be it noted: 1, that the subject of the sentence is "the unconscious" in a strictly Freudian sense; 2, that the predicate goes "is structured like a language," not "is a language";² and 3, that the qualification "like a language" invokes the question: "According to which system of linguistics?" The danger of misinterpreting Lacan is, I think, even greater than usual when these considerations are neglected. For example, Lévi-Strauss (1967), whose work has an important bearing on Lacan's, nevertheless often uses the word "unconscious" in a quite different sense from Freud's—namely, as the matrices that organize the rules of the social order, rather than as a dynamic and personal system.

With regard to my third caveat, however, further discussion is called for, since "like a language" means something only in terms of the theoretical standards of what language is. Lacan certainly does not mean that the unconscious is like French or English or Tokharian. At the other, less naïve extreme, he does not mean that we can conceptualize the unconscious within the coordinates of all sorts of linguistic theories. Whether Chomsky's

² Nor would it be correct to assert that the unconscious *is* a language, without careful qualifications to preserve the distinction between primary and secondary processes.

linguistics, for example, also reveals that the unconscious is structured like a language is a fascinating question, but of course outside Lacan's sphere (*cf.*, Edelson, 1973).

Lacan bases his understanding on the structural linguistics propounded by, among others, F. de Saussure (1915) and Roman Jakobson (*cf.*, Jakobson and Halle, 1956). His most elementary concepts derive from Saussure: the relation between signifier and signified, the arbitrariness of the signifier, the distinction between language and speaking (*langue* and *parole*), and the communicative and therefore dialogical nature of language. Concepts about the function in language of metaphor and metonymy and of binary opposition are also derived from Saussure through their contemporary versions in the work of Jakobson and the European structuralists. I shall later take up some implications of these linguistic dependencies.

Lacan is by no means the first analyst who calls on us to focus on the psychoanalytic situation, but he stands out among theorists in returning all psychoanalytic concepts to this setting. In a sense, even his interest in language is subordinate to his interest in the psychoanalytic dialogue—or rather, he teaches the radical unity between the dialogue and language. We are able to make inferences about mind outside analysis—that is, compose our psychoanalytic psychology—because analysis serves as a model for all other forms of dialogue, real or imagined. From this point of view it is not an exaggeration to say that the theory of psychoanalytic technique is the only metapsychology—although I do not think Lacan would put it quite that way.

Lacan's merciless attack on traditional (or "American") psychoanalysis as he sees it—and it is not easy to distinguish in this writer between theoretical criticism and *ad hominem* polemic—is in general based on just this point of view. He sees modern psychoanalysis as one-sidedly derivative of Freud's longing for natural scientific objectivity, while ignoring Freud's less explicit allegiance to problems of language and the centrality of the dialogue (Lacan, 1956a, p. 47).

We can get to Lacan's meaning most directly, I believe, by

starting with the dream as our "road to the unconscious." In this instance we shall define as unconscious the dream thoughts that analytic method reveals to lie behind the manifest dream and, in addition, the processes that take place in the transformation of the thoughts into the manifest dream as it is recalled and uttered. In so doing we come close to the categories of linguistic structures which, for Lacan, are intrinsic to the unconscious.

Freud (1900, p. 514) stated as much, indirectly, as Lacan shows, when in *The Interpretation of Dreams* he counters the objection that the "real" dream undergoes alterations when recollected and narrated. He states that we get to the dream *only* within the framework of a narrative, which means, looking at it from the linguistic point of view, that the value of the dream is as the vector of the word. Even the forgettings and doubtings that accompany the dream are parts of the message (or signifiers), and the point of any analysis is finally to discover what the dreamer has to tell directly to the analyst.

Unconscious dream thoughts are related to one another, according to Lacan (1956a, p. 31), as "signifiers" are in language, and the unconscious operations of the dream work—condensation, displacement, and the consideration of representability—are equivalents of metaphor and metonymy. In language, according to Saussure (1915, p. 99), the linguistic sign unites not a thing and a name, but a concept and a sound-image, which is the impression made by the sound on our senses. It is physical, being acoustic, but psychological as well. The concept is the signified, also mental in character and existing behind the signifier. The words and expressions of language are always, of course, signifiers, and these are related to one another through chains of equivalences or metaphors, and of relations by contiguity or metonymy.³ The signified looms behind the signifier

³ Michel de Montaigne is worth quoting on this subject (from his 1580 essay, *De la vanité des paroles*): "Oyez dire Métonymie, Métaphore, Allégorie, et aultres tels noms de la grammaire, semble il pas qu'on signifie quelque forme de langage rare et pèllégrin? Ce sont tiltres qui touchent le babil de vostre chambrière." ("When you hear about metonymy, metaphor, allegory and such grammatical terms, don't they sound like some rare and fancy form of language? But really they apply to your chambermaid's chatter!")

as its logical backing, but it is abstracted from the world of meanings. For example, in naming a tree as such, one has in mind not only the real object, the datum, but also the generic concept of trees. To use the word in any concrete discourse is to evoke many, maybe all, the situations in which we have experience of trees, all the varieties of trees, and, most important for psychoanalysis, all of the metaphoric representations of trees—family trees, pulmonary trees, trees-of-life, the Cross, phallic objects, all bound together in chains of relative equivalence or contiguity (Lacan, 1957, p. 112).

Dream thoughts, like words as signifiers, exist only in chains of meaning. Even in the dictionary there are no one-to-one definitions (or very few), but rather so much overlap that many words have to be looked up to get even a fairly exhaustive definition of one of them, and in the long run, of course, the process is circular. So in concrete discourse—"speech"—any statement is an articulation of words having in themselves infinite contexts, even for the speaker himself. What Freud called "over-determination" is the constraint on these contexts imposed (synchronically) by the symbolic structure of his culture and (diachronically) by the intra- and interpersonal history of his symbols.

That which is true for words is also true for any other symbolic form. A picture, a sculpture, an image of any kind, exists as a conceptual representation permitted by arbitrary and conventional canons; even when it is a "likeness," it is such according to our standards of *likeness*, which are not universal either in space or time. It is perhaps easiest to see the comparison between words and dream thoughts when we look at the "rebus" element in dreams, which is pictorial, often punning, representations of verbal statements, picture stories (Lacan, 1956a, p. 30). In these, the manifest dream is put together from signifiers which are unconsciously fitted to one another, maybe mostly metonymically—that is, deriving their meaning from the company they keep. But all of the ideas that the dream evokes, and their interconnections, are related as signifiers are related.

In Freud's (1900, pp. 169, ff.) dream of the botanical monograph, for example, with its allusions to "cyclamen," to "Gärtner," to a "blooming" young woman, and to the "leaves" of the artichoke, etc., the overlappings of meaning are exactly comparable to the functions of the signifier and are indeed metaphorical. Like the signifier too, dream thoughts "float": they do not exist in a one-to-one relation with any particular signified element. Indeed, it is the particular genius of the dream work that each element of the manifest dream is derived from more than one element of the latent thoughts and, correspondingly, that each of the latent thoughts finds its way into more than one of the manifest elements. Such transformations of meaning are further comparable to metaphor—whereby a choice is made among words from a potential series of equivalents—and to metonymy—whereby the value of the signifier is transferred to a contiguous one, or to one of its parts (synecdoche). Condensation and displacement in the dream work are accordingly analogous to, perhaps identical with, metaphor and metonymy as literary devices (*cf.*, Jakobson and Halle, 1956, p. 94).

The unconscious discovered in the analysis of dreams is the same unconscious of everyday psychopathology, of repression and of symptom formation. Just as the meaning of a signifier in speech can be fully known only as the whole statement is made, so the meaning of the whole dream or symptom affects the meaning of any element in it. In this sense, any utterance or any dream is a network of signifiers organized by discoverable dominant signifiers. This has been put with rare clarity by Lacan (1956b):

If what Freud discovered and rediscovers with a perpetually increasing sense of shock has a meaning, it is that the displacement of the signifier determines the subjects in their acts, in their destiny, in their refusals, in their blindnesses, in their end and in their fate, their innate gifts and social acquisitions notwithstanding, without regard for character or sex, and that, willingly or not, everything that might be considered the stuff

of psychology, kit and caboodle, will follow the path of the signifier (p. 60).

Lacan thus states in linguistic terms the automaticity Freud attributed to the repetition compulsion that even overrides the pleasure principle: in each person's subjective existence is the set of meanings that he gives it; meanings are given initially by the symbolic order—a concept that must be elaborated further—and secondarily by the unique selections made by the individual and the variations that he performs on them in his development. The signifier insists on being heard. It is not just a linear series of variations, however, but as Lévi-Strauss pointed out in regard to the transformations of mythology, more like varying recurrences of musical themes in different staves of one orchestral score (Lacan, 1957, p. 112; Lévi-Strauss, 1967, p. 268).

I hope that all this may be less esoteric if I illustrate with our most familiar theme, or signifier—namely, the oedipal theme. Here, if anywhere, the subject is constituted by the signifier, as Lacan would put it. The social structure intrudes itself on the individual subject's experiences through the existence of the family. The place of the child in the structure is preformed: to be a child and to have a mother and a father is the setting for the symbolic meaning of the oedipus complex. There is an identity between the status of each person of the triad and the signifier by which we designate it, each term being freighted with meaning that slowly but inexorably is revealed in the child's experience. The word, to be sure, is formed in the pre-conscious, but its metaphoric and metonymic bonds are forged in the unconscious and remain there, determinative of subsequent connections.

It is for this kind of reason (there are others) that Lacan (1956a, pp. 36, 61) summarily—even hilariously—dismisses animal observation and experimentation, and indeed, all other studies of "behavior," as totally irrelevant to psychoanalysis. It is simply impossible to conceive of the significations of animal actions, even when they involve exchanges analogous to human exchanges—courtship phenomena, let us say, or the social inter-

actions of bees. The human unconscious operates as it does, not because of conditioning, nor because of the responses it makes to the signs that interest ethologists, but because it interprets according to chains of signification that are organized in a symbolic order, of which language is a prototype. Signifiers, unlike signals, are not pure indicators of real objects; as we have seen, they always refer to other signifiers, and in Lacan's (1956a) words, "meaning is never capable of being sensed except in the uniqueness of the signification developed by the discourse" (p. 123). Think, for example, following my remarks about the oedipus complex, of a fundamental signifier like the word "father" and reflect on the impertinence of behavioristic or observational studies to the comprehension of unconscious meaning! This is not to deny that such studies produce insights valuable elsewhere.

Symptoms, too, are signifiers (Lacan, 1966, p. 234). When they are not themselves verbal (although they may be), they are analyzable only to the extent that they can be used to set in motion the verbal associations⁴ that shed increasing light on one another and on the function of the symptom—which is its meaning. So too with defenses in the psychoanalytic sense, which, as students of rhetoric have demonstrated, fit neatly the descriptions of rhetorical tropes. I shall refrain from developing this topic here, except to state that for Lacan the process of repression corresponds with the substitution of one signifier for another signifier, the one substituted for lapsing into the condition of a signified, that is, a metaphor (*cf.*, Laplanche and Leclaire, 1966). Again by way of oversimplified illustration, the repression of the signifier "father" as hated or loved object is maintained by a substituted (countercathetic) signifier "leader," "boss," or in the familiar discourse of our work, "analyst."

So far I have said little about the unconscious from the side of affect and desire. Certainly the unconscious cannot be conceptualized in an even remotely Freudian way without reference

⁴ The limitations of the word "associations" are evident, implying as the word does, mere linear clusterings of signs, rather than networks of meaning.

to desire, and Lacan has devoted his attention to it on many occasions. With regard to affect, however—and it is worthwhile here to remind ourselves that Freud stressed the importance of placing affects in the conscious and not the unconscious system—Lacan has been charged with neglect, and his work called intellectualistic (*cf.*, Gear and Liendo, 1975, p. 21; Green, 1973, p. 37). I think that any acquaintance with his work should make it plain that he does not deny the existence of the feelings, despite his deliberate exaggerations of expression (Lacan, 1966, p. 799). The error he seems to show is in the tendency of traditional psychoanalysis to assert the primacy of the affects so as to point to feelings “behind” the signifiers (not only words), as if in so doing we designated the signified itself in the form of affects existing apart from the signifying chain. For example, even in speaking of a “nameless dread” as an unaccountable subjective state, we do name the dread and put it in a category, although a negative one; further analytic inspection leads to a set in which the surroundings of the feeling are a recognizable cluster of signifiers. Feeling, to be sure, is not the same as naming, but our feelings are assembled along networks of meaning, which, I think, is to say that they are “articulated.”

Let us stop a moment. Lacan’s theoretical position demands further elaboration, which does not depart from the linguistic mode of thought but includes a derivative of that mode—namely, the idea of the “symbolic order” more or less in the sense in which the term “symbolic” is used by Lévi-Strauss. That is, the whole system of signifiers is organized in advance of any individual’s appearing on the scene. We are ushered into it by our acquisition of language, to be sure, but also by our introduction to all the other social forms, which, as Lévi-Strauss (1967, pp. 67, 193) has tried to show, are themselves “structured like a language.” It is impossible to exaggerate the importance of this concept, since the transmission of all our modes of experience depends on the existence of the symbolic order. But it is by itself insufficient, since, in the first place, there is in addi-

tion to it an order of reality, the knowable world outside ourselves; and the preverbal world, to which Lacan has given the name "the imaginary order." He does not mean "illusory" by the word "imaginary," but rather the organization of "images" in the Freudian sense, undisciplined by language, and by virtue of the modes of their appearance, essentially misrecognitions. The imaginary is nevertheless also a structure, standing in opposition to the fluctuating and fragmentary psychic world that precedes it. Lacan (1949) has for theoretical purposes persistently emphasized—sometimes as real event, sometimes only as model—the organizing effect of the infant's sudden and powerful awareness of himself in the mirror, by which he perceives himself as a controlling whole well before he is actually organized as a subjective unity. It is the entry of the child into the symbolic order through language, however, that establishes his connection with the real world as well (Lacan, 1966, p. 704).

II

"The unconscious is the discourse of the Other" is a second of Lacan's (1966, p. 549) gnomic pronouncements that serve as nodal points of his thought. First, let it be said that Lacan sees in psychoanalysis a dialectical process, in which understanding is reached through a two-person discourse (leaving out of consideration the other persons "present" in intentional form in the minds of the two participants in the dialogue). But the concept "Other" has a shifting meaning for Lacan. It is sometimes justified as an equivalent of Freud's *ein anderer Schauplatz*, "another scene," as the locus of the unconscious (1966, p. 548). But Lacan also means that: 1, the unconscious talks about the other person (1966, p. 548), and 2, perhaps most idiosyncratically of all, the unconscious *originates* in the other person (1966, p. 9).

Again I believe that this highly condensed idea is made more accessible when approached linguistically and psychoanalytically at the same time. We might start with the analytic proposition that all statements of the patient are addressed to the analyst at both conscious and unconscious levels. They are, in Jakobson's

(1958, p. 95) terms, among other things, "conative" and "phatic"—that is, aimed at the hearer and seeking contact with the hearer. We attribute a transference value to the unconscious referents of all our patients' communications, although we do not heed them all equally. In this sense the "discourse of the Other" means the "communications *about* the Other" and is hardly news to the psychoanalyst. The origin of the unconscious *in* the other is a genuinely original and rather startling concept. I believe that it may be paraphrased in the following way. As we have seen earlier, Lacan considers the unconscious to be "structured like a language" and organized according to the plan of language—for example, with respect to the relation of the signifier to the signified. Since the language and the whole symbolic process are acquisitions that are taught to the child, it seems to follow that the unconscious as a symbolic content originates in that "Other" who was its source. The startling and perhaps valuable contribution in this idea is that it accounts for the "otherness" of the unconscious in a new way, and also underscores that the analyst's offering to his patient is the patient's own unconscious, or, as Lacan (1956b) has characteristically put it, in human speech "the sender receives from the receiver his own message in reverse form" (p. 72). Repression takes place also because the "Other," the symbolic world, has provided alternative signifiers, the metaphors and metonymies which, in an older terminology, serve as countercathexes for the repressed.

It is in this analysis of intersubjectivity that Lacan also grounds his theory of desire. Whereas traditionally Freudian analysis derives desire directly from instinctual drive, from biological *need*, Lacan looks always to man's essentially dialectical situation. In some ways he is not too far from Melanie Klein and Ronald Fairbairn with their emphasis on early object relations, although there are important differences. Desire is contextual, not isolated from the network of signifiers. As Lacan (1966) puts it: "The phenomenology of analytic experience demonstrates the paradoxical character of desire, the deviations, wanderings, eccentricities, even scandals that distinguish it from

need" (p. 690). But what is most definitive of man's desire is that it is "the desire of the Other"⁵ (Lacan, 1968, p. 75). That is, just as the unconscious discourse is to, about, and even from the person(s) addressed, so a person's desire is, in its essence, *to be desired*; in fact, the person's assurance of existing can only be gained through the Other's recognition of him/her.

III

One must hesitate before attempting to judge the "significance" of Lacan's work—although that seems to be the most appropriate word in considering this master of signification—on the basis of such a brief discussion of so few representative ideas. Furthermore, I have tried to present them in exceedingly simplified form, which deprives them of the striking originality of their statement by Lacan. I have also omitted almost any reference to their philosophical origins. Nevertheless, even such an introductory essay, which I hope will lead others to explore Lacan's writings (if only as a psychoanalytic phenomenon), demands some justification.

Lacan has given us a lead toward the estimation of his significance in the epigraph that appears at the head of the French edition of his so-called "*Discours de Rome*." It is, he says, a quotation chosen in 1952 (it is not stated by whom it was chosen) as a motto for an Institute of Psychoanalysis:

In particular it must not be forgotten that the separation into embryology, physiology, psychology, sociology, and clinical practise does not exist in nature, and that there is only one discipline: *neurobiology*, to which observation obliges us to add the epithet *human* in what concerns us (Lacan, 1956a, p. xxiii).

It is typical of Lacan thus to nail to his masthead the motto of the party he most vehemently opposes and then to demolish its

⁵ Lacan's (1966) own explanation for his use of the capital "A" in "*Autre*," for which I use the "O" of "Other," is as follows: "My reason for using a capital 'O' in stating that the unconscious is the discourse of the Other is to indicate the 'beyond' (*l'au delà*), wherein recognition of desire and the desire for recognition are joined" (p. 524). This idea perhaps has its origins in Lacan's reading of Hegel.

presuppositions, for the greater part indirectly. Whatever else we shall come to assert about him, we shall, I believe, have to see in Lacan a pioneer in the psychoanalytic road that takes a direction antithetical to that proposed by this motto. Our science is *not* part of "neurobiology," and its future is not one of seeking ever closer coherence with biological science.

Paul Ricoeur (1970) has sufficiently summarized the arguments against psychoanalysis as "observational" science, and I shall not go over familiar ground in detail. The basis of the opposition between psychoanalysis and the physical sciences rests in the nature of the data. These are publicly available and objective in physical science, private and subjective in psychoanalysis. We seek a very specialized kind of ascertainment of the psychic reality of another person through the establishment in our own minds of the ideas that are revealed in our patients' communications to us. It is through this process, which is "inter-subjective,"⁶ that we arrive at the inferences we interpret or, as I have said elsewhere, "translate" as the unconscious meaning of the patient's discourse (Leavy, 1973). Nothing in all this is ever made physical and observable except in the form of sounds—and these sounds are arbitrary vehicles of meaning, so that the application to them of any kind of physical procedure whatever would never get us any closer to the message they convey. How then can we look to "neurobiology" to enlighten us? It is only a further obscuring of real differences to invoke here the undisputed psychosomatic unity: what is at stake is rather the recognition that we learn about that, too, only to the extent that we allow full freedom for the discovery of the meaning of symptoms, including physical symptoms, through the development of the discourse, through language.

Ricoeur (1970) has shown that Freud's system of energetics may be a necessary part of his metapsychological explanation, fully complementary to his interpretive or "hermeneutic" system; on the other hand, Ricoeur is the one who reminds us that

⁶ See also, Kris and Kaplan (1952), who alluded to this from a somewhat different point of view in their paper, "Aesthetic Ambiguity."

it is fatal to that system to subject it to the criteria of physical science. It looks not to the physical world of measurement and observation, but to the inner world of meaning. Lacan has tried to reconstruct psychoanalytic theory without recourse to analogies perilously drawn from physical science. He leads us back to where Freud started—to the “talking cure.” Our kind of science is founded in talk, not in tissues. We must look to linguistics, semiology, rhetoric, for ways of organizing our thought.

So much can be said with little reference to Lacan’s particular contributions toward a new theory of psychoanalysis. That he aims at a new theory is manifest, for all his reference to Freud as the source of all his ideas—*his*, only because he has in effect sculpted them out of Freud’s conglomerate theory as Freud himself could not do because he did not have the advantage of modern linguistics. For it is through and through a linguistic theory that Lacan proposes, and as we have seen, one based on the work of Saussure. In fact, we may say that Lacan’s contributions stand or fall in their dependence on Saussure—at least as modified by the school of structural linguistics that he founded. To the extent that Chomsky, for one, offers a different view of language from Saussure’s, it may be that Lacan’s base of operations has been shaken (*cf.*, Edelson, 1975; Ricoeur, 1969). I do not state this by way of conviction, since it is more than probable that Saussurean and Chomskian linguistics are complementary rather than opposed, but it is plain that a reconsideration in which both theories are involved would substantially alter a theory that calls on the signifier as its sole shibboleth. Here, as elsewhere, it seems to me that Lacan’s permanent importance resides in the thrust he has given to psychoanalysis in a new direction—or, as he would insist, in a direction intended by Freud in the first place.

Nevertheless, it was a serious step to seem to identify the unconscious with language, which is at first directly at variance with Freud’s distinction, especially in “The Unconscious” (1915, p. 201), between the presentation of the “thing” and the presentation of the “word.” Freud situated the latter in the pre-

conscious, where it exerts its function as signifier of the unconscious signified. It is in schizophrenia, according to Freud, that the word undergoes the alteration of being treated as a thing-presentation. Is this inconsistent with Lacan's view? Not, I think, if we go back to the example we have given of the transformation of the signifier: all of the metaphors that appear in relationship with the dream element (or any other element in the speech of the patient or subject) have partial overlappings of meaning and have evidently been evoked through the work of the primary process. That is to say, the metaphors for the (unconscious) signified themselves undergo the fate of the signified. I do not think that we have to insert the word itself into the unconscious; what we have to see, if Lacan is right, is that the structural possibilities that constitute the subject's unconscious experience—its "overdetermination"—are identical with those which give rise to language.

I have alluded also to the objection to Lacan's treatment of affect. André Green (1973), once one of his followers, has devoted a book to the refutation of Lacan's position on affect, and here I shall make only a few comments. Usually we differentiate between the unconscious representation and the drive with which it is charged. Furthermore, we even consider this to be a theoretical position with a readily available empirical referent: the intensity with which ideas are entertained, for one thing, and the apparent displaceability of that intensity. It is noteworthy, however, that Freud (1916-1917) once commented that the "nucleus" of an affect is "the repetition of some particular significant experience" (p. 396). Loewenstein (1956) further reminds us that affects have a discharge value "only while the memory-contents are remembered, and this only inasmuch as they are being told to the analyst" (p. 462). I cite these authorities only because their assertions dovetail rather well with Lacan's view that affects, too, are "articulated" like language—which appears to me to mean that affects derive their meaning, too, from the signifiers—the "representations" of which they are a part. What may make this idea difficult is

that we have grown accustomed to imagining affects as something like pools of fluid having an existence independent of mental representations, to which they may or may not adhere. For Lacan, the emergence in analysis of the signifier, or rather of the chain of signifiers ordered in metaphoric or metonymic linkages, is inseparable from the emergence of the affects. That there are problems in this conceptualization—just as there are for any other—is plain enough: it does not account easily for either displacement of affect, on the one hand, or for intellectualization, on the other.

Lacan's ideas about the unconscious are, as I have noted, intimately connected with his structuralist notions of the "symbolic order." Whereas the infant's first apprehensions of the world, "the real," are in terms of images that become organized around essentially false perceptions—"the imaginary"—he enters into the human experience only through the grasping of language. Lacan makes much of Freud's famous account of the child's "*fort-da*" experience (Freud, 1920, p. 14, ff.; Lacan, 1956a, p. 83), in which the loss and reclaiming of the object are experienced repetitively through verbalization. In fact, the existence of language implies a loss and a restitution, the verbal symbol being a reclaimed object. But just as the original object, the "real" object, is lost to consciousness, so the words that signify it may follow in its path, each signifier being replaced by another, generally further and further away from the first.

What generates this process is desire. Lacan's differentiation of desire from biological need is a valuable contribution: much murky thinking can be avoided by recognizing that desire—ultimately for the lost object—is structured symbolically, and that its transformations are like those of any other symbolic process. Desire can be understood only as an aspect of subjectivity; to attempt to handle it even theoretically in terms of biology is to isolate it from its basis in experience. When, however, Lacan tries to posit desire as a metonymic process—apparently because metonymies achieve their status by their contiguities, through a displacing movement—we sense that Lacan

(1957) himself is straining after consistency by borrowing analogies.⁷

I cannot here discuss Lacan's (1949) technical innovations—modifying the length of the analytic hour, among other things—which perhaps are not so capricious or manipulative as they sound. Nor shall I try to take up his important debt to the existential philosophy rooted in Hegel and Heidegger, although it is as fundamental to his thought as empiricist positivism is to Freud's. A final word, however, is due Lacan's feud with ego psychology. One must leave aside its political aspects, which are obvious enough from the record (*cf.*, Miel, 1966). More serious is Lacan's contention that beneath the preoccupations of ego psychology, with ego functions so minutely anatomized, is an adaptational philosophy having as its goal the fitting of the mind to the accepted norms of the community—or at least of the analyst (1966, p. 425). The ego, to Lacan, is best understood as the organization of defenses; accordingly, it is anything but “autonomous”; it is instead a distorting organization (1966, p. 335). Far from needing strengthening, the ego needs to be overcome. Here there may be mere terminological problems, but Lacan is not, once again, the only analyst to have seen in the later development of ego psychology a flight from the unconscious, on the one hand, and an exaggerated claim of psychoanalysis to be a general psychology, on the other.

It is this appeal to the unconscious, the “discourse of the Other,” that makes Lacan's writings and seminars, for all their self-indulgent obscurities, a summons back to psychoanalysis at

⁷ I do not think it has hitherto been noticed that there are some affinities between Lacan's thought and that of two American psychoanalysts, Sullivan and Erikson. Sullivan's (1947) “interpersonal psychiatry” does not have a linguistic basis, but especially in his later work he seems to have applied “field theory” in ways that have a bearing on Lacan's understanding of intersubjectivity. Similarly, to the extent that Erikson's (1959) concept of “identity” means internalization of symbolic structure, it is also related to Lacan's view of the symbolic order. More recently, Schafer (1975), in his “psychoanalysis without psychodynamics,” proposes a language of “action” for psychoanalysis, which, in a very different way from Lacan's, would also abolish the objectification and reification of experience that has pervaded psychoanalytic theory in the past.

its most demanding and its least pretentious. His original translation of Freud's famous aphorism is both odd and persuasive: "*Wo Es war soll Ich werden*" becomes "Where it was, it is my duty that I come to be" (1966, pp. 417-418). The unconscious is the realm of the subjective and the intersubjective; that which seems to be impersonal drive is revealed to be the person himself.

REFERENCES

- EDELSON, M. (1973): Language and Dreams. In: *The Psychoanalytic Study of the Child*, Vol. XXVIII. New York: Quadrangle Books, pp. 203-282.
- (1975): *Language and Interpretation in Psychoanalysis*. New Haven: Yale University Press.
- ERIKSON, E. (1959): *Identity and the Life Cycle. Selected Papers*. (Psychological Issues, Vol. I, No. 1, Monograph 1.) New York: International Universities Press, Inc.
- FAGES, J.-B. (1971): *Comprendre Jacques Lacan*. Toulouse: Privat.
- FREUD (1900): *The Interpretation of Dreams*. Standard Edition, IV/V.
- (1915): *The Unconscious*. Standard Edition, XIV, pp. 166-215.
- (1916-1917): *Introductory Lectures on Psycho-Analysis. Part III*. Standard Edition, XVI.
- (1920): *Beyond the Pleasure Principle*. Standard Edition, XVIII, pp. 7-64.
- GEAR, M. and LIENDO, E. (1975): *Sémiologie psychanalytique*. Paris: Minuit.
- GREEN, A. (1973): *Le discours vivant*. Paris: Presses Universitaires de France.
- JAKOBSON, R. (1958): Linguistics and Poetics. In: *The Structuralists: From Marx to Lévi-Strauss*. Edited by R. T. and F. M. de George. Garden City, N.Y.: Anchor Books, 1972.
- and HALLE, M. (1956): *Fundamentals of Language*. Second Edition. The Hague: Mouton, 1971.
- KRIS, E. and KAPLAN, A. (1952): Aesthetic Ambiguity. In: *Psychoanalytic Explorations in Art*. New York: International Universities Press, Inc., pp. 243-264.
- LACAN, J. (1949): *The Mirror-Phase as Formative of the Function of the I*. Translated by J. Roussel. New Left Review, LI, 1968, pp. 71-77.
- (1953-1954): *Le séminaire, livre i*. Edited by J.-A. Miller. Paris: Édition du Seuil, 1975.
- (1956a): The Function of Language in Psychoanalysis. In: *The Language of the Self*. By A. Wilden. Baltimore: Johns Hopkins University Press, 1968, pp. 1-88.
- (1956b): Seminar on "The Purloined Letter." Translated by J. Mehlman. In: *Yale French Studies*, No. 48. New Haven.
- (1957): The Insistence of the Letter in the Unconscious. Translated by J. Miel. In: *Structuralism*. Edited by J. Ehrmann. Garden City, N.Y.: Anchor Books, 1970, pp. 101-136.
- (1964): *Le séminaire, livre xi*. Edited by J.-A. Miller. Paris: Éditions du Seuil, 1973.

-
- (1966): *Écrits. Le champ freudien. Collection dirigée par Jacques Lacan.* Paris: Éditions du Seuil.
- (1972-1973): *Le séminaire, livre xx.* Edited by J.-A. Miller. Paris: Éditions du Seuil, 1975.
- LAPLANCHE, J. and LECLAIRE, S. (1966): The Unconscious. Translated by P. Coleman. In: *Yale French Studies, No. 48.* New Haven.
- LEAVY, S. (1973): Psychoanalytic Interpretation. In: *The Psychoanalytic Study of the Child, Vol. XXVIII.* New Haven: Yale University Press, pp. 305-330.
- LÉVI-STRAUSS, C. (1967): The Effectiveness of Symbols. In: *Structural Anthropology.* Garden City, N.Y.: Anchor Books, pp. 181-201. See also, in the same volume, Linguistics and Anthropology, pp. 66-79.
- LOEWENSTEIN, R. (1956): *Some Remarks on the Role of Speech in Psycho-Analytic Technique.* Int. J. Ps., XXXVII, pp. 460-468.
- MIEL, J. (1966): Jacques Lacan and the Structure of the Unconscious. In: *Structuralism.* Edited by J. Ehrmann. Garden City, N.Y.: Anchor Books, 1970, pp. 94-100.
- PALMIER, J.-M. (1972): *Lacan: Le symbolique et l'imaginaire.* Paris: Éditions Universitaires.
- RICOEUR, P. (1969): *Le conflit des interprétations.* Paris: Éditions du Seuil.
- (1970): *Freud and Philosophy.* New Haven: Yale University Press.
- SAUSSURE, F. DE (1915): *Cours de linguistique générale.* Edited by T. de Mauro. Paris: Payot, 1972. (For English translation, see *The Structuralists: From Marx to Lévi-Strauss.* Edited by R. T. and F. M. de George. Garden City, N.Y.: Anchor Books, 1972, pp. 58-79).
- SCHAFER, R. (1975): *Psychoanalysis without Psychodynamics.* Int. J. Ps., LVI, pp. 41-55.
- SULLIVAN, H. (1947): *Conceptions of Modern Psychiatry. The First William Alanson White Memorial Lectures.* New York: W. W. Norton & Co., Inc., 1953.

340 Whitney Avenue
New Haven, Connecticut 06511

Split Brains and Psychoanalysis

Klaus D. Hoppe

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SPLIT BRAINS AND PSYCHOANALYSIS

BY KLAUS D. HOPPE, M.D.

Modern neuro- and psychophysiological findings on commissurotomed ("split-brain") patients seem to confirm psychoanalytic theories. Twelve commissurotomed patients and one patient who had a right hemispherectomy showed an impoverishment of dreams, fantasies and symbolization. This might have been due to an interruption of the preconscious stream between the two hemispheres, which causes a separation of word-presentations from thing-presentations, as well as to a predominance of a feedback-free primary process in the right hemisphere. The similarity in operational thinking of psychosomatic and split-brain patients leads the author to hypothesize a "functional commissurotomy" in cases of severe psychosomatic disturbances.

INTRODUCTION

The duality of the mind has intrigued mankind for centuries. The duality of the brain is a more recent interest. The surgical procedure disconnecting the two cerebral hemispheres via a sectioning of the corpus callosum and the anterior commissure has, therapeutically, brought an end to epileptic seizures in patients who suffered from them with extreme frequency. A windfall for psychophysiology was the discovery that the two cerebral hemispheres seem to fulfill different functions. In right-handed people, the left hemisphere has been found to verbalize logical abstract thinking, while the right hemisphere specializes in the perception of the spatial aspect of the gestalt as a whole. The right hemisphere senses the forest, so to speak, while the left one cannot see the woods for the trees.

In my own observations of twelve patients following commis-

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suotomy ("split-brain" people), I found a quantitative as well as qualitative paucity of dreams, fantasies, and symbolization. Hypothetically, this might be due to the interruption of a pre-conscious stream between the two hemispheres and the predominance of a feedback-free primary process in the right hemisphere.

The French psychoanalysts Marty and de M'Uzan (1963) have described a similar impoverishment of fantasies, dreams, and affects in psychosomatic patients. They named this kind of thinking *pensée opératoire*. Their findings have been confirmed by Nemiah and Sifneos (1970).

The similarity of operational thinking in psychosomatically ill patients and split-brain people has led me to hypothesize a "functional commissurotomy" in cases of severe psychosomatic disturbances. Such a functional commissurotomy might anchor in psychophysiological terms the model of biphasic defense advanced by Mitscherlich (1969). According to this model, psychosomatic patients at first suffer from a neurotic conflict. In the second phase of defense they regress further to the psychosomatic level and exhibit resomatization of affect.

Following my hypothesis, the first phase of a neurotic process engages both hemispheres with defenses being mainly intra-hemispherical. The second phase of defense mechanisms involves the transcallosal interhemispheric system (i.e., functional commissurotomy), thus blocking all emotions and gestalt perceptions of the right hemisphere from being verbalized by the left hemisphere. Instead, these emotions are hypercathected in the right hemisphere, leading to a resomatization of affect.

In the first section of this paper I shall focus on the duality of the mind, starting with Freud's (1895) *Project* and his correspondence with Fliess (Freud, 1887-1902). Sociological and psychosocial phenomena as well as recent experimental findings about the right/left differences in healthy people point in the direction of a cognitive duality which also represents affect in a different way.

DUALITY OF THE MIND

The beginning of psychoanalysis was characterized by Freud's impressive attempt to relate psychological findings with brain functions. His *Project for a Scientific Psychology* written in 1895 is still considered an "up-to-date, useful, research tool" (Pribram, 1962). In the *Project* Freud stated:

Thus, the complex of the fellow human-being falls apart into two components, of which one makes an impression by its constant structure and stays together as a *thing*, while the other can be *understood* by the activity of memory—that is, can be traced back to information from [the subject's] own body. This dissection of a perceptual complex is described as *cognizing* it; it involves a *judgement* and when this last aim has been attained it comes to an end (p. 331).

Freud distinguished between a cognitive or judgmental thinking which is "from the first directed . . . to the indications of speech" (p. 367) and a reproductive wishful thinking, searching for an identity "with a psychical cathexis . . . (an experience of one's own)" (p. 332).

