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COUNTERTRANSFERENCE EXAMPLES OF THE SYNTACTIC EXPRESSION OF WARDED-OFF CONTENTS

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This is a preliminary statement of the hypothesis that syntax in speech may act as an "incidental stimulus" in the communication of mental contents which the speaker is motivated both to conceal and to express. Ten clinical examples, taken from verbatim transcripts of one psychoanalyst's interventions in a recorded case, illustrate the expression of countertransference attitudes by syntactic and other linguistic properties such as: the agentless passive, pronominal ambiguity, yes/no questions, extraposition, the pseudocleft construction, delaying tactics, the passive construction and conceptual focus, lists and logical complexity, foregrounding, syntactic and lexical ambiguity, subordinate clauses and syntactic opacity.

At a time when Atkin (1969) was deploring psychoanalysts' neglect of syntax and grammar and when Rosen (1969) only briefly alluded to syntax as one of "three seminal areas in which the problems of modern linguistics and psychoanalysis intersect," Dahl and Gill (Dahl, forthcoming) were laying the groundwork for our investigation of the role of syntax in the expression of warded-off mental contents in psychoanalytic interventions. Our work is an outgrowth of Dahl's experience in listening to the tape-recorded psychoanalytic sessions which he and Gill had collected. Dahl (Dahl and Teller, 1977) described these encounters as follows:

This paper is a preliminary statement of some hypotheses growing out of the collaboration of a research psychoanalyst (senior author), a generative grammarian (second author), and two psychiatrists, both former fellows in the Program of Research Training in Psychiatry at Downstate Medical Center, State University of New York.

During the past several years, while prooflistening to tape recordings of hundreds of psychoanalytic sessions, I have read verbatim transcripts, not only to assure that the words were correct, but also to try to punctuate the written text so that it would read the way the spoken language sounded. And for a long while I thought I had utterly failed in the attempt. The strings of words in the transcripts often seemed ungrammatical and fragmented or strange. Sometimes both the patient and the analyst seemed illiterate and incapable of simple, direct expression. And yet when I listened to the recordings without trying to follow the written text I got a quite different impression, one much like that of listening directly to a patient. This impression was not one of ungrammaticality or fragmentation or syntactic peculiarities. Rather, it was one of implicit tolerance and inattention to such disruptions (beyond the usual uh's and ah's) and a concentration on the sequences of words and their meaning. In fact it was precisely this attention to the contiguity of semantic expression (so dear to the psychoanalyst's heart) which had originally persuaded me to commit myself to look for patterns of co-occurrence of single words in psychoanalytic sessions (p. 1).

If we pay attention to the way we listen to people in ordinary conversation we are not particularly aware of the peculiarities which made reading the transcripts so difficult. It is as if, when we listen to spoken language, we process the syntax quite automatically (preconsciously?) unless we make a special effort to focus attention on the grammatical features. Listening to Eisenhower was a well known case in point. The reporters who had to convert his spoken words to written English often joked about the burden of making grammatical sentences from what he uttered, yet others, not required to write down what he said, could listen with no special awareness of his peculiar syntax. So it appears that unless we are forced to, we do not ordinarily pay much attention to syntax except for the sorts of speech disturbances which Mahl (1961) felt were indications of anxiety. Normally, we seem to concentrate on semantic and phonological information when we listen to our patients, and syntactic information seems to be processed "incidentally."

But we have learned that the "fate of an incidental stimulus" (Fisher, 1960) is not to be incidentally ignored. An incidental stimulus is a "marginal" stimulus "well above threshold but experienced by the subject as incidental to what he is doing" (Pine, 1964, p. 205). According to Klein and Holt (1960), such stimuli may "acquire unique properties and affect thought in distinctive ways by virtue of the fact that they do not command attention, thus bypassing the critical assessments made possible by waking consciousness" (p. 84).

One technique for presenting marginal stimuli uses the principle of "masking," which may be accomplished either by presenting a brief marginal stimulus, followed by a longer, clearly perceptible one, or by presenting a marginal stimulus superimposed upon a stimulus which is clearly perceived by a subject. It seems plausible that an analogous "masking" occurs when we listen to ordinary speech, in which the task of extracting meaning acts as an effective mask for the syntactic structure of the utterance. Thus the concentration of focal attention on semantic interpretation would permit the syntax to be processed without critical assessment. Moreover, it would follow that the effects on the listener of the syntax as an incidental stimulus would be comparable to the effects of other marginal stimuli reported in a wide variety of experimental situations (for early summaries, see Fisher, 1960; Pine, 1964).

In the experimental situation, the experimenter provides the apparatus which presents the masked and the masking stimuli, and he decides whether the messages will be related or unrelated and similar or contradictory. We propose that a speaker stands in a role comparable to that of the experimenter. The speaker creates both the masked and the masking stimuli in the form of syntactic and semantic choices and also decides whether the messages will be related or unrelated, congruent or contradictory. But, unlike the experimenter, the speaker makes these decisions preconsciously or unconsciously. It follows from this model that if syntax is indeed typically incidental, then, for that very reason, syntactic structure might provide a particularly useful means for communicating concealed, warded-off wishes,

while semantic content could reinforce, alter, or contradict these hidden communications.

Edelson (1973, 1975) understood something similar to this when he specifically postulated that "emotive" attitudes and "intentions" are prime candidates for expression in "strategies of syntax." He wrote:

. . . a deployment of linguistic features that foregrounds, focuses upon, or emphasizes one element or relation of elements among others makes some aspect of the sense more important than another. . . . The psychoanalyst's response to and use of strategies of syntax should therefore be as critical to his act of interpretation as his response to and use of semantic strategies. . . .

Knowledge of how deployment of particular linguistic resources evokes emotive meaning is essential to the psychoanalyst's interpretation of an analysand's affects. . . .

When we speak of the *conative*, *suasive*, or *incitive* meaning of language, we allude to those linguistic features and their deployment that evoke a *conception of intentions* toward some other, who is the one addressed (1975, p. 89).

But Edelson's theoretical elaboration and his practical application are less satisfying. Intrigued by Chomsky's (1957, 1965) early linguistic theories, he proposed that the primary process transformations which convert latent into manifest dream content (Freud, 1900) are identical with the transformational processes which convert syntactic deep structures into surface structures. He asserted: "There can be no question that the operations of the dream-work or joke-work signified by such terms as 'displacement' and 'condensation' are the same operations employed in the syntactic rules of natural languages" (1975, p. 127). In fact, there are serious questions about this presumed isomorphism (Mahoney and Singh, 1975). Although it is an appealing metaphor, it is based, ironically, on a model of transformational-generative grammar which Chomsky (1975, 1976) has since abandoned as untenable.

There is irony too, given Edelson's goal of formulating a

theory of psychoanalytic interpretation, in his choice of a poem as the "linguistic object" of his exhaustive syntactic, semantic, and phonological interpretations. In considering the possibility of using psychoanalytic data he wrote that the psychoanalyst faces certain obstacles:

He may feel . . . barred by considerations of confidentiality from writing about his patients. If he uses nonspecific generalities or disguises details in response to such constraints, he may conceal—especially when language itself is the object of interest—the individuality, the idiosyncrasy, the twist of phrase or nuance of expression that convinces. Even if he could surmount these difficulties, he faces those of recording, selecting from, and organizing millions of utterances. His data indeed are so incredibly multitudinous they may defeat altogether his power to discover an order underlying them. Rather, he may often simply impose an already possessed formula upon them (1975, p. 177).

Our readers will have to judge for themselves, after they have examined our own examples from transcribed psychoanalytic sessions, whether we have managed to overcome these seemingly overwhelming obstacles.

In contrast with Edelson, Isay (1977) directly addressed the problem of understanding four different types of "ambiguity" in patients' speech. However, although his clinical examples are compelling, it is unclear whether they were drawn from notes or from verbatim transcripts. Moreover, compared with Edelson's, his analyses are hampered by a relative lack of linguistic sophistication.

Our own somewhat different approach to syntax took shape in the course of a study of countertransference in a single psychoanalytic case, using transcripts which excluded the patient's speech. Our decision to study one psychoanalyst's interventions was a practical one. The interventions provided relatively short and manageable material, and we had reason to believe from prior inspection that this analyst had certain identifiable countertransference problems with this patient. We classified each

intervention by type (Strupp, 1973) and rated each on several scales designed to assess countertransference manifestations such as hostility or seductiveness, approval or disapproval of the patient's behavior, as well as excessive assertions of authority. We gradually began to notice certain peculiarities in syntax, which led us then to systematically examine each sentence of each intervention for different types of syntactic choices (*syn-tactics*, if you will).

In the clinical examples which we present in the next section no attempt has been made at exhaustive linguistic analysis. Rather, we have tried to present a range of *syn-tactics* and to suggest some of the warded-off wishes, unacceptable emotional attitudes, and concealed intentions which these strategies appear to express. Our first postulate is that a speaker's choice of a particular syntactic structure for a sentence is no more accidental than his choice of vocabulary. Our second postulate is that there is no such thing as a true paraphrase. Our third postulate is that each speaker has available a variety of syntactic options, and the particular syntactic structure which he chooses reflects, among other things, the inventory of wishes that he is motivated both to conceal and to express. Although the examples were selected to illustrate countertransference, we assume that our "incidental stimulus" model and our postulates would apply equally to transference wishes expressed by patients during free association, as well as to warded-off contents in everyone's ordinary, everyday speech.

The linguistic analyses are based on Chomsky's (1975, 1976) current model of transformational-generative grammar, which assumes: (a) a sentence has an abstract, underlying representation known as a (syntactic) deep structure; (b) a deep structure is converted into a surface structure representation by the application of a set of rules called syntactic transformations; and (c) the surface structure receives, (1) a phonological interpretation, which gives the pronunciation of the sentence, and (2) a semantic interpretation, which specifies its meaning. These joint interpretations produce a "sound-meaning" representa-

tion for each sentence generated by the rules of the grammar. We wish to emphasize that in this model it is the surface structure which is given a semantic interpretation, unlike Chomsky's (1957, 1965) earlier model, adopted by Edelson, in which the deep structure was submitted to the semantic component for interpretation.

CLINICAL EXAMPLES

We shall present ten examples drawn from ten interventions. Together they illustrate the following linguistic properties:

1. Agentless passive
2. Pronominal ambiguity
3. Yes/no question
4. Extraposition
5. Pseudocleft construction
6. Delaying tactics
7. Passive construction and conceptual focus
8. Lists and logical complexity
9. Foregrounding
10. Syntactic and lexical ambiguity
11. Subordinate clauses
12. Syntactic opacity

Example 1:

YOU KNOW THIS IS THE WAY IT HAS ALWAYS BEEN PRESENTED IN TERMS OF NEGATIVES. YOU KNOW, IT WAS NOT BAD, IT WAS NOT THIS, IT WAS NOT THAT.

Consider the phrase “. . . it has always been presented. . . .” This is an instance of the agentless passive—a passive voice sentence with no underlying subject. In a normal passive sentence the subject (agent) of the underlying active string appears in an agentive *by*-phrase: *the boy hit the the ball* is transformed into *the ball was hit by the boy*. In an agentless passive the deep structure subject is omitted: Δ *has always presented it* is converted into *it has always been presented*. The analyst

could have said, "You have always presented it in terms of negatives," but instead said, ". . . it has always been presented . . ."—a form which makes it impossible to determine who has done the presenting. The analyst has effectively eliminated the patient in a manner which seems quite inappropriate to the dyadic situation. In short, we seem to have uncovered psychological murder by syntax.

Striking clinical corroboration of this inference came independently from a group of analysts who had listened to a reading of the verbatim transcript of the session which included this intervention (the fifth in the hour). The patient, who had recently returned from another city where she had gone to have a child whom she had given up for adoption, began the session with a dream in which someone was dying. Her associations referred to the trip, to the analyst, and to many other thoughts of death. Before this intervention, these clinicians agreed that the patient was feeling "murderous" rage toward the analyst. They also agreed that the analyst's previous interventions had been ineffective and insensitive.

After this intervention the patient had responded by saying:

I DIDN'T FEEL ANYTHING. I WAS NUMB THEN. I
DIDN'T REALLY HAVE ANY—I FELT—I THINK I
TOLD YOU—.

At this point one of the senior clinicians exclaimed that the analyst wanted to destroy the patient, that the analyst had "murderous wishes" toward the patient. And the others concurred. Our hypothesis is that these clinicians registered the "incidental" syntactic message, and when the patient responded by saying she felt nothing (i.e., she felt dead), they could then put the two ideas together and conclude that the analyst had just "killed" the patient.

This example also illustrates a linguistic property which Isay (1977) referred to as "pronominal ambiguity"—the use of pronouns without clear referents. The twenty-nine-word utterance contains four *it*'s, two *this*'s, one *that*, and two vague *you*

know's. Not all occurrences of such words need be indeterminate in their references. In many cases a unique referent can be determined from the context, usually the preceding or following clause or sentence. In this instance, however, the pronouns seem intentionally selected to be completely global in their reference, perhaps even mocking the patient's own similar use, and they thereby reinforce the message of a general assault.

Example 2:

This example consists only of a series of the analyst's interventions followed by a single patient response. The patient's intervening responses have been omitted.

ANALYST: GO ON.

ANALYST: CAN YOU MAKE IT—JUST THE LAST PART
—CLEARER?

ANALYST: UMHMM.

ANALYST: UMHMM.

ANALYST: UMHMM.

ANALYST: YOU SEE, I THINK WHEN IT'S CLEAR, IT'S
EASIER.

PATIENT: WHEN WHAT'S CLEAR?

We cannot improve on the patient's response to the analyst's pronominal ambiguity.

Example 3:

UH, WASN'T IT THE CASE THAT THE LAST TIME
YOU CANCELED A SESSION, YOU NOT ONLY SPOKE
TO ME BUT EARLIER YOU CALLED MY HOME AND
SPOKE TO SOMEBODY?

This intervention shows an interaction of semantic and syntactic properties. A yes/no question is formed by inverting the subject and auxiliary in a declarative string:

Pat did leave \Rightarrow did Pat leave

In Example 3, subject-auxiliary inversion operates as follows:

it wasn't the case that . . . \Rightarrow wasn't it the case that . . .

The selection of a yes/no question for syntactic structure forces the patient into a dilemma. "Wasn't it the case that . . ." is phrased in the accusatory language of an attorney interrogating a witness. She must reply either "yes" and thereby admit guilt, confess to the crime, or "no," which means calling the analyst a liar. This approach, used here in a most inappropriate context, constituted a virtual trial by syntax.

But yes/no questions need not be accusations. Phrased another way, the yes/no construction might be used as a gentle approach to warded-off content, as in: "Do you think that your angry feelings today are connected with the dream you had last night about your mother?" Given this choice, a patient could accept or deny the premise without self-incrimination. The decision to confront the conflict or to continue the defense would be the patient's, not imposed by the analyst.

Example 4:

. . . AND I THINK IT'S A MEASURE OF HOW STRONG
YOU DO FEEL ABOUT THAT THAT YOU NEVER
REALLY TALKED ABOUT IT HERE. . . .

This is an example of *extraposition*, a syntactic transformation which converts sentences of the form *that John smokes surprises me* into *it surprises me that John smokes*. In this example the transformation seems innocuous enough, but now let us use the rule to transform a deep structure such as:

that you never really talked about it here is a measure of how
strong you do feel about that

into the analyst's actual utterance:

. . . it's a measure of how strong you do feel about that that
you never really talked about it here.

The syntactic reordering by *extraposition* places the natural beginning of the sentence at the end. This inversion is signaled

by the expletive *it* in subject position, an empty placemaker for the real subject which is in sentence-final position. Moreover, the shuffling of the major constituents introduces the awkward juxtaposition “. . . that that. . . .” But the inversion also introduces a clinical error often observed in beginning psychotherapists, to wit: offering an explanation before identifying what is to be explained. In this case that which is to be explained is:

that you never really talked about it here . . .

while the explanation is:

. . . is a measure of how strong you do feel about that

which was the postulated deep structure before something motivated the analyst to confuse the message by invoking extraposition.

Example 5:

WELL, WHAT I—I—BELIEVE YOU ARE SINCERE,
BUT WHAT I'M ESSENTIALLY SAYING IS THAT IT'S
PART OF OUR TASK TO GET THROUGH THAT
NUMBNESS.

This intervention illustrates the use of delaying tactics—strategies a speaker can call upon to postpone stating the main point of an utterance as long as possible. One such device is the *pseudocleft* construction, a type of focus construction in which one phrase is singled out and given special emphasis. In the sentence *what Jane wants is a mink coat*, the focus phrase is *a mink coat* and the *wh*-word *what* links the focus phrase to the embedded sentence *Jane wants (something)*. The logical form of a pseudocleft sentence is roughly:

Jane wants X; X = a mink coat.

The pseudocleft sentence in Example 5 is: “. . . what I'm essentially saying is that it's part of our task to get through that numbness.” It has the logical form:

I'm essentially saying X;

X = that it's part of our task to get through that numbness.

The focus phrase has been placed at the end of this sentence, but the beginning of the sentence would be a more prominent position for the focal information. This could be accomplished by inverting the pseudocleft construction; the inverted version would be: *that it's part of our task to get through that numbness is what I'm essentially saying.*

The pseudocleft construction by itself would not merit special notice were it not for the additional delaying tactics which surround it. Embedded within the pseudocleft is an instance of the extraposition transformation discussed above. Extraposition has been applied to convert the underlying form:

. . . to get through that numbness is part of our task

into the surface form:

. . . it's part of our task to get through that numbness

In the pseudocleft construction the focus phrase appears in final position, and extraposition carries the postponement process one step further.

Moreover, the analyst introduces this sentence with the statement: ". . . I—believe you are sincere, but" This "yes, but" sequence is a familiar device which allows a person to both agree and disagree, both accept and contradict, or both give and take away at the same time. It is difficult to avoid the semantic interpretation that the analyst is grudgingly acknowledging the patient's defenses of denial and isolation, while challenging her to relinquish them.

When these properties are added to strategies employed at the beginning of the intervention, the effect is staggering:

1. The sentence opens with a hesitation: Well, . . .
2. Then the analyst stammers: . . . what I—
3. Next comes the statement: . . . I—believe you are sincere, but . . .
4. Followed by the pseudocleft construction

5. And finally, extraposition.

The combined result is that the heart of the message comes at the very end of the intervention: “. . . to get through that numbness.” Numbness indeed.

Example 6:

AND BY THE WAY, I DON'T KNOW WHY—WELL,
WHAT I WAS GOING TO SAY ABOUT IT IS THAT I
DON'T KNOW WHY YOU SEE IT AS UH MY SETTING
THE RULES BECAUSE IN A SENSE, I, I'M INFLUENCED
BY WHAT YOU SAY, HOW YOU PRESENT IT.

Delaying tactics are once again much in evidence in Example 6:

1. An aside: And by the way, . . .
2. A false start: . . . I don't know why—
3. A hesitation: . . . well, . . .
4. A pseudocleft: . . . what I was going to say about it is . . .

But another property of this intervention is of even greater syntactic interest.

Tannenbaum and Williams (1968) pointed out that stating a proposition in the passive instead of the active voice changes the conceptual focus of the sentence. In the active form, attention is focused more upon the actor subject, while in the passive version more emphasis is given to the acted-upon underlying object. If an analyst were to say to a patient:

What you say, how you say it influences me,

we would understand that a statement was being made about the patient. But a subtly different message is communicated by the sentence:

. . . I'm influenced by what you say, how you say it.

Here the analyst seems to be saying that he, not the patient, is in conceptual focus. The patient is relegated to the agentive *by*-phrase, a less important position in the sentence.

This conclusion is reinforced by the rest of Example 6. The analyst has already begun three successive propositions with an active sentence with “I” as the subject:

1. . . . I don't know why—
2. . . . what I was going to say about it is . . .
3. . . . I don't know why . . .

In order to maintain himself as the conceptual focus of the fourth proposition, the analyst resorts to the passive transformation to displace the patient from underlying subject position. The analyst seems to be saying unwittingly, “*I* am the subject of this intervention.”

Example 7:

YEAH, VERY MUCH, I'M SURE. AND ALL THE, AND ALL THE GUILTY FEELINGS YOU WERE EXPRESSING YESTERDAY ABOUT NOT WRITING TO HER, NOT HELPING HER MORE AT CERTAIN TIMES—BUT THAT THOSE FEELINGS ARE MUCH CLOSER TO THE HEART THAN HOMOSEXUALITY.

Let us focus on the last part of this intervention. The clause “. . . those feelings are much closer to the heart than homosexuality” raises the important issue of syntactic ambiguity. The syntactic structure of this sentence allows more than one semantic interpretation. Either the feelings referred to are closer to the heart than they are to homosexuality (reading 1), or the feelings are closer to the heart than homosexuality is to the heart (reading 2).

In principle all sentences having the abstract comparative form *A is closer to B than C* contain this same type of ambiguity. On one reading:

A is closer to B than (A is close to) C;

on the other reading:

A is closer than B than C (is close to B).

In practice, however, true ambiguity of this sort rarely arises because we normally use one of two methods—syntax or semantics—to avoid ambiguity in the comparative construction. Consider the analogous sentence *John is closer to Michael than David*. Using syntax, one can say:

John is closer to Michael than *to* David

to obtain reading 1, while the alternative form:

John is closer to Michael than David *is*

elicits reading 2. If semantics is brought into play, then the particular choice of lexical items eliminates one of the two interpretations. For example, only reading 1 is possible, given the string:

John is closer to success than failure

but only reading 2 is assigned to:

John is closer to success than David.