The relationship of both of these modes of thinking with the primary and secondary process, as well as the body image and schema, is obvious. For our purpose, I would like to emphasize the two categories of perception Freud distinguished: on the one hand, a holistic perception of the gestalt; on the other hand, a specialized logical cognition which is bound to language. Freud's differentiation well fits the findings of Sperry and his co-workers (1969), which demonstrate that there are two different styles of functioning of the two cerebral hemispheres following their separation (commissurotomy) as well as in healthy people.

Freud (1887-1902) anticipated these modern discoveries when he wrote to Fliess on December 29, 1897:

What I want now is plenty of material for a mercilessly severe test of the left-handedness theory. I have got the needle and thread ready (p. 241).

Then on January 4, 1898:

My dear Wilhelm, . . . It interests me that you should take it so much amiss that I am still unable to accept your interpretation of left-handedness. . . . It also occurred to me that you may have considered me to be partially left-handed; if so, you should tell me, for there would be nothing hurtful to me in such a piece of self-knowledge. . . . I am not aware of any preference for the left hand, or that I had any such preference in childhood: I should rather say that in my early years, I had two left hands. . . . In my case in my early years I had to think which was my right; no organic feeling told me. . . . it may be connected with the fact that in general I have a very poor feeling for space . . . [in the original: "*niedertraechtig geringes (!) Raumvorstellungsvermoegen*"] (pp. 242-243).

The right-left problem is also interesting from the viewpoint of the history of civilization and of sociology. In Australian Aborigines, American Indians, Hindus, African and Arabic natives, as well as the Maoris of New Zealand, the right-left dichotomy is outstanding. The *left* is associated with the bad, the dark, the profane, the feminine, the night, homosexuality, and death, while the polar opposites of these concepts are associated with the *right* (Domhoff, 1970). Our ancestors were convinced that witches were left-handed; an early identification sign of a saint was his refusal of the left breast; girls came from the semen of the left testicle, boys from that of the right (Hertz, 1960; Domhoff, 1970). In matriarchy the left hand took precedence over the right hand (*cf.*, Ellenberger, 1970).

Language still reflects this polarity. The child psychologist, Janet Brown (*cf.*, Domhoff, 1970), observed that ten three-year-olds used their dominant hand, the right in most cases, for socially acceptable activities, while the nondominant hand was involved in aggressive acts and contacts with their own bodies. College students were requested by Domhoff to rate the concepts "right" and "left." Using the semantic differential technique, he found a statistically significant difference between word association for the two sides: "left" was characterized as

bad, dark, profane, female, unclean, night, West,¹ curved, limp, homosexual, weak, mysterious, low, ugly, black, incorrect, and death, while "right" meant just the opposite. Recently, Bogen, DeZure, Tenhouten, and Marsh (1972) found that Blacks and Hopi Indians scored lower on similarity subtests of the Wechsler Adult Intelligence Scale and higher on the Street Figure Completion Test in comparison with white Americans. This fact points in the direction of a greater development of right hemisphere potential in the former ethnic groups.

On the basis of the new discoveries about the different style of functioning in the two hemispheres, Lansdell (1969) and Levy (1969) found a negative correlation between language ability and spatial performance scores, hypothetically due to an "interhemispheric interference." Galin and Ornstein (1972) found relatively higher alpha-amplitude over the right hemisphere during verbal tasks, and relatively more alpha activity over the left hemisphere during spatial tasks. The hemisphere expected to be less engaged in the task, therefore, seems to have more of the idling (alpha) rhythm. Recently, they examined eighteen lawyers as representatives of a verbal-analytic mode and seventeen sculptors and ceramicists who are engaged in three-dimensional forms and images. During the solving of verbal and spatial performance tests, the lawyers showed consistently greater change in alpha power over the left hemisphere than did the ceramicists.

In 1919 Ferenczi observed that a hysteric hemianesthesia occurred more frequently on the left side than on the right side of the body.

I recalled that *the left half of the body is à priori more accessible to unconscious impulses than the right*, which, in consequence of the more powerful attention-excitation of this more

¹ With regard to geographical direction—West: left, East: right—we follow the ancient Greeks who looked toward the North and thus had the "good" hand on the right side, since the light comes from the East. The Roman augurs, however, looked toward the South and had the East at the side of the sunrise and blessings on their left. In this connection, Juenger (1949) emphasized the importance of a cosmic orientation as well as the somatic one.

active and more skilful half of the body, is better protected against influences from the unconscious. It is possible that—in right-handed people—the sensational sphere for the left side shows from the first a certain predisposition for unconscious impulses, so that it is more easily robbed of its normal functions and placed at the service of unconscious libidinal phantasies (Ferenczi, 1919, pp. 115-116).

In the light of later work these observations of Ferenczi's seem to be more than mere speculation.

DUALITY OF THE BRAIN

In the early sixties, Vogel and Bogen performed complete cerebral commissurotomy on fourteen chronic epileptics. The operation included the division of the entire corpus callosum and anterior and hippocampal commissures as well as, in some cases, the massa intermedia. More recently they have performed partial commissurotomy, which spares the posterior part of the corpus callosum (splenium corporis callosi), on four patients. They report that commissurotomy provided significant relief of seizures (see, Bogen, Sperry and Vogel, 1969). Prior to the operation, the patients had suffered from increasingly frequent and severe epileptic seizures, especially during the daytime, which could not be controlled by medication, and frequently had developed into a status epilepticus. Following a postoperative phase of symptoms similar to an organic brain syndrome, the patients apparently regained their previous functions.

With special tests, developed in animal experiments, a wide variety of defects of integration between the two cerebral hemispheres could be elicited in these patients. Each of the separated hemispheres appears to register specific sensations, perceptions, mental associations, and ideas. Each has its own learning processes and its own separate chain of memories, all of which are largely inaccessible to the other hemisphere.

Sperry, Gazzaniga, and Bogen (1969) have summarized the neurological syndromes of hemisphere disconnection. The differentiation in two cognitive worlds is particularly marked in visual perception and verbal reproduction. If visual material is

selectively presented to the left half-field, split-brain people usually report that they see nothing. Difficulty in the left half-field is not visual but one of verbal communication, since the right hemisphere is unable to verbalize. Split-brain people point correctly with their left hands to words, objects, or matching pictures. If a pair of objects is presented simultaneously, one left and one right, only the left hand is able to pick out from an unseen group of objects the specific items pictured in the left half-field. When asked what they have chosen with the left hand, patients incorrectly name what they have seen in the right half-field.

Unseen objects in the left hand (right hemisphere) cannot be described (anomia). This is also true for stimuli applied to the left foot. Olfactory stimuli, presented to the right nostril, cannot be named, although they can be identified by pointing to a corresponding object with the left hand. The left hand of the split-brain person has great difficulty in writing (dysgraphia), and the right hand is feeble in copying simple geometric figures (dysopia) (Bogen, 1969a).

Each of the separated hemispheres seems to have its own visual images and memories. An individual with a split-brain can verbally report only about perceptions and experiences of the left hemisphere. However, the right hemisphere reacts correctly to heard commands and printed word-stimuli which, to a limited extent, can be copied by the patient.

Individual variations and functional compensations, especially in younger split-brain patients, makes an evaluation of the integrative role of the neocortical commissures difficult. It is, however, a fact that the right hemisphere in the right-handers—which, until recently, had been called “minor” or “nondominant”—is superior in perceiving and handling of spatial forms and in spatial orientation. The right hemisphere is much better equipped than the left hemisphere for finding and assembling patterns, palpated blocks and cubes, as well as for recognizing and reproducing abstract forms. Furthermore, holistic percepts—the ability to construct from partial or frag-

mented sensory informations a concept of the total stimulus—are more strongly developed in the right hemisphere (Nebes, 1974).

When visual chimeras (composites formed of the right half of one photographed face and the left half of another face) are tachistoscopically flashed to both hemispheres, the split-brain subject points to the face shown on the left visual field and thus seen by the right hemisphere. If, however, the patient is asked to describe the picture verbally, the right field face is chosen by the left hemisphere (Levy, Trevarthen, and Sperry, 1972). The right hemisphere's superiority involves not just spatial-perceptual transformation, but also the direct apprehension of shape.

As stimulating as these over-all findings are for the neuro-psychiatric field, certain specific observations are particularly important with regard to our topic.

In a movie illustration, a photograph of a nude woman, among a series of otherwise dull objects, appears unannounced in the left half-field of a split-brain subject. The split-brain subject (whose right hemisphere was stimulated) at first reported seeing nothing. She then flushed, squirmed, smiled, and finally looked uncomfortable and confused. But her left hemisphere was still unaware of what had caused the emotional turmoil in her body. What could be verbalized by the left hemisphere was only the remark: "What a funny machine you have there, Dr. Sperry." Ornstein (1972), although unsympathetic to psycho-analytic explanations, interpreted this behavior of the split-brain patient as an indication of the unconscious nature of the emotional reaction, unavailable to her language apparatus. These two independent consciousnesses, clearly split, he believed, could find their analogy in repression and denial.

Two remarkable papers have provided a bridge between the data of neurosurgery and that of psychiatry and psychoanalysis (*cf.*, Bogen, 1969b; Bogen and Bogen, 1969). One shows that musical capacity is strongly represented in the right hemispheres

in right-handers. Luria, et al. (1965) have published a striking case of a composer whose best work was done after he was rendered aphasic by a massive stroke of the left hemisphere. In a patient with a left hemispherectomy, the paucity of speech was in marked contrast to his ability to sing a variety of songs learned in early life. On the other hand, patients with right hemisphere removals were particularly impaired in the areas of timbre and total memory (see, Milner, 1962). Following the injection of Amytal in the right carotid of six right-handed patients, Bogen and Gordon (1971) observed a grossly disturbed ability to sing in addition to the expected short-lived paralysis of the left side of the body. The typical defect after the injection of Amytal was monotonicity with a few unnatural pitch changes.

Bogen and Bogen (1969) have correlated creativity with the specialization of the hemispheres, which in itself is a basis for flexibility. The phylogenetic asymmetry is more fundamental than language and has an adaptive value long before the emergence of reading and writing. Symbolic formulation and expression are not necessarily linked to speech. The functioning of the corpus callosum is associated with the highest and most elaborate activities of the brain. They found that if the trans-callosal interhemispheric exchange is blocked, the result is a lack of creativity.

J. Bogen (1969b) attributes a lack of creativity to various factors, including a trans-callosal inhibition of the right hemisphere by the dominant left hemisphere. This idea may explain why the failure to develop fresh insights in the outside world is closely related to a lack of further insight into one's other self. The artist needs the openness between the two cerebral hemispheres, especially toward the "other side of the brain."

Finally, Bogen points out the correlation of the two hemispheres with the primary and secondary processes. He quotes Fenichel (1945): primary process thinking "is carried out more through pictorial, concrete images, whereas the secondary process is based more on words . . ." (p. 47). Imagination and "emotional" fantasy are typical for the "pictorial thinking" of

the primary process, which is less suitable for objective judgment and reality testing. In this connection Bogen mentions that cutting the commissures results in a loss of dream reports as well as loss of certain visiospatial memories.

Galin (1974) carries these ideas further and postulates parallels between some aspects of the mental processes of the disconnected right hemisphere and some aspects of primary process thinking and repression, as well as an anatomical locus for unconscious mental contents. Even in normal, intact people, the right hemisphere, functionally disconnected by trans-callosal inhibition, continues a life of its own. As basis for his hypothesis, Galin used clinical and experimental observations concerning unconscious processes through somatic expression, dreaming, the denial of illness, the affective reaction induced by intracarotid Amytal, and the therapeutic response to unilateral electroconvulsive treatment for depression. Galin summarized the findings which support parallels between right hemisphere function and primary process thinking as follows:

1. The right hemisphere primarily uses a nonverbal mode of representation.
2. The right hemisphere reasons by a nonlinear mode of association rather than by syllogistic logic. It typically grasps the concept of the whole from just a part. Its solutions to problems are based on multiple converging determinants rather than a single causal chain.
3. The right hemisphere is less involved with perception of time and sequence than the left hemisphere.
4. The right hemisphere possesses words, but these words are not organized for use in propositions and sentences, rather they reflect a holistic style. Because the right hemisphere deals more effectively with complex patterns taken as a whole than with the individual parts taken serially, we might expect metaphors, puns, *double-entendre*, and rebus, i.e., word-pictures. The elements in these verbal constructions do not have fixed single definitions (are not clearly bounded), but depend on context and can shift in meaning when seen as parts of a new pattern. This is the sort of language that appears in dreams and slips of

the tongue extensively described by Freud (1901) in *The Psychopathology of Everyday Life*.

5. The right hemisphere is particularly adept in the recognition of faces.

Galin discussed several conditions favoring the development of two separate streams of consciousness. One condition would be a conflict situation; for example, when a mother assures her child of her love, but her facial expression shows the opposite. Usually the verbal expression, perceived in the left hemisphere, wins control; the child, however, might flee if the right hemisphere perception of the hate was strong enough, or if flight was not sufficiently inhibited by the left hemisphere. Regardless of the external reaction, the ambivalent experience may persist as image and memory and thus influence future feelings and behavior.

Apart from conflict situations, the knowledge which one hemisphere possesses may not translate well into the language of the other. For example, the experience of a symphony concert is not readily expressed in words, whereas the concept "democracy requires informed participation" is hard to convey in images.

At the present time, Galin is examining the EEG-asymmetry in REM sleep in order to establish if, in normal people, the right hemisphere is more actively involved in dreaming than is the left hemisphere, as was suggested by Bogen's observations in split-brain subjects. These considerations lead to our own observations.

CLINICAL OBSERVATIONS

1. *A patient with a right hemispherectomy*

Before I had the opportunity to examine commissurotomized patients, I was introduced by Dr. Bogen² to a thirty-two-year-old

² J. Bogen, Senior Neurosurgeon of the Ross-Loos Medical Group, Los Angeles, and I, Director of Research of the Hacker Clinic, Beverly Hills, are collaborating in this research.

woman whose right cerebral hemisphere had to be totally removed due to a recurrent glioma (hemispherectomy).

Mrs. G, a former singer and actress, was still a beautiful lady, although her smile was now half-sided and her movements remained restricted to the right side of her body, especially her right arm. She spoke in such a glib and witty way that I had to look clandestinely to her paralyzed left side to convince myself: Mrs. G no longer possesses a right hemisphere.

In several taped interviews, she talked freely about the impotence of her divorced husband and her present needs. She could not remember any circumstances of her brain operation four years ago. Mrs. G volunteered to demonstrate her inability to sing melodically with the remark: "I feel like a frog that has just gotten out of water." She stated with some irritation that she could not recollect any dreams or fantasies. Only at the last interview, when specifically questioned, did she report a dream of the week before. In it, Dr. Bogen and a psychologist drove her in the latter's Volkswagen to a restaurant and treated her to lobster and martinis—exactly as had happened in reality a short while before.

In her associations, Mrs. G brought up her flirting with both doctors, her hopes that they were not married, and her eagerness to see them because of recent changes in her medication which angered her. Concerning the dream, she stated with a giggle: "It was not a wet dream." When asked about details of her dream, she stated that the real experiences in the Volkswagen and in the restaurant were exactly as in the dream. Later, she elaborated, saying that sometimes she had also daydreamed about going out to lunch and that she had a strong dislike of fantasies which she believed would destroy her mind and make her "crazy."

We see that Mrs. G was capable of dreaming despite the total lack of her right hemisphere. Her single dream fulfilled a wish close to reality. Her associations revealed latent dream thoughts, especially her wish to be close to her doctors and to be studied by them, which was fulfilled in her dream. There was, however,

no distortion of latent dream thoughts noticeable in the manifest dream content—i.e., dream work proper was missing.

The patient's usual conversations, loaded with vivid allusions (see, Bogen, 1971), also seemed to reflect reality but were less linear and syllogistic. Rather they revealed an astonishing degree of flexibility without being incoherent or loose. Furthermore, Mrs. G was able—with her left hemisphere—to be witty with words, even while she insisted on the realistic nature of her word-pictures (i.e., the frog just gotten out of water).

This ambiguous picture does not seem to entirely fit Galin's summary concerning right hemisphere functioning and primary process. The experience with Mrs. G led me to examine other split-brain patients who have been followed up by Dr. Bogen.

2. *Twelve commissurotomy patients*

Including nonpublished cases of Bogen and Vogel and also cases operated on in New England and France, there are, since 1962, only about two dozen epileptics who have had commissurotomies. I have had the opportunity to interview twelve split-brain people (ten after a total, two after a partial commissurotomy) and their relatives. All interviews were taped.

In addition to the usual psychiatric examinations,³ particular attention was paid to the quantity and quality of dream and fantasy content prior to and after commissurotomy, as well as to the ability to form symbols. The results of these examinations of five female and seven male split-brain persons between the ages of twenty-one and fifty, all but one of them right-handed, are summarized below.

(a) *Dream Material:*

Like the patient with the right hemispherectomy described above, some commissurotomy patients were able to recollect and verbalize their dreams. The manifest content of the dreams reflected reality, affect, and drives. Even in the more elaborate dream, there was a remarkable lack of distortion of latent dream

³ The findings regarding their mental status, life histories, and psychodynamics will be published in a separate paper.

thoughts. The findings show that the left hemisphere alone is able to produce dreams. This ability, however, seems restricted with regard to frequency and quality. Findings which concur with parallel observations on fantasies and symbolizations are the basis for our theoretical implications.

Nine patients could not recall any dreams before the operation. Three patients recollected dreams before the operation. These dreams consisted of either nightmarish experiences during childhood (an Indian with a hatchet, monsters—both by male patients; the threatening mother with a knife by a female patient) or direct wish-fulfillments (dating or being a movie star—both by a female patient).

During the time after the commissurotomy, eight patients could not recollect any dreams, but four patients did recall dreams: a twenty-two-year-old male dreamed about kissing a girlfriend; a forty-year-old female dreamed of her happy high school days; a twenty-four-year-old male dreamed of getting married; and a forty-three-year-old female gave a detailed description of a dream about being thought dead after a seizure.

(b) *Fantasies:*

Like the dreams, the fantasies of our twelve patients reflected reality, affect, and some instinctual drives. They were conscious daydreams and lacked the quality of unconscious or primal fantasies.

Five patients could remember fantasies before the operation. Two revived threats of their childhood (monsters, father is driving little children over a cliff); three had had hero fantasies (becoming wealthy, a baseball hero, a nurse, or a movie star).

With regard to fantasies after the commissurotomy, three patients could not remember any fantasies, even recent ones. Nine patients daydreamed about moving to another neighborhood, having a little house with a garden, chickens, going out, being married to a girl friend, or getting a high school diploma.

(c) *Symbolization:*

In discussing symbolization, one must consider the new scientific developments in our field which have been fertilized by

psychoanalysis and linguistics. Following Lorenzer (1970), I distinguish between capacity, structure, and quality of symbolization.

The capacity consists of awakening an image, concept, or thought without direct and immediate stimulus, and forming a mental representation in addition to a mental registration (Beres, 1965). There is a spectrum between the low pole, which is arrested on the concretistic level, and the high pole of creative activity, such as poetry or the solution of mathematical problems.

Structurally, we see a difference between presentational and discursive symbolization, as described by Susanne Langer (1942). Discursive symbolization is articulated and needs a secondary thought process. Presentational symbolization represents the logic of emotions as expressed in fine art, mysticism, and music, and exhibits primary process attributes, such as condensation or displacement.

The quality of symbolization is dynamically expressed as either stereotyped rigidity, as flexibility, or as a rigidity in which denotations dominate over connotations. The latter type of rigidity exists in obsessive-compulsive neurotics, whereas hysterics use a stereotyped rigidity that remains fixated on unconscious sources.

In the twelve commissurotomy patients, the capacity for symbolization was clustered around the low pole; only two patients sometimes showed a medium degree of imagery. The structure of symbolization—as far as the general paucity of symbols permitted an evaluation—was more discursive than presentational. Concerning the quality of symbolization, stereotyped rigidity was predominant in six patients, denotational rigidity in six patients.

The foregoing suggests that patients after commissurotomy reveal a paucity of dreams, fantasies, and symbols. Their dreams lack the characteristics of dream work; their fantasies are unimaginative, utilitarian, and tied to reality; their symbolization is concretistic, discursive, and rigid.

Questions regarding the interpretation of these findings are pertinent. Are they really specific for split-brain people and not predominantly due to the pre-existing chronic epilepsy? To what extent can they be understood as a postoperational organic brain syndrome? What are the influences of the particular personality structure and the sociocultural background?⁴

The twelve split-brain patients referred to above had all suffered from frequent epileptic seizures during the daytime prior to their commissurotomies. (A control group of chronic epileptics is being interviewed concurrently.) In his classic textbook on epilepsies, Janz (1969) delineated the different personalities of sleep versus daytime epileptics. Whereas epileptics with seizures during the night are introverted, retentive, submissive, irritable, circumstantial, and show many obsessive-compulsive features, epileptics who experience their seizures after awakening or during daytime show a contrary picture: they are extroverted, careless, ostentatious, destructive, unstable, unsteady, and impulsive. Based on these findings, and considering their preoperational personality structures, our twelve patients with histories of previous epileptic seizures during the daytime may be assumed to have been open and productive as to dreams, fantasies, and symbols prior to their commissurotomies. There are some indications of an organic brain syndrome in all twelve of our split-brain patients. Their sociocultural backgrounds and personality structures undoubtedly influence dreams, fantasies, and symbolizations. (An attempt has been made to match the control group in the areas of personality and socioeconomic background.)

How do the results of the study of these twelve split-brain people fit into psychoanalytic theory?

Obviously, a rigid topographic assignment of unconscious repression and primary process to the right hemisphere is not permissible. Split-brain people are capable—albeit to a lesser degree than normal individuals—of dreaming, fantasizing, and

⁴ These questions will be dealt with in more detail in future publications.

forming symbols. This opinion corresponds with Freud's (1900, 1915) warning of a localization of psychic processes to the brain, although he later conceded that perceptions and conscious processes take place in the cerebral cortex (1920, 1923, 1938).

Ostow (1954/1955) assigned to the premotor frontal region the function of devising and energizing derivatives of instinctual drives and unconscious fantasies. The temporal lobe, he postulated, was instrumental in matching percepts with preconscious memories, and thereby with unconscious repressed memories and fantasies. The temporal lobe also has been assumed to assess the degree of prospective success of the goal-seeking functions of the frontal lobe. Ostow's hypothesis was based on animal experiments, cerebral stimulation, and lobotomies—that is, on phenomena and impairments in *both* hemispheres. His hypothesis accentuated the vertical connections between cortex and deeper centers. Naturally, the horizontal difference of the cerebral hemispheres, as has now been established by commissurotomy, was not known at that time.

IMPLICATIONS FOR PSYCHOANALYTIC THEORY

Considering Freud's concept of the preconscious, modern development of the topographic and structural models, as well as of the primary and secondary processes, I would like to suggest the following hypotheses.

In both cerebral hemispheres there occur conscious and unconscious processes, defense mechanisms and functions of superego, ego, and id systems or subsystems. The principle of multiple function is applicable; Waelder (1936) distinguished between the ego, id, and superego parts of fantasies (see also, Meyer, 1969).

The split of the corpus callosum interrupts the constant preconscious stream between the two hemispheres. According to Kubie (1966), the preconscious stream itself is asymbolic and imageless. Due to interruption of the preconscious stream, word-presentations, which in right-handers are almost entirely repre-

sented by the left hemisphere, cannot meet with thing-presentations. This lack, and thereby decathexis of preconscious word-presentations in the right hemisphere, results in the rich material of conscious symbols and unconscious fantasies remaining almost unused. The left hemisphere is separated from this "treasure" by the commissurotomy and left to its own conscious and unconscious resources. The described hypothetical reactions could explain the quantitative and qualitative paucity of dreams, fantasies, and symbolization observed in split-brain people.

In addition to secondary processes, primary processes or primary organizations (Lorenzer, 1970) are taking place in the left hemisphere following commissurotomy. These primary organizations are integrated in the system of conscious, feedback-controlled thought processes (Noy, 1969). In the right hemisphere, these primary organizations are diminished. Here hypercathected, feedback-free primary processes are stored, but remain unused and cannot be expressed by the special style of the right hemisphere with regard to holistic mentation, including the perception of faces and gestalt. The feedback-free primary organizations in the right hemisphere cannot be "translated" by the left hemisphere due to the interrupted preconscious stream. The result is an impoverished "private language" of dreams, fantasies, and symbols (see in this context Graham's [1967] concept of a "linguistic parallelism").

I postulate, therefore, a horizontal feedback mechanism between the two cerebral hemispheres in addition to a feedback between outer and inner world (perception, apperception) and a vertical feedback between cortex and deeper centers, including the periphery of the body.⁵ If the horizontal feedback is blocked

⁵ With regard to an undisturbed development of human life, I would like to add a footnote. Kohut (1975), when discussing my paper at the Chicago Institute for Psychoanalysis meeting in November 1975, commented that he assumes a separate development of sensory cognition on the one hand, and introspection and empathy on the other hand. In the course of human life the empathic function tends to become overlaid by non-empathic modes of cognition. Following my theory, Kohut arrives at the probable conclusion that the apparatus for empathic cognition lies in the right hemisphere.

(as in split-brain people) the left hemisphere focuses upon the differentiation of the perceived reality and the translation of thing-presentations into word-presentations (predominantly secondary organizations). The right hemisphere, in turn, hypercathects the close connections between central self (Noy, 1969) and thing-presentations, including body sensations which cannot be verbalized (predominantly primary organizations).

The extent to which such hypothetical processes may be involved in psychosomatic disorders is discussed below.

SPECULATIONS ON PSYCHOSOMATIC DISORDERS

The similarity of findings in psychosomatic patients and split-brain people stimulates speculations and hypotheses which are waiting for clinical-experimental assessment.

During the last twenty years the psychoanalytic school of Marty, Fain, de M'Uzan, and David in Paris has developed an original theoretical concept which is based on observations of psychosomatic patients (see, Schneider, 1973).

In 1963, Marty, de M'Uzan, and David published their book, *L'investigation psychosomatique*, and coined the term "*pensée opératoire*" to describe a qualitative impoverishment of the patient's relations to external and internal psychic objects ("*relation blanche*"). The lack of free fantasies and dreams is reflected in dull and stiff verbal expression ("*sclérose de l'expression verbale*") so that the waves of the unconscious cannot stir a ripple in the smooth surface of an apparently simple conscious. The verbal communication of their patients was said to be banal, sterile, without attraction or horizon (Marty, de M'Uzan, David, 1963; Schneider, 1973).

If patients are capable of remembering dreams—a rare occurrence, indeed—they follow the rules of operational thinking in their reports. They present nothing but detailed descriptions of a concrete event or chain of events, which always remain closely linked to reality. Obviously, such dreams also consist of an instinctual investment ("*un investissement pulsionnel*"), but the

usually total lack of associations prevents their correct assessment (see, Marty and de M'Uzan, 1963).

These observations of the French school were confirmed by Nemiah and Sifneos (1970) of Harvard, who studied the protocols of twenty psychosomatic patients, interviewed fifteen years ago, and found that sixteen of them showed a marked difficulty in expressing or describing their feelings verbally and an absence or striking diminution of fantasy.

I was able to make similar observations in a larger sample. Two hundred survivors of severe Nazi persecution (see, Hoppe, 1962, 1971), all of whom suffered from psychosomatic reactions or disorders (Hoppe, 1968), dreamed exclusively about details of their persecution in concentration camps or of hiding places and had difficulty in expressing their feelings. In survivors of severe persecution, the sense of an empty and meaningless life (Venzlaff, 1963) is combined with a paucity of symbols and fantasies as well as a loss of security in interpersonal relationships (v. Baeyer, Haefner, and Kisker, 1964).

On the basis of the above-mentioned theory of a preconscious horizontal feedback mechanism between the two hemispheres, I assume a "functional commissurotomy" in severe psychosomatic disturbances. The functional commissurotomy seems to correlate with extremely strong defenses which the French analysts observed in their psychosomatic patients, as well as with a model of biphasic defense, developed by Mitscherlich (1969) and co-workers in Germany. In 1973, De Boer and Mitscherlich stated their position, which is based on numerous psychoanalytic treatments of psychosomatic patients:

According to our understanding, chronic psychosomatic disorders are based on a neurotic life history and develop in a biphasic way. At first the symptomatology is classically neurotic, also vaguely dysfunctional, without any organic correlates. In a second phase of renewed defenses a resomatization, a regression of the conflict to a somatic illness, takes place (p. 5).

According to my hypothesis, both hemispheres correspond freely and actively with each other on the neurotic level and

the defense mechanisms are mainly intrahemispheric. The second phase of defense manifests itself as "functional commissurotomy," i.e., a strong interhemispheric blocking. It causes an impoverishment of dreams, fantasies, and symbols, as well as a hypercathexis of gestalt- and body-representations in the right hemisphere which can no longer be verbalized. A resomatization of affect (see, Schur, 1955) is the end result.

This hypothesis is supported by clinical and experimental findings: Critchley (1953), as well as Weinstein and Kahn (1955), observed that anosognosia—the unawareness of the gross neurological deficit like a hemiplegia—is much more common following right hemisphere lesions than left (4.5 to 1 in their series). (Babinski had also noticed a preponderance of anosognosia in hemiplegia on the left side of the body.) Cohen, Penick, and Tarter (1976) found that electroconvulsive shock treatment, unilaterally administered to the right hemisphere, provided larger anti-depressant changes than unilaterally left or bilateral shock treatment. They assume that through the ECT to the right hemisphere, the patient's field of attention is constricted, which they correlate with an increased denial of depression.

My ongoing research with Dr. Bogen indicates that the denial of illness, as a nonverbal form of defense which also plays a major part in anosognosia, should not be localized in the right hemisphere. According to my hypothesis, the denial is due to the blocking of the interhemispheric preconscious stream, by which the thing-presentation (hemiplegia, depression) cannot be connected with word-presentation of the left hemisphere.

The asymmetry of affective reactions to intracarotid Amytal injection also seems to support my viewpoint. When the right hemisphere was anesthetized by ipsilateral sodium Amytal, a euphoric reaction subsequently occurred in which the patients did not show any apprehension for a few moments (see also, Terzian, 1964). Gainotti (1969) found a "*la belle indifférence*" attitude in patients after lesions of the right hemisphere. Again, in this situation, the interhemispheric blocking may play a

decisive role by separating word-presentation from thing-presentation. An opposite result was found in left hemisphere anesthesia by Amytal or injury—a catastrophic reaction in the sense of Kurt Goldstein (1959).

With regard to the last findings, the question arises: are these phenomena due to the deficit in function of the recently anesthetized or damaged hemisphere? Or, are they due to the released dominance of the other hemisphere, or both? At any rate, a characteristic defense reaction in connection with a disorder of each hemisphere is reported.

Finally, it can be stated that Mitscherlich's concepts of a disruption of psychosomatic simultaneousness and of a physiology of hopelessness are in accordance with my hypothesis of a functional commissurotomy in severe psychosomatic disorders.

SUMMARY

Psychoanalysis began in 1895 with Freud's *Project* pointing toward a future unification of psychological and neurophysiological research. The modern discoveries in split-brain people seem to be approaching this goal. Recent research shows a different style of functioning in the two cerebral hemispheres even in healthy people.

From personal observations of a patient with a right hemispherectomy, as well as of twelve patients after a total or partial commissurotomy (split-brain people), it appears that the quantitative and qualitative impoverishment of their dreams, fantasies, and symbolization might be due to an interruption of the preconscious stream between the two hemispheres, which in turn causes a separation of word-presentations from thing-presentations. Furthermore, the predominance of a feedback-free primary process or primary organization in the right hemisphere (in right-handers) is postulated.

Finally, the similarity in operational thinking between patients suffering from psychosomatic illnesses and split-brain people has led me to the hypothesis of a "functional commissurotomy" in cases of severe psychosomatic disturbances. A

neurophysiological explanation is thereby advanced for the model of biphasic defense.

REFERENCES

- BAEYER, W. VON.; HAEFFNER, H.; KISKER, K. (1964): *Psychiatrie der Verfolgten*. Berlin/Göttingen/New York: Springer.
- BERES, D. (1965): *Symbol and Object*. Bull. Menninger Clinic, XXIX, pp. 3-23.
- BOGEN, J. (1969a): *The Other Side of the Brain: I. Dysgraphia and Dyscopia following Cerebral Commissurotomy*. Bull. Los Angeles Neurol. Soc., XXXIV, pp. 73-105.
- (1969b): *The Other Side of the Brain: II. An Appositional Mind*. *Op. cit.*, pp. 135-162.
- (1971): Introduction to Hemispherectomy. In: *Drugs, Development and Cerebral Functions*. Edited by W. L. Smith. Springfield, Ill.: Charles C Thomas, pp. 5-7.
- and BOGEN, G. (1969): *The Other Side of the Brain: III. The Corpus Callosum and Creativity*. Bull. Los Angeles Neurol. Soc., XXXIV, pp. 191-220.
- ; DEZURE, R.; TENHOUTEN, W.; MARSH, J. (1972): *The Other Side of the Brain: IV. The A/P Ratio*. *Op. cit.*, XXXVII, pp. 49-58.
- and GORDON, H. (1971): *Musical Tests for Functional Lateralization with Intracarotid Amobarbital*. *Nature*, CCXXX, p. 5295.
- ; SPERRY, R.; VOGEL, P. (1969): Commissural Section and Propagation of Seizures. In: *Basic Mechanisms of the Epilepsies*. Edited by H. H. Jasper, A. A. Ward, A. Pope. Boston: Little, Brown & Co.
- COHEN, D.; PENICK, S.; TARTER, R. (1976): *Anti-depressant Effects of Unilateral Electroconvulsive Shock Therapy*. (In press.)
- CRITCHLEY, M. (1953): *The Parietal Lobes*. London: Edward Arnold & Co.
- DE BOOR, C. and MITSCHERLICH, A. (1973): *Verstehende Psychosomatik: ein Stiefkind der Medizin*. *Psyche*, XXVII, pp. 1-20.
- DOMHOFF, G. (1970): *But Why Did They Sit on the King's Right in the First Place?* *Psa. Rev.*, LVI, pp. 586-596.
- ELLENBERGER, H. (1970): *The Discovery of the Unconscious. The History and Evolution of Dynamic Psychiatry*. New York: Basic Books, Inc. Quotation from Bachofen, p. 220.
- FENICHEL, O. (1945): *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Co., Inc.
- FERENCZI, S. (1919): An Attempted Explanation of Some Hysterical Stigmata. In: *Further Contributions to the Theory and Technique of Psychoanalysis*. London: The Hogarth Press Ltd. and The Institute of Psycho-Analysis, 1950; New York: Basic Books, Inc., 1952, pp. 110-117.
- FREUD (1887-1902): *The Origins of Psycho-Analysis. Letters to Wilhelm Fliess, Drafts and Notes: 1887-1902*. Edited by M. Bonaparte, A. Freud, E. Kris. New York: Basic Books, Inc., 1954.
- (1895): *Project for a Scientific Psychology*. Standard Edition, I, pp. 295-397.