The problem with the comparative construction in Example 7 is that the analyst has not used either of these methods to specify a unique meaning for the sentence. Consequently both interpretations are possible, although reading 2 is more likely. Isay (1977) discussed several examples similar to this in patients' speech. One college student remarked:

I'm particularly nervous when I'm playing against an aggressive foe just like my father.

And a young woman spoke of resenting her mother for selecting her friends for her in these words:

I hated her choosing other children rather than me.

Isay described such sentences as "inaccurate," "inadequate," or "incorrect" grammatical constructions, but we disagree fundamentally with his position. According to our hypothesis syntactic ambiguity is far from inaccurate or incorrect grammar. We believe that syntactic ambiguity arises when the speaker is

motivated to express both of the wishes inherent in the sentence structure. Such ambiguity is purposeful not accidental.

The syntactic ambiguity in Example 7 is reinforced semantically by the lexical ambiguity of the word "heart." This word has many meanings, but the two most appropriate to this context are *heart* as "the center of emotion" and *heart* as "the core." When this lexical ambiguity is superimposed on the syntactic ambiguity already noted, four different semantic interpretations can be assigned to this segment alone:

Those feelings are much closer to *your heart* than (to) homosexuality.

Those feelings are much closer to *the heart of the problem* than (to) homosexuality.

Those feelings are much closer to *your heart* than homosexuality (is).

Those feelings are much closer to *the heart of the problem* than homosexuality (is).

Other syntactic factors contribute to the obscurity of this passage. For example, the coordinating conjunction *but* and the subordinating indicator *that* are inserted in the middle of what would otherwise be a quite acceptable sentence. However, ambiguity, both syntactic and semantic, lies at the center of confusion, and we fully concur with Isay (1977) when he states:

The defense against recognition of the unconscious significance of [syntactic ambiguity] in speech is more complex and stronger than the defensive response to the type of ambiguity that lies in the single word. The disguise of the libidinal or aggressive intention is more intricate and the underlying impulse appears to be more deeply repressed when this type of ambiguity is used (p. 446).

What, then, can we speculate about the hidden wishes that the analyst expressed through this syntactic ambiguity? Isay offers two tempting explanations which may indeed have some generality. He quotes Fenichel as saying that the oracles of ancient Greece were intentionally ambiguous in order to re-

ject responsibility for the consequences of precise forecasts, and syntactic ambiguity was the common form of ambiguity used by the oracles. Isay asserts that "consistently ambiguous interpretations may also be an important expression of countertransference . . . an analyst may use an ambiguous interpretation in an attempt to disguise his lack of understanding of his patient's communication" (p. 449). Do we, then, have a confused analyst with ill-disguised aspirations to be an oracle?

Example 8:

BUT I THINK IT'S IMPLICIT IN THE THOUGHTS ABOUT RON AND ABOUT THE JANITOR AND FROM WHAT YOU HAVE BEEN SAYING THIS HOUR, THAT IF YOU ASSUME I LIKE YOU AND THAT I ALONG WITH THAT WANT TO HELP YOU, THEN IF YOU COME IN AND SAY, SO TO SPEAK, "I INTEND TO LIVE ON IN QUIET MISERY, THIS IS WHAT I ACCEPT," THAT YOU MAKE ME MAD.

This intervention contains a lengthy list intertwined with a complex logical formula. If we abstract the structure of the sentence by replacing each item on the list with a letter, we obtain the following sequence:

But I think it's implicit in the thoughts about A and about B and from C that if you assume D and that E, then if F (then) G.

A seven-item list such as this challenges human short-term memory capacity. It is unlikely that this interpretation communicated its manifest message, but it may well have conveyed a different, incidental, and highly significant one through a linguistic property called *foregrounding*. Stated briefly, the foregrounding hypothesis asserts that the greatest communicative importance is given to the material at the beginning of an utterance and the next most importance to that at the end. The message thus extracted would be:

But I think . . . that you make me mad.

Although no syntactic reordering has contributed significantly to the foregrounding interpretation in this case, there are transformational rules, such as the passive transformation, that effectively foreground constituents by moving them from relatively unimportant locations within a string to positions of greater prominence. In this way a syntactic transformation can serve the semantic function of foregrounding.

Example 9:

. . . I THINK LAST TIME YOU WERE FEELING MUCH CLOSER TO ME. AND I THINK THEN, WHEN YOU START FEELING SUSPICIOUS AND USED, WHEN THERE'S NO CLEAR EVIDENCE, NO CLEAR REASON, UNLESS YOU WANT TO SAY IT'S THE RECORDING—AND I'LL HAVE TO ACCEPT FOR THE MOMENT WHEN YOU SAY NO, IT'S NOT THAT, ALTHOUGH, YOU KNOW, THAT CERTAINLY IS A WAY—YOU KNOW, COULD BE A REASON YOU MIGHT SAY I WAS USING YOU.

This excerpt begins with a grammatical sentence which contains a main clause (the matrix sentence: *I think*) and an embedded sentence (*last time you were feeling much closer to me*). The rest of the example, except for the parenthetical (*and I think*) at the beginning, lacks a matrix sentence to which subordinate clauses can properly be attached. Five of the six major clauses after the first are introduced by the subordinate conjunctions *when*, *unless*, or *although*. A sentence such as this, which consists only of a series of subordinate clauses, is ungrammatical and approaches incoherence.

Despite the logical and embedded complexity, however, we are not at a loss to assign it an interpretation based on the *foregrounding* hypothesis along the lines suggested in Example 8.

. . . and I think then . . . I was using you.

Lest the reader's skepticism about this relatively simple-minded interpretation prevail, we shall now pursue a syntactic analysis

which yields the same outcome. Suppose we begin by rewriting the ungrammatical segment as follows:

And (I think) then

A: *when* you start feeling suspicious and used

B: *when* there's no clear evidence, no clear reason

C: *unless* you want to say it's the recording

D: *and* I'll have to accept for the moment

E: *when* you say no, it's not that

\bar{C} : *although* (you know) that

F: certainly is a way

\bar{F} : (you know) could be a reason you might say

G: I was using you

If we omit the parenthetical expressions, this logically reduces to something like:

And then, when A, when B, unless C—and D, when E, although \bar{C} F (or) \bar{F} G—(H).

But the matrix sentence (H) is missing, and we are left wondering what it was that the patient did. However, we do know one thing the analyst did. He committed the same error which we described in Example 4 under Extraposition. The error lies in attempting to explain something before identifying what is to be explained. In this instance the behavior to be explained is omitted altogether in the form of the missing clause, H.

The difficulty in getting an immediate clear message from this example rests not only on the missing matrix sentence, but also on the degree of embedding of the subordinate clauses. If we use parentheses to indicate levels of embedding we can represent the structure as follows:

${}_0(\text{And then } {}_1(\text{when A } {}_2(\text{when B } {}_3(\text{unless C—and D } {}_4(\text{when E})_4$
 ${}_4(\text{although } \bar{C} \text{ F (or) } \bar{F} \text{ G})_4)_3)_2)_1 \text{H})_0$

The final parenthesis would enclose the missing *H* and create a grammatical, if still obscure sentence. As it stands, the whole expression is, in Edelson's (1975) sense, opaque. He wrote:

A user of language may violate, substitute, add or subtract rules;

extend or limit the degree of recursiveness; or fail to some degree to provide contexts that exclude some number of possible meanings. Such uses yield opaque language. *Opaque language requires interpretation* (p. 100, italics added).

We believe that countertransference attitudes about the recording comprised at least part of the motivation for the syntactic structure used. The evidence to support this inference lies in the fact that the analyst chose the common device of substituting one phrase for another to amend a meaning. Consider sections C, \bar{C} , F, and \bar{F} in the example. In \bar{C} the phrase, *certainly is a way* (F), is implicitly replaced by (*you know*) *could be a reason you might say* (\bar{F}).¹ The first form:

. . . although that (i.e., the recording) certainly is a way I was using you—

is amended to:

. . . although that (i.e., the recording) could be a reason you might say I was using you—

It is as if the analyst, about to confess the unacceptable attitude we deduced from the foregrounding hypothesis (*I was using you*), quickly attempted to amend the expression by the simple means of substitution without including the “or rather, what I mean is” phrase which would have called attention to the substitution and allowed both the patient and the analyst to focus on the implications. In comparison with the purposeful syntactic and semantic ambiguities in Example 7, this crude substitution, combined with the deep subordination and the incompleteness, suggests an emergency situation whose adaptive requirements exceeded the analyst’s capacity for more subtle

¹ In writing we would actually replace the phrase, but in speech we cannot literally erase what has already been uttered. Therefore, the object for deletion can only be amended implicitly or explicitly, even though we may fairly assume that the speaker’s intention might often be to literally replace (undo). Of course he may also wish to convey both messages as we have emphasized in the analysis of Example 7.

syntactic choices. Indeed, one would not be surprised to hear such constructions from a patient who is free-associating.

It seems to us that the listener (in this case the patient), faced with the task of decoding the messages in such a complex and difficult syntactic structure, might well try to extract a meaning based on the contiguity of words alone, unaided by appropriate syntax. Certain key words stand out: CLOSER, SUSPICIOUS, USED, USING, RECORDING, EVIDENCE, REASON—all of which suggest a paranoid theme, worry about the recording and its implications, and a reason to mistrust the analyst.² Combined with the syntactic messages which we have already postulated, it would appear to be a situation in which the semantic and syntactic communications were nearly congruent.

Example 10:

(PAUSE) AND I THINK THE REASON YOU ARE SO UNCOMFORTABLE WITH ME AND WITH HENRY, AND THERE ARE MANY DIFFERENCES, AND BELIEVE ME, I'M NOT PUSHING HENRY AS A BEAU OR HUSBAND OR ANYTHING, BUT THAT I THINK A LOT OF THE DISCOMFORT HAS TO DO WITH, BECAUSE OF THE INSISTENCE THAT WE'VE MENTIONED, ON SOME SORT OF INVOLVEMENT, THAT IT MAKES YOU CONFRONT AND FEEL GUILTY ABOUT YOUR OWN NOT WANTING TO GET INVOLVED, WHICH SOMEBODY WHO IS QUOTE NICE UNQUOTE DOESN'T AS MUCH.

As an example of syntactic *opacity* this example nearly falls into the quote unquote category, but we have been unable to abstain from a paraphrase:

But we cannot resist to think the reason you are by now so uncomfortable with syntactic analyses, and there are many differences, and believe us, we're not pushing syntax as a friend or foe or anything, but that we think a lot of the discomfort

² Dahl (1974) used computer content-analysis methods to discover just such recurrent patterns of word clusters in a patient's speech.

has to do with, because of the insistence that we've mentioned, on some sort of involvement, that it makes the reader confront and feel guilty about his own not wanting to get involved, which a psychoanalyst who is quote competent unquote doesn't as much!

DISCUSSION AND SUMMARY

This has been a report of a discovery process, of hypothesis generation rather than hypothesis testing. In our search for correlations between certain syntactic choices and the clinical manifestations of warded-off contents (wishes, attitudes, defenses), we have inevitably permitted ourselves some speculative clinical inferences in order to persuade the reader of the plausibility of such correlations. Moreover, we have avoided formal linguistic analyses which would have little meaning to a psychoanalyst and have instead concentrated on logical approximations.

We suspect that some psychoanalysts might be a bit embarrassed by some of the examples which we used, and others may shrug them off with a "that's all well and good, but that's not what I sound like!" In fact most of us will have little trouble, if we begin consciously attending to our own and others' syntactic peculiarities, discovering how commonly we make similar choices. Of course, there is an occasional analyst who nearly always speaks in simple, direct, grammatical sentences. But we are inclined to agree with Isay when he suggests that "interpretations that are consistently sharp and precise may cut off associative material, stifle, be perceived as aggressive, and may sometimes be expressions of idiosyncratic counter-transference impulses" (p. 449).

Nonetheless, we feel that our choice of psychoanalytic interventions was a particularly fortuitous one. Psychoanalysts are under particular constraints in the analytic situation to avoid communicating hostile and seductive attitudes (for example) toward patients. Schooled in the rule of abstinence, analysts may face a dilemma that tempts them to resort to a pseudo-

solution that puts a high premium on a mode of expression which reveals what is hidden yet leaves them under the illusion that their defenses are effective and intact. For this purpose there are a variety of syntactic and other linguistic tools which enable analysts to evade, avoid, delay, camouflage, confuse, obscure, insult, accuse, assault, and even commit psychological murder if they so desire.

What remains for us to determine is whether we have really found what we think we have found. We have already begun an experimental study to test the specific hypotheses: (1) that certain syntactic properties of a psychoanalyst's interventions communicate countertransference wishes and other warded-off contents, and (2) that clinicians, with minimal, if any, awareness of the clues provided by syntax, use these clues to "understand" the disguised messages of warded-off contents.

The discovery of systematic relationships between clinical ratings of countertransference and linguistic variables would open up a new field to experimental investigation, because syntactic variables are ideally suited to experimental manipulation. We could begin to explore methods for disentangling syntax from semantic and phonological information and to examine the conditions under which syntax, semantics, and phonology convey congruent or contradictory messages. We could construct sentences, systematically alter their syntactic structure while holding semantic content constant (or nearly so), and then we could compare clinical judgments on appropriate scales with the variations in syntax. By including spoken examples we could also investigate the interaction of phonology with syntactic and semantic information. Finally, if the incidental stimulus model proves tenable, we can then search for the re-emergence of derivatives of the incidental stimuli (i.e., the analyst's syntax) in patients' responses (and vice versa).

We referred earlier to the irony of Edelson's choice of a poem as the object of his linguistic analysis. But in a certain sense it is just as ironic that we should have independently found syntactic modes of expression, not by listening to recordings, but

by reading transcripts of those recordings. Had Edelson had the opportunity to read (and reread) verbatim transcripts, as he certainly read and reread his poem a thousand times, perhaps he would have adopted a more sanguine view of the prospects for investigating actual, real-life psychoanalytic speech. If we have indeed discovered some of the *syn-tactics* of concealed intentions, then we have also begun to answer those skeptical psychoanalysts who contend that *re-searching* transcripts of psychoanalytic sessions can teach us nothing we do not already know.

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COUNTERTRANSFERENCE EXAMPLES OF THE SYNTACTIC EXPRESSION OF WARDED-OFF CONTENTS

BY HARTVIG DAHL, VIRGINIA TELLER, DONALD MOSS and
MANUEL TRUJILLO

This is a preliminary statement of the hypothesis that syntax in speech may act as an "incidental stimulus" in the communication of mental contents which the speaker is motivated both to conceal and to express. Ten clinical examples, taken from verbatim transcripts of one psychoanalyst's interventions in a recorded case, illustrate the expression of countertransference attitudes by syntactic and other linguistic properties such as: the agentless passive, pronominal ambiguity, yes/no questions, extraposition, the pseudocleft construction, delaying tactics, the passive construction and conceptual focus, lists and logical complexity, foregrounding, syntactic and lexical ambiguity, subordinate clauses and syntactic opacity.

At a time when Atkin (1969) was deploring psychoanalysts' neglect of syntax and grammar and when Rosen (1969) only briefly alluded to syntax as one of "three seminal areas in which the problems of modern linguistics and psychoanalysis intersect," Dahl and Gill (Dahl, forthcoming) were laying the groundwork for our investigation of the role of syntax in the expression of warded-off mental contents in psychoanalytic interventions. Our work is an outgrowth of Dahl's experience in listening to the tape-recorded psychoanalytic sessions which he and Gill had collected. Dahl (Dahl and Teller, 1977) described these encounters as follows:

This paper is a preliminary statement of some hypotheses growing out of the collaboration of a research psychoanalyst (senior author), a generative grammarian (second author), and two psychiatrists, both former fellows in the Program of Research Training in Psychiatry at Downstate Medical Center, State University of New York.

During the past several years, while prooflistening to tape recordings of hundreds of psychoanalytic sessions, I have read verbatim transcripts, not only to assure that the words were correct, but also to try to punctuate the written text so that it would read the way the spoken language sounded. And for a long while I thought I had utterly failed in the attempt. The strings of words in the transcripts often seemed ungrammatical and fragmented or strange. Sometimes both the patient and the analyst seemed illiterate and incapable of simple, direct expression. And yet when I listened to the recordings without trying to follow the written text I got a quite different impression, one much like that of listening directly to a patient. This impression was not one of ungrammaticality or fragmentation or syntactic peculiarities. Rather, it was one of implicit tolerance and inattention to such disruptions (beyond the usual uh's and ah's) and a concentration on the sequences of words and their meaning. In fact it was precisely this attention to the contiguity of semantic expression (so dear to the psychoanalyst's heart) which had originally persuaded me to commit myself to look for patterns of co-occurrence of single words in psychoanalytic sessions (p. 1).

If we pay attention to the way we listen to people in ordinary conversation we are not particularly aware of the peculiarities which made reading the transcripts so difficult. It is as if, when we listen to spoken language, we process the syntax quite automatically (preconsciously?) unless we make a special effort to focus attention on the grammatical features. Listening to Eisenhower was a well known case in point. The reporters who had to convert his spoken words to written English often joked about the burden of making grammatical sentences from what he uttered, yet others, not required to write down what he said, could listen with no special awareness of his peculiar syntax. So it appears that unless we are forced to, we do not ordinarily pay much attention to syntax except for the sorts of speech disturbances which Mahl (1961) felt were indications of anxiety. Normally, we seem to concentrate on semantic and phonological information when we listen to our patients, and syntactic information seems to be processed "incidentally."

But we have learned that the "fate of an incidental stimulus" (Fisher, 1960) is not to be incidentally ignored. An incidental stimulus is a "marginal" stimulus "well above threshold but experienced by the subject as incidental to what he is doing" (Pine, 1964, p. 205). According to Klein and Holt (1960), such stimuli may "acquire unique properties and affect thought in distinctive ways by virtue of the fact that they do not command attention, thus bypassing the critical assessments made possible by waking consciousness" (p. 84).

One technique for presenting marginal stimuli uses the principle of "masking," which may be accomplished either by presenting a brief marginal stimulus, followed by a longer, clearly perceptible one, or by presenting a marginal stimulus superimposed upon a stimulus which is clearly perceived by a subject. It seems plausible that an analogous "masking" occurs when we listen to ordinary speech, in which the task of extracting meaning acts as an effective mask for the syntactic structure of the utterance. Thus the concentration of focal attention on semantic interpretation would permit the syntax to be processed without critical assessment. Moreover, it would follow that the effects on the listener of the syntax as an incidental stimulus would be comparable to the effects of other marginal stimuli reported in a wide variety of experimental situations (for early summaries, see Fisher, 1960; Pine, 1964).

In the experimental situation, the experimenter provides the apparatus which presents the masked and the masking stimuli, and he decides whether the messages will be related or unrelated and similar or contradictory. We propose that a speaker stands in a role comparable to that of the experimenter. The speaker creates both the masked and the masking stimuli in the form of syntactic and semantic choices and also decides whether the messages will be related or unrelated, congruent or contradictory. But, unlike the experimenter, the speaker makes these decisions preconsciously or unconsciously. It follows from this model that if syntax is indeed typically incidental, then, for that very reason, syntactic structure might provide a particularly useful means for communicating concealed, warded-off wishes,

while semantic content could reinforce, alter, or contradict these hidden communications.

Edelson (1973, 1975) understood something similar to this when he specifically postulated that "emotive" attitudes and "intentions" are prime candidates for expression in "strategies of syntax." He wrote:

. . . a deployment of linguistic features that foregrounds, focuses upon, or emphasizes one element or relation of elements among others makes some aspect of the sense more important than another. . . . The psychoanalyst's response to and use of strategies of syntax should therefore be as critical to his act of interpretation as his response to and use of semantic strategies. . . .

Knowledge of how deployment of particular linguistic resources evokes emotive meaning is essential to the psychoanalyst's interpretation of an analysand's affects. . . .

When we speak of the *conative*, *suasive*, or *incitive* meaning of language, we allude to those linguistic features and their deployment that evoke a *conception of intentions* toward some other, who is the one addressed (1975, p. 89).

But Edelson's theoretical elaboration and his practical application are less satisfying. Intrigued by Chomsky's (1957, 1965) early linguistic theories, he proposed that the primary process transformations which convert latent into manifest dream content (Freud, 1900) are identical with the transformational processes which convert syntactic deep structures into surface structures. He asserted: "There can be no question that the operations of the dream-work or joke-work signified by such terms as 'displacement' and 'condensation' are the same operations employed in the syntactic rules of natural languages" (1975, p. 127). In fact, there are serious questions about this presumed isomorphism (Mahoney and Singh, 1975). Although it is an appealing metaphor, it is based, ironically, on a model of transformational-generative grammar which Chomsky (1975, 1976) has since abandoned as untenable.