- (1900): *The Interpretation of Dreams*. Standard Edition, IV/V.
- (1901): *The Psychopathology of Everyday Life*. Standard Edition, VI.
- (1915): *The Unconscious*. Standard Edition, XIV, pp. 166-215.
- (1920): *Beyond the Pleasure Principle*. Standard Edition, XVIII, pp. 7-64.
- (1923): *The Ego and the Id*. Standard Edition, XIX, pp. 12-66.
- (1938): *An Outline of Psychoanalysis*. Standard Edition, XXIII, pp. 144-207.
- GAINOTTI, G. (1969): *Réactions 'catastrophiques' et manifestations d'indifférence au cours des atteintes cérébrales*. Neuropsychologia, VII, pp. 195-204.
- GALIN, D. (1974): *Implications for Psychiatry of Left and Right Cerebral Specialization: A Neurophysiological Context for Unconscious Processes*. Arch. Gen. Psychiat., XXXI, pp. 572-583.
- and ORNSTEIN, R. (1972): *Lateral Specialization of Cognitive Mode: An EEG Study*. Psychophysiol., IX, pp. 412-418.
- GOLDSTEIN, K. (1959): *Functional Disturbances in Brain Damage*. In: *American Handbook of Psychiatry*. Edited by S. Arieti. New York: Basic Books, Inc., pp. 770-774.
- GRAHAM, D. (1967): *Health, Disease, and the Mind-Body Problem: Linguistic Parallelism*. Psychosom. Med., XXIX, pp. 52-71.
- HERTZ, R. (1960): *Death and the Right Hand*. Glencoe, Ill.: The Free Press.
- HOPPE, K. (1962): *Persecution, Depression and Aggression*. Bull. Menninger Clinic, XXVI, pp. 195-203.
- (1968): *Re-somatization of Affects in Survivors of Persecution*. Int. J. Ps., XLIX, pp. 324-326.
- (1971): *Chronic Reactive Aggression in Survivors of Severe Persecution*. Comp. Psychiat., XII, pp. 230-237.
- JANZ, D. (1969): *Die Epilepsien*. Stuttgart: Georg Thieme Verlag.
- JUENGER, E. (1949): *Sprache und Koerperbau*. Frankfurt/Main: Klostermann.
- KOHUT, H. (1975): Discussion of K. Hoppe, November.
- KUBIE, L. (1966): *A Reconsideration of Thinking, the Dream Process, and 'The Dream'*. This QUARTERLY, XXXV, pp. 191-198.
- LANGER, S. (1942): *Philosophy in a New Key*. Cambridge: Harvard University Press.
- LANSDALL, H. (1969): *Verbal and Nonverbal Factors in Right-Hemisphere Speech: Relation to Early Neurological History*. J. Comp. Physiol. Psychol., LXIX, pp. 734-738.
- LEVY, J. (1969): *Possible Bases for the Evolution of Lateral Specialization of the Human Brain*. Nature, CCXXIV, pp. 614-615.
- ; TREVARTHEN, C.; SPERRY, R. (1972): *Perception of Bilateral Chimeric Figures following Hemispheric Deconnection*. Brain, XCV, pp. 61-78.
- LORENZER, A. (1970): *Kritik des psychoanalytischen Symbolbegriffs*. Frankfurt/Main: Suhrkamp Verlag.
- LURIA, A.; TSVETKOVA, L.; FUTER, D. (1965): *Aphasia in a Composer*. J. Neurol. Science, II, pp. 288-292.
- MARTY, P. and DE M'UZAN, M. (1963): *La pensée opératoire*. Rev. Française Ps., XXVII, pp. 345-356.

- ; ———; DAVID, C. (1963): *L'investigation psychosomatique*. Paris: Presses Universitaires de France.
- MEYER, A.-E. (1969): *Probleme der Es-Ich-Ueberich Gliederung*. Psyche, XXIII, pp. 561-591.
- MILNER, B. (1962): Laterality Effects in Audition. In: *Inter-Hemispheric Relations and Cerebral Dominance*. Edited by V. B. Mountcastle. Baltimore: Johns Hopkins Press, pp. 177-195.
- MITSCHERLICH, A. (1969): *Krankheit als Konflikt. Studien zur psychosomatischen Medizin*. 2. Frankfurt/Main: Suhrkamp Verlag.
- NEBES, R. (1974): *Hemispheric Specialization in Commissurotomed Man*. Psychol. Bull., LXXXI, pp. 1-14.
- NEMIAH, J. and SIFNEOS, P. (1970): Affect and Fantasy in Patients with Psychosomatic Disorders. In: *Modern Trends in Psychosomatic Medicine* 2. Edited by O. W. Hill. New York: Appleton-Century-Crofts, pp. 26-34.
- NOY, P. (1969): *A Revision of the Psychoanalytic Theory of the Primary Process*. Int. J. Ps., L, pp. 155-178.
- ORNSTEIN, R. (1972): *The Psychology of Consciousness*. San Francisco: W. H. Freeman & Co.
- OSTOW, M. (1954/1955): *A Psychoanalytic Contribution to the Study of Brain Function*. This QUARTERLY, XXIII, pp. 317-338; XXIV, pp. 383-423.
- PRIBRAM, K. (1962): The Neuropsychology of Sigmund Freud. In: *Experimental Foundations of Clinical Psychology*. By A. J. Bachrach. New York: Basic Books, Inc., pp. 442-468.
- SCHNEIDER, L. (1973): *Zum Verhaeltnis von Psychoanalyse und psychosomatischen Medizin*. Psyche, XXVII, pp. 21-49.
- SCHUR, M. (1955): Comments on the Metapsychology of Somatization. In: *The Psychoanalytic Study of the Child, Vol. X*. New York: International Universities Press, Inc., pp. 119-164.
- SPERRY, R.; GAZZANIGA, M.; BOGEN, J. (1969): Interhemispheric Relationships: The Neocortical Commissures; Syndromes of Hemispheric Disconnection. In: *Handbook of Clinical Neurology. Vol. IV*. Amsterdam: North Holland Publ.
- TERZIAN, H. (1964): *Behavioral and EEG Effects of Intracarotid Sodium Amytal Injections*. Acta Neurochir., XII, pp. 230-240.
- VENZLAFF, U. (1963): Erlebnishintergrund und Dynamik seelischer Verfolgungsschaeden. In: *Psychische Spaetschaeden nach politischer Verfolgung*. Edited by H. Paul and H. Herberg. Basel/New York: S. Karger, pp. 95-109.
- WAEELDER, R. (1936): *The Principle of Multiple Function: Observations on Over-Determination*. This QUARTERLY, V, pp. 45-62.
- WEINSTEIN, E. and KAHN, R. (1955): *Denial of Illness: Symbolic and Physiological Aspects*. Springfield, Ill.: Charles C Thomas.

The Hacker Clinic

160 Lasky Drive

Beverly Hills, California 90212

On the Occurrence of Incest Fantasies

David S. Werman

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ON THE OCCURRENCE OF INCEST FANTASIES

BY DAVID S. WERMAN, M.D.

Incest fantasies are often regarded as suggesting important ego or superego deficits. Actually, some nonpsychotic patients are found to experience such fantasies. In these cases the phenomenon occurs when certain psychogenetic and psychodynamic factors are present.

The occurrence of conscious incest fantasies in the nonpsychotic patient, before such material has been brought into awareness by a decrease in the strength of resistances and by interpretation, has generally been regarded as evidence of a severe defect in ego and/or superego function. Fenichel (1945) succinctly made the point in noting that "schizophrenics often express freely ideas that other persons deeply repress, for example, the Oedipus complex." And he suggested that such a situation gives the impression that the schizophrenic's ego "has been overwhelmed by his intense instinctual demands which have broken through to consciousness" (p. 422).

This phenomenon has long been observed in psychotic patients and is well recognized as a serious form of regression in the patient with a borderline personality; it is not unusual for such fantasies to emerge in analysis following effective work with resistances. Their appearance before resistance has been dealt with has generally carried an ominous valence. The literature contains only a few passing references to conscious incest fantasies in analytic patients (Kaufman, 1937; Orgel, 1934; Peck, 1939), but these do not specifically state whether the fantasies occurred before or after interpretations of the resistances were made.

The most recent study of this subject is Keiser's (1953) presentation of a "manifest Oedipus complex" in a fifteen-year-old girl in psychoanalysis. In the early months of analysis, before any

“effective interpretations could have altered the ego defenses or diminished the repressive forces” the patient “easily divulged deep unconscious contents” (p. 100). Within the first few hours of analysis she described daydreams she had had, during her twelfth and thirteenth years, in which she was having sexual intercourse with her father. She also reported many dreams with a “manifest incestuous content.” What the patient thought about these fantasies and how she felt about having them is not mentioned in the case history.

Keiser hypothesized that his patient had identified with her father’s permissive superego, according to her perception of him. She continued to experience him as a sexualized object long past the time when her infantile image of him should have been replaced by one that was more realistic; for a variety of reasons both parents kept the sexuality of the infantile object very much alive. Furthermore, she was unable to develop a superego that was relatively independent from objects, and there was inadequate desexualization of libidinal energy.

The frequency of incestuous fantasies in nonpsychotic patients is difficult to estimate. Although Keiser states that it is “extremely rare,” my own impression is that such occurrences are probably more common than is generally acknowledged. For the sake of a greater exactness it is useful to identify these fantasies as incestuous, rather than characterize them as “oedipus complex” fantasies, because all the necessary determinants of the oedipus complex are not present. The defensive purposes of this incompleteness will be discussed later on.

Incest fantasies, when not the result of severe ego or superego weaknesses, may occur under certain conditions and be permitted free entry into consciousness, so long as adequate defensive processes continue to operate to negate or modulate their meaning to the subject’s observing ego. The following clinical vignettes are presented to illustrate this point of view.

CASE A

Following her formal engagement to be married, a twenty-two-year-old female student became depressed, was unable to

work to full capacity, and entertained suicidal thoughts. A few years earlier, she had been seen by the same therapist for eighteen months because of similar complaints which had been precipitated by a recurrence of her mother's alcoholism and depression. The patient refused to return to college, which was far from her home, and stayed close to her mother. She lived in fear of her mother's illness, with the fantasy that without her support the mother would perish; at the same time she felt that without her mother at her side, she herself would collapse. It soon became apparent that this symbiotic relationship was maintained, from the patient's side, by her long-standing guilt over her competitive and destructive wishes toward her mother, by her fears of and desire for punishment, and by her identification with her mother.

As far back as the patient could remember her father had always been her model of an ideal man. Often away from home for long periods of time because of his service assignments, he became a mythologized figure. Each time he returned—wearing his uniform—it was an occasion of great joy. On his return he was always generous and loving toward the patient. The mother seems to have encouraged this seductiveness since it permitted her to withdraw from the family and drink quietly by herself. During the mother's hospitalizations, the patient, even as a girl, would become the "lady of the house." When she was fifteen she began to have fantasies of her father while masturbating. Gradually he was replaced by other older men; and later, in therapy, by the image of the therapist. At that time, on one occasion while masturbating, she involuntarily cried out "Daddy!" on reaching orgasm.

Although she was ashamed to talk about these fantasies there was no evidence of either feelings of guilt or self-punitive thoughts or behavior. She tended to regard the fantasies as aberrations of her "mind" rather than actual erotic wishes.

CASE B

A thirty-six-year-old patient's early childhood had been marked by intense, frequent sexual stimulation: both his

mother and grandmother fondled and kissed his penis. He slept in his parents' bedroom until he was three and then in his grandparents' bedroom—often in their bed—until he was seven. He frequently observed both sexual intercourse and fellatio occurring between the grandparents; and his grandmother often cuddled him in her arms as he fell asleep. Throughout his life he could readily recall the odors of her body. He perceived his mother, whom he called by her first name, as an older sibling and looked on his grandmother as his real mother, addressing her as such. Both his grandfather and father were treated by the women as inadequate individuals: the former as a ridiculous blusterer, and the latter as a dull workhorse. When the patient was about six years old, his father began to suffer from a malignant tumor and died three years later.

During latency the patient began to masturbate with fantasies of his grandmother and after her death, for a while, of his mother. Later he had frequent fantasies of sexual relationships with an anonymous mother and daughter, or with any two women of different generations. In none of these fantasies did actual genital intercourse occur: it had either taken place or was about to, or one of the women performed fellatio on him. If it appeared that penetration was about to occur, he would suppress the fantasy at that point, feeling a marked revulsion. Furthermore, in fantasy, it was never the patient who initiated the sexual encounter, for he always contrived to have the women do so.

Although this patient, during his analysis, never appeared to experience any guilt, his lack of professional assertiveness, as well as the relative joylessness of most aspects of his life, suggested an intense need for punishment. He showed only slight shame in relating these fantasies and dealt with them by an extensive use of intellectualization and isolation. Although he had marked fears of castration in the transference, he was unaware of ever having felt such anxiety in respect to his father or grandfather.

CASE C¹

A twenty-one-year-old woman sought psychotherapy because of a poor relationship with her boyfriend, difficulty in completing her work, and inability to reach orgasm. From her seventh to eleventh years she was masturbated by her father and paternal grandfather. She felt guilty about this but continued to have enjoyable sexual fantasies about her father; however, these were associated with various sorts of self-punitive behavior. The fantasies apparently abated but became conscious once more when she was fifteen: in the course of petting she had the thought, "this feels just like it did with father." When she began to date a young man whom she liked because he reminded her of her father, she avoided sexual intercourse with him for the same reason.

She later engaged in sexual relations with another man but whenever she found herself enjoying it she was immediately reminded of her father and the situation became unpleasurable. In therapy, the transference was eroticized but since it too reminded her of her sexual feelings toward her father it made her feel guilty. After two years in treatment she had an erotic dream of being with an unknown man in a dark, hazy place—her father had first seduced her when the family lived in the tropics, and he would come to her room late at night. The dream stopped at the point when intercourse became imminent. In reporting the dream in the next hour, she recognized its transference implications.

This patient and the subject of Case B provide illustration of the possible effects of early overstimulation of the genitals. Greenacre (1950, 1973) has noted the vulnerability of the young child to such stimulation. The consequences of these occurrences are determined by a number of factors, not the least of which is the level of psychosexual development which the child has reached. Overstimulation in the pregenital years can be a crucial determinant in distorting the character, the intensity and the

¹ I wish to thank Dr. George J. Planavsky for permission to include this patient.

resolution of the oedipus complex. If the stimulation occurs during or subsequent to the oedipal phase, important aspects of the complex may remain inadequately resolved.

CASE D

A forty-year-old businessman entered analysis because of intense anxiety episodes, marital troubles, and difficulties with his superiors. He had slept in his parents' bedroom until he was four, and in treatment he recalled numerous, specific instances of observing sexual intercourse. His mother doted on him as excessively as she degraded his father, who constantly berated his wife for alleged extramarital affairs and threatened to leave home—an exciting yet frightening prospect for the patient. His mother was also quite casual about her dress, at times appearing nude even during the patient's adolescence. In addition, he was stimulated by his older sister who was careless about her dress, and he often spied on her when she was undressing.

The patient began to masturbate when he was about five years old, with fantasies, as best as he could recall, of some physical intimacy with an older woman. Somewhat later, his mother and older sister appeared in his masturbation fantasies.

Parallel with his intense sexual stimulation as a child, he had conscious fears of castration by his father. His sexual fantasies flooded him with intense feelings of guilt which he dealt with by making promises to God to do penance through some specific acts of redemption in return for forgiveness. Although he repeatedly broke these promises, he dealt with his backsliding by "raising the ante" and promising to atone by acts of still greater sacrifice.

During adolescence, although constantly plagued by sexual fantasies, he avoided physical contact with girls and threw himself into church activities. Following his marriage, however, he engaged in frequent extramarital relationships and he continued to masturbate often with fantasies of older women whom he readily identified as poorly disguised substitutes for his mother and sister. During analysis he visited his sister and,

while there, was flooded with sexual fantasies about her. He regarded all these fantasies as "evil" and himself as a "despicable sinner." As in childhood, he balanced the budget of sin by prayer for forgiveness and with promises to expiate.

CASE E

An outstanding twenty-year-old student who maintained good relationships with family and friends came to the Student Infirmary because of her inability to experience orgasm. She was seen by a concerned but inexperienced therapist in an extended evaluation. After her second visit to the clinic she began to experiment with masturbation and a few days later reported a dream in which she was having sexual intercourse with her father. In reporting the dream she denied that it had any significance, asserting that it was "only a dream."

Although the focus of this study is on conscious incest fantasies and not on incestuous dreams, this patient's associations to the dream revealed that while it served to avoid the guilt related to an increasing sexual involvement with her boyfriend, it also represented a direct wish fulfillment, doubtlessly stimulated by the nascent transference. In discussing dreams with an incestuous manifest content, Freud (1900) pointed out that while dreams with a disguised oedipal content are "many times more frequent than straightforward ones" (p. 398), the latter do occur and may represent either incestuous wishes, an avoidance of current problems, or both.

This patient had made light of her incestuous dream, but in subsequent interviews she casually mentioned her long-standing attraction to her handsome and prominent father. She was never more explicit in her fantasies and showed a shameful reluctance to talk about them. Nevertheless, these thoughts led her to recall a childhood scene when she was romping with her father and noticed that he had an erection; she was apparently (or retrospectively) sufficiently informed about sexual matters to have been embarrassed and to have sensed that her father was also embarrassed. She recalled that after this episode there was much

less physical contact with him, an inhibition which both apparently shared. Although she showed some embarrassment about her fantasies, she handled them by rationalization and intellectualization, and experienced little or no anxiety or guilt.

DISCUSSION

Although the commonly held belief is that conscious incest fantasies represent severe ego or superego deficits, there are significant exceptions to this point of view. One generally acknowledged exception concerns such fantasies when they are re-experienced in the transference and occur as a result of a systematic weakening of the resistances and through interpretations. However, there is evidence that while such thoughts are indeed associated with important failures in the development of ego defenses, superego lacunae, and severe regressive states, they also occur in neurotic patients before the effects of analytic treatment have altered a prevailing psychic equilibrium.

In this connection it is of interest to note that even in patients who have consummated an incestuous relationship, the evidence indicates that the effects of these relationships vary most widely. Furthermore, the diagnostic categories into which these patients have been placed cover a wide spectrum. Rascovsky and Rascovsky (1950) reported on the analysis of a neurotic woman who had maintained an incestuous relationship with her father. The studies of Kaufman, Peck and Tagiuri (1954) and Lewis and Sarrel (1969), among others, suggest that the effects of incestuous relations tend to be both nonspecific and often less traumatic than might have been expected.

The clinical material presented here suggest four factors that influence the awareness of incestuous thoughts in the adult. First, there is generally an intense sexual stimulation in childhood, usually by a parent of the opposite sex. This may occur at any time in childhood—during the pregenital, oedipal or early latency phases. These events fixate the incestuous yearnings and diminish the chances for a successful resolution of the oedipus complex. The sexuality of the early objects is kept alive

by the parents themselves, and desexualization of libidinal energy is inadequate. In discussing the dissolution of the oedipus complex, Freud (1924) noted that among the influences affecting its abolition is "the experience of painful disappointments. . . . The Oedipus complex [goes] to its destruction from its lack of success . . ." (p. 173). He added that this is not as crucial as the threat of castration. However, it seems that it does become important in those situations where the child's wishes are in fact not unsuccessful. The child's experience of gratification inhibits the effective resolution of the complex and the wishes remain poorly repressed. It would appear to be less a question of the inability of the ego to repress effectively, than of the powerful cathexis of the fantasy emerging into consciousness.

Secondly, after a relatively latent phase, which is not obligatory, the unconscious fantasies re-emerge into awareness. Generally, this is consequent to a resurgence of drive tension sufficiently powerful to overcome the low inadequate barrier of repression. This is in accord with the view presented by Brenner (Niederland, 1965) in which he opposes the idea of repression as "an all or none phenomenon." As Freud (1922) observed, "in the subsequent period of *puberty*, the Oedipus complex is revived in the unconscious and embarks upon further modifications" (p. 246). Indeed, the physiologic changes occurring during puberty seem to be the most usual source of increased drive tension. Additionally, sexual behavior of all sorts, masturbatory fantasies, dreams and, as noted, the lowering of resistances during psychoanalytic treatment can propel previously repressed incestuous wishes into consciousness.

The third factor associated with this phenomenon concerns the individual's tolerance to the fantasy, that is, the intrapsychic handling of ego-superego tension so as to prevent an overwhelmingly painful reaction of shame, guilt and anxiety. As the clinical vignettes presented indicate, the patients were able to experience and tolerate their incestuous fantasies, because in the place of a weakness in repression, they were able to effectively utilize other defense mechanisms which modulated the poten-

tially overwhelming affects. Thus, as in the cases presented, one sees a wide variety of defenses: denial, intellectualization and rationalization, and isolation; the use of sanctions, penances and restitutions; self-punitive behavior; inhibition of full genital sexuality; and displacements and projections.

Finally, tolerance of these fantasies is supported by the incompleteness of the oedipus complex: some significant part of it, such as the fear of castration, or negative oedipal fantasies, remains repressed, and what enters awareness is manageable.

SUMMARY

Contrary to the view that conscious incest fantasies necessarily indicate severe ego or superego distortions, five clinical vignettes are presented to illustrate that such fantasies can occur in non-psychotic patients before their resistances have been diminished in psychoanalytic treatment. Four factors that seem to govern this phenomenon are: 1, the occurrence of excessive early sexual stimulation; 2, an increase in drive tension at some later time; 3, the use of defense mechanisms to maintain ego-superego tension at tolerable levels; and 4, the continued repression of other aspects of the oedipus complex.

REFERENCES

- FENICHEL, O. (1945): *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Co., Inc.
- FREUD (1922): *Two Encyclopedia Articles: (A) Psycho-Analysis*. Standard Edition, XVIII, pp. 235-254.
- (1924): *The Dissolution of the Oedipus Complex*. Standard Edition, XIX, pp. 173-179.
- GREENACRE, P. (1950): Special Problems of Early Female Sexual Development. In: *The Psychoanalytic Study of the Child, Vol. V*. New York: International Universities Press, Inc. pp. 122-138.
- (1973): *The Primal Scene and the Sense of Unreality*. This QUARTERLY, XLII, pp. 10-41.
- KAUFMAN, I.; PECK, A. L.; TAGIURI, C. K. (1954): *The Family Constellation and Overt Incestuous Relations between Father and Daughter*. Amer. J. Orthopsych., XXIV, pp. 266-279.
- KAUFMAN, M. R. (1937): *Psychoanalysis in Late-Life Depressions*. This QUARTERLY, VI, pp. 308-335.

- KEISER, S. (1953): A Manifest Oedipus Complex in an Adolescent Girl. In: *The Psychoanalytic Study of the Child, Vol. VIII*. New York: International Universities Press, Inc., pp. 99-107.
- LEWIS, M. and SARREL, P. M. (1969): *Some Psychological Aspects of Seduction, Incest and Rape in Childhood*. J. Amer. Acad. Child Psychiat., VIII, pp. 606-619.
- NIEDERLAND, W., Reporter (1965): *Memory and Repression*. (Scientific Proceedings—Panel Report) J. Amer. Psa. Assn., XIII, pp. 619-633.
- ORGEL, S. Z. (1934): *Reactivation of the Oedipus Situation*. This QUARTERLY, III, pp. 128-133.
- PECK, M. W. (1939): *Notes on Identification in a Case of Depression Reactive to the Death of a Love Object*. This QUARTERLY, VIII, pp. 1-17.
- RASCOVSKY, M. W. DE and RASCOVSKY, A. (1950): *On Consummated Incest*. Int. J. Psa., XXXI, pp. 42-47.

*Department of Psychiatry, Box 3812
Duke University Medical Center
Durham, North Carolina 27710*

The Dream Screen: Phenomenon and Noumenon

D. Wilfred Abse

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THE DREAM SCREEN: PHENOMENON AND NOUMENON

BY D. WILFRED ABSE, M.D.

The dream screen as described by Lewin may have been confused at times with the phenomenon of functional symbolism portraying heightened repressive resistance, and at other times with a negative hallucination in secondary revision. In some dreams, when the sleep-guarding function of the preconscious is heavily threatened and requires reinforcement, a screen certainly appears. Its essential shielding function has evolved from oral fantasies of gratification at the breast, and this origin places it in the context of other phenomena, including the Isakower phenomenon. It is contended that Lewin's assumption that reported dreamless sleep indicates the presence of the screen without projections on its surface transcends development from the perceptual to the conceptual, to the noumenal. The manifest screen is shown to be part of the dream work to achieve pleasurable repose conducive to continued sleep; disturbing traumatic narcissistic injuries revisited under its shield are sometimes reworked in extravagant megalomaniac efforts at repair.

The dream screen was defined by Bertram D. Lewin (1946) as "the surface on to which a dream appears to be projected" (p. 420). Patients sometimes reported to him in their analytic sessions that a dream of the night before had been projected onto a surface—a screen or curtain which usually disappeared toward the dream's end. One of Lewin's patients recalled, "I had my dream all ready for you; but while I was lying here looking at it, it turned over away from me, and rolled up, and rolled away from me—over and over like two tumblers" (p. 420). Another told him that before awakening he had seen something

The author wishes to acknowledge the stimulus to his ideas concerning the dream screen afforded by discussions at the seminars he attended on dream analysis, conducted twenty years ago by Drs. Douglas Noble and the late Seymour G. Rosenberg at the Washington Psychoanalytic Institute.

like a screen rolling up as though his dream were rolling away, and as this took place the dream faded.

Since publication of this paper many analysts have confirmed the occasional appearance of some sort of screen in the dreams reported by their patients. Lewin's early articles (1946, 1948a, 1949) assumed the presence of the dream screen as a background for all dreaming, even if not seen or not noted. Thus we encounter the hypothesis or concept of the dream screen in contradistinction to the view of it as possessing a positive hallucinatory character, as described by some of his patients. According to Immanuel Kant (1781), what appears to us in perception may be designated as "phenomenon," whereas the thing in itself may be called "noumenon." The noumenon may or may not become a cause of perception. This essay addresses the problem of Lewin's writings on the dream screen with this Kantian distinction in mind. As Freud (1915b) mentioned in "The Unconscious," Kant warned us not to overlook the fact that our perceptions are subjectively conditioned and that they certainly must not be regarded as identical with the abstractions of pure thought which are divorced from concepts of space and time.

Evidence is offered here to confirm the fact that the image of a screen appears as background or montage—a means of mounting the visual pictures—in *some* dreams. My interpretation has been, as Lewin suggested, that the screen is a primordial symbol for the nursing experience at the breast.

In his paper, "Inferences from the Dream Screen," Lewin (1948a) warns against interpreting "the breast" literally. "It is," he writes, "whatever the infant experiences at the lips or mouth" (p. 225).¹ In the same paper, Lewin suggests further that the dream screen in representing the wish to return to an infantile state of sleep at the breast may also be representing the defensive need to avoid memories and fantasies of the primal scene.

The clinical evidence to be detailed here supports Lewin's

¹ See Renata Gaddini's (1974) paper, "Early Psychosomatic Symptoms and the Tendency Towards Integration," for an analysis of the significance for object relations of the infant's sucking his own fingers, toes, clothing, etc.

view that the screen may appear in the dream at a time when the wish to look at the primal scene is emerging. It then has the protective function of reducing the intensity of the oneiric looking experience, and especially the accompanying anxiety. The screen, or a variation of it, is introduced when the sleep-guarding function of dreaming requires reinforcement, that is, when the usual disguises of infantile wishes have worn thin.²

It is also evident that when anal-sadistic and phallic wishes begin to disturb sleep there may be a regressive revival of oral phase experiences of gratification which favor sleep. The Isakower phenomenon is an example. The dream screen is primordially related to such early experiences, as Lewin insists, but it has even more clearly evolved as a defensive entity to stragulate intolerable affects.

Lewin (1946) emphasizes that the adult's experience of falling asleep reproduces the infant's first sleep after nursing; that is, it reproduces the fusion of the early ego and the breast. Rycroft (1951) believes that a version of the dream screen may appear in dream imagery when a marked progressive shift in the transference relationship from a primitive narcissistic identification to a recognition of dependency strivings comes into focus in the analytic situation. In my experience such a marked progressive shift certainly does occur in analytic work with patients whose overpowering and anxious mothers impeded early ego development and whose ego organization in consequence was formed with an excessive core of opposition to the mother to guard against absorption by her.

*Preverbal Intersensory Perception and the
Isakower Phenomenon*

In accordance with Rycroft's view, here is a short account of a patient who reported a dream including a version of the dream

² The nightmare is a classic example of the failure of the sleep-guarding function of dreaming. For an analysis of the nightmare, see: Ernest Jones (1931) *On the Nightmare*, and a more recent work by John E. Mack (1975), *Nightmares and Human Conflict*.

screen at the time of a progressive transference shift in the analytic situation.

A twenty-seven-year-old white male had been in psychotherapy for three years after an acute paranoid schizophrenic illness when he offered the following material. He opened the session by relating a dream which he claimed had occurred for the first time when he was two years old, and which occasionally recurred.

There were shiny, silvery birds, very bright, like shiny butterflies in a slick darkness. They were gliding along effortlessly with perfect smoothness.³

The patient went on to speak of light as the strongest of all symbols used throughout art. "Light," he said, "always contrasts with darkness, and darkness is even more desirable than light." A mere spark in a black void would be ecstasy. In paintings of the Madonna and Child, the Christ-Child shines. "After this, what is there left?"

The "slick darkness" of the dream served as a backdrop for the birds; thus it was an equivalent of a dream screen. After reporting the dream, the patient complained of sensations experienced each time he entered the therapist's office, "a feeling of dryness inside as well as outside—the air here is too sharp, acute, and drying." In one of his reversions to "organ speech" (see, Abse, 1971), he added, "My nose runs and drinks fluids." He explained that when he came into the office his "autonomic system was no longer under control," and that when he saw the therapist he was unable to control his feelings. The therapist demanded too much of him, hence all the sharp smells and unpleasant sensations. People should do things for him—he could not do things for himself as well as others could. He did not welcome demands; he did not want to talk.

His dream depicted the effortless smooth sensations of the

³ In his work, *Thrills and Regressions*, Michael Balint (1959) argues that certain colors (gray or pink) which appear when one closes one's eyes may be the waking equivalent of the dream screen. He regards Lewin's dream screen as a counterpart in the dreaming state of the eye-gray.

infant satisfied by his nursing mother. The report of this was followed by an account of unpleasant sensations associated with the therapeutic situation, particularly with the implicit demand that he talk. The patient was expressing a longing for the situation in the preverbal period of life, when wishes were unstated but satisfied. Passive-dependent oral wishes were fulfilled within the dream in a visual transformation of previsual bodily sensations. He reported the antithesis of these sensations as he expressed the frustration he felt in the therapy situation. He also reported involuntary somatic efforts to rid himself of these dry and uncomfortably sharp sensations—"My nose runs and drinks fluids."

Schizophrenic patients often report such uncomfortable bodily sensations in psychotherapy, whereas comfortable sensations may be acknowledged only indirectly through visual imagery in their dreams. These bodily sensations all belong to the archaic oral phase of development. In reconstructing the modality of primal perception, Spitz (1955) postulated that in the newborn the sensations of skin discomfort are indistinguishable from discomfort in the passages of the mouth, nose, larynx, and pharynx. Intraoral sensations combine with sensations from the hand, skin, and labyrinth. This perceptual experience is inseparable from need-tension and need-gratification, the former expressed by the affective manifestations of unpleasure, the latter leading to pleasurable quiescence.

Felix Deutsch (1954) emphasized the value in analytic psychotherapy of verbalization not only of thoughts and feelings, but of bodily sensations or sensory perceptions as well. He especially recommended research into the chronologically preverbal phase of development. He reported the experimental investigations of von Hornbostel (1931) and Bornstein (1936) into the so-called "unity of the senses," the main outcome of which was the idea of a common suprasensory factor known as "brightness" in opposition to darkness. The characteristic of brightness is shared by high-pitched tones, loud colors, penetrating odors, and sharp-

pointed tactile stimuli. Moreover, simultaneous stimulation of different sense organs—auditory, olfactory, tactile, pain-sensitive—enhances visual acuity. The involved synesthesia suggests that all the senses have properties in common, particularly in respect to perceptions of bright and dark. It would seem that the primordial mode of sensation is superseded but not entirely replaced during maturation and differentiation.

Isakower (1938) reported that early ego states have appeared along with congruent bodily sensations when the patient was on the point of falling asleep or was already half asleep. Patients described as predormescent experience vague sensations of something wrinkled and soft, or perhaps gritty and dry, filling the mouth and at the same time resting on the skin; something that looks shadowy and round and sometimes grows to enormous size before shrinking. One woman described her perception of being covered by something large, heavy, and pliant that partly entered her mouth and induced a bland comfort. In her childhood this perception had involved talk going on behind her, and “a sort of fire” under her bed. Isakower writes:

This patient fell into the state in question one day during the analytic hour, just as she was speaking of having masturbated during the previous night. She had tried to call up the picture of the physician. ‘But,’ she said, ‘I didn’t succeed because I always dismiss you from my mind again because I don’t want . . . (?) because in reality you’ve never shewed any sign of affection towards me . . . (p. 332).

Isakower’s patient evidently evaded a struggle against masturbation, which presumably involved a transferred forbidden wish for incestuous genital gratification, by replacing it with a permitted situation of gratification at the maternal breast. This further regression is facilitated during the process of falling asleep because of accompanying general regressive alterations in the body image and ego state.

Isakower notes the amorphousness of received sensory impressions, the simultaneous existence of the mass within and without

the body, its pliancy, and its ability to restore a feeling of early childhood to the observing adult.⁴

The hypnagogic experiences of Isakower's patient had features in common with the oneiric experiences of the schizophrenic patient described above. In the therapeutic situation the schizophrenic patient experienced longings for the pleasurable quiescence associated with gratifying experiences he had had during his oral stage of libido development. In his dream of the night before the session, this gratification was represented by the shiny silvery birds "gliding along effortlessly with perfect smoothness." His antithetical sensations in the therapy situation on the following day represented a revival of frustrating experience associated with the oral stage.

Isakower's patient was also frustrated in the treatment situation. Frustration here was associated with a reawakening of incestuous longings. In the process of going to sleep—or, perhaps more precisely, of trying to sleep—she began the masturbatory activity that engaged her in mental conflict. The fire in the room had started. In the process of going to sleep she evaded this conflict by a more extensive regression which became possible through the regressively altered and overcathected body image. In this regression she revived an earlier situation of unimpeded oral gratification. This provided the pleasurable quiescence that is the necessary prelude to sleep. This quiescence was reached by the schizophrenic patient through the orally-oriented dream during sleep so that sleep could continue despite a threatened disturbance.

Freud (1900) writes:

Dreaming has taken on the task of bringing back under control of the preconscious the excitation in the *Ucs.* which has

⁴ For a recent consideration of the Isakower phenomenon see also, Easson (1973) and Fink (1967). Volkan (1975) has discussed a related hallucinatory phenomenon—"Cosmic laughter"—founded on the experience of the breast being offered and then withdrawn, due to the mother's pain, which the infant experienced as sadistic teasing. "Cosmic laughter" is antithetically related to the Isakower phenomenon; it is a discomforting, as opposed to a comforting, experience.

been left free; in so doing, it discharges the *Ucs.* excitation, serves it as a safety valve and at the same time preserves the sleep of the preconscious in return for a small expenditure of waking activity. Thus, like all the other psychical structures in the series of which it is a member, it constitutes a compromise; it is in the service of both of the two systems [*Pcs.*, *Ucs.*] since it fulfils the two wishes [the wish for sleep and the infantile wish] in so far as they are compatible with each other (p. 579).

Summarily, we can make the following propositions about both patients described in accordance with Freud's view of the function of dreams. Frustrated wishes impede the onset of sleep or disturb sleep which has already set in. Sadistic charges (rage),⁵ largely the result of the frustration, are directly responsible for this hindrance to sleep. In spite of their frustrated and conflicted anxiety-laden longings, both these patients achieved the quiescence favorable for sleep by means of hallucinatory and temporary satisfaction of more regressive longings. These longings were partially satisfied by a reactivation of the record of early pleasurable infantile contact perception: for one this occurred as he dreamed; Isakower's patient experienced it hypnagogically before falling asleep.

Critique of the First Version of Lewin's Dream Screen

It has long been understood that dreams may reveal current subliminal bodily sensations. Aristotle knew that dreams magnify weak stimuli that impinge on a sleeper. "Men think that they are walking through fire and are tremendously hot, when there is only a slight heating in certain parts." He concluded that a man's dreams may very well betray to his physician the first signs of some bodily change hitherto unnoticed. According to Freud (1900), the manifest content of every dream is linked with recent experiences, including current subliminal bodily sensations, and its latent content "with the most ancient experiences." However, sensations of childhood correlated with infantile wishes and fantasies may also be directly represented

⁵ For useful analysis of narcissism and rage, see, Heinz Kohut (1972).

in the manifest dream as they often are in hypnagogic imagery. It was in this context that Lewin (1946) first introduced the term “dream screen,” defining it as the surface on which a dream appears as projected. However, he then wrote:

It is the blank background, present in the dream *though not necessarily seen*, and the visually perceived action in ordinary manifest dream contents takes place on it or before it (p. 420, italics added).

He stated further:

The dream screen is not often noted or mentioned by the analytic patient, and in the practical business of dream interpretations, the analyst is not concerned with it (p. 420).

Lewin maintained that the dream screen is the visual memory of the nursing experience at the breast.

As later examples will illustrate, schizophrenic patients sometimes report nighttime dream pictures they spontaneously describe as something they have seen projected onto a screen—the “dream-montage.” But it goes further than this to assume, as Lewin did, that the screen is present even when it is not noticed or reported by the patient. Lewin (1946) moves even beyond this assumption when he suggests that apparently dreamless sleep is often a visually blank dream accompanied by “lower level so-called organic sensations,” and that such dreams without visual content represent the appearance of the dream screen by itself (p. 422). The dream screen thus transcends development from the phenomenal to the conceptual—it even achieves the status of noumenon. Theory here certainly outstrips the evidence, but we may nevertheless examine it further. Lewin advances the interesting view that such a visually blank dream is what the hungry baby has when he smacks his lips before awakening to cry for nourishment.

Freud (1900) maintains that all through the night the pre-conscious is concentrated on the wish to sleep and that a major function of the dream, in which it is usually successful, is to protect sleep from disturbance. In this respect he accepts

Robert's (1886) notion of the dream's discharge function, although he differs in his premises and in his view of the dream process itself. Freud (1915a) humorously refers to the preparations one makes for sleep by first stripping off extensions of the ego—clothes, spectacles, false teeth, and other removables—in the first phase of reducing oneself to the condition of the neonate. What is implicit here is that sleep is a condition antecedent to that of the newborn infant who is almost without ego inasmuch as the ego is only in its beginning stage immediately after birth. The new organism has emerged from a highly protected and quiet environment into a flooding of excitation against which he has no adequate defense apparatus. Freud described this state as the model for all later anxiety.

The neonate's reflex cries at birth immediately supply him with air, and trigger the rhythm of breathing. Soon the cry becomes the signal of hunger and of other discomfort. As Benedek (1952) noted:

Normally, crying is a signal for the mother to take care of the baby. The rhythmically returning course of events is this: arising need—disturbance of sleep—crying—and gratification—sleep again (p. 65).

In concurring with Lewin that the dream screen occurs in the sleep of the hungry baby when he smacks his lips before awakening to cry for nourishment, and that this dream screen is a representation of the breast situation in a nearly pure state, we are committed to the view that this was already a primitive dream attempting an oral wish fulfillment in order to safeguard sleep. Certainly, direct observation shows that sleeping babies sometimes smack their lips and continue sleeping. The presumptive screen in the dream at such times would be succeeding in its function of prolonging sleep and delaying awakening—only temporarily, of course. Anyway, undisguisedly oral dreams are often reported in the verbal period of childhood. In some of his first papers Lewin tends to equate dreamless sleep with the visually blank dream which he says denotes the presence of the

dream screen.⁶ Moreover, he states that the dream screen represents the fulfillment of the wish to sleep, and also that it "is sleep itself." We must be careful lest, after going along with an interesting hypothesis about a dreaming hungry baby, we be mired in a morass of unjustifiable identities.

We dislodge ourselves with difficulty from the beguiling hypotheses of this imaginative and creative researcher—one who has indeed cast so much light on the psychology of elation—and return to the position that dreamless sleep is just that. We leave open the proposition that sometimes a primitive form of dreaming is the elusive dream screen that represents a situation of nursling gratification. If this be so, we are obliged to accept the view that it is an intruder in sleep as well as sleep's guardian, as Freud amply demonstrated dreams in general to be. Otherwise, we would need to recast completely the psychology of the dream processes as Freud outlines them, and to accept Lewin's improbable assumption that a ubiquitous dream screen is an inescapable background in sleep.

According to Lewin (1946), the dream screen first came to his attention in several ways. A young woman patient reported that she could not recall her dream but that she had a perception of it as a canvas rolling up and rolling away while she was lying down (p. 420). It was probably because of repressive resistance that she could not recall her dream. Thus the pictorial plastic image of the rolled-up canvas could have represented her repressive mode of functioning at that time in the analytic situation. Silberer (1909) showed that "functional symbolism" appears in a condition of apperceptive deficiency of the ego and, further, that such functional phenomena occur with mental effort to overcome this deficiency and represent the mode of experienced mental functioning at such a time rather than the thought content. As Freud noted (1900) in discussing the dream work:

⁶ In "Reconsideration of the Dream Screen," Lewin (1953) amends this earlier equation. In this later essay, Lewin recognizes that there is apparently a *class* of visually blank dreams of which "the hypothetical pure dark-screen dream is only one variety" (p. 177).

Silberer has given examples which show convincingly that in many dreams the last pieces of the manifest content, which are immediately followed by waking, represent nothing more nor less than an intention to wake or the process of waking. The representation may be in terms of such images as crossing a threshold . . . this threshold symbolism might throw light upon some elements in the middle of the texture of dreams—in places, for instance, where there is a question of oscillations in the depth of sleep and of an inclination to break off the dream. Convincing instances of this, however, have not been produced. What seem to occur more frequently are cases of overdetermination, in which a part of a dream which has derived its material content from the nexus of dream-thoughts is employed to represent *in addition* some states of mental activity. . . . We are ready to recognize the fact that Silberer's phenomena constitute a second contribution on the part of waking thought to the construction of dreams; though it is less regularly present and less significant than the first one, which has already been introduced under the name of 'secondary revision' (pp. 504-505).⁷

To be sure, we cannot exclude overdetermination of the young patient's image from an element in the forgotten dream, but Lewin offered this altogether unconvincing example of the rolled-up canvas as clear evidence of the dream screen. The same patient dreamed on another occasion of a large iron lattice-work between herself and the landscape; the lattice was found to represent the metal-framed pad her mother always wore after the mastectomy she had when the patient was seven years old. The patient's dream life, we are to understand, concerned itself very largely with the years seven to ten, a period bracketed by the mother's operation and her subsequent death. In waking life

⁷ In his Encyclopedia article, "Psycho-Analysis," Freud (1922) states: "Strictly speaking, this last process [secondary revision] does not form a part of the dream-work" (p. 241). However, in *The Interpretation of Dreams*, Freud (1900) had previously regarded secondary revision as part of the dream work (p. 490). In between, Freud in 1911 added a paragraph to his 1901 paper, "On Dreams," in which he argued for including the essence of secondary revision in the dream work (p. 667).

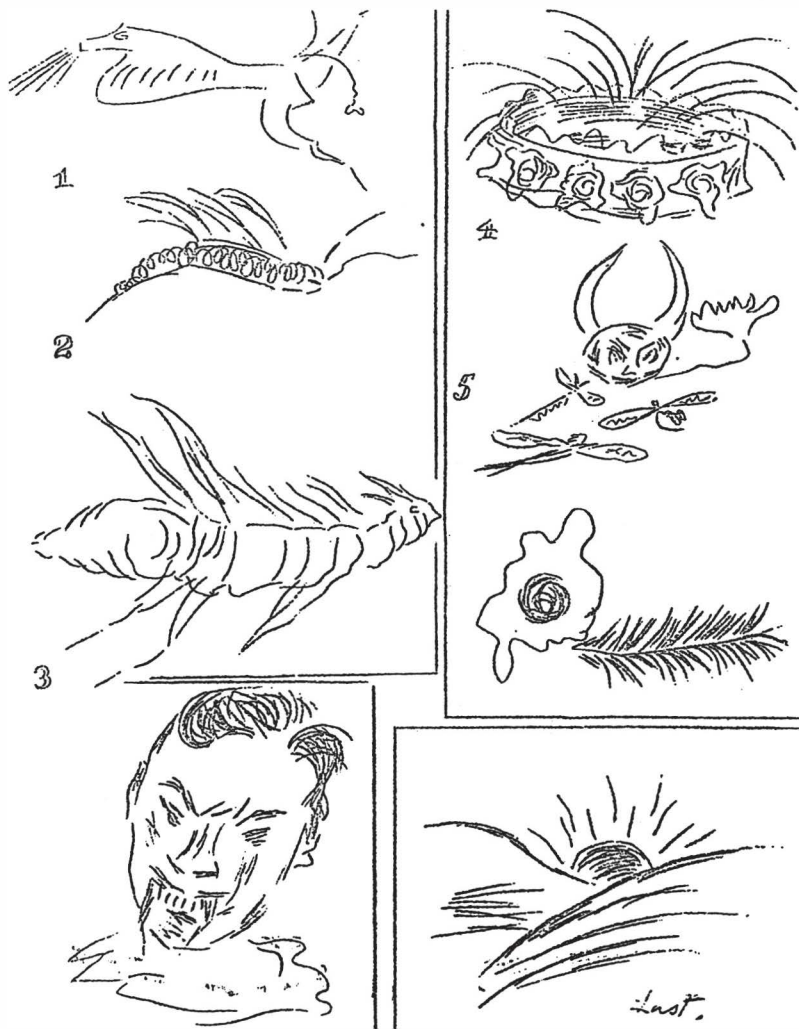
the patient had a refractory amnesia for these three years. If the lattice-work was "a glimpse of the dream screen," it would seem to represent a screen that prevented the dreamer from reaching something. Similarly one might be led to think that a dream reported as visually blank is one in which the screen, if it exists therein, obscures the manifest content, perhaps as part of secondary revision in the service of resistance.

Lewin (1946) tells of a patient with schizoaffective disorder and spurious heterosexuality who also directed his attention to the dream screen. Fixed preoedipally on her mother, she would sometimes have, she said, "no dream" but would report an orgasm that night following a day spent shopping and lunching with a mother figure. This "blank sexual dream" each time ushered in a hypomanic attack with grandiose and erotomanic content (p. 423).

Lewin notes the intense and pervasive orality of this patient. He considers as a belated part of the dream the elated delusional state that directly followed the herald dream. The heterosexual delusions were reversals of content in the secondary elaboration, and a denial of the wish that was purely and simply fulfilled in the dream: union with mother in visually blank sleep. The same oral wishes dominated the dream and the manic attack. Here again, Lewin maintains that the nursing experience at the breast is represented by the dream screen, whereas it is quite possible to think of a screening *out* of manifest dream content in the service of resistance without doing any damage to his more essential interpretations and without offense to Occam's razor.

At this point it may be asked whether the dream screen ever positively exists as an element of the manifest dream; for if it is sometimes a matter of functional symbolism during a phase of apperceptive insufficiency portraying heightened repressive resistance, and at other times a negative hallucination in secondary revision, doubt might arise. There is, however, no doubt that a screen appears as a background in some dreams. I have reported elsewhere (Abse, 1944) the dream of a schizophrenic

patient who complained that his sleep was disturbed by "cold sane dreams." Objects—e.g., a scorpion, tentacles, etc.—appeared as though projected on a screen, and then dissolved, to be replaced by other objects. His drawings of these objects are shown here.



The figures are saturated with sadistic phallicism and notions of penetration and its difficulties. Discussion with the patient clearly suggested an infantile conception of cruelties associated with sexual intercourse. The last figure, however, according to what emerged from discussion with the patient, evidently signified a wish to return to being a young baby harmonious with his mother. This last figure corresponded in meaning exactly to that ascribed by Lewin to the dream screen itself, but it was depicted against the background of a screen as the last of a series of figures otherwise disturbing to the patient.

In his discussion of the psychopathology of dreams in schizophrenia, M. Boss (1938) describes the dream-montage in acute schizophrenia. For example, one patient saw before his eyes on a screen the gardener, the physician, a package of letters with envelopes, a running deer, a cow, a coal fire, the shadow of a forest, a milk wagon, and many other objects. Boss considers this rapid change of dream pictures a symbolic expression of the patient's desperate attempt to grasp reality, to establish new object relations, and to escape the terrifying loneliness of autism with its threat of nothingness, chaos, complete loss of organization. Many schizophrenics react with tremendous renewed anxiety to such autochthonous attempts to gain attachment and communication. They are in a profound "double bind," oscillating between one terror and another, since the attempt at "attachment" repeats a *traumatic* early primitive object relatedness.

There is no doubt, then, that some patients report the presence of a screen as part of the manifest dream. In some instances the meaning of the screen seems to relate to the judgment which frequently turns up in dreams—"after all, this is only a dream." This judgment is, as Freud showed, an attempt on the part of the psychical censorship to detract from the importance of what is being dreamed, to rob it of some of its psychical reality. The screen is also often used in schizophrenia to maintain a psychic distance from unwelcome and frightening, pictorially expressed, infantile sexual and sadistic wishes, as in the example of dream pictures illustrated here. In this example a more comforting

figure that showed resort to deeper regression in order to escape conflicts of phallic sexuality prepared the way for continued undisturbed sleep. This mechanism recalls the one previously noted in connection with the Isakower phenomenon. We saw that this provided hallucinatory gratification for regressive longings by reactivating the record of early infantile perceptions of pleasurable contact and thus enabled the dreamer to achieve sound sleep.

In the above examples from Boss, objects, some nourishing and warming, some related to communication and others to flight, appeared on a screen in symbolic representation of the restitutorial wishes and also, to some extent, of the anxiety and defense associated with them. The mechanism involved is like the "dream within a dream"; it introduces an element of playful "let's pretend," and deploys hallucinative representations of strivings felt to be dangerous in a way which, especially in schizophrenia, serves to defend against the terrifying affects. A certain psychic distance is achieved by the dreamer who watches a spectacle rather than being a participant in it. The screen background might be compared to the cinema screen, which improves on its precursor (the screen used in the past for magic lantern display) in its ability to intercept and reflect light. Originally, screens were used to shut out light, drafts, or the hearth fire's too ardent heat, and to gain privacy—that is, to shut off from view what one does not want to see or to be seen. What was initially designed to shelter and protect continues to protect when it becomes the dream screen that reduces the force of hallucinosis and diminishes the direct sensory impact of reality. Thus it helps the dream to preserve sleep by reducing dysphoric affects with their alerting signals.

Two examples may suffice to illustrate how the dream screen, after first reducing anxiety and distancing a terrifying current situation, then enables wishes to achieve satisfaction in hallucinations, so that sleep may be continued.

A middle-aged executive of a large corporation, whose per-

sonality was basically both compulsive and hypomanic, became depressed after a series of humiliations in his work and in his domestic life. In treatment it became clear that he was enraged by his immediate superior, a vice-president of the company, and by his wife, on whom he was also very dependent. While recovering from severe depression he dreamed that he saw on a screen ("maybe," he said, "it was a television screen") the following pictures: 1, gruesome faces; 2, himself, diminishing in size to that of a foetus and then assuming a foetal posture; 3, blank; 4, the sun rising on the horizon; 5, a big penis. We note in this case the development from pictures which symbolize traumatic humiliation to those which symbolize self-aggrandizement. The former present the self with an abject image; the latter exalt the self.

A schizophrenic patient started the series of pictures on a dream screen with some scenes from the Civil War—or the War Between the States, in her phrase. The characters embroiled in this conflict were all in colorful costumes; they then became dancing figures from among which emerged a ballerina dancing on a stage and receiving applause for a graceful and delightful *ronde de jambe en l'air*. This represented the patient's ambitious wishes. In reality, at this time the patient held herself very rigidly and moved like a mechanical doll; major muscle masses, agonists and antagonists, were quite hypertonic. An only child, she had barely survived a long psychological war of attrition with a tyrannical mother, a war that was finally internalized and repressed but reachable through a careful discussion of these pictures.

Noumenon and the Hypothetical Dream Screen

During the first year of life infants devote most of their time to sleep (Kleitman, 1963). According to Freud (1938), "We are justified in saying that there arises at birth an instinct to return to the intra-uterine life that has been abandoned—an instinct to sleep" (p. 166). Other needs disturb infants' slumber and they awaken to cry until their needs are satisfied; then they return

to sleep. Gradually, however, infants remain awake for a time after hunger has been satisfied or skin discomfort alleviated, and learn to enjoy sucking activity. As wakeful periods lengthen, an affect-position of confidence is apparently crucial (Benedek, 1952). Oral needs thus first disturb sleep and cause arousal; they cannot be equated with sleep itself.⁸

It would seem that all wishes, including oral ones, except the wish to sleep itself, have an alerting effect. The wish to sleep is a wish to avoid perception; it comes after active effort has achieved the gratification of other wishes in the external world. Sleep may prevail and be protected by dreaming even when some wishes still remain to be satisfied. Sometimes a fantasied gratification may open the way for sleep. Occasionally, when such fantasy gratification is inwardly opposed and arouses disturbing conflicts and affects, a wished-for harmonious experience at the breast may ensue in a hypnagogic state, as in the Isakower phenomenon. In the case of the schizophrenic patient first discussed here, and of Isakower's patient as well, the quiescence that favors sleep was achieved through hallucinatory satisfaction of early infantile nonconflicted wishes.

An affect-position of confidence has been shown to relate to the lengthening of the infant's period of wakefulness. It is beyond our present scope to consider the "prospective emotions of desire" (Shand, 1920)—confidence, hope, anxiety, despondency, and despair—as these relate to sleep and wakefulness. However, it might be noted that the "sleep" that results from turning away in despair, or from severe anxiety, may be different from the sound sleep that follows affect-positions of confidence and hope (Prange and Abse, 1957). In discussing a patient with duodenal ulcer, Leo Stone (1947) describes a "transference

⁸ We now know that there are diencephalic neurologic systems activating consciousness, and diencephalic systems that induce decrease of consciousness (see, Monnier, 1952); in other words, the neurologic substrates that either alert the individual or permit him to sleep have in some degree been identified. The view that there are two entirely different kinds of sleep, each activated by a different neuroanatomical mechanism, is now also being considered and tested (see, Dement, 1966; Snyder, 1963).

sleep" that occurred during psychotherapeutic sessions when the mother-breast transference became primary; the patient "fell asleep" so as to forestall "penetration" of interpretations that related to sadomasochistic phallic fantasies. Thus attention has been called to the defensive aspects of some sleep.

In manic-depressive disorder, orally determined wakefulness characterized by stimulus hunger interferes in considerable measure with sleep. When sleep does occur in this state it is to be expected that distorted representations of the wish to feed at the breast would occupy the manifest dream. It is conceivable that a screen may then sometimes appear as a possible representation of the gratifying breast, or, at any rate, of the compound infantile experience of satisfactions at the nursing mother's breast, which include the mother's face as an important item. Thus Spitz (1965) has amplified Lewin's concept of "breast," seeing it as a code symbol for the totality of the oral experience. Anyway, as with any other manifest item, the meanings of the screen depend on the nexus of referential associations connected with the entire dream. A dream screen protects the sleeper from being aroused by intense affects; it functions like the nursing mother who supplements the infantile sensorium's protective barrier, a shelter against undue stimulation.

We must, however, address ourselves to the ubiquitous dream screen as Lewin conceived it—his myth, as it were, since others share it in spite of a lack of evidential support to classify it as hypothesis. In his first version Lewin (1946) equates dreamless sleep with the visually blank dream which, according to him, denotes the presence of the dream screen. He further maintains that the dream screen represents the fulfillment of the wish to sleep, and at the same time is sleep itself. These equations have already been examined here. In a further version in which he reconsiders the dream screen, Lewin (1953) makes some considerable modifications.

The first modification concerns Lewin's recognition of the dream screen's "defensive" function. Throughout his published

papers on sleep, dreaming, and the dream screen, his primary emphasis is on the "projective" function of the dream screen, i.e., its role as a surface upon which manifest dream content is projected. However, his writings point additionally toward a "defensive" function of the dream screen, and the ways in which it acts as a device that guards the ego from primal scene dream content. In one way, through serving as a screen upon which dream content is projected, the dream screen puts psychic distance between the observing ego and the dream; this psychic distance helps to make the primal scene material less unpleasurable and anxiety-provoking as it appears on the screen, and hence less disturbing to sleep. Here we have noted (p. 271) that the dream screen in its role as a defensive projective device often facilitates representation of the wish to master trauma. It provides a means for the individual to rework his injurious memories and fantasies in such a way as to enable him to move from dream content that represents narcissistic injury to content that represents narcissistic repair.

A survey of Lewin's writings on the dream screen, as well as the writings of other analysts seeking to confirm Lewin's hypothesis concerning its projective function, clearly reveals the defensive role of the dream screen.⁹ In his early papers Lewin argues that the presence of the dream screen in the dream's manifest content represents the individual's latent wish to return to an infantile state of sleep at the breast. Then, in "Inferences from the Dream Screen," Lewin (1948a) suggests that the wish to sleep at the breast may represent also the defensive

⁹ Kepecs (1952) has discussed a patient who described an "impalpable screen" (his words) between him and the adult world. Asked to associate, the patient immediately said: "My mother's hand before my face. My mother's breast" (p. 168). Kepecs points out that whereas objects appear on the dream screen, the waking screen appears between the subject and the objects. He interprets the waking screen as a device by which the subject unconsciously attempts to defend himself or herself from unpleasant and anxiety-provoking objects. Kepecs's interpretation may also be applied to the generally defensive function of the dream screen. In other words, just as the waking screen defends the subject from emotionally highly-charged objects, so too the dream screen defends the ego from highly-charged primal scene dream content.

need to avoid memories and fantasies of the primal scene (pp. 228-229).¹⁰

In a later essay, "Mania and Sleep," Lewin (1949) maintains that the ego's contribution to the dream structure consists of the intrusion of defensive mechanisms. His position in this paper would support the contention that the dream screen takes on a defensive function. Indeed, Lewin (1953) elaborates this interpretation of the defensive function of the dream screen in "Reconsideration of the Dream Screen."

Garma (1955) mentions a dream reported to him by a colleague. In this dream the colleague's patient "dreamed of a wall 'like a screen' between him and the analyst." Garma points out that this wall or screen separated the patient from the threat and anxiety of contact with other people. Heilbrunn (1953) writes:

The intellectual, abstract aspect of the dream screen which evolved directly from the Isakower phenomenon suggests the hypothesis that similar abstractions in later dreams . . . may serve not only as defenses against dangerous emotions but harbor as well the impetuous desire for the breast (p. 204).

This examination of the works of Lewin, as well as those of other analysts, suggests that the dream screen has evolved from its pacifying function on a dyadic level as a symbolic breast upon which the manifest dream may be projected to a protective function on a triadic level when highly charged anxiety-provoking primal scene material threatens to disturb sleep. Of course, as Esman (1962) notes, a dream may contain both oedipal and preoedipal content in varying proportion. Besides, the projective and defensive aspects of the function of the dream screen are inextricably intertwined.

Lewin (1953) comments on the frequency with which blank walls, blackboards, television screens, etc., appear in dreams that refer to the primal scene, "doubtless expressing the wish of the dreamer to preserve sleep throughout the duration of parental

¹⁰ See also, "Phobic Symptoms and Dream Interpretation" (1952), pp. 302-303.

coitus" (p. 189). Here again Lewin clearly notes the defensive aspect of the manifest item—blackboard, television screen, or other symbol—as representing the struggle against the forbidden wish to see, which thus gains only concealed representation (*cf.*, Allen, 1974). In this way he confirms the use of such a screen in the manifest dream to delete or diminish the sensory quality of visual hallucinatory perception of forbidden wishes. And he adds the important observation that when an infantile wish is itself primarily concerned with forbidden looking, some form of the screen is all the more likely to occur in the manifest dream.

A second modification concerns an objection raised by Rado (1953) in a personal communication to Lewin, and corresponds with criticism previously raised in this paper: the preconscious wish to sleep or to preserve sleep, persisting throughout sleep, should simply preserve it rather than present a screen to view. Lewin (1953) concedes that "... metapsychologically the screen is a typical dream. There are some reasons for assuming that it enters all dreams, but this is not a theoretically necessary assumption" (p. 196-197).

The creator of the interesting myth, the ubiquitous dream screen, thus well-nigh demolishes his own construct in spite of being obviously loath to do so. This is a remarkable achievement when one considers Francis Bacon's dictum: "The human understanding when any proposition has been once laid down . . . forces everything else to add fresh support and confirmation." In being ready to refute the hypothesis with which his name is indissolubly linked, Lewin demonstrates the discipline of the scientist. Moreover, one must observe with Fliess (1953) that any hypothesis such as Lewin's should be judged by what its author has achieved with its assistance.

"[The dream screen] is a dream of sleep which tells the dreamer that . . . there is a breast for him to sleep at," Lewin wrote (1953, p. 196). He thus approached the view here maintained that the manifest screen represents a situation of repose

conducive to continued sleep. Just as quiescence is a necessary prelude to sleep, although not sleep itself, so a situation of repose is represented in the dream to further the guardian function of dreaming. Freud (1900) wrote:

The dream-process is allowed to begin as a fulfilment of an unconscious wish; but if this attempted wish-fulfilment jars upon the preconscious so violently that it is unable to continue sleeping, then the dream has made a breach in the compromise and has failed to carry out the second half of its task (p. 580).

The "second half of [the] task" refers to the role of the dream as a guardian of sleep, and the screen, or variant of it, is introduced sometimes when this part of the task is threatened. I can see no *raison d'être* for a screen in the absence of such a threat.

When psychosexual strivings lead to fantasies that evoke anxiety, some people may seek further regression to a relatively unimpeded gratification at the breast in order to avoid awakening. Such a sequence is illustrated by some dream pictures of schizophrenics. One must emphasize the possibility that in this situation a manifest dream screen may refer to the comforting infantile situation at the breast which offers gratification and calming shelter. When sleep itself is associated with anxiety-ridden fantasies such as those of dying or of being devoured, the wish to sleep is again impeded. Here we are concerned with another wish, the often overlooked wish to awaken from sleep which Lewin (1948a) had discussed earlier (see also, Scott, 1975, p. 321).

Silberer (1909) has shown that the end of a dream, or some other section of it, often signifies the dreamer's own perception of his sleeping and waking.¹¹ He thus demonstrated that self-

¹¹ Freud suggested that Silberer's theory be employed in only a limited way in the interpretation of dream symbolism. Lewin (1948a) has also pointed out the limitations of Silberer's views (pp. 229-230). As employed in the present essay, in a limited sense, Silberer's notion of self-observation at the end of dreams does illuminate the role of the dream screen as a representation of the pleasurable nursing experience at the breast. See also, Gaddini (1974), who points to the importance of "precursor objects" and transitional objects as ways in which the infant and the child cope with the anxiety arising during the period between

observation (endopsychic perception) plays a part in dream formation, a part which Freud acknowledged and mentioned in relation to his own troubled dream about his absent soldier son (see, Freud, 1900, p. 559). Dream representation of a gratifying sheltered situation at the breast may thus *also* signify to the dreamer the achievement of sufficient confidence to avoid further perception (data-scanning). As Kubie (cited in Lewin, 1949, p. 421) notes, we are never totally awake nor totally asleep; parts of us are awake in our sleeping moments, parts of us are asleep in our waking moments, while all gradations of states of psychic activity and inactivity lie between.

A third modification concerns itself with another objection pointed out to Lewin by Nunberg. Lewin (1953) wrote of the paradox that the wish to sleep, when contaminated by fantasies of death and reunion with a lost loved one, may stimulate such defensive vigilance that the subject becomes almost unable to continue sleep. At such a time the dream screen is both a sign of and an effort to avoid this disturbance (p. 197).

The modifications which Lewin introduces and which we have discussed include reference to the defensive aspect of the screen in shutting out primal scene material and preventing its emergence in the manifest dream; the view that the dream screen is due to fantasy distortion of the original sleep wish and represents only an idea of sleep; and the suggestion that the dream screen is, after all, as much an intruder in sleep as other manifest elements. In this way we are in some measure led out of the morass of unjustifiable identities into which we fell at first, and out of difficulties promulgated for the psychology of the dream processes. It remains difficult to see what is left of the ubiquitous dream screen, for if it is neither sleep itself nor the original wish to sleep, Lewin's earlier hypothesis of its ubiquitous association with sleep is invalidated. In respect to the vi-

wakefulness and sleep. In a related way, the dream screen serves as a means of coping with the anxiety that arises during the period between sleep and wakefulness.

sually blank dream, it seems more likely to suppose that the "screen" is a verbal bridge in the waking mind of the dream's interpreter, who may or may not be the dreamer himself. The blank itself may be present to screen out visual representations which would otherwise betray unwelcome latent thoughts. The hypothetical dream screen has nonetheless been highly useful since it has directed renewed attention to the psychology of the dream processes, to the manifest dream screen, and to the pre-verbal and previsual perceptual experiences of earliest infancy.

We finally confine ourselves here to a brief consideration of Rycroft's (1951) contribution to the study of the dream screen, which exemplifies the stimulating effect of Lewin's ideas.¹² Rycroft's patient reported a dream to his analyst: "It felt as though you had taken me under your wing. There was nothing to see in the dream at all. It was like a white sheet" (p. 178). Rycroft shows that the stage of the analysis in which this dream was reported involved the patient's attempt to re-establish in transference a more progressive object relationship with the mother. Before this, the patient had related to his therapist largely on the very primitive basis of narcissistic identification. Thus the dream marked an important shift in the transference relationship, repeating an early thrust of ego development. Moreover, in his patient another defense came into focus—namely, denial of anxieties associated with deep-seated dependent longings, and, in particular, with frustration at the maternal breast. Here again, however, the essential interpretations could have been reached without any *fabricated* dream screen—no ghost was required to tell all this. The patient's defensive waking verbal description of the largely forgotten visual imagery of the dream, and his further association, were adequate for these interpretations. A bridge was crossed when his report evoked in his therapist's mind Lewin's construct of the dream screen. That the dream was "like a white sheet," and that the patient felt in it as though he were taken under the therapist's

¹² See also, Van der Heide (1961) for another example of the stimulus of Lewin's ideas.

wing, certainly clarified the nature of his defense struggle at this time in the light of his other associations. And in a later dream, the screen was duly visible—at a time when the patient's associations were saturated with anxiety about being overwhelmed.

The phenomenon of the screen in the dreams of a patient may be evidence of the revival of severe traumatic infantile experience; the few examples offered here illustrate this oneironosus. In some cases there is projected a series of pictures which progressively represent an evolution from narcissistic injury to narcissistic repair. Patients with schizoaffective disorder, those who are borderline in the sense that they fluctuate between psychotic disorder and periods of remission, and those of borderline personality organization as described by Kernberg (1968) may provide examples. When the psychotherapist is familiar with and interested in this phenomenon, including its defensive function, and asks about it, patients are likely to disclose its existence. Moreover, the pictures reportedly displayed on the screen provide revealing oneiric material to guide adagio analytic work.

The patient who experienced "cosmic laughter" (Volkan, 1975)—an experience antithetical to the Isakower phenomenon—was able to work through the traumatic effects of the "teasing" following the hallucinatory revival of nongratiating feeding at the breast and thus reach a dependent object relationship. As Volkan notes, the end result of the cosmic laughter experience resembled what Wetmore (1963) designated as *effective grief* in the unique ambience of the psychoanalytic situation. Similarly, it is in the setting of analytic work that the appearance of the dream screen may herald improvement, as Rycroft (1951) and Boyer (1960) suggested.

SUMMARY AND CONCLUSIONS

Clinical evidence afforded by hypnagogic and oneiric phenomena, especially the Isakower phenomenon, indicates that early preverbal and largely previsual nursling experiences and fantasies provide a basis for drive-organized memory traces. The

evidence also suggests that these memory traces are revived when anxiety-laden anal-sadistic and phallic wishes threaten to impede the onset of sleep or to disturb sleep already set in. The regressive revival of oral-phase experiences and fantasies of gratification brings the quiescence favorable for sleep, and complements the function of dreaming as sleep's guardian.

Although one type of early nursling memory sometimes encountered in manifest dream material is the dream screen described by Lewin, it would seem that what he described as the "dream screen" sometimes included phenomena that occur in hypnagogic states or as negative hallucinations in secondary revision rather than actual elements of the manifest dream. In the former case, functional symbolism during a phase of apperceptive insufficiency adumbrates endopsychic perception of heightened repressive resistance. However, unequivocal evidence has been offered here to confirm Lewin's belief that some dreams have a screen as a background when it may be a general representation of good experience at the breast. The screen more often appears when the wish to look at the primal scene, attended by other wishes and by anxiety-laden fantasies, is emerging in the manifest dream. It then serves to reduce anxiety, initiating a regressive escape from sadistic phallic sexuality.

In other instances, by no means necessarily distinctly different, the anxiety so diminished and laid aside is related to the threat of dissolution that complicates close object-relatedness which is, nevertheless, repeatedly sought. Frequent occurrence of the phenomenon of the screen in a patient's dreams is an index of severe traumatic experience in infancy, and the pictures projected then usually represent serially the traumatic problems and the wish-fantasies by which compensation for the orally ungratifying early experience is sought. Through the agency of the dream screen device the dream work diminishes rage and anxiety and encourages a situation of pleasurable repose. Subsequent pictures projected on the screen are symbolic of early oral and narcissistic wish fulfillments.

It is clear that the screen, or a variation of it, is introduced

when the sleep-guarding function of the preconscious is threatened, and this essential function certainly corresponds with the function of the entire category of revived memories of nursing experiences and fantasies of gratification favoring sleep as these occur in hypnagogic alterations of consciousness.

In the evolution of his views Lewin introduces several modifications, which include:

1. Reference to the defensive function of the screen in serving as a projective backdrop for the viewing of highly cathected psychic material, and in acting as a *protective* foreground for shutting out of anxiety-laden primal scene material from clear emergence as an element in the manifest dream.

2. The suggestion that the dream screen is due to fantasy distortion of the original sleep wish and represents only an idea of sleep.

3. The view of the dream screen as being, after all, an intruder in sleep as are other manifest elements of the dream. It is difficult to see what remains of the *hypothetical* dream screen.

These modifications support the view that the manifest screen is part and parcel of the total dream work and is utilized to diminish the anxiety and rage that accompany the reactivation of psychic trauma, and to record the extravagant megalomaniac wishes that also need to be disguised and distanced. The deletion of dysphoria and the diminution of excitement facilitate the otherwise hard to achieve pleasurable repose that is conducive to continued sleep.

REFERENCES

- ABSE, D. W. (1944): *Theory of the Rationale of Convulsion Therapy*. Brit. J. Med. Psychol., XX, pp. 33-50.
- (1971): *Speech and Reason*. Charlottesville, Virginia: University Press of Virginia.
- ALLEN, D. W. (1974): *The Fear of Looking or Scopophilic-Exhibitionistic Conflicts*. Charlottesville, Virginia: University Press of Virginia.
- BALINT, M. (1959): *Thrills and Regressions*. New York: International Universities Press, Inc.; London: The Hogarth Press, Ltd.
- BENEDEK, T. (1952): Personality Development. In: *Dynamic Psychiatry*. Edited by F. Alexander and H. Ross. Chicago: University of Chicago Press, pp. 63-113.

- BORNSTEIN, W. (1936): *On the Functional Relations of the Sense Organs to One Another and to the Organism as a Whole*. J. Gen. Psychol., XV, pp. 117-131.
- BOSS, M. (1938): *Psychopathologie des Traumes bei Schizophrenen und Organischen Psychosen*. Ztschr. ges. Neurol. u. Psychiat., CLXII, pp. 459-494.
- BOYER, L. B. (1960): *A Hypothesis Regarding the Time of Appearance of the Dream Screen*. Int. J. Psa., XLI, pp. 114-122.
- DEMENT, W. C. (1966): *Psychophysiology of Sleep and Dreams*. In: *American Handbook of Psychiatry, Vol. III*. Edited by S. Arieti. New York: Basic Books, Inc., pp. 290-332.
- DEUTSCH, F. (1954): *Analytic Synesthesiology. Analytic Interpretation of Intersensory Perception*. Int. J. Psa., XXXV, pp. 293-301.
- EASSON, W. M. (1973): *The Earliest Ego Development, Primitive Memory Traces, and the Isakower Phenomenon*. This QUARTERLY, XLII, pp. 60-72.
- ESMAN, A. H. (1962): *The Dream Screen in an Adolescent*. This QUARTERLY, XXXI, pp. 250-251.
- FENICHEL, O. (1945): *Early Mental Development: The Archaic Ego*. In: *The Psychoanalytic Theory of Neurosis*. New York: W. W. Norton & Co., Inc., pp. 33-53.
- FINK, G. (1967): *Analysis of the Isakower Phenomenon*. J. Amer. Psa. Assn., XV, pp. 281-293.
- FLIESS, R. (1953): *The Revival of Interest in the Dream. A Critical Study of Interest in the Dream*. New York: International Universities Press, Inc.
- FREUD (1900): *The Interpretation of Dreams*. Standard Edition, IV/V.
- (1901): *On Dreams*. Standard Edition, V, pp. 633-686.
- (1915a): *A Metapsychological Supplement to the Theory of Dreams: Papers on Metapsychology*. Standard Edition, XIV, pp. 222-235.
- (1915b): *The Unconscious*. Standard Edition, XIV, pp. 166-215.
- (1922): *Two Encyclopaedia Articles. (A) Psycho-Analysis*. Standard Edition, XVIII, pp. 235-254.
- (1938): *An Outline of Psycho-Analysis*. Standard Edition, XXIII, pp. 144-207.
- GADDINI, R. (1974): *Early Psychosomatic Symptom and the Tendency towards Integration*. Psychotherapy & Psychosomatics, XXIII, pp. 26-33.
- and GADDINI, E. (1959): *Rumination in Infancy*. In: *Dynamic Psychopathology in Childhood*. Edited by L. Jessner and E. Pavenstedt. New York and London: Grune & Stratton, Inc., pp. 166-185.
- GARMA, A. (1955): *Vicissitudes of the Dream Screen and the Isakower Phenomenon*. This QUARTERLY, XXIV, pp. 369-382.
- HEILBRUNN, G. (1953): *Fusion of the Isakower Phenomenon with the Dream Screen*. This QUARTERLY, XXII, pp. 200-204.
- ISAKOWER, O. (1938): *A Contribution to the Patho-Psychology of Phenomena Associated with Falling Asleep*. Int. J. Psa., XIX, pp. 331-345.
- JONES, E. (1931): *On the Nightmare*. New York: Liveright Publishing Co., 1971.
- KANT, I. (1781): *The Critique of Pure Reason*. In: *Great Books of the Western World, Vol. 42*. Trans. J. M. D. Meiklejohn. Chicago: Encyclopedia Britannica, Inc., University of Chicago, 1952.