There is irony too, given Edelson's goal of formulating a

theory of psychoanalytic interpretation, in his choice of a poem as the "linguistic object" of his exhaustive syntactic, semantic, and phonological interpretations. In considering the possibility of using psychoanalytic data he wrote that the psychoanalyst faces certain obstacles:

He may feel . . . barred by considerations of confidentiality from writing about his patients. If he uses nonspecific generalities or disguises details in response to such constraints, he may conceal—especially when language itself is the object of interest—the individuality, the idiosyncrasy, the twist of phrase or nuance of expression that convinces. Even if he could surmount these difficulties, he faces those of recording, selecting from, and organizing millions of utterances. His data indeed are so incredibly multitudinous they may defeat altogether his power to discover an order underlying them. Rather, he may often simply impose an already possessed formula upon them (1975, p. 177).

Our readers will have to judge for themselves, after they have examined our own examples from transcribed psychoanalytic sessions, whether we have managed to overcome these seemingly overwhelming obstacles.

In contrast with Edelson, Isay (1977) directly addressed the problem of understanding four different types of "ambiguity" in patients' speech. However, although his clinical examples are compelling, it is unclear whether they were drawn from notes or from verbatim transcripts. Moreover, compared with Edelson's, his analyses are hampered by a relative lack of linguistic sophistication.

Our own somewhat different approach to syntax took shape in the course of a study of countertransference in a single psychoanalytic case, using transcripts which excluded the patient's speech. Our decision to study one psychoanalyst's interventions was a practical one. The interventions provided relatively short and manageable material, and we had reason to believe from prior inspection that this analyst had certain identifiable countertransference problems with this patient. We classified each

intervention by type (Strupp, 1973) and rated each on several scales designed to assess countertransference manifestations such as hostility or seductiveness, approval or disapproval of the patient's behavior, as well as excessive assertions of authority. We gradually began to notice certain peculiarities in syntax, which led us then to systematically examine each sentence of each intervention for different types of syntactic choices (*syn-tactics*, if you will).

In the clinical examples which we present in the next section no attempt has been made at exhaustive linguistic analysis. Rather, we have tried to present a range of *syn-tactics* and to suggest some of the warded-off wishes, unacceptable emotional attitudes, and concealed intentions which these strategies appear to express. Our first postulate is that a speaker's choice of a particular syntactic structure for a sentence is no more accidental than his choice of vocabulary. Our second postulate is that there is no such thing as a true paraphrase. Our third postulate is that each speaker has available a variety of syntactic options, and the particular syntactic structure which he chooses reflects, among other things, the inventory of wishes that he is motivated both to conceal and to express. Although the examples were selected to illustrate countertransference, we assume that our "incidental stimulus" model and our postulates would apply equally to transference wishes expressed by patients during free association, as well as to warded-off contents in everyone's ordinary, everyday speech.

The linguistic analyses are based on Chomsky's (1975, 1976) current model of transformational-generative grammar, which assumes: (a) a sentence has an abstract, underlying representation known as a (syntactic) deep structure; (b) a deep structure is converted into a surface structure representation by the application of a set of rules called syntactic transformations; and (c) the surface structure receives, (1) a phonological interpretation, which gives the pronunciation of the sentence, and (2) a semantic interpretation, which specifies its meaning. These joint interpretations produce a "sound-meaning" representa-

tion for each sentence generated by the rules of the grammar. We wish to emphasize that in this model it is the surface structure which is given a semantic interpretation, unlike Chomsky's (1957, 1965) earlier model, adopted by Edelson, in which the deep structure was submitted to the semantic component for interpretation.

CLINICAL EXAMPLES

We shall present ten examples drawn from ten interventions. Together they illustrate the following linguistic properties:

1. Agentless passive
2. Pronominal ambiguity
3. Yes/no question
4. Extraposition
5. Pseudocleft construction
6. Delaying tactics
7. Passive construction and conceptual focus
8. Lists and logical complexity
9. Foregrounding
10. Syntactic and lexical ambiguity
11. Subordinate clauses
12. Syntactic opacity

Example 1:

YOU KNOW THIS IS THE WAY IT HAS ALWAYS BEEN PRESENTED IN TERMS OF NEGATIVES. YOU KNOW, IT WAS NOT BAD, IT WAS NOT THIS, IT WAS NOT THAT.

Consider the phrase “. . . it has always been presented. . . .” This is an instance of the agentless passive—a passive voice sentence with no underlying subject. In a normal passive sentence the subject (agent) of the underlying active string appears in an agentive *by*-phrase: *the boy hit the the ball* is transformed into *the ball was hit by the boy*. In an agentless passive the deep structure subject is omitted: Δ *has always presented it* is converted into *it has always been presented*. The analyst

could have said, "You have always presented it in terms of negatives," but instead said, ". . . it has always been presented . . ."—a form which makes it impossible to determine who has done the presenting. The analyst has effectively eliminated the patient in a manner which seems quite inappropriate to the dyadic situation. In short, we seem to have uncovered psychological murder by syntax.

Striking clinical corroboration of this inference came independently from a group of analysts who had listened to a reading of the verbatim transcript of the session which included this intervention (the fifth in the hour). The patient, who had recently returned from another city where she had gone to have a child whom she had given up for adoption, began the session with a dream in which someone was dying. Her associations referred to the trip, to the analyst, and to many other thoughts of death. Before this intervention, these clinicians agreed that the patient was feeling "murderous" rage toward the analyst. They also agreed that the analyst's previous interventions had been ineffective and insensitive.

After this intervention the patient had responded by saying:

I DIDN'T FEEL ANYTHING. I WAS NUMB THEN. I
DIDN'T REALLY HAVE ANY—I FELT—I THINK I
TOLD YOU—.

At this point one of the senior clinicians exclaimed that the analyst wanted to destroy the patient, that the analyst had "murderous wishes" toward the patient. And the others concurred. Our hypothesis is that these clinicians registered the "incidental" syntactic message, and when the patient responded by saying she felt nothing (i.e., she felt dead), they could then put the two ideas together and conclude that the analyst had just "killed" the patient.

This example also illustrates a linguistic property which Isay (1977) referred to as "pronominal ambiguity"—the use of pronouns without clear referents. The twenty-nine-word utterance contains four *it*'s, two *this*'s, one *that*, and two vague *you*

know's. Not all occurrences of such words need be indeterminate in their references. In many cases a unique referent can be determined from the context, usually the preceding or following clause or sentence. In this instance, however, the pronouns seem intentionally selected to be completely global in their reference, perhaps even mocking the patient's own similar use, and they thereby reinforce the message of a general assault.

Example 2:

This example consists only of a series of the analyst's interventions followed by a single patient response. The patient's intervening responses have been omitted.

ANALYST: GO ON.

ANALYST: CAN YOU MAKE IT—JUST THE LAST PART
—CLEARER?

ANALYST: UMHMM.

ANALYST: UMHMM.

ANALYST: UMHMM.

ANALYST: YOU SEE, I THINK WHEN IT'S CLEAR, IT'S
EASIER.

PATIENT: WHEN WHAT'S CLEAR?

We cannot improve on the patient's response to the analyst's pronominal ambiguity.

Example 3:

UH, WASN'T IT THE CASE THAT THE LAST TIME
YOU CANCELED A SESSION, YOU NOT ONLY SPOKE
TO ME BUT EARLIER YOU CALLED MY HOME AND
SPOKE TO SOMEBODY?

This intervention shows an interaction of semantic and syntactic properties. A yes/no question is formed by inverting the subject and auxiliary in a declarative string:

Pat did leave \Rightarrow did Pat leave

In Example 3, subject-auxiliary inversion operates as follows:

it wasn't the case that . . . \Rightarrow wasn't it the case that . . .

The selection of a yes/no question for syntactic structure forces the patient into a dilemma. "Wasn't it the case that . . ." is phrased in the accusatory language of an attorney interrogating a witness. She must reply either "yes" and thereby admit guilt, confess to the crime, or "no," which means calling the analyst a liar. This approach, used here in a most inappropriate context, constituted a virtual trial by syntax.

But yes/no questions need not be accusations. Phrased another way, the yes/no construction might be used as a gentle approach to warded-off content, as in: "Do you think that your angry feelings today are connected with the dream you had last night about your mother?" Given this choice, a patient could accept or deny the premise without self-incrimination. The decision to confront the conflict or to continue the defense would be the patient's, not imposed by the analyst.

Example 4:

. . . AND I THINK IT'S A MEASURE OF HOW STRONG
YOU DO FEEL ABOUT THAT THAT YOU NEVER
REALLY TALKED ABOUT IT HERE. . . .

This is an example of *extraposition*, a syntactic transformation which converts sentences of the form *that John smokes surprises me* into *it surprises me that John smokes*. In this example the transformation seems innocuous enough, but now let us use the rule to transform a deep structure such as:

that you never really talked about it here is a measure of how
strong you do feel about that

into the analyst's actual utterance:

. . . it's a measure of how strong you do feel about that that
you never really talked about it here.

The syntactic reordering by *extraposition* places the natural beginning of the sentence at the end. This inversion is signaled

by the expletive *it* in subject position, an empty placemaker for the real subject which is in sentence-final position. Moreover, the shuffling of the major constituents introduces the awkward juxtaposition “. . . that that. . . .” But the inversion also introduces a clinical error often observed in beginning psychotherapists, to wit: offering an explanation before identifying what is to be explained. In this case that which is to be explained is:

that you never really talked about it here . . .

while the explanation is:

. . . is a measure of how strong you do feel about that

which was the postulated deep structure before something motivated the analyst to confuse the message by invoking extraposition.

Example 5:

WELL, WHAT I—I—BELIEVE YOU ARE SINCERE,
BUT WHAT I'M ESSENTIALLY SAYING IS THAT IT'S
PART OF OUR TASK TO GET THROUGH THAT
NUMBNESS.

This intervention illustrates the use of delaying tactics—strategies a speaker can call upon to postpone stating the main point of an utterance as long as possible. One such device is the *pseudocleft* construction, a type of focus construction in which one phrase is singled out and given special emphasis. In the sentence *what Jane wants is a mink coat*, the focus phrase is *a mink coat* and the *wh*-word *what* links the focus phrase to the embedded sentence *Jane wants (something)*. The logical form of a pseudocleft sentence is roughly:

Jane wants X; X = a mink coat.

The pseudocleft sentence in Example 5 is: “. . . what I'm essentially saying is that it's part of our task to get through that numbness.” It has the logical form:

I'm essentially saying X;

X = that it's part of our task to get through that numbness.

The focus phrase has been placed at the end of this sentence, but the beginning of the sentence would be a more prominent position for the focal information. This could be accomplished by inverting the pseudocleft construction; the inverted version would be: *that it's part of our task to get through that numbness is what I'm essentially saying.*

The pseudocleft construction by itself would not merit special notice were it not for the additional delaying tactics which surround it. Embedded within the pseudocleft is an instance of the extraposition transformation discussed above. Extraposition has been applied to convert the underlying form:

. . . to get through that numbness is part of our task

into the surface form:

. . . it's part of our task to get through that numbness

In the pseudocleft construction the focus phrase appears in final position, and extraposition carries the postponement process one step further.

Moreover, the analyst introduces this sentence with the statement: ". . . I—believe you are sincere, but" This "yes, but" sequence is a familiar device which allows a person to both agree and disagree, both accept and contradict, or both give and take away at the same time. It is difficult to avoid the semantic interpretation that the analyst is grudgingly acknowledging the patient's defenses of denial and isolation, while challenging her to relinquish them.

When these properties are added to strategies employed at the beginning of the intervention, the effect is staggering:

1. The sentence opens with a hesitation: Well, . . .
2. Then the analyst stammers: . . . what I—
3. Next comes the statement: . . . I—believe you are sincere, but . . .
4. Followed by the pseudocleft construction

5. And finally, extraposition.

The combined result is that the heart of the message comes at the very end of the intervention: “. . . to get through that numbness.” Numbness indeed.

Example 6:

AND BY THE WAY, I DON'T KNOW WHY—WELL,
WHAT I WAS GOING TO SAY ABOUT IT IS THAT I
DON'T KNOW WHY YOU SEE IT AS UH MY SETTING
THE RULES BECAUSE IN A SENSE, I, I'M INFLUENCED
BY WHAT YOU SAY, HOW YOU PRESENT IT.

Delaying tactics are once again much in evidence in Example 6:

1. An aside: And by the way, . . .
2. A false start: . . . I don't know why—
3. A hesitation: . . . well, . . .
4. A pseudocleft: . . . what I was going to say about it is . . .

But another property of this intervention is of even greater syntactic interest.

Tannenbaum and Williams (1968) pointed out that stating a proposition in the passive instead of the active voice changes the conceptual focus of the sentence. In the active form, attention is focused more upon the actor subject, while in the passive version more emphasis is given to the acted-upon underlying object. If an analyst were to say to a patient:

What you say, how you say it influences me,

we would understand that a statement was being made about the patient. But a subtly different message is communicated by the sentence:

. . . I'm influenced by what you say, how you say it.

Here the analyst seems to be saying that he, not the patient, is in conceptual focus. The patient is relegated to the agentive *by*-phrase, a less important position in the sentence.

This conclusion is reinforced by the rest of Example 6. The analyst has already begun three successive propositions with an active sentence with “I” as the subject:

1. . . . I don't know why—
2. . . . what I was going to say about it is . . .
3. . . . I don't know why . . .

In order to maintain himself as the conceptual focus of the fourth proposition, the analyst resorts to the passive transformation to displace the patient from underlying subject position. The analyst seems to be saying unwittingly, “*I* am the subject of this intervention.”

Example 7:

YEAH, VERY MUCH, I'M SURE. AND ALL THE, AND ALL THE GUILTY FEELINGS YOU WERE EXPRESSING YESTERDAY ABOUT NOT WRITING TO HER, NOT HELPING HER MORE AT CERTAIN TIMES—BUT THAT THOSE FEELINGS ARE MUCH CLOSER TO THE HEART THAN HOMOSEXUALITY.

Let us focus on the last part of this intervention. The clause “. . . those feelings are much closer to the heart than homosexuality” raises the important issue of syntactic ambiguity. The syntactic structure of this sentence allows more than one semantic interpretation. Either the feelings referred to are closer to the heart than they are to homosexuality (reading 1), or the feelings are closer to the heart than homosexuality is to the heart (reading 2).

In principle all sentences having the abstract comparative form *A is closer to B than C* contain this same type of ambiguity. On one reading:

A is closer to B than (A is close to) C;

on the other reading:

A is closer than B than C (is close to B).

In practice, however, true ambiguity of this sort rarely arises because we normally use one of two methods—syntax or semantics—to avoid ambiguity in the comparative construction. Consider the analogous sentence *John is closer to Michael than David*. Using syntax, one can say:

John is closer to Michael than *to* David

to obtain reading 1, while the alternative form:

John is closer to Michael than David *is*

elicits reading 2. If semantics is brought into play, then the particular choice of lexical items eliminates one of the two interpretations. For example, only reading 1 is possible, given the string:

John is closer to success than failure

but only reading 2 is assigned to:

John is closer to success than David.

The problem with the comparative construction in Example 7 is that the analyst has not used either of these methods to specify a unique meaning for the sentence. Consequently both interpretations are possible, although reading 2 is more likely. Isay (1977) discussed several examples similar to this in patients' speech. One college student remarked:

I'm particularly nervous when I'm playing against an aggressive foe just like my father.

And a young woman spoke of resenting her mother for selecting her friends for her in these words:

I hated her choosing other children rather than me.

Isay described such sentences as "inaccurate," "inadequate," or "incorrect" grammatical constructions, but we disagree fundamentally with his position. According to our hypothesis syntactic ambiguity is far from inaccurate or incorrect grammar. We believe that syntactic ambiguity arises when the speaker is

motivated to express both of the wishes inherent in the sentence structure. Such ambiguity is purposeful not accidental.

The syntactic ambiguity in Example 7 is reinforced semantically by the lexical ambiguity of the word "heart." This word has many meanings, but the two most appropriate to this context are *heart* as "the center of emotion" and *heart* as "the core." When this lexical ambiguity is superimposed on the syntactic ambiguity already noted, four different semantic interpretations can be assigned to this segment alone:

Those feelings are much closer to *your heart* than (to) homosexuality.

Those feelings are much closer to *the heart of the problem* than (to) homosexuality.

Those feelings are much closer to *your heart* than homosexuality (is).

Those feelings are much closer to *the heart of the problem* than homosexuality (is).

Other syntactic factors contribute to the obscurity of this passage. For example, the coordinating conjunction *but* and the subordinating indicator *that* are inserted in the middle of what would otherwise be a quite acceptable sentence. However, ambiguity, both syntactic and semantic, lies at the center of confusion, and we fully concur with Isay (1977) when he states:

The defense against recognition of the unconscious significance of [syntactic ambiguity] in speech is more complex and stronger than the defensive response to the type of ambiguity that lies in the single word. The disguise of the libidinal or aggressive intention is more intricate and the underlying impulse appears to be more deeply repressed when this type of ambiguity is used (p. 446).

What, then, can we speculate about the hidden wishes that the analyst expressed through this syntactic ambiguity? Isay offers two tempting explanations which may indeed have some generality. He quotes Fenichel as saying that the oracles of ancient Greece were intentionally ambiguous in order to re-

ject responsibility for the consequences of precise forecasts, and syntactic ambiguity was the common form of ambiguity used by the oracles. Isay asserts that "consistently ambiguous interpretations may also be an important expression of countertransference . . . an analyst may use an ambiguous interpretation in an attempt to disguise his lack of understanding of his patient's communication" (p. 449). Do we, then, have a confused analyst with ill-disguised aspirations to be an oracle?

Example 8:

BUT I THINK IT'S IMPLICIT IN THE THOUGHTS ABOUT RON AND ABOUT THE JANITOR AND FROM WHAT YOU HAVE BEEN SAYING THIS HOUR, THAT IF YOU ASSUME I LIKE YOU AND THAT I ALONG WITH THAT WANT TO HELP YOU, THEN IF YOU COME IN AND SAY, SO TO SPEAK, "I INTEND TO LIVE ON IN QUIET MISERY, THIS IS WHAT I ACCEPT," THAT YOU MAKE ME MAD.

This intervention contains a lengthy list intertwined with a complex logical formula. If we abstract the structure of the sentence by replacing each item on the list with a letter, we obtain the following sequence:

But I think it's implicit in the thoughts about A and about B and from C that if you assume D and that E, then if F (then) G.

A seven-item list such as this challenges human short-term memory capacity. It is unlikely that this interpretation communicated its manifest message, but it may well have conveyed a different, incidental, and highly significant one through a linguistic property called *foregrounding*. Stated briefly, the foregrounding hypothesis asserts that the greatest communicative importance is given to the material at the beginning of an utterance and the next most importance to that at the end. The message thus extracted would be:

But I think . . . that you make me mad.

Although no syntactic reordering has contributed significantly to the foregrounding interpretation in this case, there are transformational rules, such as the passive transformation, that effectively foreground constituents by moving them from relatively unimportant locations within a string to positions of greater prominence. In this way a syntactic transformation can serve the semantic function of foregrounding.

Example 9:

. . . I THINK LAST TIME YOU WERE FEELING MUCH CLOSER TO ME. AND I THINK THEN, WHEN YOU START FEELING SUSPICIOUS AND USED, WHEN THERE'S NO CLEAR EVIDENCE, NO CLEAR REASON, UNLESS YOU WANT TO SAY IT'S THE RECORDING—AND I'LL HAVE TO ACCEPT FOR THE MOMENT WHEN YOU SAY NO, IT'S NOT THAT, ALTHOUGH, YOU KNOW, THAT CERTAINLY IS A WAY—YOU KNOW, COULD BE A REASON YOU MIGHT SAY I WAS USING YOU.

This excerpt begins with a grammatical sentence which contains a main clause (the matrix sentence: *I think*) and an embedded sentence (*last time you were feeling much closer to me*). The rest of the example, except for the parenthetical (*and I think*) at the beginning, lacks a matrix sentence to which subordinate clauses can properly be attached. Five of the six major clauses after the first are introduced by the subordinate conjunctions *when*, *unless*, or *although*. A sentence such as this, which consists only of a series of subordinate clauses, is ungrammatical and approaches incoherence.

Despite the logical and embedded complexity, however, we are not at a loss to assign it an interpretation based on the *foregrounding* hypothesis along the lines suggested in Example 8.

. . . and I think then . . . I was using you.

Lest the reader's skepticism about this relatively simple-minded interpretation prevail, we shall now pursue a syntactic analysis

which yields the same outcome. Suppose we begin by rewriting the ungrammatical segment as follows:

And (I think) then

A: *when* you start feeling suspicious and used

B: *when* there's no clear evidence, no clear reason

C: *unless* you want to say it's the recording

D: *and* I'll have to accept for the moment

E: *when* you say no, it's not that

\bar{C} : *although* (you know) that

F: certainly is a way

\bar{F} : (you know) could be a reason you might say

G: I was using you

If we omit the parenthetical expressions, this logically reduces to something like:

And then, when A, when B, unless C—and D, when E, although \bar{C} F (or) \bar{F} G—(H).

But the matrix sentence (H) is missing, and we are left wondering what it was that the patient did. However, we do know one thing the analyst did. He committed the same error which we described in Example 4 under Extraposition. The error lies in attempting to explain something before identifying what is to be explained. In this instance the behavior to be explained is omitted altogether in the form of the missing clause, H.