- KFPECS, J. C. (1952): *A Waking Screen Analogous to the Dream Screen*. This QUARTERLY, XXI, pp. 167-171.
- KERNBERG, O. (1968): *The Treatment of Patients with Borderline Personality Organization*. Int. J. Ps., XLIX, pp. 600-619.
- KLEITMAN, N. (1963): *Sleep and Wakefulness*. Chicago: The University of Chicago Press.
- KOHUT, H. (1972): Thoughts on Narcissism and Narcissistic Rage. In: *The Psychoanalytic Study of the Child*, Vol. XXVII. New York: Quadrangle/A New York Times Book, pp. 360-400.
- KUBIE, L. (1948): *Instincts and Homeostasis*. Psychosom. Med., X, pp. 15-30. (See, B. D. Lewin, 1949, p. 421.)
- LEWIN, B. D. (1946): *Sleep, the Mouth, and the Dream Screen*. This QUARTERLY, XV, pp. 419-434. Reprinted in: *Selected Writings of Bertram D. Lewin*. Edited by Jacob A. Arlow. New York: The Psychoanalytic Quarterly, Inc., 1973, pp. 87-100.
- (1948a): *Inferences from the Dream Screen*. Int. J. Ps., XXIX, pp. 224-231. Reprinted in: *Op. cit.*, pp. 101-114.
- (1948b): *The Nature of Reality, the Meaning of Nothing, With an Addendum on Concentration*. This QUARTERLY, XVII, pp. 524-526. Reprinted in: *Op. cit.*, pp. 320-322.
- (1949): *Mania and Sleep*. This QUARTERLY, XVIII, pp. 419-433. Reprinted in: *Op. cit.*, pp. 115-128.
- (1950): *The Psychoanalysis of Elation*. New York: The Psychoanalytic Quarterly, Inc., 1961. Chapters reprinted in: *Op. cit.*, pp. 115-146.
- (1952): *Phobic Symptoms and Dream Interpretation*. This QUARTERLY, XXI, pp. 295-322. Reprinted in: *Op. cit.*, pp. 187-212.
- (1953): *Reconsideration of the Dream Screen*. This QUARTERLY, XXII, pp. 174-199.
- MACK, J. E. (1974): *Nightmares and Human Conflict*. Boston: Houghton Mifflin Co.
- MONNIER, M. (1952): Experimental Work on Sleep and Other Variations of Consciousness. In: *Problems of Consciousness*. (Transactions of the Third Conference.) Edited by H. A. Abramson. New York: Josiah Macy, Jr., Foundation, pp. 107-156.
- PRANGE, A. and ABSE, D. W. (1957): *Psychic Events Accompanying an Attack of Poliomyelitis*. Brit. J. Med. Psychol., XXX, pp. 75-87.
- RADO, S. (1953): Personal correspondence (Cf., B. D. Lewin, 1953, pp. 196-197).
- ROBERT, W. (1886): *Der Traum als Naturnotwendigkeit erklärt*. Hamburg. (Cf., Freud, 1900, pp. 79-80).
- RYCROFT, C. (1951): *A Contribution to the Study of the Dream Screen*. Int. J. Ps., XXXII, pp. 178-184.
- SCOTT, W. C. M. (1975): *Remembering Sleep and Dreams*. Int. Rev. Ps., II, pp. 321-333.
- SHAND, A. F. (1920): *The Foundations of Character*. London: The Macmillan Co., Ltd.
- SILBERER, H. (1909): Report on a Method of Eliciting and Observing Certain

- Symbolic Hallucination-Phenomena. In: *Organization and Pathology of Thought. Selected Sources*. By D. Rapaport. New York: Columbia University Press, 1951, pp. 195-207.
- SNYDER, F. (1963): *New Biology of Dreaming*. Arch. Gen. Psychiat., VIII, pp. 381-391.
- SPIITZ, R. A. (1955): The Primal Cavity: A Contribution to the Genesis of Perception and Its Role for Psychoanalytic Theory. In: *The Psychoanalytic Study of the Child, Vol. X*. New York: International Universities Press, Inc., pp. 215-240.
- (1965): *The First Year of Life. A Psychoanalytic Study of Normal and Deviant Development of Object Relations*. New York: International Universities Press, Inc.
- STONE, L. (1947): *Transference Sleep in a Neurosis with Duodenal Ulcer*. Int. J. Psa., XXVIII, pp. 18-32.
- ULMAN, R. B. (1975): *Sigmund Freud's Phylogenetic Dimension and Its Relevance to Political Thought*. Unpublished doctoral thesis presented at the University of Virginia.
- VAN DER HEIDE, C. (1961): *Blank Silence and Dream Screen*. J. Amer. Psa. Assn., IX, pp. 85-90.
- VOLKAN, V. D. (1975): Cosmic Laughter: A Study of Primitive Splitting. In: *Tactics and Techniques of Psychoanalytic Psychotherapy, Vol. II*. Edited by P. L. Giovacchini. New York: Jason Aronson, Inc., pp. 427-440.
- VON HORNBOSTEL, E. M. (1931): *Über Geruchschelligkeit*. Arch. ges. Physiol. Pfluger's, CCXXVIII, pp. 517-537.
- WETMORE, R. (1963): *The Role of Grief in Psycho-Analysis*. Int. J. Psa., XLIV, pp. 97-103.

1852 Winston Road
Charlottesville, Va. 22903

Psychoanalytic Methodology in Helene Deutsch's *The Psychology Of Women*

Miriam J. Wimpfheimer & Roy Schafer

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PSYCHOANALYTIC METHODOLOGY IN HELENE DEUTSCH'S THE PSYCHOLOGY OF WOMEN

BY MIRIAM J. WIMPFHEIMER, B.A. and ROY SCHAFER, PH.D.

Although Helen Deutsch's The Psychology of Women contains a wealth of descriptive material about women's problems, the methodology employed by Deutsch in reaching her conclusions about femininity is marred in several ways. Her evolutionary-adaptational bias and natural science approach led to the attribution of questionable biological bases to behavior and to the neglect of social factors and learning. Her concepts and language reveal an unquestioning adoption of Freud's metapsychology and lead to a perception and interpretation of psychological events according to the specific cast of that approach. She confuses her values with definition and observation. A re-examination of the thought of Deutsch seems fitting in these days of ever more extensive reconsideration of the views of Freud and other major psychoanalytic thinkers on the psychology of women. In addition to furthering our understanding of her insights, the study of Deutsch's methodology and its pitfalls contributes to a more critical understanding of the values and preconceptions that influence popular thinking about women and to a deeper grasp of problems inherent in psychoanalytic methodology.

In her two-volume work, *The Psychology of Women*,¹ Helene Deutsch traces the development of woman's psychological life from prepuberty through adolescence, motherhood, and the menopause. Interwoven with her own clinical observations and those of other physicians and social workers are general theories about feminine character. Deutsch proposes a theory of the feminine core, an essential nature of woman akin to Goethe's "eternal feminine." This core—a composite of the three traits,

¹ All references to Deutsch are from *The Psychology of Women, Volumes I and II*. New York: Grune & Stratton, Inc., 1944, 1945.

narcissism, passivity, and masochism—is rooted in woman's constitution; it is consolidated during the girl's advance into womanhood from prepuberty and appears in its three separate aspects throughout a woman's life.

Our objective in reconsidering *The Psychology of Women* is to study the methodology used by Deutsch in reaching her conclusions about the feminine personality and to suggest how her methodology may have led her astray. We shall not summarize all of Deutsch's contributions, nor attempt to evaluate their importance relative to each other and to the ideas of other writers on feminine development. Instead, we shall examine Deutsch's conceptual framework, the language rules she employs, and the structure of her argument, with the conviction that only by studying the sources and structure of Deutsch's thought can one begin to assess the substance and implications of her insights. Such an examination should also contribute both to a more critical understanding of the values, preconceptions, and forms of reasoning that influence popular thinking about women and to a deeper grasp of some problems inherent in psychoanalytic methodology.

BIOLOGICAL BASIS IN DEUTSCH'S ARGUMENT

A salient feature of Helene Deutsch's methodology is her unremitting search for biological laws of behavior, a search seemingly validated by the natural science terminology of traditional psychoanalytic language. A discussion of Deutsch's theory of the genital trauma, her evaluation of clitoridal sexuality and feminine masochism, her search for the maternal instinct, and her views of woman's motivation in the sex act amply illustrate the deterministic role of biological concepts in her theory of femininity.

Structure of the Argument—The Foundation

The foundation of Deutsch's theory of the feminine character is a "biological" mechanism that she calls the genital trauma.

All her assertions about the feminine personality find their etiology and ultimate root in this trauma. The term refers to the consequences of the little girl's biological lack of an adequate organ on which to focus her heightened genital urge during the phallic stage. Like Freud, Deutsch views the clitoris as inferior to the penis. She finds the little girl's instincts to be constitutionally less active and aggressive than those of the boy and the clitoris to be inadequate for whatever active-aggressive drives the girl does possess. The main consequence of the inability of the clitoris to release the girl's energies is the inhibition of her active impulses. In the course of "normal" feminine development, inhibited activity "undergoes a turn toward passivity" (I, p. 229). Eventually, the passive, receptive organ, the vagina, replaces the active clitoris but until that time the little girl is organless; between the turn to passivity and the availability of the vagina, the girl lacks both an active and a passive organ, and it is this two-fold lack that constitutes her genital trauma.

According to Deutsch, the genital trauma has immediate consequences in the little girl's foregoing clitoridal masturbation. The trauma is also a momentous event in the girl's unconscious life, to which she regresses at major turning points in her development. At menarche, the fantasies of being torn and dismembered internally that often occur are connected to the trauma and the feelings of castration that it can induce. From the genital trauma also derives woman's pleasure in the sexual act, for now she possesses both an active organ and her own passive organ.

Deutsch's entire argument about the female personality—passivity, masochism, narcissism, and the regressive potentials in feminine development—is built up logically around the biologically determined genital trauma. In order to illustrate the ingenuity of her theory, it is important to outline the connections she draws between these character traits and the biological "mechanism of instinctual reversion," the genital trauma. Although Deutsch often adduces social reasons for these traits, she

concludes that social forces only reinforce the constitutional givens her theory proposes.

Deutsch relies on the traditional genetic emphasis in psychoanalytic theory to explain the repetition of the effects of the genital trauma when the young girl reaches puberty. This trauma signifies the inhibition and turning inward of activity and a turn to passivity. Occurring in the phallic phase, it is the precursor of the onset of passivity in the prepubertal girl, which change, for Deutsch, heralds the girl's entrance into womanhood (I, p. 5). The refraining from clitoridal masturbation at the phallic stage adumbrates the wave of repression at puberty. Deutsch states that the turn to passivity in puberty is preceded by a "thrust of activity" in the latency period that may endanger the girl's future passivity. During this active phase, the girl attempts to loosen her infantile object ties and clamors for independence while simultaneously needing the support of home. The girl's turn to passivity at puberty repeats the active-passive transformation of the genital trauma.

Masochism is a truly feminine trait, according to Deutsch. Its origins are connected to the origins of passivity—to the "mechanism of instinctual reversion" in the genital trauma when the active forces and concomitant aggression are inhibited and turned inward. Social inhibitions to the little girl's aggression, stemming primarily from the father, also contribute to her masochism. In her examples of feminine masochistic behavior, Deutsch refers to two different kinds of suffering: pleasure in sexualized suffering and pleasure in mental, interpersonal suffering. Although Deutsch does not state the connection, it is implied that the former suffering causes the latter. Here she introduces another form of biological determinism in addition to that of the genital trauma. Sexualized suffering is found in the fantasy life of pubertal girls, filled as it is with scenes of rape, seduction, prostitution, and being overpowered. Later, these fantasies are replaced by painful longings and wishes to suffer for a lover. Masochistic women renounce themselves in favor of others (I, p. 193) and wish to be humiliated and de-

serted (I, p. 196); they seek pain and suffering (I, p. 241). Masochism of sexualized suffering not only appears in fantasy life but in woman's reproductive functions; in both defloration and childbirth, the woman, in order to be adjusted to reality, must want the mixture of pleasure and pain (I, p. 276). Motherliness, too, has a masochistic component, as shown by the mother's readiness to sacrifice herself and undergo pain for her child. Deutsch finds one of the most masochistic experiences of woman to be her renunciation of the child's dependence when the time for liberation arrives (II, pp. 18-21). Although her discussion of woman's masochism illuminates crucial aspects of female development, her extension from sexualized suffering to interpersonal suffering is less convincing.

Deutsch finds the continuation of narcissism as the protector of the ego beyond adolescence (I, p. 186) to be a specifically feminine trait. Narcissism serves as a guardian, a self-preservative self-love, against woman's masochistic self-destructive tendencies and is thus ultimately connected to the genital trauma. Woman's sexual tendencies are masochistic and dangerous to her ego which strengthens itself in defense. This interplay of masochism and narcissism marks the erotic-feminine in woman (I, p. 188). In speaking of woman's sexual goals as masochistic, Deutsch appears to take for granted the previously mentioned questionable connection of sexualized and interpersonal suffering.

Finally, Deutsch traces another of her key findings about women, the dangerous regressive potentials in their development, to the genital trauma. She finds that the girl has a more persistent, intense, and dangerous relationship with the mother than does the boy; the power of this relationship looms as a constant threat to the girl's development. Regression in the mother-daughter relationship is frequently the cause of feminine neurosis and character disturbance. The urge toward union with the mother is also often the root of female homosexuality (I, p. 353). Some regression is normal, however, for it

leads to reconciliation with the mother as the girl frees herself from aggression and dependence.

Deutsch discusses the danger points in the different stages of female development. During prepuberty, for instance, the girl is torn between longing for the mother and her need to free herself from her infantile dependence. The mother is a great obstacle to her growing up, and the child's failure to detach herself from her mother may leave an infantile imprint on her entire personality. Such oral disorders as anorexia nervosa are connected to abortive efforts to break the infantile tie. Regressive dangers reappear in the bisexual situation of early puberty (I, p. 32). The tasks of adolescence are the mastering of the oedipus complex, the giving of adult forms to old, deep, primitive ties with the mother and the end of bisexuality in favor of heterosexuality (I, p. 116). The girl who fails in adolescence remains the prepubertal child "continually aggressive and nervously struggling against [the] tie with her mother . . . and persisting in a completely passive dependence" (I, p. 116). Deutsch cites both biological and social reasons for this intense relation with the mother. Biologically, the genital trauma or lack of a passive organ mobilizes regressive tendencies; the little girl's feminine fantasies center around other passive organs, and anal and oral components of the sexual instincts reappear (I, p. 230). Socially, the inhibition that the preoedipal and prepubertal girl encounters in her turn toward reality causes her to return to the mother in a period of increased infantile love demands (I, p. 253).

Having outlined Deutsch's theory of the genital trauma and its relation to the female character structure, we must question whether the biological basis she ascribes to woman's personality is justified. Is there any evidence that the clitoris provides an inadequate outlet for the little girl's genital urge? Indeed, there is no reason to believe that the clitoris is inadequate either as a means of gratification or as a vehicle of fantasy (*cf.*, Brierley, 1948). Clearly, there is a biological bedrock of sex differences,

about which new knowledge is increasing, but Deutsch's theory remains unproved. All psychoanalytic writers on feminine development have stressed the point that during the phallic/oedipal phase, or even in the preoedipal period, something happens to the girl which determines the nature of her future feminine adjustment. Freud (1905) drew attention to the onset of penis envy, the girl's narcissistic mortification at the realization of her lack. However, he failed to inquire far enough into the underlying reasons for the little girl's extreme reaction to the awareness of her lack. To understand the background of the readiness for envy and the shakiness of self-esteem, one must examine the area of pregenital mental development. In attributing the important psychologic changes of this time to an unknown biological mechanism, Deutsch, too, skirts the issue of pregenital mental development.²

Although the biological basis of her theory is unproved, the superstructure that Deutsch has built upon it is not generally invalid. The qualities she describes are found in many women and exaggerated in those with neuroses and character disorders. It is their basis and their relationship to one another that remain uncertain. In Deutsch's work, a gap exists between the immediacies of description and the "biological" theory to which she relates her findings.

² Melanie Klein, in her 1928 article, "Early Stages of the Oedipus Complex," voiced a view similar to that of Deutsch. She asserted that onanism offers an inadequate outlet for the girl's sexuality and that the difficulty in obtaining complete gratification by onanism may lead to its being given up. By contrast, Lampl-de-Groot (1928), in "Evolution of the Oedipus Complex in Women," stated the common sense view that "probably the little girl produces pleasurable physical sensations in the clitoris in the same way and presumably with the same degree of intensity as the boy does in the penis, and perhaps she feels them in the vagina too" (p. 335). In her article, "On the Genesis of the Castration Complex in Women," Karen Horney (1922) introduced the thesis that the inferiority feelings of the girl result from the "actual fact" that, from the girl's point of view, she lacks the boy's ability to gratify certain interconnected instinctual demands which are very important in the pregenital period, these being scopophilic, urethral erotic, and onanistic wishes. These and other writers, such as Ernest Jones (1927, 1933) associate the little girl's feelings and behavior to her changing relations with both parents during the oedipal situation.

Deutsch's Evolutionary-Adaptational Bias

In her discussion of the "purpose" of the genital trauma, Deutsch reveals that her use of biological concepts is motivated by a strong evolutionary-adaptational bias. Her theory is actually about a strategy of biological adaptation to the reproductive, motherly role. Emphasizing woman's position as perpetuator of the species, she downgrades clitoridal sexuality as "infantile sexuality, useless for reproduction" (II, p. 80). The "purpose" of the genital trauma is a plan involving the resignation of the clitoris and the later substitution of the vagina at the onset of sexual maturity and readiness for reproduction. Yet Deutsch notes that the teleological (from an evolutionary point of view) plan is not fulfilled: "the clitoris preserves its excitability during the latency period and is unwilling to cede its function smoothly, while the vagina for its part does not prove completely willing to take over both functions, reproduction and sexual pleasure" (II, p. 80).

The bias underlying Deutsch's creation of the theory of the genital trauma can again be seen in her search for a maternal instinct, a self-fulfilling instinctual drive toward propagation of the species, the existence of which she assumes and builds into her theory.

Deutsch roots the maternal instinct of the subhuman female animal in the transfer of reproduction from the exterior to the interior of the body. The new physical union between the mother and her offspring caused the development of physiological maternal instincts that continued beyond the birth of the young (II, p. 12). With her biological-evolutionary perspective drawn from the Freudian model, Deutsch assumes that maternal love or motherliness in the human female is the sublimation of the instinctual components of motherhood; in the human mother one sees a complicated "evolution from the 'wisdom of instinct' to spiritualization" (I, p. 14). Motherly love, says Deutsch, is a recent phylogenetic development originating in but far removed from primitive maternal instinct (I, pp. 165-166).

Although Deutsch states that the idea of a direct hormonal basis for motherliness is "still hypothetic" (I, p. 166) and that the domination of the maternal instinct over the human female's biologic functions is an assumption (I, p. 260), she nevertheless uses the concept of the maternal instinct as if it were a fact. In contradiction to her statement that the instinct is far removed from the emotion of motherly love and buried beneath individual personalities and environmental influences, she builds the instinct into her definition of motherliness, finding its overt manifestation in motherly action. According to Deutsch, maternal instinct and maternal love are two components of motherliness: "The instinct has a biologic-chemical source and lies beyond the psychologic sphere. Its primitive forms are hardly accessible to us in our civilization," because of the overlay of psychological influences (I, p. 19). Yet she also states that maternal action—that is, the mother's sheltering, feeding, and defending her offspring—is that component of motherliness which is closest to the phylogenetic and instinctual (I, p. 18). The instinctual components of mother love, says Deutsch, are expressed in the feeding and bodily care of the infant and in physical sensations of the reproductive organs.

Deutsch looks for evidence of the maternal instinct in several areas: upon noting basic similarities among women in their experience of pregnancy, she asks whether the common reactions point to "an attribute of the species, a manifestation of instinct" (I, p. 122). She mentions the regressive tendency of the mother to reunite with the child and preserve the psychic umbilical cord after the biological umbilical cord has been broken. This tendency, says Deutsch, is so close to the "organic aspect" that it is "perhaps the expression of the 'maternal instinct'" (I, p. 267).³ Deutsch's single-minded search for biological bases

³ Deutsch believes that the difference between maternal instinct and love is illustrated by the different reactions of women who lose their babies immediately after delivery and those who lose their babies after some time of care, especially suckling. The former group reacts with unreal grief: frustration of unfulfilled wishes, guilt, accusation of others, and a quick readiness for new pregnancy. The latter group experiences genuine mourning and a delayed readiness for new con-

of behavior leads to neglect of the importance of learning and of social factors in the human being's movement toward procreativity. To assume the existence and operation of a maternal instinct when such an instinct cannot be isolated or studied is illogical. To build such an instinct into the foundation of one's theories places them on a very tenuous foundation.

Another problematic assertion made by Deutsch, prompted by the same emphasis on the central importance of the reproductive function of woman, is her claim that the motive for sex in men is primarily pleasure and secondarily "service to the species" while in women, the reproductive function comes first, sexual pleasure being a prize for "service to the species" (I, p. 77). She gives two reasons for this difference: the psychologic association and unity of coitus and reproduction in woman's unconscious life, and woman's frequent lack of sexual gratification because of the dual nature of her sexual organs (I, p. 78-79). Sexuality in women is more closely related, as a rule, to their emotional lives, and this connection may have biological roots; yet the assertion that women desire from coitus first and foremost to conceive can only be made by someone who believes, as Deutsch does, in an all pervasive maternal instinct. Moreover, the assertion that women's lack of sexual pleasure is preordained is arbitrary and time-bound. Deutsch elaborates this latter point. While man possesses an imperious physiological urge, accompanied by psychic elements, to discharge sexual tension, woman experiences only a yearning for the erotic genital pleasure experience. Hers is a psychologic need bolstered by biologic factors. To support her thesis, Deutsch states the questionable assumption that depressions in sexually abstinent

ception. The contrast, says Deutsch, illustrates the difference between maternal instinct which is expected to hold sway immediately after delivery and maternal love which develops only gradually (I, p. 263). Finally, Deutsch points out that the rejection of offspring, the denial of all emotional bonds with the baby, occurs more often in the human female than in mothers of other higher animal species. While acknowledging the strangeness of such utter failure of the human maternal instinct, she claims, without supporting evidence, that closer examination reveals not absence but repression of the instinct (I, pp. 15-16).

women are usually not connected with organic sexual tension but are instead manifestations of erotic yearning, of the narcissistic need to be loved, and of masochistic striving to give (I, p. 85).

Deutsch sets forth her rationale for seeking a biological basis to behavior and in doing so reveals the faults of her method. While admitting that the notion of biologic determination is narrow and restrictive, it gives the psychologist

the comfortable feeling of having a scientific basis and of being able to place the results of his subjective observations into an objective frame. It is advisable to cling to a recognized pattern, in order to increase the objective value of the facts observed, if in so doing one is able to avoid the danger of being inhibited in seeing, understanding, and above all in communicating to others things that cannot be explained by biologic or sociologic realities (I, p. 122, italics added).

Such a statement, when analyzed for its underlying assumptions and internal logic, proves to be self-contradictory and based on incorrect notions about scientific method. Deutsch states that the very act of imputing a biological, scientific basis to behavior, of placing her findings within a scientific framework, causes her to feel that these findings are "objective" and not "subjective." Ironically, her statement is notable for its unscientific, superstitious approach, sustained as it is by the belief that through association with scientific, biological language and concepts, her feelings can themselves become scientific and "objective." In addition, Deutsch seems to feel that simply stating a connection to biology obviates the need to subject her assertions to genuine scientific study.

Underlying Deutsch's statement is the assumption that the scientist is totally "objective," uninfluenced by vantage point or values. Her statement harks back to Freud, her mentor, and to the nineteenth century tradition of belief in value-free empiricism and of pride in the achievement of the utterly objective scientist, a tradition not philosophically advanced enough to

include what is known today of the pluralistic, relativistic, linguistic, and necessarily valuative aspects of knowledge (*cf.*, Schafer, 1974). Even the scientist possesses a vantage point of a priori assumptions and values that dictate what kinds of observations will be made, what propositions and hypotheses will be formulated, and the nature of theoretical strategies: their mode of conceptualization and the language rules appropriate for the science (*cf.*, Schafer, 1976). In the case of Helene Deutsch, her biologic-evolutionary-adaptational vantage point dictates her language rules, observations, and theories.

The Neglect of Social Factors and Learning

One can only regret that her predominantly biological theory caused Deutsch to neglect a detailed analysis of social factors and learning. For example, in her discussion of puberty in girls, she notes the girl's contradictory attitudes toward herself and her body. The girl vacillates between narcissistic vanity and feelings of inferiority and considers her genital organ as both a precious jewel and a disgusting cloaca. The former feeling is partly a result of the educational influence of the mother who has advised the young girl to protect her virginity as a very valuable treasure, and partly a result of the girl's adolescent narcissistic appraisal of her femininity (also partly compensation for the old "genital trauma"). Juxtaposed to these sentiments is the unconscious, infantile conception of the genitals as a dirty cloaca and source of shame, stemming from childhood theories of the anal idea of childbirth and the sadistic conception of coitus (I, pp. 118, 170). The ambivalent attitude of the girl contrasts sharply with that of the normal boy for whom the genitals have the highest value (I, p. 118). It is interesting to note, as does Mary Ellmann (1968) in *Thinking about Women*, the contradictory attitudes to and stereotypes of femininity characterized by extremes of elevation and degradation that are perpetuated in our culture and the possibility of their being internalized by the growing girl, thus laying the foundations for low self-esteem.

Similarly, Deutsch stresses the efforts of the little girl to break away from her mother, the strongest tie with the past and the greatest impediment to her growing up; the girl turns to reality, the outside world embodied in the father. Such parental representations are socially determined in fundamental ways. The girl's being primed to regress to "orality" and the mother is a result of socially as well as biologically determined forces inhibiting her urge to independence and casting her back into a dependent state.

Deutsch's interpersonal, environmental explanations of female attributes are far more compelling than her biological theories, as, for example, in her discussion of the father's inhibiting his little daughter's aggressions and incestuous feelings, thus contributing to her masochism. The little girl turns to the father to free herself from her mother. The father cannot encourage the girl's aggressive activity and tenderly inhibits it. She renounces her aggression for his love (I, p. 251). Yet these aggressive forces require an outlet; they "endow the passive state of being loved with a masochistic character." The little girl is forced to return to her mother for a period of increased infantile love demands (I, p. 253).

In her discussion of the importance of the adolescent girl's fantasy life for the achievement of complete femininity and motherhood (I, pp. 127-128), Deutsch broaches some key questions about social influences but fails to develop them because of her reliance on biological determinism. While mentioning attempts to explain the young girl's perseverance in fantasy life on the basis of social factors (the double standards that give the young male better opportunities for sexual gratification), Deutsch refutes these efforts and roots the difference in biology, in the approach of the reproductive task. The girl, says Deutsch, is separated from her reproductive possibilities by her anxieties, wishes, and preparations for the sexual act; the awakening psychologic processes connected with the reproductive function "are driven into a more inward sphere of fantasy life"; the girl must "passively await fecundation" (I, p. 140). Thus, the ap-

proach of the biological function causes psychological fantasy, while social influences, such as the restrictions in the outside world on the girl's sexual exploration, are seen to be of minimal importance.

Finally, Deutsch's rooting of the female character structure firmly in a biological mechanism is consistent with her aim of defining an unchanging psychological essence of what it means to be a woman. Women must essentially become the way that they often are—passive, narcissistic, masochistic—and it is just and necessary for them to become this way; it is their “pre-determined constitutional role,” a part of the natural order. Through this approach, Deutsch avoids the serious problems of estimating and describing how much women are conditioned to be this way for the needs of society.⁴

THE ACTIVE-PASSIVE DISTINCTION: A SEMANTIC PROBLEM

Deutsch's search for an irreducible essence of woman, as demonstrated by her effort to found the female character structure in a biological mechanism, is also evident in her adoption of the Freudian mutually exclusive, dualistic mode of describing the sexes: masculine-dominant-active-aggressive versus female-submissive-passive-masochistic. In his essay, “Femininity,” Freud (1932) spoke of the uselessness of the active-masculine and passive-feminine associations.

Women can display great activity in various directions, men are not able to live in company with their own kind unless they develop a large amount of passive adaptability. If you now tell me that these facts go to prove precisely that both men and women are bisexual in the psychological sense, I shall conclude that you have decided in your own minds to make ‘active’ coincide with ‘masculine’ and ‘passive’ with ‘feminine’.

⁴ Betty Yorburg (1974) points out, in “Freud and Woman's Liberation,” that during the 1930's and after World War II in America, jobs were scarce, and it was important for economic reasons to keep women in the home. This social reality may have been one factor determining the slant of Deutsch's analysis.

But I advise you against it. It seems to me to serve no useful purpose and adds nothing to our knowledge (p. 115).

Yet despite his belief in the inadequacy of these associations and his reiteration that human beings are biologically and psychologically bisexual, Freud appears in his most general propositions to have ignored his own assertions and to have founded his theory of female development on the very polarities he had discredited. These polarities were a convention of the nineteenth century biological-medical tradition in which Freud worked (*cf.*, Schafer, 1974), a tradition concerned with controlling and governing "the abstract by means of immutable definitions, distinctions, generalizations . . ." (Ellmann, 1968, p. 157). Deutsch adopts these same active-masculine, passive-feminine equations and incorporates them into the basis of her psychology. Like Freud, she is inconsistent in her definitions of the terms and uses them in several different ways.

What does Deutsch mean by the words "active" and "passive"? In places she attempts to clarify what she intends; one can also derive the meanings of the words from their contexts. In the realm of psychoanalytic instinct theory, the activity or passivity of an instinct does not refer to its end or goal—which is always pleasure, tension reduction, or avoidance of pain—but rather to the means used to achieve an instinctual end. When gratification depends on the subject's acting on an object, the aim is active; the aim is passive if its gratification depends on the object's acting on the subject (*cf.*, Schafer, 1968). Deutsch uses the words with these meanings. The ambitious, energetic young girl achieves her aims with great exertions, as does the woman with a masculinity complex (I, p. 128). Her opposite is the woman who achieves complete femininity in eroticism and sexuality. Men must act upon her and overcome her inhibitions (I, p. 218). She is a passive receiver (I, p. 192), and her passivity is biologically rooted in the absence of spontaneous vaginal activity (I, p. 233).⁵ Feminine love, says Deutsch, is passive-narcissistic,

⁵ This last point has been much argued among writers on feminine psychology. Such thinkers as Melanie Klein (1928), Karen Horney (1922), Josine Müller (1932), Lampl-de Groot (1928), and more recently, Phyllis Greenacre (1969), support the view that early vaginal sensations can occur in the little girl.

like a fire that radiates warmth. One must come near to it, stir it up, and it will send out rays. It is passive in that, like a fire, it must be acted upon before it acts; it does not initiate but only responds to stimuli (I, p. 190). A woman must be fecundated from outside in order to be created (I, p. 132).

Characteristically, Deutsch constructs a speculative phylogenetic-evolutionary theory to buttress her understanding of feminine passivity as the woman's being the object of the man's active, aggressive responses. The beginnings of female passivity are rooted in the replacing of external by internal fecundation and the subordination of woman to the sexual will and domination of the male. In the animal world up through the mammal, the female determines the rhythm of sexual activity with her sexual cycle. In the human, man's sexuality is independent of the female's menstrual cycle. Man's anatomy makes him capable of rape. The sexual act was originally violent and was gradually transformed into an act of pleasure for the woman. The powerful embrace of the prehensile arms is responsible for the woman's skin sensitivity. From a psychoanalytic viewpoint, energy was transferred from an unsatisfactory genital to the entire body (I, p. 220, ff.).

Several problems exist with this use of the terms active and passive. If one accepts as accurate the distinction that the man acts upon the outside world, including the woman, to achieve his satisfaction while the woman passively waits to be acted upon, one must still note that the judgments of active and passive are adjectives applied to overt behavior by an external observer. Occasionally, in fact, Deutsch uses the terms simply as adjectives of external behavior completely detached from instinct theory: for example, pubertal girls who behave passively and femininely are the opposite of tomboys. Deutsch fails to note that the activity and passivity of aims can also be understood from the standpoint of the subject's wishful psychic reality (*cf.*, Schaffer, 1968). Often, a person considered passive from an outsider's point of view actually identifies with and experiences

the activity of his or her partner and is both active and passive from the viewpoint of his or her psychic reality. The psychoanalyst should take both perspectives into consideration, that of the patient's psychic reality and that of the external observer.

Another problem that exists with the active-passive terminology is the question of whether it makes sense to label a woman passive in the sex act just because she receives the penis. How exactly is reception passive? In several senses, the woman can be considered active: she moves; the vagina is a shelter for the penis; if one wants to think of a man's initiating quality as his activity, one would be ignoring all the ways, perhaps more subtle, that a woman incites a man to activity, which in themselves are forms of activity. An example of the one-sidedness of Deutsch's distinction is her statement that women with much sexual energy display only very intense "passive-receptive readiness" (I, p. 280).

"Active" and "passive" appear also in the context of object relations. Clinicians often speak of activity or passivity in relationships or as typical behavior in certain kinds of relationships. "Passive" here usually implies dependency upon others, helplessness, lack of initiative, predominant receptiveness, and possibly a demanding personality (*cf.*, Schafer, 1968). Deutsch categorizes three types of feminine-erotic women, employing active and passive to describe global constellations of qualities. Among the traits of the first two "feminine-passive" types are warmth, sensitivity, nonaggressiveness (I, p. 209), "passive subordination to others through identification" (I, p. 194), tolerance yet a demanding nature (I, p. 197), trust, compliance, dependence on the mother, and tendencies to infantilism (I, pp. 214-215). The "feminine-active" types are characterized by moral masochism, pride, intolerance (I, p. 210), a sense of duty, and a tendency to rule the home and the education of their children (I, pp. 212-213).