The difficulty in getting an immediate clear message from this example rests not only on the missing matrix sentence, but also on the degree of embedding of the subordinate clauses. If we use parentheses to indicate levels of embedding we can represent the structure as follows:

${}_0(\text{And then } {}_1(\text{when A } {}_2(\text{when B } {}_3(\text{unless C—and D } {}_4(\text{when E})_4$
 ${}_4(\text{although } \bar{C} \text{ F (or) } \bar{F} \text{ G})_4)_3)_2)_1 \text{H})_0$

The final parenthesis would enclose the missing *H* and create a grammatical, if still obscure sentence. As it stands, the whole expression is, in Edelson's (1975) sense, opaque. He wrote:

A user of language may violate, substitute, add or subtract rules;

extend or limit the degree of recursiveness; or fail to some degree to provide contexts that exclude some number of possible meanings. Such uses yield opaque language. *Opaque language requires interpretation* (p. 100, italics added).

We believe that countertransference attitudes about the recording comprised at least part of the motivation for the syntactic structure used. The evidence to support this inference lies in the fact that the analyst chose the common device of substituting one phrase for another to amend a meaning. Consider sections C, \bar{C} , F, and \bar{F} in the example. In \bar{C} the phrase, *certainly is a way* (F), is implicitly replaced by (*you know*) *could be a reason you might say* (\bar{F}).¹ The first form:

. . . although that (i.e., the recording) certainly is a way I was using you—

is amended to:

. . . although that (i.e., the recording) could be a reason you might say I was using you—

It is as if the analyst, about to confess the unacceptable attitude we deduced from the foregrounding hypothesis (*I was using you*), quickly attempted to amend the expression by the simple means of substitution without including the “or rather, what I mean is” phrase which would have called attention to the substitution and allowed both the patient and the analyst to focus on the implications. In comparison with the purposeful syntactic and semantic ambiguities in Example 7, this crude substitution, combined with the deep subordination and the incompleteness, suggests an emergency situation whose adaptive requirements exceeded the analyst’s capacity for more subtle

¹ In writing we would actually replace the phrase, but in speech we cannot literally erase what has already been uttered. Therefore, the object for deletion can only be amended implicitly or explicitly, even though we may fairly assume that the speaker’s intention might often be to literally replace (undo). Of course he may also wish to convey both messages as we have emphasized in the analysis of Example 7.

syntactic choices. Indeed, one would not be surprised to hear such constructions from a patient who is free-associating.

It seems to us that the listener (in this case the patient), faced with the task of decoding the messages in such a complex and difficult syntactic structure, might well try to extract a meaning based on the contiguity of words alone, unaided by appropriate syntax. Certain key words stand out: CLOSER, SUSPICIOUS, USED, USING, RECORDING, EVIDENCE, REASON—all of which suggest a paranoid theme, worry about the recording and its implications, and a reason to mistrust the analyst.² Combined with the syntactic messages which we have already postulated, it would appear to be a situation in which the semantic and syntactic communications were nearly congruent.

Example 10:

(PAUSE) AND I THINK THE REASON YOU ARE SO UNCOMFORTABLE WITH ME AND WITH HENRY, AND THERE ARE MANY DIFFERENCES, AND BELIEVE ME, I'M NOT PUSHING HENRY AS A BEAU OR HUSBAND OR ANYTHING, BUT THAT I THINK A LOT OF THE DISCOMFORT HAS TO DO WITH, BECAUSE OF THE INSISTENCE THAT WE'VE MENTIONED, ON SOME SORT OF INVOLVEMENT, THAT IT MAKES YOU CONFRONT AND FEEL GUILTY ABOUT YOUR OWN NOT WANTING TO GET INVOLVED, WHICH SOMEBODY WHO IS QUOTE NICE UNQUOTE DOESN'T AS MUCH.

As an example of syntactic *opacity* this example nearly falls into the quote unquote category, but we have been unable to abstain from a paraphrase:

But we cannot resist to think the reason you are by now so uncomfortable with syntactic analyses, and there are many differences, and believe us, we're not pushing syntax as a friend or foe or anything, but that we think a lot of the discomfort

² Dahl (1974) used computer content-analysis methods to discover just such recurrent patterns of word clusters in a patient's speech.

has to do with, because of the insistence that we've mentioned, on some sort of involvement, that it makes the reader confront and feel guilty about his own not wanting to get involved, which a psychoanalyst who is quote competent unquote doesn't as much!

DISCUSSION AND SUMMARY

This has been a report of a discovery process, of hypothesis generation rather than hypothesis testing. In our search for correlations between certain syntactic choices and the clinical manifestations of warded-off contents (wishes, attitudes, defenses), we have inevitably permitted ourselves some speculative clinical inferences in order to persuade the reader of the plausibility of such correlations. Moreover, we have avoided formal linguistic analyses which would have little meaning to a psychoanalyst and have instead concentrated on logical approximations.

We suspect that some psychoanalysts might be a bit embarrassed by some of the examples which we used, and others may shrug them off with a "that's all well and good, but that's not what I sound like!" In fact most of us will have little trouble, if we begin consciously attending to our own and others' syntactic peculiarities, discovering how commonly we make similar choices. Of course, there is an occasional analyst who nearly always speaks in simple, direct, grammatical sentences. But we are inclined to agree with Isay when he suggests that "interpretations that are consistently sharp and precise may cut off associative material, stifle, be perceived as aggressive, and may sometimes be expressions of idiosyncratic counter-transference impulses" (p. 449).

Nonetheless, we feel that our choice of psychoanalytic interventions was a particularly fortuitous one. Psychoanalysts are under particular constraints in the analytic situation to avoid communicating hostile and seductive attitudes (for example) toward patients. Schooled in the rule of abstinence, analysts may face a dilemma that tempts them to resort to a pseudo-

solution that puts a high premium on a mode of expression which reveals what is hidden yet leaves them under the illusion that their defenses are effective and intact. For this purpose there are a variety of syntactic and other linguistic tools which enable analysts to evade, avoid, delay, camouflage, confuse, obscure, insult, accuse, assault, and even commit psychological murder if they so desire.

What remains for us to determine is whether we have really found what we think we have found. We have already begun an experimental study to test the specific hypotheses: (1) that certain syntactic properties of a psychoanalyst's interventions communicate countertransference wishes and other warded-off contents, and (2) that clinicians, with minimal, if any, awareness of the clues provided by syntax, use these clues to "understand" the disguised messages of warded-off contents.

The discovery of systematic relationships between clinical ratings of countertransference and linguistic variables would open up a new field to experimental investigation, because syntactic variables are ideally suited to experimental manipulation. We could begin to explore methods for disentangling syntax from semantic and phonological information and to examine the conditions under which syntax, semantics, and phonology convey congruent or contradictory messages. We could construct sentences, systematically alter their syntactic structure while holding semantic content constant (or nearly so), and then we could compare clinical judgments on appropriate scales with the variations in syntax. By including spoken examples we could also investigate the interaction of phonology with syntactic and semantic information. Finally, if the incidental stimulus model proves tenable, we can then search for the re-emergence of derivatives of the incidental stimuli (i.e., the analyst's syntax) in patients' responses (and vice versa).

We referred earlier to the irony of Edelson's choice of a poem as the object of his linguistic analysis. But in a certain sense it is just as ironic that we should have independently found syntactic modes of expression, not by listening to recordings, but

by reading transcripts of those recordings. Had Edelson had the opportunity to read (and reread) verbatim transcripts, as he certainly read and reread his poem a thousand times, perhaps he would have adopted a more sanguine view of the prospects for investigating actual, real-life psychoanalytic speech. If we have indeed discovered some of the *syn-tactics* of concealed intentions, then we have also begun to answer those skeptical psychoanalysts who contend that *re-searching* transcripts of psychoanalytic sessions can teach us nothing we do not already know.

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Ego Vicissitudes in Response to Replacement or Loss of Body Parts Certain Analogies to Events During Psychoanalytic Treatment

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EGO VICISSITUDES IN RESPONSE TO REPLACEMENT OR LOSS OF BODY PARTS CERTAIN ANALOGIES TO EVENTS DURING PSYCHOANALYTIC TREATMENT

BY PIETRO CASTELNUOVO-TEDESCO, M.D.

A comparison is made between the analytic experience and two distinct kinds of surgery, i.e., organ transplant operations and more traditional surgical procedures. Basically, the first add new parts, while the latter remove old parts. This fundamental difference influences patients' response to the surgical intervention. Similarly, in analysis one can identify phases when the patient is troubled over the possibility of acquiring new parts of the self, and other phases, usually later in treatment, when he mourns the loss of old and familiar parts. These generalizations bear on the problem of resistance to change during analysis and patients' fears about permitting themselves to be influenced by analytic treatment.

In recent years our knowledge of the personality has come not only from the psychoanalytic situation, which remains fundamental, but increasingly also through other avenues, such as infant observation or work with medical patients, which have provided valuable complementary information.

This paper draws inspiration from certain early comments by Schilder on the body image. He points out that the body image is a dynamic, even fluid structure which has a "metabolism" of its own and is involved in a continuous interchange with its environment. He tells us that new parts are added and old parts are relinquished as a result of this "metabolism." In Schilder's (1935) words,

A shorter version of this paper was presented before the Michigan Psychoanalytic Society, June 7, 1975, the New Orleans Psychoanalytic Society, September 26, 1975, the St. Louis Psychoanalytic Society, March 13, 1976, and the Annual Meeting of the American Psychoanalytic Association, May 5, 1976.

. . . we have not yet considered the fact that this unit [the schema of the body] not only appersonates parts but also frequently gives them away. . . . The organization of the body-image is a very flexible one . . . some parts of our body can become loose in their connection with the body. Single parts of the body are personified. . . . Whenever a part of the body is less closely connected with the other parts of the image of the body, a fear arises of losing it. . . . Schizophrenic patients often complain of being changed into something else. . . . These cases afford new proof of how labile the postural model of the body is, and show that the immediate experience of the body can be easily distorted and changed by psychic influence (pp. 188-192).

This paper is based on analytic material as well as on work with two special groups of patients, those who have received heart or kidney transplants and those who have undergone intestinal bypass operations for treatment of extreme obesity.

The importance of these new surgical operations for analysts and others interested in psychological issues is that they have enhanced our understanding of body image phenomena, of how bodily representations are organized and, in particular, of the effects that are observed when these representations are altered as a result of certain kinds of radical surgery. These operations have offered us another glimpse into the process by which the ego adds new parts and sheds others.

I

A principal insight that has derived from this recent work is that emotional reactions following transplant operations, which replace or *add* a body part, are vastly different from those seen after more ordinary surgical procedures when a body part is *removed*. The situation in which something is added to the self-representation stands in marked contrast to the one where something is removed. This distinction is fundamental. An outstanding finding following transplantation is the not infrequent occurrence of serious emotional disturbance and, occa-

sionally, of psychosis. This has been noted after both heart and kidney transplants, although these effects are especially prominent after heart transplantation. The frequency of postoperative psychosis or major emotional disturbance is considerably greater after organ transplantation than after general surgery (Abram, 1971; Lunde, 1969; Penn, et al., 1971).