This use of the terms active and passive suffers from the same theoretical difficulties as the use of the terms in the context of

instinct theory. They express the view of an external observer judging overt actions without taking into consideration the subject's wishful psychic reality. In both contexts, instinct theory and object relations, the terms are used from a behavioristic perspective. Deutsch's penchant for behavioristic formulations is connected to her adaptational-biological point of view which relies heavily on what can be seen or evaluated from the outside. The analyst, committed to the natural science approach to explanation, thinks of the outside surface although working with the patient's inner reality. Thus, like the biologist and his taxonomies, Deutsch outlines descriptive classifications of types of women. As a result of the natural science approach, the mode of theorizing grows apart from the mode of investigation of meanings in psychoanalysis. For the concern of psychoanalysis is to understand the subject's psychic reality, the private and multi-layered significance of an event, action, or object, and the changes of significance during development and during the psychoanalytic process (*cf.*, Schafer, 1976). What is important in psychological development and disturbance is the *representation of oneself as passive* in relation to events, that is, passivity in psychic reality. This mode of self-representation, not the need to label overt action, should be the primary concern of the analyst.

The problems with the active-passive terms become inextricably complex because Deutsch uses them in several different ways. With the onset of the genital trauma, the little girl undergoes a "turn toward passivity." Deutsch speaks of passivity as a "state of inhibition" (I, p. 239). Since the instincts cannot remain inhibited, their direction changes: passivity, says Deutsch, should not connote "inactivity, emptiness, or immobility" but rather "activity turned inwards" leading to a rich inner life of thinking and feeling (I, p. 192). This account of passivity is problematic on several grounds.

Deutsch's emphasis on psychic instinctual energy and its various movements prevents her from realizing that inhibition itself is a type of activity performed by a person. The inhibition may be carried out unconsciously and supplemented by conscious

aversion. The groundwork for this behavior would have to have been laid in early childhood, but it is activity nonetheless. Moreover, thinking and feeling, which are forms of mental and emotional activity, can only be considered passive from the viewpoint of an external viewer watching visible events—the behaviorist perspective once again.

Numerous conceptual problems emerge from the kinds of assumptions made by Deutsch in her association of an instinctual turn in early childhood with the general character of the mental life of women. Deutsch is unable to account for feminine mental activity except through biological mechanisms and analogy. Her conception of the genital trauma is based on the concretistic notion of instincts as substantive entities that encounter a barrier—the inability of the clitoris to release them—and reverse their direction inward toward the vagina which is energized at a later time. This account is a physical fantasy that blurs both psychological and biological knowledge. Implicit in Deutsch's theory is the concept of the vagina as a place in which hypothetical instincts travel inward. The analogy of the vagina/womb to the human mind relies on a similarly concretistic, spatial conception of the mind as a place in which thinking or thoughts are located. Deutsch resorts to this sexual analogy for the explanation of woman's rich inner life. In adolescence, the organic contrast of the boy's and girl's sexual apparatus, the "extroverted" penis in the boy and the girl's hidden, inner vagina, are reproduced in psychic life. The boy turns toward reality and conquering the outside world while the woman's preoccupation is turned inward to her own mind, and she becomes deeply intuitive and subjective (I, p. 130). The attentional direction of the mind replicates the physical direction and configuration of the sex organs. Woman's rich fantasy life, her "activity directed inward," follows the same course as the instincts in the genital trauma (I, p. 192). Woman's fantasy-filled mind, like her vagina/womb, is seen as conserving, interiorizing, internal (*cf.*, Ellmann, 1968).

Deutsch asserts that sexual energy from the genital trauma is sublimated and converted into mental energy. Inhibition is

built into the woman's biology and her mental processes are biologized. Uninhibited, free, erotic activity is masculine (I, p. 196) while inhibited sexual activity is responsible for the entire female personality (I, p. 219).

Yet how can a hypothetical and mindless drive or instinct have any connection whatsoever to a phenomenal thought? According to the physicochemical and biological terminology used in psychoanalysis, understanding depends on invoking hypothetical, substantive entities that create, initiate, and regulate other, qualitatively different entities. Never, however, has a satisfactory account been developed of how these entities relate to one another. Moreover, thinking is activity of a different kind, not in a different place. It is not "inside" of anything, as the sexual analogy would lead one to believe, for, being an abstraction like justice or truth, it has no spatial localization (*cf.*, Schafer, 1972).

Deutsch also resorts to sexual analogy of another kind in her discussion of woman's passivity. She states that passivity does not mean apathy or lack of sexual energy, inactivity, or immobility. Yet in clear contradiction to her statement, her use of sexual analogy implies just these meanings. Woman's passive behavior, she says, is repeated in the function of the sexual cells. The ovum is motionless and passively expectant while the spermatozoa are active and mobile (I, p. 223). The behavior of the partners during intercourse "continues this differentiation between the masculine-active and the feminine-passive." Even Deutsch's metaphor of woman's love as a fire that must be approached implies immobility (I, p. 190). Her metaphor undercuts her efforts at clarification. One must ask whether a "feminine" woman is motionless during intercourse. Deutsch states that even though "most normal women" are very active during intercourse, such activity represents woman's protest against her passive role and her tendency toward identification (I, pp. 223-224). Locked within her own system, Deutsch cannot step outside it.

Ellmann (1968) humorously pinpoints the arbitrariness of the sexual analogy:

An immobility is attributed to the entire female constitution by analogy with the supposed immobility of the ovum. This imaginative vision of the ovum . . . is dependent . . . upon a happy physiological vagueness. In actuality, each month the ovum undertakes an extraordinary expedition from the ovary through the Fallopian tubes to the uterus, an unseen equivalent of going down the Mississippi on a raft or over Niagara Falls in a barrel. . . . One might say that the activity of ova involves a daring and independence absent, in fact, from the activity of spermatozoa, which move in jostling masses, swarming out on signal like a crowd of commuters from the 5:15 . . . (pp. 13-14).

Sarcastic, no doubt, but Ellmann's statement, with an ironic arbitrariness equal to the Deutschian analogy, reveals the failure of such analogy. The relationships of physiology and anatomy to behavior are complex and of great individual variation. The resort to sexual analogy remains clever sophistry.

The immersion in the active-passive distinction as a natural law contributed to both Deutsch's and Freud's emphasis of the active-passive nature of the woman's sexual organs, her active clitoris and her passive vagina. Clearly, the linguistic convention and a rigid, dualistic cast of mind influenced the mode of conceptualizing the schismatic nature of the female genitals. The mutually exclusive quality of the terms blinded both writers⁶ to the possibility of the woman's integration of her clitoris into her sexuality. Deutsch saw the "purpose" of the genital trauma to be the "resignation" of the clitoris for the later rise to prominence of vaginal response. Recent studies have proven that the clitoris remains the catalyst of sexual pleasure throughout a woman's life. By contrast, Marjorie Brierley wrote in 1932 that it is preferable to speak of normality as "dependent upon a particular kind of co-ordination between the two functions rather than on a supplanting of one by the other" (p. 433).

⁶ See also, Bonaparte (1953).

Thus, serious problems exist with the use of the words active and passive to describe the masculine and feminine modes of existence. And there are serious consequences of using the words, as Deutsch and Freud do, as absolute, essential, and almost mutually exclusive qualities of masculinity and femininity. What are the consequences of depicting woman as a combination of feminine and unfeminine qualities? As Simone de Beauvoir (1949) points out, one builds up an image of woman struggling between masculine-active and feminine-passive ways of being (p. 47). This conception obscures the similarities between the sexes and condemns them to rigid stereotypes.

The powerful effects of language on cognition must be noted here. According to the Whorfian hypothesis, a culture's linguistic conventions reflect its cognitive world and cultural *Weltanschauung* (cf., Slobin, 1971, pp. 120-133). Women internalize the prevalent active-masculine and passive-feminine distinctions; these distinctions are encountered as facts which influence and mediate one's overt actions, one's self-image, and one's way of thinking. Thus, a woman may be anxious about being too aggressive, forward, or intellectual, believing that such attributes are unfeminine, an adjective with negative connotations. Another factor underlying woman's self-concept as passive and helpless is our frequently and powerfully reinforced cognitive categories which predispose them to act this way and think this way of themselves. Broader sex-role definitions would acknowledge what is common to both sexes as well as what is different.

Equally important in the area of language and thought is the fact that the use of active and passive as absolute, descriptive categories blinds one to the information that may underlie these linguistic distinctions, information that can lead to further understanding of sex-role problems.

DEUTSCH'S ADOPTION OF FREUD'S METAPSYCHOLOGY

In discussing Deutsch's natural science approach to her clinical findings—her attribution of biological bases to behavior, her

behavioristic description, her use of the energy concept—and in examining the polarities she ascribes to the masculine and feminine modes of existence, we have all along been concerned with emphases in Deutsch's analysis that are related, both as cause and effect, to her adoption of Freud's metapsychology. Metapsychology refers to the established language of psychoanalysis with its mixture of physicochemical and biological-evolutionary terms and to the natural science, biological model of human behavior implied by these terms. Such words as force, energy, mechanism, and sublimation exemplify the physicochemical in psychoanalytic language while words like function, structure, drive, object, and adaptation typify the biological-evolutionary aspect of that language. As a language, or set of language rules, metapsychology assumes and reflects a philosophy of science (the utterly objective scientist, value-free empiricism) and a theory of knowledge (the world as facts easily subsumed by great polarities and dualisms).

The description of metapsychology as a language derives from Wittgenstein's conception of language as a set of rules for saying things that constitute and communicate a version of reality or a world, of language as arising in a particular social context and reflecting that context (*cf.*, W. T. Jones, 1969). In wholeheartedly adopting Freud's language rules, one appropriates, perhaps unwittingly, the world view implicit in these rules. For it is only through sets of language rules that one can achieve a systematic approach to knowing anything. The adoption of these rules establishes what shall count as facts and how these facts shall be related. A key aspect of this view of systems of language rules is that our psychoanalytic knowledge is not pre-conceptual; it is not a body of facts about which one theorizes after having discovered and studied them. Instead, these "facts" are as much created or constituted by the language rules as they are discovered.

This conception of Freudian metapsychology is a difficult one. Specific examples of how Deutsch's observations are structured and limited by the orientation of Freudian language and

thought should begin to clarify the complex relation between language rules and knowledge. Deutsch's adherence to Freud's set of language rules will be shown to have determined the affinity of her conception of the female personality to the nineteenth century biological-medical tradition in which Freud worked.

Explanations of Action

Deutsch's rooting the core qualities of the female personality in a biological mechanism of instinctual reversion is consonant with the Freudian metapsychological method of explaining action through a mode of natural science explanation and suppressing any sense of the person actively and intentionally controlling and creating his or her life. According to Deutsch, woman's character is biologically determined by the genital trauma, a highly speculative concept. Woman has no choice. Deutsch's explanation follows the language rules of Freudian metapsychology in which traditional motivation terms, such as instinctual force or mechanism, are used to restate or redescribe psychological observations in terms of a physicochemical and/or biological system. These words are the causes or conditions required by a language based on determinism and scientific causality. For Freud's language and world view are founded on the Newtonian conception of a mechanical universe governed by casual interplays of forces, of man as a machine on which forces are applied to produce change, and on the Darwinian conception of a subhuman universe governed by the biological struggle for survival, of the person as brute organism whose drives, functions, and adaptations are crucial for survival. Deutsch's conception of the female character as determined by a mechanism of instinctual drive reversion finds its roots in this conception of the human being and the world.

In studying Deutsch's view of woman as torn between masochistic self-destructive tendencies and narcissistic self-love, one again observes the power of language rules over observation and description. For in a theory based on dualisms, Deutsch has

looked for and found such dualisms in the female personality. Freud's thinking and language are characterized by a dualistic, dialectical basis, orientating itself around great polarities. Such schisms as id impulses-ego defense, life instinct-death instinct, pervade Freud's theories and convey his conviction that the most useful model of human conflict is dualistic and that life is organized in terms of polarities. But this conviction and Freud's dualistic propositions are philosophical a prioris, not scientific findings. His theoretical dyads, as shown above in the case of activity-passivity, often do not stand up under close examination.

Having asserted the prevalence of masochistic tendencies in women and rooting this quality in the biologic suffering of defloration and childbirth and in the fantasy life of the adolescent girl, Deutsch finds that the feminine woman is by nature narcissistic; her narcissism is a protective guardian, a self-preservative self-love, an adaptation that helps her cope with her self-destructive leanings. Woman's sexual "id" tendencies are pitted against her narcissistic "ego" tendencies, and this dualism constitutes the erotic-feminine in woman. In depicting woman's quintessential tension as that between self-destructive and self-preservative drives, Deutsch has reappropriated Freud's ideas on the struggle of Eros and Thanatos. She has created a picture of woman with a built-in tension of masochistic and narcissistic forces, which, being biologically rooted, form a permanent conflict within her. Psychological qualities are explained and fixed by means of a dualistic, natural science explanation, while any sense of the woman as agent actively, even though mostly unconsciously, choosing and controlling her life is absent.

*An Action Language—A New Approach to
Psychoanalytic Findings*

In redescribing psychological events in the language of a physicochemical or biological system, the natural science approach to explanation reveals little about what is transpiring psychologically. According to the natural science approach, a

person's ways of struggling with the diversity of intention, feeling, and situation become structures, mechanisms, and adaptations. But this redescription in the terms of natural science does not render psychological events more comprehensible. It only lends to findings an aura of scientific certitude with the result that explanation reaches a lower limit of explanation in the terms of a biological or physicochemical system beyond which no further questions are asked.

Yet even Freud seems to have sensed the limits of his own natural science model, for his occasional anthropomorphizing indicates that model's inability to deal with the experiencing human being, the purposive agent, the active self. Moreover, one of the goals of psychoanalytic interpretation is to ascertain the activity behind apparent passivity, to identify a network of intelligible actions where none were thought to exist, thereby expanding the range of acknowledged activity in the patient's experience of his or her life and developing a history of this life as intelligible activity (*cf.*, Schafer, 1973a). With this in mind, an action model and language of psychoanalysis has been proposed in which action is all human behavior that has a point, meaning, purpose, be it thought, visible action, speech, feeling, or actual refraining from these things—silence, inactivity, etc. This new model would bridge the gap between clinical interpretation and the natural science vantage point of the theory of psychoanalysis. For the fact remains that psychoanalysis, rather than being a natural science committed to determinism in a universe of mechanical causes, is an interpretive discipline committed to intelligibility in a universe of action with reasons. Psychoanalysts are concerned not with scientific causes and conditions, but with interpreting the psychic reality of their patients, with the private reasons and meaning that patients give to the events and feelings in their lives. The biological-adaptational vantage point obscures the relationship of psychoanalysis to the humanities—the fact that its raw data are meanings and subjective experience (*cf.*, Schafer, 1970).

To return to the issue of activity and passivity, if one under-

stands some of Deutsch's findings from an action model rather than from a biologically determined model, one sees her findings with a new perspective that can yield new information. For example, it is not that men are more active and women more passive but rather that men are involved more in concrete, visible action while women are involved more in mental-fantasy and emotional activity. Viewed in this way, one does not simply accept passivity as an absolute essence of femininity; one may now ask why women perform one kind of activity over another. Similarly, within this model, one could no longer state that the activity and aggression of little girls is deflected inward both by a biological mechanism and by the tender, inhibiting father. One would instead speak of the little girl's anxiety over her acting aggressively and her fear of loss of love in face of the father's response; and perhaps of how this anxiety might affect her actions in later life, in her need to please, her fear of being aggressive, her inability to do something solely for herself without approval from an authority. Again, one would not speak of narcissism as an automatic protective guardian against masochism but rather of woman's problems with self-esteem, her modes of coping with these problems, and their sources. An action language enables the clinician to redescribe events and make them more intelligible, the basis for this redescription being the person's own private account of the happenings in his or her life. This account is, after all, the basic matter of the psychoanalytic endeavor.⁷

⁷ The anthropologist, Clifford Geertz (1973, pp. 521-525), points out, with reference to anthropological theory, that theory in an interpretive discipline is "unseverable from the immediacies" that it presents; theory must stay close to the ground, for "its freedom to shape itself in terms of its internal logic" is limited. Deutsch's ingenious theory of the genital trauma and its relation to passivity, masochism, narcissism, and the regressive issue is an example of theory estranged from description and drifting off into a "logical dream," an "academic bemusement with formal symmetry." Geertz states that "knowledge of culture grows in spurts." Rather than findings being accumulated, knowledge proceeds by a "sequence of bolder sorties," "better informed and better conceptualized studies" plunging more deeply into the same things. Like the study of culture, the psychoanalytic endeavor is not an "experimental science in search of law" but an "interpretive one in search of meaning." An action language is a reconcep-

CONFUSION OF VALUES, DEFINITION, AND OBSERVATION

A final problem with Helene Deutsch's conclusions about the female personality is her unself-conscious use of value judgments which determine both her perceptions and her definitions. These value judgments are informed by the evolutionary-adaptational bias that we have shown to underlie Deutsch's biological strategies. They do not, however, stem from Freudian metapsychology but from Deutsch's own assumptions.

Deutsch finds that all women have a feminine core of passivity, narcissism, and masochism. Woman's deep-rooted passivity is the crux of her femininity and causes her multiple identifications, her sharp intuition, her subjectivity, her heightened fantasy life, her "innate irrationality and emotionality" (I, p. 138), and her increased inner perception. This constellation of qualities is part of woman's sublimation (I, p. 141), and it is insightfully described by Deutsch. The feminine core is surrounded by layers and wrappings which "are equally genuine elements of the feminine soul and . . . indispensable for the preservation and development of the core." But, says Deutsch, they are not the core: they lie outside the core, stemming from the "active, sometimes masculine part of the bisexual disposition" (I, p. 142); they are "continuations of elements in the undifferentiated phase of childhood, identifications with masculine prototypes, survivals of the pre-pubertal thrust of activity" (I, p. 142).

By what standards does Deutsch state that the active elements of the female personality are not part of the core? She takes for granted the masculine and feminine roles of breadwinner and homemaker-mother in our society and designates as core qualities only those that enable adaptation to these roles. She has organized a psychology of women around value judgments that stem from an evolutionary bias and a concomitant firm belief

tualization that bears a closer, more compelling relationship to the conceptual and observational material at hand. Hence, this language and model constitute a "bolder sortie" into the material of psychoanalysis.

that the only meaningful adaptation for a woman is motherhood in a bourgeois world. If a psychology is founded on certain values, it is important to make these explicit; one should be aware of how these values color the theory. Examples of Deutsch's value-laden assessment of feminine psychology are her repeated high opinions of woman's rich emotional life coupled with her devaluation of intellectuality as an impediment to true femininity as she defines it.

Woman's intellectuality is to a large extent paid for by a loss of *valuable* feminine qualities: it feeds on the sap of the affective life and results in impoverishment of this life either as a whole or in specific emotional qualities. . . . All observations point to the fact that the intellectual woman is masculinized; in her, warm, intuitive knowledge has yielded to cold *unproductive* thinking (I, p. 290, italics added).

and:

The *value* of woman lies in the good management of the irrational component of her psyche (I, p. 138, italics added).

Deutsch's feminine world with its rich inner life is all-encompassing. Anything that interferes with it is viewed negatively:

. . . woman's intellect, her capacity for objectively understanding life, thrives at the expense of her subjective, emotional qualities. Modern education unfortunately neglects this truth and girls are very often intellectually overburdened (I, p. 143).

Deutsch clearly views motherhood as the only legitimate aim for women. Active, intellectual qualities are not part of true femininity to Deutsch because she does not see them as contributing to a woman's being a warm, loving mother; therefore they are devalued for women and seen as men's prerogative.

Not only does Deutsch fail to take into account society's ambivalent attitudes to motherhood but she romanticizes the motherly role and woman's emotionalism and lack of hard-headedness. She requires that all women's activities be organized around child rearing. Underlying her analysis is the assumption

that subordination of all activities to the motherly, emotional role is required to be a good mother. One must question whether this is so, and whether the tension inherent in more encompassing role definitions is unhealthy, as Deutsch implies. She states that a mother's most masochistic experience is the ability to renounce her child when he or she becomes independent. Yet if a mother tailors her personality and entire life solely to motherhood, then she will have more difficulty renouncing the child; in fact, she may foster the child's dependence, necessary as it is for her own identity. Contrary to Deutsch's views, having other interests may make the task easier for the mother. Every method of child rearing has its potential pitfalls. Problems of neglect may replace problems of dependence. But Deutsch assumes that the best mother is she who organizes everything around motherhood. She does not consider the gains and losses in being such a mother or in alternate ways of organizing one's life, in which motherhood might still be a core feature without being the entire core.

SUMMARY

Although Helene Deutsch's *The Psychology of Women* contains a wealth of descriptive and interpretive material about women's problems, the methodology that Deutsch employs in reaching her conclusions about femininity is marred in several ways. In her effort to delineate an essence of the female personality, she bases what she calls core feminine elements in a biological mechanism, the "genital trauma," that remains purely speculative and requires factual substantiation. The resort to biological determinism is exemplified also in Deutsch's search for a maternal instinct and in her analysis of woman's motivation in the sexual act. Her theories emerge as strategies, informed by an evolutionary-adaptational bias, of adjustment to the motherly, reproductive role.

The reliance on biology also enables Deutsch to play down the role of social factors and learning in influencing behavior. Deutsch's mode of speaking about the sexes using the active-

passive polarity, a mode borrowed unquestioningly from Freud, is inadequate; the terms are ambiguous, misleading, inconsistently used, and actual stumbling blocks to deeper insight into sex-role problems. Moreover, since people are virtually imprisoned by their cognitive categories, such rigid and dualistic thinking about what it means to be a man or a woman is internalized by people, with grave consequences for their own self-image, actions, and thoughts. In adopting the metapsychology of Freud, Deutsch explains action in natural science terms that deny any sense of an active agent intentionally controlling and creating his or her life even if mostly unconsciously. She also perceives complex phenomena—for example, woman's masochistic and narcissistic qualities—according to the rigid, dualistic cast of that thought. Finally, Deutsch confuses values, definition, and observation. Her firm belief in motherhood as the only legitimate aim for woman determines her theory of a feminine core with masculine surrounding elements and her view of woman's rich emotional life as the source of her worth. These perceptions are not facts laid out to be studied but the product of Deutsch's own value-laden assessment of feminine psychology.

BIBLIOGRAPHY

- BEAUVOIR, S. DE (1949): *The Second Sex*. New York: Alfred A. Knopf, Inc., 1971.
- BONAPARTE, M. (1953): *Female Sexuality*. New York: International Universities Press, Inc.
- BRIERLEY, M. (1932): *Some Problems of Integration in Women*. Int. J. Ps., XIII, pp. 433-448.
- (1948): Critical Review of *The Psychology of Women, Vols. I and II*, by Helene Deutsch. Int. J. Ps., XXIX, pp. 251-254.
- DEUTSCH, H. (1944-1945): *The Psychology of Women, Vols. I and II*. New York: Grune & Stratton, Inc.
- ELLMANN, M. (1968): *Thinking about Women*. New York: Harcourt, Bracc, & World, Inc.
- FREUD (1900): *The Interpretation of Dreams*. Standard Edition, IV.
- (1905): *Three Essays on the Theory of Sexuality*. Standard Edition, VII, pp. 135-243.
- (1914): *On Narcissism: An Introduction*. Standard Edition, XIV, pp. 73-102.
- (1923): *The Ego and the Id*. Standard Edition, XIX, pp. 12-66.

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- (1924): *The Economic Problem of Masochism*. Standard Edition, XIX, pp. 159-170.
- (1925): *Some Psychological Consequences of the Anatomical Distinction between the Sexes*. Standard Edition, XIX, pp. 248-258.
- (1926): *Inhibitions, Symptoms and Anxiety*. Standard Edition, XX, pp. 87-174.
- (1931): *Female Sexuality*. Standard Edition, XXI, pp. 225-243.
- (1932): *New Introductory Lectures on Psycho-Analysis*. Standard Edition, XXII, pp. 7-182.
- GEERTZ, C. (1973): *The Interpretation of Cultures*. New York: Basic Books, Inc.
- GREENACRE, P. (1969): *Trauma, Growth, and Personality*. New York: International Universities Press, Inc.
- HORNEY, K. (1922): On the Genesis of the Castration Complex in Women. In: *Feminine Psychology*. New York: W. W. Norton & Co., Inc., 1967.
- JONES, E. (1927): *The Early Development of Female Sexuality*. Int. J. Psa., VIII, pp. 459-472.
- (1933): *The Phallic Phase*. Int. J. Psa., XIV, pp. 1-33.
- JONES, W. T. (1969): *Kant to Wittgenstein and Sartre*. New York: Harcourt, Brace & World, Inc.
- KLEIN, M. (1928): *Early Stages of the Œdipus Complex*. Int. J. Psa., IX, pp. 167-180.
- LAMPL-DE GROOT, J. (1928): *The Evolution of the Œdipus Complex in Women*. Int. J. Psa., IX, pp. 332-345.
- MÜLLER, J. (1932): *A Contribution to the Problem of Libidinal Development of the Genital Phase in Girls*. Int. J. Psa., XIII, pp. 361-368.
- SCHAFER, R. (1968): *On the Theoretical and Technical Conceptualization of Activity and Passivity*. This QUARTERLY, XXXVII, pp. 173-198.
- (1970): *The Psychoanalytic Vision of Reality*. Int. J. Psa., LI, pp. 279-297.
- (1972): Internalization: Process or Fantasy? In: *The Psychoanalytic Study of the Child, Vol. XXVII*. New York/Chicago: Quadrangle Books, pp. 411-436.
- (1973a): Action: Its Place in Psychoanalytic Interpretation. In: *The Annual of Psychoanalysis, Vol. I*. Edited by The Chicago Institute for Psychoanalysis. New York: Quadrangle/The New York Times Book Co., pp. 159-196.
- (1973b): *The Idea of Resistance*. Int. J. Psa., LIV, pp. 259-285.
- (1974): *Problems in Freud's Psychology of Women*. J. Amer. Psa. Assn., XXII, pp. 459-485.
- (1976): *A New Language for Psychoanalysis*. New Haven and London: Yale University Press.
- SLOBIN, D. I. (1971): *Psycholinguistics*. Glenview, Ill.: Scott, Foresman & Co.
- YORBURG, B. (1974): *Freud and Woman's Liberation*. Medical Aspects of Human Sexuality, December, p. 50.

3530 Henry Hudson Parkway
Riverdale, Bronx, N.Y. 10463

PSYCHOANALYTIC THEORY. AN EXPLORATION OF ESSENTIALS. By George S. Klein. New York: International Universities Press, Inc., 1976. 330 pp.

John E. Gedo

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BOOK REVIEWS

PSYCHOANALYTIC THEORY. AN EXPLORATION OF ESSENTIALS. By George S. Klein. New York: International Universities Press, Inc., 1976. 330 pp.

PSYCHOLOGY VERSUS METAPSYCHOLOGY. PSYCHOANALYTIC ESSAYS IN MEMORY OF GEORGE S. KLEIN. Edited by Merton M. Gill and Philip S. Holzman. Psychological Issues, Vol. IX, No. 4, Monograph 36. New York: International Universities Press, Inc., 1976. 383 pp.

From his correspondence with Jung, we have learned that Freud regarded the materialist and energeticist assumptions of psychoanalytic metapsychology as essential safeguards against the danger, ever-present for an introspective psychology, of sliding into the irrational philosophical position of vitalism. But the passage of close to a century, marked by a series of conceptual revolutions in Western cosmology, should have relegated to an anachronism Freud's concern that, without the bridging concept of psychic energy—however arbitrary its invention may have been—in studying subjectivity, he would cut himself off from the objective, scientific realm. For the past decade, a swelling chorus of voices has been heard within the psychoanalytic community protesting against the constraints of the theoretical framework that translates the language of clinical interpretation, one of the intentions and subjective meanings, into a calculus of causes and mechanisms.

The defenders of the metapsychological status quo have usually fallen back on the unassailable, albeit extrascientific, position that the postulated psychic forces and energies fueling an apparatus are to be understood metaphorically. However, it seems to this reviewer that our nineteenth century theoretical baggage would be generally abandoned if not for the enormity of the task of conceptual reconstruction demanded by such a radical revision. For some years, the leading advocate of such a strategy was the late George Klein; his premature death in 1971 interrupted his efforts in that direction. Well into the 1970's, the over-all tenor of theoretical statements in psychoanalysis continued to be generally conservative. As a direct

response to the exhilarating challenge of repeated personal encounters with Klein, I contributed one such attempt.¹

1976 may go down in psychoanalytic annals as the year of two major assaults on the old regime. Roy Schafer, who had joined the ranks of the revisionists some five years ago, has stormed the barricades with one ambitious proposal for a novel psychoanalytic theory,² while Klein's unfinished manuscript has been rescued from potential oblivion and carefully shepherded through the process of publication by his friends and sometime collaborators, Merton Gill and Leo Goldberger. Although it is not possible here to assess Schafer's subtle and sophisticated argument, it is pertinent to note that in all its seeming simplicity it is actually an excessively difficult one, unlikely to prove serviceable as the standard medium of psychoanalytic discourse. In contrast, Klein's contribution is both direct and easy to follow; it lives up to its promise to explore the essentials of psychoanalytic theory with so much authority that no future work in the field will qualify to be taken seriously which does not come to grips with Klein's arguments. This assessment is made with full awareness of the fact that Klein had not finished his manuscript at his death; his exposition is clearly incomplete, and much of the book has not had the benefit of the author's customary careful revision and reconsideration. Certain portions of the book have had to be edited by others, and only those chapters which had been previously published as separate articles (the four chapters comprising a section entitled "Dilemmas and Options" and one called "The Vital Pleasures") can be judged by the criteria applicable to work for which a scholar has demanded an imprimatur.

Although George Klein had been trained in clinical psychoanalysis and continued to treat a few patients after completing that training, his book is emphatically that of a scholar and empirical investigator, rather than that of a clinician and therapist. The evidence upon which he builds his meticulously thought-out conclusions more often than not based on laboratory studies; apart from purely theoretical items, his references include very few works reporting observations from the psychoanalytic setting, except for some of

¹ Gedo, J. and Goldberg, A. (1973): *Models of the Mind. A Psychoanalytic Theory*. Chicago: University of Chicago Press.

² Schafer, R. (1976): *A New Language for Psychoanalysis*. New Haven and London: Yale University Press.

Freud's original clinical material. This unavoidable tilt in the direction of Klein's own expertise has both advantages and disadvantages. To name only the most important of the former, the book brings a host of unfamiliar but vitally important scientific findings to the attention of psychoanalytic readers. On the other hand, Klein's effort to delineate a purely clinical theory for psychoanalysis, freed from the encrustations of the axioms Freud had borrowed from nineteenth century physics, suffers from the handicap of tackling a somewhat restricted range of clinical phenomena. It might not be entirely fair to say that the clinical theory Klein has drawn up is applicable only to the field illustrated in Freud's work by the model cases of Little Hans and the Rat Man, but the theory would be strained by the challenge of accounting for the full gamut of behaviors exemplified by the life of the Wolf-man.

In my judgment, Klein's half loaf is enormously valuable nonetheless. He has certainly succeeded in his primary intention, that of teasing out from the fabric of psychoanalytic theory those elements which have been directed to explaining *how* the "mental apparatus" operates. And he has provided detailed explanations of two major sources of conceptual confusion: first, the erroneous assumption that Freud's empirical discoveries about the central importance of sexuality for human existence on the subjective plane somehow depend on the acceptance of the libido theory; second, the difficulties caused by the several divergent meanings of the concept "ego" which have been in simultaneous use without being properly differentiated. In his chapter on the latter topic, I believe that Klein has effectively undermined "ego psychology," the school of thought that has long dominated American psychoanalysis, on the basis of a set of independent arguments which complement the more general epistemological objections to the ego concept as an inseparable part of Freud's metapsychology.

Klein's own "restatement of the clinical theory of personal encounter" is composed of a set of basic principles which I can best enumerate in my own words as the interplay of conflicting motivations, the enduring influence of primary pleasure experiences as motivating structure, the development of defensive maneuvers, the importance of reversing passive experiences into their active counterparts, development by means of identification, and the persisting influence of experiences excluded from consciousness. To these es-

sential cornerstones of the Freudian edifice, Klein has added a supraordinate construct, which I deem to be central for his theoretical system, that of the "self-schema." Klein's manuscript did not include a discussion of the history of this idea, but I know him to have been well aware of the fact that other authors, including myself, have espoused such an organizing concept. Perhaps the earliest of these proposals was Heinz Lichtenstein's conceptualization of "primary identity."³ It is extremely unfortunate that the editors of Klein's posthumous work have failed to acknowledge the evident thrust of his theoretical intentions and, in an awkward effort to differentiate his work from that of Kohut, make the misleading assertion that self "has for him the connotations of 'person'" (p. 8, n.). But a schema is not a human being, and this misguided claim confuses Klein's work with that of Roy Schafer. Ironically, it is rather Heinz Kohut who has often used the term in the way the editors attribute to Klein.

As if to celebrate Klein's impressive accomplishments, his book has appeared in tandem with a volume of essays written as a memorial to him, edited by Merton Gill and another member of the circle of David Rapaport's students at Topeka, Philip Holzman. This monograph in the Psychological Issues series, which was founded by George Klein, opens with an affectionate memoir of George by its editors and, as its initial scientific presentation, reprints Klein's chapter on sexuality from his own book. The other ten chapters were written by persons close to George Klein, for the most part by psychoanalysts he had met during his years at the Menninger Foundation. Although every contribution to the book is a distinguished one, I will make no comment here on those which depart from the unifying theme of the monograph, the examination of Klein's proposal to divorce psychoanalysis from metapsychology.

The opening round of this salvo is Gill's masterful demonstration of the fact that Freud's metapsychology is a natural science framework arbitrarily imposed on the data of introspective psychology. Consequently, Gill argues, its merits cannot be judged on the basis of psychoanalytic evidence. An all-embracing science of man may someday be able to articulate the world of subjectivity with that of brain function, but the mind-body problem is not germane to psy-

³ Panel (1976): *New Horizons in Metapsychology: View and Review*. Reported by W. W. Meissner. J. Amer. Ps. Assn., XXIV, pp. 161-180.

choanalysis as such, which should therefore concern itself only with the realm of psychology, i.e., what has been known heretofore as the level of clinical theory. The fact that theoretical convictions are not matters of idle preference but crucial choices with immediate practical consequences for every type of psychoanalytic work is documented by Holzman's chapter, an examination of the constraining effects of adherence to the traditional metapsychology on psychoanalytic approaches to schizophrenia.

Further support for Klein's point of view is provided by Robert Holt in a long essay which amplifies Klein's brief proposal for replacing the concept of drives as motivational forces by that of cognitive schemata of past experiences of pleasure. The editors also regard Schafer's contribution (an exposition of the manner in which the issue of emotion can be dealt with in terms of his theoretical schema, that of an action language) to be in harmony with those of Klein, Gill, Holzman, and Holt. I agree, of course, that Schafer shares their rejection of a metapsychology based on natural science, but in his work the convincing arguments for this position screen a much more controversial proposition. Schafer, without being completely explicit about it, seems to me to have abandoned the assumption that the scientific observer may legitimately infer the presence of enduring predispositions for specific patterns of behavior. This radical aversion for a structural point of view cannot really be justified by Schafer's elegant disdain for naïve abuses of Freud's materialist heritage, the "ghosts in the machine" which move the mental apparatus. At any rate, one wonders whether an action language which has made no provision for a future tense can accommodate a record of the past. I may well be mistaken in my impression that Schafer has dropped not only the economic and structural vantage points but the genetic one as well. If that is the case, however, the fault lies with the elusiveness of his theory, which slips through the grasp of readers untutored in linguistic philosophy.

True to its title, *Psychology Versus Metapsychology* offers cogent rebuttals for the epistemological position espoused by Klein and his adherents. In an essay surveying the current status and future prospects of psychoanalysis as science, Robert Wallerstein contradicts their claim that its psychology can properly confine itself to experiential issues. He points out that we must also answer questions posed by the nonexperiential realm and that our solutions to those

problems do not depend upon using the untenable physicalistic borrowings from nineteenth century science on which Freud was forced to rely. In other contexts, Gill has been known to respond to such arguments with the retort that, because solutions to these problems have never been based on psychoanalytic evidence, any analytic claim to expertise about *how* the mind works is nothing but hollow pretense.

A counterrebuttal is contained in Benjamin Rubinstein's chapter, which is explicitly "an essay in the philosophy of psychoanalysis." Like Wallerstein, he would look upon a version of psychoanalytic psychology which confines itself strictly to the realm of intentionality as a truncated one. He is able to circumvent Gill's objections by pointing out that, in postulating a realm of unconscious mental life, psychoanalysis is centrally focused *in its clinical theory* on matters beyond the reach of subjectivity. Lichtenstein (see footnote 3) has also emphasized that an introspective psychology which deems man capable of intentionality across the full gamut of his inner life (a view which implies the potential for complete self-mastery) would betray Freud's tragic vision of human beings compelled ever to re-enact unforgettable but unrememberable patterns encoded before the dawn of consciousness. At any rate, Rubinstein's position gives due cognizance to the clinical necessity of taking account of those aspects of mental life which can never gain subjective representation but continue to exert decisive influence on man's behavior.

Needless to say, I have been unable to convey the richness and brilliance with which each side of this vitally important and fascinating dialectic has been presented in the monograph. In my opinion, with their editorial work, Gill and Holzman have established a new standard for theoretical discourse in psychoanalysis. It should be apparent that I share the conviction of George Klein and the other contributors to this book about the unavoidable necessity of discarding all materialist and energeticist assumptions from our metapsychology. In so far as Klein has done this, his restatement of the core of valid psychoanalytic hypotheses in his posthumous book is a liberating scientific advance for the field. I trust I have made equally clear that I am persuaded by Rubinstein, and by others, that the "clinical theory" Klein or Schafer call for would lapse into the error of mentalism. Are Freud's fears about psychoanalysis slipping into magical ideation to be fulfilled after all? I do not think so; I

believe that it is, in fact, impossible to construct any psychoanalytic theory without biological presuppositions. Thus the "purely clinical" theories we have been offered are based on extrapsychological assumptions just as much as Freud's hypotheses were; the only difference in this regard is that Freud made his axiomatic assumptions about the nature of things explicit for our evaluation, while the analogous presuppositions in the new work under review have remained covert.

If this pair of books should mark the overthrow of the old regime in psychoanalysis, Klein and Schafer would be the Mirabeau and Robespierre of our revolution. As the caveats I have cited indicate, the form of a future resynthesis of psychoanalytic psychology is barely beginning to emerge. These are indeed days of glory for our theoreticians, but we still await our man of destiny. In the words of Bonaparte, our motto must be, "*L'audace, l'audace, toujours de l'audace!*"

JOHN E. GEDO (CHICAGO)

ALTERATION IN DEFENSES DURING PSYCHOANALYSIS. ASPECTS OF PSYCHOANALYTIC INTERVENTION. (The Kris Study Group of the New York Psychoanalytic Institute, Monograph VI.) Edited by Bernard D. Fine, M.D. and Herbert F. Waldhorn, M.D. New York: International Universities Press, Inc., 1975. 97 pp.

This monograph consists of two reports from separate sections of the Kris Study Group. The first, reported by Charles Brenner, addresses the question of whether it is possible to assess therapeutic improvement in terms of modifications of defensive patterns. The members of the section describe two interesting clinical examples in which a properly timed interpretation was followed by a substantial improvement in symptoms and in behavior. In the two instances, they attempted to specify the difference in the defenses apparent before and after the effective interpretation. They concluded that generalizations about changes in defenses following successful interpretations are not meaningful if each defense is viewed in isolation from the total clinical picture. Change is more appropriately delineated in terms of an increased ability to tolerate in consciousness derivatives of previously defended-against conflicts. What becomes lessened is the need to ward off a frightening impulse, not the means that was

used for the purpose, the specific defenses. This particular study group obviously was concerned with the issue of outcome rather than the nature of the process which leads to the outcome.

The members of the Loewenstein Section of the Kris Study Group, reported by Allan Compton, examine the interpretative process from a considerably broader perspective. Interpretation is viewed first from the vantage point of a general theory of psychoanalysis in which interventions are considered "low-level propositions" and the issue of their correctness or validity is paramount. Then it is examined from the viewpoint of the clinical analyst acting in a therapeutic role in which its effectiveness as a technical tool is of primary interest. Finally the group looks at the interpretative process in terms of the analytic situation as a process that goes on in and between the patient and the analyst. Here the mental activities and the interactions of both are the foci of attention.

From the perspective of general psychoanalytic theory, the authors make distinctions among various types of interventions. For example, in reconstruction, the existence of some event is highlighted, while in interpretation, the meaning of an event is explained. The report suggests that the use of these terms in a consistent fashion will be helpful in recognizing distinctive responses to the different types of interventions.

The portion of the report relevant to clinical effectiveness stresses the various aspects of an interpretation that influence the clinical outcome—sequence, depth, timing, wording, style, completeness, etc. The clinical examples used to illustrate these various aspects are presented in a sophisticated yet cautious manner.

Of great interest is that part of the report which views interpretation as a part of the process taking place in an analytic situation, in which the field of observation includes the analyst as well as the patient. The authors present two examples in an attempt to decide whether the conscious intention of the analyst or his preconscious mental processes are more significant in his choice of intervention. In favorable circumstances the analyst "tunes in" on multiple levels to what the patient is expressing and had previously expressed. When this occurs it has the effect of eliciting a range of responses in the patient, including a renewal of the therapeutic alliance and an increased understanding, both of a distressing fantasy and of the manner in which the patient has attempted to solve a major con-

flict. This is in accord with the principle Hartmann described as "multiple appeal." Here the authors get closest to a delineation of the nature of the process associated with interpretative activity.

The study is an excellent survey of the subject. Yet many of the topics presented warrant considerably more discussion than is possible in the limited number of pages allotted to the authors. They emphasize the value of structural theory for comprehending conceptual issues and, by and large, they are successful in relating metapsychological concepts to clinical experience. Their multiple vantage points do help them to approach the processes involved in interpretative activity from several directions and to delineate the nature of these in broad terms. Yet their metapsychological formulations remain too abstract to allow a convincing presentation of the real experience of both the analyst and the patient when an interpretation is made. The report is nevertheless recommended for its thoughtfulness, thoroughness, and general pertinence.

PAUL G. MYERSON (BOSTON)

A CHILD'S PARENT DIES. STUDIES IN CHILDHOOD BEREAVEMENT. By Erna Furman. New Haven and London: Yale University Press, 1974. 316 pp.

Psychoanalysts apparently share in the general tendency of avoiding the issue of death and its impact on survivors, unless forced to do so by life circumstances. This may explain in part why this new volume is perhaps the first attempt to clarify and systematize psychoanalytic theory, terminology, clinical findings and therapeutic results relating to childhood bereavement, that is, loss of a parent through death.

Utilizing clinical data accumulated over a period of many years by a group of child analysts associated with the Cleveland Center for Research in Child Development, the author describes the nature of children's psychological reactions to the death of a parent, including the process of mourning, and discusses a variety of factors which may interfere with or facilitate this process. Certain personality attributes are apparently necessary before the work of mourning can take place. They include the attainment of beginning object constancy, a realistic concept of death in its concrete manifestations (usually within the capacity of most two year olds), and the ability to distinguish

reality from fantasy. An additional requirement for mourning is the availability of an adequate source of physical care and empathy from the external environment, either from the surviving parent or some other person.

If any of these ego capacities have not yet developed or have become seriously damaged through regression, the capacity to mourn may be permanently impaired. However, if these ego capacities are available to the child, the work of mourning can proceed, utilizing a number of psychological processes which are apparently different in children as compared with adults. The author emphasizes that the situation for the child cannot be compared to bereavement in adulthood in view of children's almost total investment in their relationships with parents.

Successful accomplishment of mourning in childhood usually requires a period of several years. It includes the achievement of differentiating the finality of the parent's death from other reasons for his unavailability. Also, there can be only a partial decathexis of the mental representation of the lost object, since a partial continuing identification is apparently necessary, particularly for the young child. A variety of defenses is employed in the course of the normal mourning process, depending upon who died, how the death occurred, and the personality structure of the mourner before the bereavement.

Another important finding presented in this volume, along with richly detailed supporting clinical material, is the fact that psychological consequences of parental loss do not appear immediately, but tend to follow a long period of relatively appropriate functioning. Furthermore, it is apparently true that early intervention, either through counseling the surviving parent of a very young bereaved child or direct analytic treatment of the child, may determine whether the experience of bereavement becomes an intolerable burden interfering with development, or a stress which can be mastered and successfully integrated.

Certain negative findings of this study are of interest for psychoanalysts working with either adults or children. The author could draw no general conclusions about the role of object loss, the effect of preoedipal and oedipal ambivalence, and pathological depression or apathy in the children who were studied. Furthermore, it was found that by observation alone, without access to psychoanalytic

material, apathy could not be distinguished from depression, if the patient's affective state was used as the main criterion for differentiating these two conditions. Also, in almost all cases hyperactivity of some type was found to be part of the child's attempt to ward off sadness.

In an excellent review of the rather sparse literature dealing with bereavement in children, the author discusses the confusion in terminology and the varying character of the clinical material cited in previous studies, most of which have not derived from the psychoanalytic treatment situation. For these reasons, and in view of the negative findings mentioned above, it is obviously necessary to reconsider the role played by early object loss in the genesis of the mourning process in both children and adults.

This extraordinary book should be required reading for every psychoanalyst and for all whose professional work brings them into contact with children whose parents may die—that is to say, with children of any age.

ELEANOR GALENSON (NEW YORK)

PSICOANALISIS E INFANZIA. La relazione oggettuale in Melanie Klein (Psychoanalysis and Childhood. Object Relationship in Melanie Klein). By Vittorio Luigi Castellazzi. Rome: Las-Roma, 1974. 119 pp.

This short monograph gives an overview of Melanie Klein's theories, particularly as they relate to object relations. The greater part is devoted to an orderly, if rather elementary, exposition of Klein's writings, without any attempt at critical evaluation. The reader acquainted with Melanie Klein's principal works will find nothing new in this part of the monograph.

In the last chapter the author briefly reviews the literature offering comments on and critiques of Klein's theories by non-Kleinian analysts, particularly Jones, Glover, Jacobson, Waelder, Zetzel, Winnicott and Geleerd.

In his final summary Castellazzi attempts a personal evaluation of the impact of Klein's thoughts on psychoanalytic theory and of her contributions to technique. He feels that her concepts are so dogmatic that at times theory takes precedence over clinical observation, and that her assumptions regarding the complexity of the earliest

psychic processes are not warranted. The author also raises questions about Klein's stressing the role of the death instinct while minimizing that of the libido, and he feels that she goes to extremes regarding the dominating role which she attributes to unconscious fantasies and the almost Manichaeian conflictual bipolarities of life-death, good-bad, love-hate.

With these reservations, he feels that Melanie Klein's work represents a very significant milestone in the development of psychoanalytic thinking and has been very useful in the understanding and treatment of psychoses; and that the similarities she has noted between infantile mental states and psychotic conditions have permitted a better understanding of the genesis of the latter and have enhanced their treatment through analysis.

RENATO J. ALMANSI (NEW YORK)

PERVERSION. THE EROTIC FORM OF HATRED. By Robert J. Stoller, M.D.
New York: Pantheon Books, 1975. 240 pp.

Robert J. Stoller's contributions to the psychiatric and psychoanalytic literature in the area of sexual development and psychopathology are both important and prolific. His book *Sex and Gender: On the Development of Masculinity and Femininity* (New York: Science House, 1968) is rapidly becoming a classic in the study of the origins of femininity and masculinity in young children. A second volume entitled *Splitting. A Case of Female Masculinity*¹ describes in narrative form the psychoanalytic therapy of a woman suffering from severe psychosexual disturbances and multiple personalities. This third volume is a more general contribution, consisting for the most part of a compilation of many of Stoller's previous articles published over the last six years. For example, "Pornography and Perversion" (1970), "Symbiosis Anxiety and the Development of Masculinity" (1974), "The Impact of New Advances in Sex Research on Psychoanalytic Theory" (1973), "Hostility and Mystery in Perversion" (1975), and "Does Sexual Perversion Exist?" (1974) are all republished here. These papers and some new ones ("A Crime as a Sexual Act"; "Perversion: Risk versus Boredom") give us the opportunity for a detailed study of his important theoretical positions.

¹ Stoller: *Splitting. A Case of Female Masculinity*. New York: Quadrangle/The New York Times Book Co., 1973. Reviewed in This QUARTERLY, XLV, 1976, pp. 150-151.

The book is divided into three parts. The first, entitled "Definition," includes "The Impact of New Advances in Sex Research on Psychoanalytic Theory." It is thoughtful and penetrating although often sharply critical of the psychoanalytic theory of sexual development. Included in this section is a new classification of sexual disorders, dividing the severe sexual disturbances into "perversions" and "aberrations." Part Two is largely devoted to psychodynamics: "Trauma, Hostility, Risk, and Revenge"; "Pornography and Perversion"; "Symbiosis Anxiety and the Development of Masculinity"; and "Hostility and Mystery in Perversion" (one of his best essays). In Part Three, Stoller presents his rationale for joining with those who voted to remove homosexuality from the *Diagnostic and Statistical Manual of the American Psychiatric Association*. Since Stoller holds a unique and esteemed position both among psychoanalysts and "sex researchers" (whom he carefully differentiates from psychoanalytic researchers), his views are widely quoted (and misquoted) by those in opposition to psychoanalytic clinical research. In the opinion of this reviewer, the naïve acceptance for social/political reasons of one of the most severe forms of sexual disorder, intimately related to gender identity, abrogates our responsibilities as healing professionals. An unhealthy cycle is perpetuated. As Mahler so aptly puts it: "The widespread indefiniteness about gender identity—and concomitantly the luxuriant growth of overt bisexuality and homosexuality in present-day society has been greatly augmented by the parents' own uncertainty about their gender identity."²

Stoller characterizes perversion as follows. 1, Its core is a desire to harm others. 2, It is an erotic form of hatred. 3, It "dehumanizes" one's sex objects. 4, The hostility in perversions has certain functions: (a) to harm the object; (b) to conceal a fantasy of revenge within the action of the perversion; (c) to convert childhood trauma to adult triumph; (d) to create excitement (risk-taking component).

While these observations are correct and describe some aspects of the meaning of the perverse act, Stoller lessens this important contribution by concluding that whether something is a perversion or not is determined by "one's attitude toward the object of one's excitement" (p. 6). When he states that he will "accept" as pervers-

² Mahler, M.: Discussion of R. S. Stoller's "Healthy Parental Influences on the Earliest Development of Masculinity in Baby Boys." In: *The Psychoanalytic Forum*, Vol. 5. New York: International Universities Press, Inc., 1975, p. 247.

sion "... [an act] in which there is hatred" he does not give equal emphasis to the observation that in perversions both libidinal and aggressive drives are at war with each other. Careful psychoanalytic investigation of particular perverse acts or fantasies has repeatedly revealed that "one's attitude toward the object" is a result of a complex series of negations, displacements, substitutions, reaction formations, changing into the opposite and other defensive measures through the use of the Hanns Sachs mechanism. Thus in this reviewer's opinion, "one's conscious attitude" cannot be raised to the level of a decisive factor. In addition, it has become increasingly evident that the manifest perverse behavior in its relationship to its unconscious, hidden meaning can only be likened to that which exists between the manifest content of a dream in relation to latent dream thoughts.³

Stoller's technique of scientific presentation or argument, while lively and provocative, is often exasperatingly unclear and self-contradictory. In challenging some psychoanalytic assertions he often demonstrates the deep thoughtfulness of one long engaged in the scientific analysis of these problems. Yet one is puzzled by some singularly jarring comments. At one point he refers to Freud's formulation of perversion as the negative of neurosis as a "clever phrase" (p. 102). Schmeideberg's assertion of the relationship which may exist between acts of pathological delinquency and perversions or fetishes is summarily dismissed as an "odd opinion" (p. 163). One reacts with dismay to the following statement summarizing his scientific discussion of the position of perversion in our psychoanalytic system: "A last hopeless mutter: Of what practical importance is it whether perversions are classified as neuroses or as something different?" (p. 102). Perhaps he employs such phrases in order to hold on to and present his hypotheses in the face of what he believes to be the intolerance of our science toward its own ambiguities.

Despite a looseness of style and language and several important theoretical differences the reviewer has with positions taken by the

³ See, Socarides, C. W.: "Considerations on the Psychoanalytic Therapy of Homosexuality: Part I, General Problems" (unpublished; read at meeting of the American Psychoanalytic Association, December 1975); and Joseph, E., Editor: *Beating Fantasies; Regressive Ego Phenomena* (The Kris Study Group of the New York Psychoanalytic Institute Monograph I). New York: International Universities Press, Inc. 1965.

author, this book is essential reading for anyone who wishes to remain in the mainstream of knowledge of current research in the sexual disorders.

CHARLES W. SOCARIDES (NEW YORK)

MALE HOMOSEXUALS. THEIR PROBLEMS AND ADAPTATIONS. By Martin S. Weinberg and Colin J. Williams. New York, London and Toronto: Oxford University Press, 1974. 316 pp.

The authors of this volume, both research sociologists, published this study of male homosexuals under the auspices of the Institute for Sex Research, founded by the late A. C. Kinsey and at present directed by Paul Gebhart. In his foreword, Gebhart stresses the fact that the book deals primarily with "adaptations within a homosexual life style" (p. v). The book attempts to correct or to counteract what the authors consider the clinical bias of psychiatrists—the tendency to consider homosexuality a psychopathological condition. Since the samples on which clinicians base their conclusions are their patients, they "cannot provide much knowledge about homosexuals in toto" (p. 4), the authors maintain.

The investigation was conducted between 1965 and 1970 in four metropolitan areas: New York, San Francisco, Amsterdam, and Copenhagen. The two European cities were specifically chosen because in Denmark and Holland homosexuality, if practiced by consenting adults in private, is not subject to any legal sanctions. In the United States, the severity of the law against homosexuality and its actual application vary from state to state, and sometimes from locality to locality: homosexual behavior can represent a criminal act with punishment up to a life term in prison.

Weinberg and Williams conducted a questionnaire study in the four cities. Their research instrument contained one hundred forty-five multiple choice questions that permitted statistical evaluation. The fourth question, for instance, "I take a positive attitude to myself," could be answered as follows: 1) strongly agree; 2) agree; 3) am not sure; 4) disagree; 5) strongly disagree.

Psychological factors were assigned by the authors to the following broad categories: self-acceptance, stability of self-concept, depression, psychosomatic symptoms, anxiety regarding homosexuality, nervous breakdown, interpersonal awkwardness, faith in others, lone-

liness, and finally, psychiatric experience. Other questions were formulated to elicit information on the type of sexual practices, attitude to the heterosexual world, anticipation of discrimination, willingness to disclose one's homosexual orientation to the outside world, "passing" as a heterosexual, relationships with heterosexuals, etc. The relation to other homosexuals and to the homosexual subculture was also thoroughly explored in this questionnaire. Living arrangements, vocational data, age, and religious background were elicited.

The seventeen items concerned with psychological problems were the same as the ones used by Kohn.¹ This author investigated three thousand, one hundred and one men representing a cross-section of the general population in the United States. The present authors were therefore able to compare the presence of psychological problems in a homosexual and presumably representative general population group. General population samples were not available for comparison with homosexual groups investigated in Europe. The authors, whose theoretical basis is the societal reaction theory—to be discussed later—expected that the homosexual group would have more problems than the heterosexual group, but that the difference between the two groups would be less in the two European countries because of the greater tolerance of homosexuality there and the absence of legal sanctions against homosexuals. To the authors' surprise this expectation was not confirmed by the results of the study. In the United States as well as in Europe, homosexuals were found to be less happy than heterosexuals and to have less faith in others. There was little difference in self-acceptance and psychosomatic symptoms as reported by homosexuals and the general male population sample in the United States.

The authors state: "Our homosexual samples appear to be skewed in the direction of higher social class and education" (p. 95). In the United States, eighty-two per cent of the respondents had at least some college education, seventy-two per cent were working in the three highest status occupations, sixty-six per cent placed themselves in at least the upper middle class. A similar skewing occurred in the European sample. The authors correctly maintain: ". . . we do not claim that our findings and conclusions can be generalized to the total population of homosexuals in each society."

¹ Cf., Kohn, M. L.: *Class and Conformity: A Study in Values*. Homewood, Ill.: Dorsey Press, 1969.

It appears to me that the respondents to the complex questionnaire, aside from being well-educated and successful in their occupations, were also less likely to be afflicted by overt psychological problems. To begin with, poorly educated and less intelligent homosexuals would have been less likely to answer the long, complicated questionnaire. Furthermore, persons afflicted with depression, anxiety, suspiciousness and other kinds of psychopathology would hardly answer this extensive questionnaire. If psychiatrists and analysts, according to the authors, have a clinical bias toward describing homosexuality in terms of psychopathology, Weinberg and Williams have selected a population sample skewed toward a homosexual group with optimal adaptation. The authors also mention another element skewing their sample: they consider it unlikely that the most "covert homosexuals" and the ones least involved with the homosexual subculture either were reached or responded to the questionnaire.

The study is based on the "societal reaction theory." The three main parameters, or definable characteristics, on which the investigation rests are: relation to the heterosexual world, relation to the homosexual world, and psychological problems. As already mentioned, the legality and greater tolerance of homosexuality in Holland and Denmark have not contributed to greater happiness and trust in others among homosexuals. In fact, the greater repression and low social acceptance in the United States have contributed to "a thriving homosexual sub-culture," which helps the adaptation of many homosexuals, although "the cost of this adaptation . . . is segregation from the wider society" (p. 270). Societal reactions to homosexuality, according to the authors, take the form of special legislation on a formal level. Less formally, societal reactions refer "to the responses of heterosexuals [to homosexuals] in everyday interactions" (p. 268). Eventually the authors come to the conclusion that it is not so much the societal reaction per se, but the way the homosexual copes with the societal reaction which is of major importance. One might add at this point: it is the personality structure which is decisive in homosexuals' adaptation to their social environment and not necessarily the societal reaction to them.

Analysts will agree with the authors that discriminatory laws and statutes against homosexuals are anachronistic and ought to be abolished. What the analyst will object to are the authors' dicta that it is undesirable to seek the causes of homosexuality (p. 7), that there

is "no mandate" to search for cures (p. 6), and that the homosexual should avoid therapists who do not subscribe to the view that homosexuality is a normal sexual variant. It is, of course, obvious that no analysis or psychotherapy is possible if it is ordered by judges as an alternative to jail, or forced by the family. Yet, even those homosexuals who seek analytic treatment for neurotic or personality problems may at times experience a change from homosexual to heterosexual object choice without any initial conscious intent. The concentration on the societal factors goes hand in hand with a nearly complete disregard of the unconscious and psychodynamic developmental factors that result in homosexual—or for that matter heterosexual—object choice. While the book contains a great deal of material of interest to analysts and psychiatrists, it does not go beyond a descriptive level.

GEORGE H. WIEDEMAN (NEW YORK)

COCAINE PAPERS. By Sigmund Freud. Edited by Robert Byck. New York: Stonehill Publishing Co., 1974. 416 pp.

The book under review is one more example of a publishing syndrome: the bringing together of previously published articles in one volume. This is not in and of itself particularly reprehensible, but one should expect the editor or the publisher to acknowledge the fact. In this volume of four hundred sixteen pages, only the brief (twenty-two pages) and undistinguished introduction by the editor is previously unpublished. The publisher claims on the book jacket that the book "presents for the first time the complete and authoritative versions of Sigmund Freud's important and heretofore unavailable texts. . . . *Cocaine Papers* includes a wealth of previously unpublished and unavailable writing both by and about Freud."

However, the *Cocaine Papers* themselves were previously published in a 1963 volume.¹ The same translations have been used by Robert Byck in the book under review, although we are told that Frederick C. Redlich has made "additions to the translation" (p. 48). What these additions consist of is difficult to ascertain. On page 112 we are given the peculiar information that the translator of Freud's 1885 paper, "*Über die Allgemeinwirkung des Cocaïns*," is "un-

¹ Donaghue, A. K. and Hillman, J., Editors: *The Cocaine Papers*. Vienna and Zurich: Dunquin Press, 1963.

known." Prominently displayed after the title is the information: "Notes for this edition by Anna Freud." These notes are in fact only the one-paragraph introductions to four of Freud's papers. They contain no new information or even speculation. In all, they come to two pages. The letters of Freud included in the volume all come from the 1961 edition of Freud's letters; the comments on the cocaine episode are from Jones's biography; the excellent paper by Koller's daughter, Hortense Koller Becker, is from this Quarterly (XXXII, 1963, pp. 309-373); and the equally valuable piece by Bernfeld is from the first volume of the Journal of the American Psychoanalytic Association (pp. 581-613).

The only previously unpublished piece, Byck's Introduction, is not a careful piece of research; for example, it does not contain any reference to the single most complete study of cocaine, Maier's 1925 work.² Byck tells us that "Freud was of course interested in finding a treatment for psychosis and depression, this being one reason for his interest in cocaine" (p. xix). However, as far as I know, in the year 1884 when Freud was twenty-seven years old, he had no interest in psychosis. On page 5, Byck writes that "Jones' history of this period of Freud's life draws rather heavily on the work of Siegfried Bernfeld and unfortunately repeats many of Bernfeld's errors." One wishes that Byck would specify what these errors are.

The book under review is no doubt a product of the modern fascination with drugs, which is not likely, it seems to me, to produce a serious work of psychological interest such as the work of Karl Abraham. In 1908, Abraham had already noted the relationship between sexuality and alcoholism,³ and this was the beginning of a fruitful era of research. In 1909, Abraham⁴ suggested a link between "soma" and "semen," a conjecture rich with possibilities for further research on addiction. In his 1908 paper, Abraham noted (on page 89) that hysterics often interpreted a hypodermic injection of morphine as a sexual assault: "From the oral communication of colleagues, I know that in cases of morphinism psycho-analysis has

² Maier, H. W.: *La cocaine: Histoire-pathologie-clinique-thérapeutique-défense sociale*. Paris: Payot Bibliothèque Scientifique, 1928. Bernfeld, of course, did not miss referring to this scholarly volume.

³ Cf., The Psychological Relations Between Sexuality and Alcoholism. In: *Selected Papers of Karl Abraham*. New York: Basic Books, Inc., 1953, pp. 80-89.

⁴ Cf., Abraham, Karl: *Dreams and Myths*. New York: Journal of Nervous and Mental Disease Publishing Co., 1913.

demonstrated the existence of unexpected relations between sexuality and the use of narcotics." Glover, in an article written in 1932,⁵ describes a fantasy in which the drug represents "the faeces of a former love object who was also hated. Where it represents an organ of the loved and hated object, this organ is frequently supposed to have been stolen."

What is the significance of Freud's original papers, particularly the first one, *Über Coca*? In and of itself, it is much less significant, I think, than Byck believes. He states: "When first I read the papers, I at once realized that they establish Sigmund Freud as one of the founders of psychopharmacology." If we compare the Freud papers with the earlier work by the French physician and psychiatrist, J. J. Moreau de Tours,⁶ a student of Pinel, we are struck by de Tour's greater psychological sophistication. However, if we examine these papers from a different perspective, that of their historical significance for the origins of psychoanalysis, we enter a different and far more fruitful territory.

These papers may well act as an incentive to further research on what lies at the core of the cocaine epistle—namely, the strange relationship of Freud to Ernst von Fleischl-Marxow. We need to know a great deal more about this man and Freud's fascination with him than Jones is able to tell us. In a letter to Martha Bernays on June 27, 1882, Freud wrote that Fleischl "has always been my ideal and I was not satisfied until we became friends and I could properly enjoy his value and abilities."⁷ The letter goes on to a rather elaborate fantasy about how much happier Martha Bernays would have been with such a man, evidence once again of Freud's special feelings for Fleischl. To what extent did Freud have the fantasy that he was responsible for Fleischl's death?⁸ Possibly, one element of guilt

⁵ Glover, E.: *Common Problems in Psychoanalysis and Anthropology: Drug Ritual and Addiction*. Brit. J. Med. Psychology, XII, 1932, pp. 109-131.

⁶ Cf., Peters, H. and Nahas, G. A., Editors: *Hashish and Mental Illness*. By J. J. Moreau de Tours. New York: Raven Press, 1973.

⁷ Freud, E. L., Editor: *Letters of Sigmund Freud: 1873-1939*. London: Hogarth Press Ltd., 1961, p. 29.

⁸ Whether this had a basis in reality or not is probably unanswerable. Alexander Schusdek in his article "Freud on Cocaine," This QUARTERLY, XXXIV, 1965, pp. 406-412, writes that when Freud "recommended cocaine in the treatment of morphine addiction he had reason to believe that it was a safe agent for this purpose; he was at fault only in not reporting the dangers promptly when he

in the dream of Irma's injection and the botanical monograph dream derives from the Fleischl episode many years earlier. If so, it would not be farfetched to suggest that one determinant of Freud's dawning interest in psychic disturbances would be a need to find a cure for Fleischl, not a very unusual act of reparation. Freud speaks of the terrible nights he spent with Fleischl who had hallucinations of white snakes crawling under his skin. This is apparently standard in cocaine psychosis. Maier spoke of seeing small animals procreating under the skin. The patient tries to tear them out "either by scratching the skin with his fingernails or by tearing out strips."⁹ Freud must have wondered about the psychological significance of such behavior. That the relationship to Fleischl involved greed, homosexuality, and fantasies of murder is not very startling. But the role of these fantasies in Freud's search for a key to understanding the universality of such disturbing feelings should be examined in greater historical detail. From Freud's letters to Martha Bernays at the time, we know that Fleischl was often in an altered state of consciousness. We know, too, that Freud retained a lifelong interest in such alterations of awareness. Is there a causal connection? Jones (in Volume I, p. 89) stated, somewhat cryptically, that "the story of Fleischl . . . was of immense importance to Freud, not only in connection with Cocaine." One wishes to know more about this fascinating unexplored chapter in the story of psychoanalysis.

J. MOUSSAIEFF MASSON (TORONTO)

POUR UNE PSYCHANALYSE DE L'ART ET DE LA CREATIVITE (Toward a Psychoanalysis of Art and Creativity). By Janine Chasseguet-Smirgel. Paris: Payot, 1971. 262 pp.

This book includes a series of papers written between 1962 and 1970. The foundation of Chasseguet-Smirgel's approach is Melanie Klein's formulation that creativity originates in a wish to repair the destructive urges stemming from the conflicts of the depressive position and its attendant guilt. This particular model, with its emphasis on internal objects and a structural conception of the unconscious (one made up of a combination of certain basic forms having their

became aware of them" (p. 411). But Freud was not alone in his praise of cocaine. Many German doctors experimented with cocaine in morphine addiction.

⁹ Maier: *Op. cit.*, p. 379.

own grammar and relationships), leads the author to emphasize problems of *form* in the esthetic product. For instance, she broadens Marie Bonaparte's study on Poe by carefully examining the *form* of the stories along the lines "container" and "contained" and arrives at certain essential common elements which allow her to reconstruct a basic fantasy of anal introjection of the phallus, "the dangerous container enclosing a threatened content."

It is not possible in a brief review to discuss Chasseguet-Smirgel's many valuable contributions in a meaningful way. Perhaps an outline of the book's contents will stimulate those readers who may wish to study it further.

The movie, *Last Year in Marienbad*, is used to illustrate the potential of the cinema for translating the multiple subtle nuances of preconscious and unconscious fantasies. The latter are specifically studied from the Kleinian viewpoint on internal object relations.

A rich chapter on August Strindberg and the relation between his paranoid state and the form of his plays continues the study of the form of the creative product. Several other chapters deal with issues of the "counterfeit" and the inauthentic as exemplified by Andersen's story, "The Lark of the Chinese Emperor."

An interesting chapter attempts to explain the roots of Ferenczi's active analytic method by comparing it to artistic creativity and seeing it as a vicissitude of sublimatory capacity in the analyst. This paper, in effect a study of a special type of countertransference—the need to cure and overcome illness—, attempts to demonstrate manic-depressive defenses in the Kleinian sense as a special form of conflict resolution in the analyst who is faced by chronic stubborn resistance in his patient. To support her argument, Chasseguet-Smirgel emphasizes that originally most discoveries in technique derived from learning how to transform what was initially an obstacle or a resistance into a powerful weapon (e.g., the analysis of transference).

By confining herself to this Kleinian point of view, the author limits the richness of the conclusions she could draw from a careful analytic study of the basic problem of form. Specifically, she attaches a predominant importance to the vicissitudes of the wish for the paternal phallus and ignores the earlier models for the wish for power and its narcissistic components. However, Chasseguet-Smirgel's theoretical framework will be congenial to many nonanalysts sympa-

thetic with the structuralist approach as developed by Claude Lévi-Strauss. Such contributions do bring a new perspective to the study of art and deserve careful attention.

FRANCIS BAUDRY (NEW YORK)

5 READERS READING. By Norman N. Holland. New Haven and London: Yale University Press, 1975. 418 pp.

Professor Holland has demonstrated, in his thoughtful and useful study, what many have long suspected: that a given reader will perceive in a given piece of literature that which is most consonant with his personality and intrapsychic life. Holland's principal thesis is that "a reader responds to a literary work by assimilating it to his own psychological process, that is, to his search for successful solutions within his own identity theme to the multiple demands, both inner and outer, on his ego" (p. 128). The study which provided the basis for this interesting demonstration involved a series of interviews with five advanced English-major undergraduates in regard to their readings of Faulkner's *A Rose for Emily* together with independently-administered projective tests. Through these interviews and tests it was possible to delineate a characteristic "identity theme" for each of the readers and to show that each of them experienced and synthesized the story in the light of that identity theme. The reader who reacts in a positive way to the literary work puts the elements together so that they tend to reflect his own lifestyle. For this to occur, the defenses of the reader must mesh—in some subtle balance—with the work; he then creates wish-fulfilling fantasies characteristic of himself from the material in the work. Finally, he transforms those fantasies into a literary interpretation which is also the product of his own personal style. Thus the reader, out of his interaction with the literary work, constructs something which is new; otherwise, no real act of reading has taken place.

While Holland does allude to the work and the ideas of analysts (Waelder, Erikson, Lichtenstein, and to a lesser extent, Winnicott), one misses a more comprehensive perspective. Perhaps because of this lack, the author permits himself the somewhat excessive claim that this study "begins to become a general account of the relation of the personality to the perception and interpretation of experience" (p. 129). Nor can this volume, however interesting and well-

documented, be viewed as a truly seminal work; it is a worthwhile outgrowth rather than a source of the concept about the mutual differentiation of reality and self, and a contribution to the study of the interaction between literature and its readers.

Data from a wide array of scholarly disciplines have shown that myth, art, language, and science all suppress and gloss over certain aspects of "reality" and each constructs a reality from its own unique directions. Psychoanalysts have long realized that we single out only certain elements from the totality and establish those to be "real." There is a generally accepted recognition that "reality" is more a matter of dynamic oscillation between figure and ground; and, similarly, assumptions about stable structures (such as "the average expectable environment" or "good enough mothering") can no longer be presented as absolutes. Holland's thesis that a literary text does not exist as an absolute stable structure "out there" but as something to be understood in terms of a dynamic interaction with the reader is a welcome but not altogether novel extension of this general development.

Such dynamic interaction is the central problem in the conceptualization and evaluation of all fields of reality, wherein the organism is viewed as an open system in an active exchange with its environment. Quantum theory in physics helped show that it was no longer possible to make any sharp Cartesian separation between the world and the "I." Developments in the theory of narcissism have both grown out of and contributed to this newer view in which the differentiation of self and reality is pictured as an ongoing mutual process. In writings over the past decade this reviewer has conceptualized identity formation, reality construction, and creative imagination as a continuum that involves an ebb and flow of de-differentiation and redifferentiation, regression and progression, trial fusions and separations, ego boundary expansions and constrictions, all occurring from moment to moment as well as over a life span. This is the context in which this reviewer sees Holland's contribution. As in any experience which touches one at all (i.e., which is permitted to enter one's world of reality), in reading one (re)finds the material for defenses and fantasies congruent with one's own, partially merging with them and then partially (re)separating by forming personal interpretations of the literature. What begins with some narcissistic mirroring ends with the re-creation and possible

expansion of both the work of literature and one's own self and world.

To analysts it would seem to be a logical extension of this argument that a literary criticism should attend to the transaction between a reader and a text rather than the explication of the "correct" theme imbedded "in" the work. Such a position is, however, likely to be anathema to many professional critics and teachers of literature to whom the book is also addressed. Ironically, the reasons for this (if, indeed, it turns out to be so) are predictable from the text: such an argument may well threaten rather than match their professional "defenses" and identities. Holland's work therefore risks being dismissed without a "real reading" rather than responded to constructively as the refreshed basis for literary criticism and re-creative teaching which the book rightly invites.

GILBERT J. ROSE (ROWAYTON, CONN.)

Bulletin of the Menninger Clinic. XXXIX, 1975.

S. Warren Seides

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ABSTRACTS

Bulletin of the Menninger Clinic. XXXIX, 1975.

Swinburne's Masochism: Neuropathology and Psychopathology. William B. Ober. Pp. 500-555.

Ober's thesis is that Swinburne's well known position in the history of English flagellatory and sadomasochistic verse was an outgrowth of psychopathology that was an overlay upon a neuropathological root, anoxic brain damage incurred at birth. Evidence that Swinburne suffered brain damage includes his hyperkinetic behavior, dysgraphia, and choreiform movements and tics, as well as signs of arrested hydrocephalus. His parents, second cousins, had six children, only one of whom ever married. Swinburne passed most of his formative years in a menage of women, four younger sisters and a female cousin, Mary Gordon. He withdrew from preparatory school at Eton in spite of excellent academic progress, possibly because the masters recognized his erotic response to flagellation. His later masochism, in part a defense against unconscious homosexual wishes, oscillated between being beaten by males in fantasy and by females in fact. He identified almost exclusively with the passive masochistic role in both fantasy and fact, seeking out beatings by female prostitutes in a flagellation brothel; yet he was impotent. The etiological factors in the early parent-child interactions which led to the formation of his flagellatory fantasies remain unknown.

Richard Wagner and the Ur Maternal Sea. John Cody. Pp. 556-577.

When Wagner was between the ages of thirty-four and forty, his musical productivity unaccountably withered away. At thirty-four he had completed his fourth successful opera, *Lohengrin*; six months later in January 1848 his mother Johanna died. During the next six years, he wrote a series of dramas and treatises in which he developed his notion that music is essentially feminine, like a maternal sea, and that the man who would be an operatic musician must first become an "unconditionally-loving woman." The joining of verse with music was for him the union of male with female. The musical drought ended with the terrifying flood of the *Rheingold* water music in 1853, coinciding with Wagner's deepening attachment to Wesendonck's young wife, Mathilde. Wagner himself stressed the necessity of his fusion with a mother figure in order to produce music, yet he maintained a split between good and bad mother images. He had had a very traumatic infancy and childhood, and his turbulent borderline adolescence had been marked by night terrors, visual hallucinations, and episodes of destructive and self-destructive behavior, including rioting, vandalism, gambling, drinking, and sexual "buccaneering." Later, his low self-image was projected onto the French, the Jews, and the Italians, while his grandiosity and genius found expression in his dreams. His musical productivity seemed enhanced by his relation with two very different women, the diva, Schroder-Devrient, and his first wife, Minna, each fitting an aspect of the split maternal image. When his mother died, he had abandoned his music and his comfortable home to become a revolu-

tionary. He was able to return to his musico-mythological universe only when he became convinced six years later (while he was still married) that Mathilde was in love with him.

S. WARREN SEIDES

Bulletin of the Menninger Clinic. XL, 1976.

Parallel Processes in Supervision and Psychotherapy. Margery Jean Gross Doehrman. Pp. 3-104.

The entire first issue of this volume of the *Bulletin* is devoted to this single study of the parallel interactions between patient-therapist and therapist-supervisor during the first six months of therapy. The author makes systematic observations to test the applicability of several hypotheses concerning effective supervision put forth in the literature. Focusing on eight sets of concurrent supervisor-therapist-patient interactions, Doehrman used a naturalistic clinical research format, emphasizing "process" to analyze the clinical data. The results revealed that in every case the therapist developed an intense relationship with the supervisor and that this relationship had demonstrable effects upon the treatment process. Therapists tend to act out their conflicts with their supervisors in the relationship with their patients. Effective supervision ought to entail supervisors' addressing themselves to students' emotional problems which block their functioning as therapists. This involves encouraging insight into the transference between the therapist and supervisor and limiting such insights to their manifestations in the supervisory and therapeutic relationships rather than including all other aspects of the supervisee's life situation.

Activity and Personal Involvement in Psychoanalytic Technique. Alfredo Namnum. Pp. 105-117.

In analysis the term "activity" carries a negative connotation for the analyst, a fact that sometimes makes it difficult for analysts to recognize their own activity and personal involvement in the treatment process. The development of analytic rules, such as abstinence and free association, reveals that they were often designed under the impact of stress and for the purpose of minimizing the effects on the analyst. While conditions of passive abandonment to free-floating attention, to one's own unconscious memory, are essential in understanding the transference, they also favor the emergence of hidden affects and the eruption of involuntary action. Thus an adequate theoretical rationale of analytic rules has been difficult to formulate. Even Freud seemed disinterested in making definite formulations about technique. While countertransference phenomena are a constant risk in the analysis, it is doubtful whether Freud meant to discourage spontaneous participation. Complete masking of the analyst's identity, or absolute abstinence, does not offer the best conditions for analysis; it is merely theoretical. The analyst's basic human quality cannot remain anonymous. A therapeutic balance must be struck between the transference phenomena and the

analyst's reality. Regression must be only partial under optimal analytic conditions, and these factors vary from patient to patient. Nonetheless, it is not reality factors which promote the working relationship or the transference, but rather the analytic work itself.

Rapaport Revisited: Theory, Research, Practice. Martin Mayman; Howard Shevrin; Stephen A. Appelbaum. Pp. 199-237.

In this series of three articles, the work of Rapaport is reviewed in the light of present-day thinking. Mayman, dealing with theory, gives Rapaport credit for his great contributions to metapsychology, but feels that the preoccupation of the past with metapsychology is nearing its end with the emergence of a more carefully systematized clinical theory. Shevrin, in reviewing recent research findings on attention, memory scanning, binocular rivalry, stopped retinal image, and the neurophysiological correlates of consciousness sees considerable support for the existence of a psychological unconscious. He points out that this research comes from far afield and that psychoanalysis should not constrain its research only to the treatment situation at a time when new doors are opening in many areas. Appelbaum pays tribute to Rapaport for building a foundation for the practice of those doing psychological testing. In addition, he reviews the advances made by others since Rapaport's contribution to that field.

Acting Out: A Clinical Reappraisal. Jose A. Infante. Pp. 315-334.

Infante postulates two groups of clinical phenomena that can be called acting out: 1, actions directed toward alleviating tensions originating in a therapeutic relationship (not only analytic) which have not been amenable to resolution within its boundaries; and 2, actions not originating in a therapeutic relationship but having in common with those that do, the essential purpose of avoiding the painful process that would lead to conflict resolution and ego maturation. Although his stated purpose is to clarify the definition of acting out, Infante's approach seems to blur the distinction between neurotic action and acting out. Both discussants of this paper, Charles B. Stone and Leonard Horwitz, favor restricting the concept of acting out to behavior associated with the therapeutic relationship, particularly the communicative aspects of an analytic transference relationship.

S. WARREN SEIDES

Journal of the American Academy of Child Psychiatry. XV, 1976.

The Transitional Phenomenon Revisited. Henry P. Coppolillo. Pp. 36-48.

Coppolillo begins by summarizing Winnicott's construct of the transitional experience, the area between inner and outer reality. He then attempts a more explicit definition of this area, viewing it as having greater significance in human functioning than has been acknowledged. Starting from Hartmann's and Rapaport's concepts of autonomous ego functions, Coppolillo describes this zone of

"optimal control" between external stimuli (reality) and internal stimuli (id) as the ideal arena in which the ego "can mix these two tides of stimuli." Sublimation and neutralization are the autonomous ego functions he focuses on. A society's cultural products are seen as transitional objects, created and used in the transitional area of experience. Coppolillo attempts to differentiate fantasy and transference from transitional experience. Fantasy lacks reality representation; indeed, it often functions to hold reality at bay. Transference also leaves the ego "helpless" and subject to anxiety. This generally excellent paper is strengthened by the effective use of behavioral vignettes to exemplify its theoretical concepts.

The Choice of Symbols. Eleanor Galenson; Robert Miller; Herman Roiphe. Pp. 83-96.

From the conceptual base of Greenacre's work on the complex interactions between bodily experiences and the formation of reality sense, body image, symbols, etc., in the developing infant, the authors propose a theory concerning the early development of the symbolic function. They hypothesize that in the second year, when a symbolic component normally enters into sensorimotor phase activities in play, infants who have had significant disturbance in bodily experiences and/or a jeopardized relationship with the mother will show deviation in early symbolic function. If the base on which development of body image representation and/or maternal representation is disturbed, deviation of symbolic development can be anticipated. In this extension of their previous work, Galenson and Roiphe again focus on the child's emerging anal, urinary, and genital awareness in the second year and its effects on development. They describe a particular child who showed peculiar early symbolic play and choice of concrete objects and an unusual, persisting, almost obligatory use of these objects. This developmental deviation is related to specific aspects of the child's earlier bodily experience and parental relationships. The paper is richly informative in its detailing of the drama of the unfolding disturbed function. It is an excellent example of the interweaving of meticulous observational material with an attempt to further elaborate developmental theory.

ALICE KROSS FRANKEL

Psychoanalytic Review. LXII, 1975-1976.

Ellenberger on Freud's "Aphasia": Fact and Method in the History of Science. Leon Bloom. Pp. 615-637.

The place of Freud's "Aphasia" has never been properly understood and integrated in the history of the discovery of the unconscious. To advance this thesis, Bloom chooses the very small part of Ellenberger's book, *The Discovery of the Unconscious*, that deals with this early work of Freud's. Ellenberger hypothesized that the discovery of the unconscious was basic to the further development of dynamic psychiatry. But beginning with Ellenberger's work, Bloom shows

that Freud's monograph has been neglected, quoted in footnotes apparently without having been read, and requoted in secondary sources in error (including even Ellenberger's carefully researched work). All this occurred without recognition of the work's relationship to Hughlings Jackson's work (by others, not by Freud) and without full recognition of its place in the development of Freud's ideas on the unconscious. Bloom offers his paper to present the problem; he does not attempt to explain it.

The Founding of the Psychoanalytic Institute of the State University of New York, Downstate Medical Center. An Autobiographical History. Sandor Lorand. Pp. 675-735.

Lorand details the development of the Downstate Institute from his own beginnings in psychoanalysis to the present. He emphasizes Freud's view that psychoanalysis could contribute to medical teaching in universities, enriching the young physician's knowledge of patients. In 1918, the Fifth International Psychoanalytic Congress was held in Budapest. In the same year, psychoanalytic teaching began at the University of Budapest, and a former patient of Freud's contributed money for the founding of a psychiatric clinic in that city. World War I gave additional exposure to the psychoanalytic understanding of traumatic neuroses and increased pressure for further dissemination of psychoanalytic knowledge.

Lorand traces the controversies from the 1920's into the 1940's regarding compulsory training analysis, supervision by personal analysts, didactic course work, and the training of nonmedical analysts. This last issue contributed to a widening breach between the American and European groups, and within the American group, and forced changes in their relationships. World War II intervened and further stimulated interest in psychoanalysis.

An initial attempt to begin psychoanalytic teaching as part of New York University Medical School at Bellevue Hospital failed because the Department could not grant sufficient autonomy to the psychoanalytic faculty. In 1947, Dr. Howard Potter became Chairman of the Department of Psychiatry at Long Island College of Medicine (later to become the State University of New York, Downstate), and he welcomed psychoanalysts to the teaching faculty. With Lorand and other analysts on the faculty there, Potter arranged to give sufficient autonomy in selection of faculty, students, courses, and recommendations for graduation to enable a psychoanalytic training program to begin. In return, the training program had to abide by University rules of administration and provide teaching in the Department of Psychiatry. The program began in the fall of 1948 and became a full-fledged institute in 1954. Lorand goes on to describe the controversies within the psychoanalytic community that attended the birth and development of the Downstate Institute.

Identity and Name Changes. Avner Falk. Pp. 647-658.

Falk contends that the name given to a person can reflect societal, familial, and parental customs, wishes, and expectations and that children live up to (identify

with) the expectations embodied in their names. He states that a name change by a adult can reflect a desire to change an identity or to deny a relationship, or it can reflect a lack of a true sense of identity. The author, writing in Israel, gives many interesting examples of names changed because of the desire to enter and identify with the new culture, as well as biblical examples.

HOWARD F. STOCK

American Imago. XXXII, 1975.

Philosophical Principles in Freudian Psychoanalytic Theory: Ontology and the Quest for Matrem. Harry Slochower. Pp. 1-39.

Freud's claim that psychoanalysis is a science and not a philosophy was objectively motivated by a need to defend it against charges of being unscientific and mystical. Slochower contends that it was also a defense against his own buried desire to see and be united with his preoedipal and oedipal mother. The author's central argument is, "In his longing for philosophic knowledge, as in his longing for mother, Freud faced questions of beginnings and ends, of life and death, of Eros and Thanatos."

Milton's Early Poetry: Its Christian Humanism. Victor Ehrlich. Pp. 77-112.

In this well documented essay, Ehrlich demonstrates the prevalence of fantasies of pedophilia, incest, removal of the father, and regressive bodily pleasures in Milton's poetry. Christianity serves a defensive function through its antidotes against the devil, its myth of a son mutilated not in destruction but in glory, and its myths of safe and immaculate sexuality.

The Dreams of Beethoven. Maynard Solomon. Pp. 113-144.

As is well documented, Beethoven had a delusional fantasy of being of royal blood, the natural son of a king of Prussia. Solomon contends that this delusion and an unconscious fantasy of being illegitimate are related to the death of his brother, Ludwig Maria, at six days of age, one year before Beethoven's own birth. Solomon's analysis of the four dreams Beethoven left in his correspondence is that they portray with increasing clarity a primal scene fantasy in which a child is being conceived. The dreams are understood to express Beethoven's wish to return to infancy, his identification with Ludwig Maria, and his attempts to bring him back to life.

E. T. A. Hoffman's "The Sandman": The Fictional Psycho-Biography of a Romantic Poet. Ursula Mahlendorf. Pp. 217-239.

Freud discussed Hoffman's *The Sandman* in his own work, "The 'Uncanny'," illuminating the positive and negative oedipal themes in the novella. Mahlendorf criticizes Freud for disregarding the fact that the protagonist, Nathanael, is an artist. In her view, Hoffman makes the oedipal situation a crucial factor in

Nathanael's artistic development. It is the irritant that impels him toward ego mastery through creation. In childhood, this is expressed through play and adventure; in adulthood, through poetry and physics.

Antonioni's "Blow-Up": From Crib to Camera. Melvin Goldstein. Pp. 240-263.

When reviewing films, Goldstein assumes that "each detail, every nuance . . . [contributes] to the whole" and is "essential to [the] creation of a coherent work of art." This is in contrast to other critics who, not recognizing *Blow-Up* as a unified and coherent artistic creation, concentrated on its supposed flaws. Goldstein argues convincingly that the film is a study of a voyeur unable to take full advantage of his heterosexual opportunities and restricted to using his eyes, sometimes through his camera, as his means of sexual gratification. Thus *Blow-Up* is a collection of screen images through which the protagonist, like an infant in a crib, observes adult sexual behavior without the dangers of participation.

Lermontov and the Wolf Man. Eugene Halpert. Pp. 315-328.

The Wolf Man's memoirs reveal that he, along with Freud, recognized that he had identified with Mikhail Lermontov, the poet at whose grave he wept. Halpert, tracing parallels between the Wolf Man and Lermontov's life and the characters in his works, asserts that the Wolf Man's identification with Lermontov was of the global, encompassing kind characteristic of borderline conditions.

Joyce's Bloom: Beyond Sexual Possessiveness. Suzette A. Henke. Pp. 329-334.

Henke contends that in *Ulysses*, Joyce has portrayed an open marriage which works. Leopold's acceptance of Molly's adultery and Molly's acceptance of his impotence give rise to a situation in which the conjugal bond has lost its erotic compulsion; assumptions of domestic ownership and female chastity having been overcome, both Leopold and Molly are "free to relate as complete human beings." Others may feel that this freedom is illusory and that Henke makes a virtue of necessity.

JOSEPH W. SLAP

American Journal of Psychiatry. CXXXIII, 1976.

The Psychological Treatment of Personality Disorder. Paul C. Horton. Pp. 262-265.

The author defines personality disorder and suggests that the central obstacle to the use of conventional psychotherapy for patients with this disorder is the inability of such patients to experience "transitional relatedness"—that is, a soothing blending of internal and external reality. Horton cites the cases of two adults and one child and clearly delineates various steps in technique: 1, the therapist must identify the inability to relate transitionally as an ego deficit; 2, he must interpret this to the patient by calling on the patient's observation

of transitional object usage by others and explain its relevance to the patient's relationships; and 3, he must help the patient contemplate various interactions, the outcome of which depends upon his or her ability to experience transitionally.

The Significance of Childhood Neurosis for Adult Mental Health: A Follow-Up Study. Sherwood Waldron, Jr. Pp. 532-538.

The mental health of forty-three young adults who had suffered from neurosis in childhood was compared with that of twenty control subjects. Significant differences regarding the presence or absence of illness was noted in the two groups, with more than seventy-five per cent of the former at least mildly ill at follow-up, compared with only fifteen per cent of the control group. The results suggest that children with neurotic difficulties sufficient to bring them for professional help have a much worse prognosis for good mental health than normal control subjects. It is noted that by psychoanalytic standards no patient in this particular study received adequate treatment. The authors also note that, depending upon the population involved, estimation of the degree of psychiatric disturbance through questionnaire interviews administered by nonprofessionals can lead to overestimation of the degree of illness and to substantially incorrect conclusions, and that clinical assessment appears to be the only available corrective.

Evolution of Behavior Disorders into Adolescence. Alexander Thomas and Stella Chess. Pp. 539-542.

The authors describe the development of one hundred thirty-six subjects, followed from infancy into adolescence, including the diagnosis and outcome of forty-three children who developed behavior problems before the adolescent period. Of the forty-three, fifty per cent recovered, and there was no significant correlation between the severity of the original disorder and outcome in adolescence. In those cases that involved the persistence of a pathogenic parent-child relationship into adolescence, one significant difference was identified between those who improved or recovered and those who became worse. This concerned the adolescents' ability to shift the focus of their activities, interests, and emotional commitments from the home and parents to extrafamilial individuals and groups. As would be expected, the adolescents who achieved this improved, and those who did not grew worse. In regard to adolescent turmoil in the entire group (rebelliousness, conflict with parents and other authority figures, negativism, impulsivity, tension, mood swings, and vacillation in goals and plans), no concrete conclusions could be drawn. Apparently, in some cases these phenomena were symptomatic of behavior disorders; in other instances they occurred in adolescents who were coping effectively and constructively with the demands of this period and showed no significant psychopathology. Some of the entire group showed no evidence of turmoil and, finally, some who showed no overt turmoil had signs of clear-cut psychopathology and disturbed functioning, with symptomatology in the areas of passivity and object relations. No a priori conclusions should be drawn regarding the significance of the presence or absence of adolescent turmoil in any specific adolescent.

The Syndrome of Autism: A Clinical Review. Edward M. Ornitz and Edward R. Ritvo. Pp. 609-621.

In an excellent survey article, the authors review the differential diagnosis of the syndrome, the clinical, biochemical, neurophysiological research, and its medical management and treatment. They describe the behavioral characteristics, including disturbance of perception, developmental rate, relating, speech and language, and motility. The authors conclude that no known factors in the psychological environment of the child can cause autism; that it affects children of all racial and ethnic backgrounds in all parts of the world; that no etiologically based rational treatment is available that alters the course of the disease; that periodic medical and neurological evaluations are essential to establish the diagnosis and should be repeated at yearly intervals with attention paid to the likelihood that seizure disorders may appear in individual patients; that supportive and symptomatic therapeutic measures are helpful in most cases; and that the long-term prognosis is guarded. This article, despite its comparative brevity, is comprehensive in scope and replete with excellent references to substantiate the conclusions drawn.

WILLIAM ROSENTHAL

The British Journal of Psychiatry. CXXVI, 1975.

Cross National Study of Diagnosis of the Mental Disorders: A Comparison of the Diagnosis of Elderly Psychiatric Patients Admitted to Mental Hospitals Serving Queens County, New York, and the Former Borough of Camberwell, London. J. R. M. Copeland, et. al., United Kingdom Team. B. J. Gurland, et. al., United States Team. Pp. 11-20.

This study compared the frequencies of various diagnoses of mental hospital patients over the age of sixty-five, "paying particular attention to the high frequency of organic and low frequency of functional disorders reported among these patients in the United States" as compared with London. One important reason for making this diagnosis correctly is that previous studies have indicated the "prognosis for survival among the elderly is twice as good for the functional as organic patients." Improper diagnosis may become a self-fulfilling prophecy: therapists will most likely have less enthusiasm for treating organic patients, and valuable treatment opportunities may thus be missed.

Patients diagnosed by project psychiatrists as having affective disorders had high levels of depression and low levels of organic symptoms such as impaired memory, aphasia, and disorientation. The opposite was true for patients with dementia. Of these organic symptoms, disorientation showed the greatest level of difference, while impaired memory showed the least difference. "These findings would seem to indicate that disorientation when present is one of the best symptoms for discriminating between affective disorder and dementia in the geriatric age group and that impaired memory, which occurs in both conditions, is the symptom most likely to cause diagnostic confusion." The latter

shows the greatest improvement in the affective group three months after admission, while in the demented patient, no improvement is observed.

"Differences in diagnostic frequencies for elderly patients between areas of New York and London seem to be due to different diagnostic criteria employed by the psychiatrists rather than to the behavioral characteristics of the patients themselves."

ROBERT J. BERLIN

Meeting of the Psychoanalytic Association of New York

Howard F. Stock

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NOTES

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

March 17, 1975. PANEL DISCUSSION: RECONSTRUCTION IN CHILD AND ADULT PSYCHO-ANALYSIS. Jules Glenn, M.D., Moderator; William G. Niederland, M.D.; Peter B. Neubauer, M.D.; Henry Rosner, M.D.

Dr. Jules Glenn opened the discussion with a general description of reconstruction. The analyst observes with the patient current urges and defenses, and uses the past to put these into perspective and to trace their origins. Reconstructions are used by the analyst and the patient to fill gaps in memory and to correct distortions. A reconstruction may be of a memory of an external event, of an internal event, of a reaction to an event, or of connections between events. The analyst uses the reconstruction to aid his own understanding, and at the appropriate time he may present the reconstruction to the patient. The analyst and patient can then further refine and correct the reconstruction. The panel was asked to consider whether reconstruction is the same in child analysis as in adult analysis, and to discuss the scientific and therapeutic values of reconstruction.

Dr. William Niederland presented two clinical vignettes. The first was a report of the psychotherapy of a twenty-year-old man, diagnosed as having hebephrenic schizophrenia. He repetitively sang advertising jingles, made grimaces, removed pencils from the analyst's desk and threw them on the floor. The patient always dressed warmly—even on hot summer days he wore woolen sweaters, scarves, etc. because he felt "warmer with them." After several months, the family was told that no progress was being made, but they requested Dr. Niederland to continue treatment as they sensed some change in the patient. One day the patient told Dr. Niederland, "You look like Mr. Magoo." Since Mr. Magoo is very nearsighted, Dr. Niederland thought the patient might be telling him he was blind to something. After two years, the patient reported a dream. He was at the North Pole on a dark, cold night, lying on a big block of ice "that was my bed." The night seemed endless but finally dawn came and people arrived. At this point, the patient turned and looked expectantly at the office door, as if he expected people to come in. Dr. Niederland asked, "Have you ever been frozen like you were in the dream?" The patient laughed, ridiculed analysts, called him Mr. Magoo. That evening, Dr. Niederland received a call from the patient's mother—the patient had told her what the analyst had asked, and that had unveiled a closely guarded family secret. At the age of ten or eleven months, the patient had been put to bed on a winter night in a room with a window accidentally left open. His cries were unheeded since it was current pediatric advice not to go to children who cried at night. In the morning, he was found lying in frozen urine, feces, and vomitus. Dr. Niederland felt that the key for making the reconstruction was the patient's looking around—he seemed to be describing and re-experiencing a real event.

Dr. Niederland's second vignette was of a woman who had been a victim of Nazi persecution and had, among many fears, a fear of sounds which built to a crescendo. She spoke of her experience in a storm at sea while emigrating to the

United States, her fear of the ship's capsizing and her drowning. She recalled visiting an uncle at a factory in Poland where machinery had made great noises. In her first interview, the patient had told of having had a prolonged case of whooping cough. Dr. Niederland reminded her of this, and she blandly agreed. Then Dr. Niederland imitated the cough of whooping cough and the patient responded dramatically to the recognition of the sound as "the noise that bothers me." Anger against her parents, who had not protected her from whooping cough and later Nazi persecution, followed this reconstruction.

Dr. Henry Rosner addressed himself to a difference in reconstruction in child and adult analysis. He pointed out that reconstruction is much harder in children because young children do not want to remember and there is no therapeutic alliance in the adult sense. However, there is one area where there is an alliance—the question of where babies come from. Here children do attempt to reconstruct their own origins and past.

Dr. Rosner's case was a boy who began analysis at age five and a half. The family had been on the way to the Prado Museum to see paintings by Goya. They stopped at a book stall and the father told the child he would buy him a comic book if he would stop sucking his thumb. Following this, the boy began to stutter. The patient was very bright and had a great interest in paleontology. A brother, eight years older, was greatly interested in science fiction. On visiting the patient's room at his request, Dr. Rosner noticed copies of *Monster Times*, as well as many frightening monster and science fiction posters on the walls. In analytic sessions, the patient played with Barbie dolls, stripping them of bones, muscle, blood vessels, body parts. Dr. Rosner noted the patient got erections while engaged in this play. When discussing this the patient said, "Blood rushes to my penis." The following summer, the patient returned from Europe with several songs, one about leeches. Dr. Rosner commented that the song about leeches on your body sucking blood was not pleasant, and wondered if the patient identified with the leeches, allowing them to suck on him. The patient said, "Maybe if I suck my thumb, I can't say something, or if I stutter, I can't say something." At this point his brother came into the analysis meaningfully for the first time, and the patient became able to deal with the frightening teasing and overstimulation he had had at the hands of his brother who read him terrifying science fiction stories. He had feared if he told him to stop, his brother would not take care of him. He recalled an early fantasy that if he were a powerful monster, he would not need his brother to protect him.

Dr. Peter Neubauer referred to Dr. Phyllis Greenacre's stressing the usefulness of and need for reconstruction of preverbal stages of development. Freud's understanding of reconstruction in his 1937 paper was that the analyst's presenting a proposition to the patient would lead to further recollections and further reconstruction, in this way recovering the repressed and relieving fixations; energetic shifts from fixations would then become available energy for further reconstruction. Greater knowledge of ego psychology led to the need for reconstruction of fantasy, memory, symptoms, and ego organization and reorganizations. A complete reconstruction would lead then to an understanding of defense, wish, reality events, and psychic organization at the time. The usefulness of reconstruction

depends on the capacity of the ego to review previous events in such a way that a reconstruction can be integrated.

Dr. Neubauer gave a schematic example of a three-year-old child whose father had died a year previously. She suddenly said, "I'll tell you something—Mommy poisoned Daddy." Dr. Neubauer asked how. "She gave him doody to eat." This was an explanation consistent with her phase of development. Later, phallic and oedipal fantasy explanations appropriate to her development were added. Hence, reconstructions must take into account the developmental point of view, and a correct reconstruction should include the external event, internal reaction, and affective tone consistent with a given level of development. However, one reconstruction is not sufficient; revisions on other developmental levels must also be worked through.

DISCUSSION: Dr. Glenn wondered whether Dr. Niederland conceived of his "arctic dream" patient's manner of dress and his dream as reactions to the actual experience at ten or eleven months of age or as reactions to stories he may have heard later, and whether the experience had been interpreted differently at different stages of development. Since the trauma was quite early and the patient schizophrenic, Dr. Glenn asked whether the effect of the reconstruction might not have been caused by the magic of an apparently omniscient person, which led to greater faith in the analyst, rather than by integration of the reconstruction. Dr. Niederland replied that since the whole episode had been a closely guarded family secret, he did not doubt that the dream revealed the patient's memory of the real event. He agreed, however, that he first appeared as a "magician" and this later had to be worked through with the patient.

Dr. Jan Frank commented on Dr. Niederland's insight into the transference meaning of Mr. Magoo as "not seeing something." He thought his own approach would have been to press for the meaning of the heavy clothing, and noted that the stickiness of drives may often preclude any change or confirmation of the reconstruction or interpretation.

Dr. Alan Eisnitz wondered if Dr. Niederland's "arctic dream" patient's mother had actually confirmed the reconstruction because of her need to confess after the patient mentioned Dr. Niederland's remark to her. With a neurotic patient, he suggested, there might have been repeated references to the analyst not hearing, being cold, not listening, and perhaps gradually this would have uncovered the early event. Dr. Eisnitz then presented a brief illustration of a patient in analysis who noted in the first session that his father had been drafted into the Army when the patient was four and a half years old and had been gone for several years. The patient was married and on weekends repeatedly fought with his wife, then felt remorse on Mondays and Tuesdays, expected contempt from the analyst, and wanted to fight with him. Eventually it was reconstructed that when his father left for the Army, the patient lost a real object for identification and had to offer himself to his mother who was depressed and treated him sadistically. The weekend separation from the analyst repeated his loss; he acted out this early experience with his mother, first with his wife and then with the analyst at the beginning of the week. Repetition of past events and their inner meaning with new objects and in the transference provides the more usual data for reconstruction.

Dr. Neubauer commented that reconstruction can be generalized to cover everything in the analysis; for example, Freud knew of separation and, as research progresses, we learn more and more about separation and its significance at different stages. The analyst can use this knowledge to reconstruct psychic organization more accurately, as well as the inner meaning and interplay with external events.

Dr. Rosner noted that his patient was very involved with art and also with sounds. He expressed his concern that a premature reconstruction for a child might remove a defense before the anxiety could be placed for the patient or by the patient. For instance, if his patient were shown his identification with Saturn eating the child in Goya's painting before his anxiety could be placed in relation to his brother and his parents' failure to protect him from this overstimulation, would it inhibit his interest in painting?

Dr. Jerome Silverman thought we might ask ourselves what can be reconstructed (particularly of what occurred before age one), what ego functions were and could be used to cope with passively experienced trauma at a particular, especially early, age, and what perceptual functions were and could be used at this time and subsequently. He drew attention to the effect of early severe somatic trauma on development of various functions, body image, perceptions, and defenses. He recalled Kris's statement that in a good analytic hour there was a unique fusion of affective and cognitive elements in the transferences; thus a reconstruction can be made that does not have to be repeated.

Dr. Glenn noted there was a basic difference between Dr. Eisnitz's case and the others presented—the panelists' patients had experienced overwhelming trauma, whereas Dr. Eisnitz's patient had an unhealthy environment, but not an overwhelming trauma. Reconstruction in the panelists' cases enabled some mastery over the trauma. Dr. Eisnitz's case illustrated more strikingly the situation in which repeated efforts to bring affectivity and cognition together in reconstructions are needed to effect change.

Dr. Melvin Sharfman added that even in the panelists' cases, reconstruction of real trauma and mastery over it is only a start; that reworking and reconstruction on other levels of development should still follow. He wondered if child analysts, by virtue of their different experiences with child patients, would make reconstructions to their adult patients which would be different from those made by adult analysts. He also posed the question of how to handle information a child analyst gets from second and third parties if it is not concordant with the clinical material.

Dr. C. Philip Wilson emphasized that the analyst's dynamic understanding can sometimes be graphically demonstrated to a patient in the form of a reconstruction. He cited a compulsive male analysand who said he had not seen his father since his father and mother were divorced when he was four years old. Analysis, however, revealed a positive integrated identification with the father. Repeated reconstructions led to the recovery of paternal visits up into adolescence. Dr. Wilson went on to note that certain borderline and psychotic patients have a strong resistance to remembering the past. Their dreams, particularly repeated dreams, may be structured on real events, such as overstimulating and depriving parental behavior which can result in an identification with the aggressor. In such

therapeutic impasses, repeated reconstructions have to be made. An illustrative case was that of an impulse-ridden female patient whose vehement desire not to recall the past masked an identification with a psychotic mother who had committed suicide when the patient was ten years old. Repeated reconstructions gradually uncovered a pathological identification and eventuated in a therapeutic alliance. Dr. Wilson also cited clinical material to show the importance of reconstructive interpretation of preverbal behavior in psychosomatic patients.

Dr. Neubauer emphasized the need to differentiate acute traumatic events from those events which are slow or constant and have a long-term external impact on patients' lives and their internal psychic organization. He commented that in traumatic events, the sudden alertness may lead to memories of surrounding events as well as the event itself. These may contribute to screen memories, and only highlights may ultimately be remembered.

Dr. Niederland pointed out that a dream or other imaginative material may bring diverse elements together and indicate the proper time for a reconstruction. He felt we should become more attuned to the possibility of severe early traumata in our patients as modern medicine is more and more successful in saving the lives of children who formerly would have died. Prior to the advent of antibiotics his "arctic dream" patient presumably would not have survived.

HOWARD F. STOCK

The EIGHTH ANNUAL MARGARET S. MAHLER SYMPOSIUM ON CHILD DEVELOPMENT will be held in Philadelphia on Saturday, May 21, 1977. The title of the symposium is *Symbiosis, Separation-Individuation Theory and Instinct Theory*. For further information and registration, contact: Sheri Buss, Department of Psychiatry, Medical College of Pennsylvania, 3300 Henry Avenue, Philadelphia, Pa. 19129 (phone: 215-842-4145).

The SIXTH INTERNATIONAL FORUM OF PSYCHOANALYSIS will be held in West Berlin, Germany, August 17-21, 1977. The theme of the meetings will be *Psychoanalysis and Human Relations*. For further information, write: Mr. Jakob Katwan, Dipl. Psych., Kurfuerstendamm 184, 1000 Berlin 15, Germany.

The FIRST REGIONAL CONGRESS OF SOCIAL PSYCHIATRY will be held in Santa Barbara, California, September 6-9, 1977. Participation is open to all professionals and others interested in mental health issues. For further information, write: John L. Carleton, M.D., 2323 Oak Park Lane, Santa Barbara, Calif. 93105.

The Indiana University Institute for Sex Research will hold its EIGHTH ANNUAL SUMMER PROGRAM IN HUMAN SEXUALITY in Bloomington, Indiana, July 20-29, 1977. For further information, contact: Institute for Sex Research—

Summer Program, 416 Morrison Hall, Indiana University, Bloomington, Ind. 47401.

VICO/VENEZIA, an International Conference celebrating the 250th anniversary of the original appearance in Venice of Giambattista Vico's *Autobiography* will be held in Venice, August 22-25, 1978. The Conference will precede the SIXTEENTH WORLD CONGRESS OF PHILOSOPHY which opens in Düsseldorf on August 27. Charter air transportation from Venice to Düsseldorf will be arranged for participants in both meetings, and reduced travel fares from New York City will be available. For further information, write: Dr. Giorgio Tagliacozza, Director, Institute for Vico Studies, Suite 17A, 69 Fifth Avenue, New York, N.Y. 10003.

ERRATUM: We have received the following communication from Dr. Henry Lowenfeld: "In his interesting review of *Minutes of the Vienna Psychoanalytic Society, Volumes III and IV* (This QUARTERLY, Vol. XLVI, No. 1. pp. 148-157) Dr. David Beres quotes a remark by Freud: 'The secret of women's physiological imbecility [*sic*] lies in its being a result of sexual repression. If they have been forbidden to think about what is most precious to them, then thinking in general has no value' (pp. 155-156). The editor of this volume, published after Nunberg's death, was probably not aware that here Freud quoted from the title of a book, at the time well known to psychiatrists and laymen. The book, *Über den physiologischen Schwachsinn des Weibes* (About the Physiological Weak-mindedness of Women) by P. J. Moebius, a famous Neurologist and Psychiatrist in Leipzig, was published in 1907. Because of its striking title, the expression became very popular at the time and for some years thereafter. Freud's use of this quotation was intended as a sharp criticism of Moebius' popular biological theory."