The significant psychological factors that contribute to these postoperative disturbances appear to be twofold. First, the transplant situation stimulates intense life-death anxieties, the transplant being seen as the "court of last resort." This context of grave threat, high uncertainty, and exotic rescue fantasies readily facilitates profound regressions. Second, the transplant is a part of another human being who has died or who (as in the case of live kidney donors) has given up one of his organs to keep the patient alive. One finds quite regularly that the recipient has thoughts of having robbed the donor of a vital part, as a result of which the donor has been killed or injured. These thoughts, in turn, stimulate regression, primitive guilt, and fears of punishment and retaliation. The following case illustrates these trends.

Clinical Example 1

A fifty-eight-year-old grocer received a heart transplant and postoperatively developed a schizophreniform psychosis at a time when he was making excellent progress from a surgical standpoint (Castelnuovo-Tedesco, 1970). I saw him for the first time when his psychosis became manifest on the evening of the twentieth postoperative day. He had been watching a television newscast and had heard a pronouncement by a prominent physician that heart transplants should not be performed because they are ineffective and wasteful and because many patients needing ordinary, accepted therapies could be treated with the funds required to carry out one transplant. Soon afterward, the patient had become quite restless and upset and had expressed the thought that the woman whose heart he had received was calling him. "She is coming after me," he said.

He also thought he was being reborn, was concerned about having a new heart, and wondered whether it was right for the woman (his donor) to have been left *without* a heart. How would she manage without one? He seemed to identify the donor with his mother, to whom he had been especially close as a child. She was coming to reassert her dominance over him and over the part, the heart, that they now shared in common. By taking part of her into himself, he had made it possible for her, projectively and in retaliation, to engulf him and destroy him.

The donated part, in other words, immediately achieves mental representation and comes to represent the donor in part or as a whole. The transplanted organ functions as a new introject and one has an opportunity to observe how the new introject is assimilated into the self-representation, as well as the conflict and struggle that this process stimulates. Transplants (i.e., kidneys) from individuals with whom the recipient has had a particularly conflictual relationship tend to have especially troublesome effects, whereas they appear to be more successfully and easily integrated when the pretransplant relationship was positive and nonconflictual. The evidence on this point is not final but certainly suggestive (Basch, 1973; Viederman, 1974).

The propensity to identify the transplanted part with the donor and endow it with the donor's more outstanding characteristics is resolved only partially by keeping the donor anonymous. Some patients prefer receiving a kidney from a cadaver rather than from a live known donor because the anonymity of a cadaver helps to allay their concerns about indebtedness, guilt, and retribution. For example, a young man whom I treated once said "jokingly" that he would rather receive a kidney from a cadaver than from his brother because he was afraid that if he and his brother ever had a big argument, his brother might decide that he wanted his kidney back; it was better not to take such a risk (Castelnuovo-Tedesco, 1973). On the other hand, as might be predicted, even the anonymity

of a cadaver does not really manage to settle this issue because in fantasy the patient comes to "personalize" even an impersonal and anonymous donor (Castelnuovo-Tedesco, 1973).

II

What seems to occur following a transplant is the sudden and forcible re-creation of a situation that recalls Mahler's (1968) symbiotic phase of development, namely, a time when the boundaries between self- and object representations still are quite fluid and the child has not yet definitely ascertained what belongs to himself and what belongs to his mother and whether there are certain parts that they share in common. According to Mahler (1974), psychological differentiation and self-boundary formation depend, at least in part, on the opportunity for rapid body differentiation from the mother. She emphasizes that at the toddler stage "the mother's renunciation of possession of the body of the infant boy or girl . . . is a *sine qua non* requirement for normal separation-individuation" (p. 98). The importance, for us, of data obtained from transplant experiences is that they provide, by a kind of reverse process, a corroboration of Mahler's formulations and point to their usefulness. When parts from another human being are suddenly introduced into the body, the effect on the ego—the tendency to undo a life-long process of differentiation—is enormous. This helps us to understand the extremely disruptive effects of this kind of experience and the frequency with which it gives rise to psychosis or other primitive psychological manifestations.

Similar problems come to mind when one considers certain events that occur quite regularly in analysis. Every analyst knows how slowly certain fundamental identifications with the analyst occur and how strenuously patients typically defend against them. This is undoubtedly one of the fundamental reasons why any analysis is such a long and tortuous process. In the course of his writings, Freud tried in a variety of ways to account for this bedrock of resistance to analysis. He spoke of the repetition compulsion (1914), of the "adhesiveness" of

the libido (1915-1917), and of secondary gains obtained from symptoms (1925). He was impressed by the influence of traumas, by the constitutional strength of the instincts, and by the negative therapeutic reaction (1937). Finally, he cited the role of passivity in men and of penis envy in women (1937). Yet the issue may be more complex than can be accounted for by means of any or all these concepts.

In every analytic case there is an opportunity to observe that analysis, while it attempts to bring about a resolution of conflict, also has a way of stimulating conflict and struggle, particularly during the more regressive phases of the transference. This is an inherent aspect of the therapeutic process. We all have seen the tenacity with which the ego maintains its autonomy and differentiation in the analytic situation and the anxiety that develops at times when self-boundaries become blurred and fears arise of a profound involvement with the analyst in the context of regression. This anxiety, at different levels, has familiar phallic, anal, and oral aspects. It may be expressed as a fear of being raped, or of being controlled, or ultimately of being swallowed up or incorporated. This is tantamount to having the analyst inside or being inside the analyst. Questions of tact and dosage arise precisely because it is essential that the patient not feel overwhelmed. Another way of stating this issue is that patients protect their differentiated state with varied manifestations of resistance.

By contrast, fluidity of boundaries makes for anxiety. We observe this especially in borderline persons who are particularly prone to fears of engulfment. Comparable observations have been made by Greenson (1954) regarding certain borderline patients who, in his view, show "a struggle against identification" and a special need to maintain separateness from the analyst. Greenson points out that these patients are prone to deep regressions and that, in the course of such regressions, "the ego is unable to maintain a separation between the introject and the self." He says further:

These patients tend to feel that they were being devoured by

the introjected object, or that they were the . . . introject. These patients could not differentiate between resembling the parent or being the parent. . . . As a result of the fragmentation or defusion of the internalized object and the self representations, the ego has to combat the early identifications because this primitive kind of identification brings with it the feeling that the patient is being devoured or is losing his identity, which in either case is intolerable (p. 216).

In a similar vein, Sterba (1957) has described patients who have special difficulty absorbing the analyst and his interpretations and who therefore remain relatively refractory to treatment until their anxieties about what Sterba calls "oral invasion by the object" are at least partially resolved. Speaking of one such patient, Sterba observes that "any explanation given to her had for her the unconscious significance of being penetrated by the idea, of being pierced by the concept, of being forced into oral receptivity and submissiveness to the other person . . ." (p. 206). Her stubborn defense against receptivity could be understood as "self-defense" in the truest sense.

Processes of this sort are activated with some frequency following transplantation. They also are visible in "miniform" during the course of every analysis: powerful barriers have to be erected for protection, not only by borderline patients, but also by those who are more typically neurotic. The following two vignettes illustrate how the patient keeps the analyst at bay and avoids his influence from fear of the "toxic" effects of the analyst who is confused with the primitive introject.¹

Clinical Example 2

An obsessive bachelor, who could not allow closeness and who lived an isolated existence, liked to parade his seeming indifference to me and would report, with a touch of triumph, that

¹ Conversely, according to Strachey (1934), an interpretation becomes "mutative" when, finally, it makes the patient aware "of a distinction between his archaic phantasy object and the real external object" (p. 143). At that point identification with the analyst can occur without "toxic" consequences.

when he came for his hours he felt as if he "were visiting the bank manager." He wanted his analysis to succeed, yet he also was pleased that the fundamental routines of his life remained impressively unchanged. This studied nonchalance, which had received a great deal of attention in the course of his treatment, suddenly gave way to panic during one particular hour. He had the fantasy that I was "a Frankenstein about to attack him" and saw himself vainly trying to "keep this monster off his back." He said it was "punishing" to him if I smiled and seemed friendly as he came into the office. He realized that he had "funny feelings" toward me. He was afraid to like me and to show me his feelings because then I would "take over" and he "would be ruined like a virgin." I asked, "How is a virgin ruined?" This reminded him that his mother as a young girl had intended to become a nun, but instead had married and had had many children. At this point he became acutely anxious.

Further thoughts had to do with fears of insanity, with a colleague who recently had gone beserk and had to be hospitalized, with an earlier dream in which he was starving and his mother was chasing him while he was trying to hide. There were also memories of exposing himself to an older brother when he was a child and of seeing his mother's large naked buttocks as she was sitting on the toilet. He then spoke of how he still resented his mother because, when he was an adolescent, she had tried to steer him toward the priesthood. She had wanted, he thought, to "take over" his life and make him her own by depriving him of his sexuality and of his manhood. To prevent this, during adolescence he had separated himself emotionally from her as much as possible. His aloofness had given him some safety, yet he had never really overcome his fear that, unless he remained vigilant, she eventually would have her way. Now he had the analysis to contend with. What would it turn him into if he submitted to it? What was I, his analyst, trying to do with him? This eruption of feeling vanished as suddenly as it had appeared and the patient reported

that now he felt again like a piece of wood and also that I seemed like a piece of wood.

Similar concerns are apparent in the following case. Here the patient experiences the analyst as a dangerous intruder and at the same time regrets her reluctance to be influenced by him.

Clinical Example 3

A young woman with borderline features, while contemplating the possible end of her analysis, observed that she had not changed as much during treatment as she thought she should have. She felt I must be disappointed with her. Then she recalled a dream of the previous night in which an intruder was furiously trying to break down the door of her apartment. Instead of cowering in a corner, she decided she would confront the intruder and push him back. There was much pushing of the door on both sides, as the intruder was trying to break in. In associating to the matter of disappointment, she acknowledged that she was in some ways disappointed with me, but then she launched into a long recollection of the many times she had been a disappointment to her parents. To be successful she would have had to become like her mother, a society woman with a forceful personality and definite ideas. That would have meant, however, submitting to her, accepting the validity of her views, doing things her way, in short "taking her in." The patient recalled her mother's possessiveness and how during childhood she had been expected to function as an extension of her. Afterwards instead, to protect her autonomy, she had quarreled and bickered endlessly with her mother and consciously had rejected her influence. As a result of this, she felt she had not acquired her mother's strength and that this was responsible for her limited success in life.

Similar feelings then emerged toward the analysis; she saw me as powerful, intrusive and controlling. This was her dilemma: she had to protect herself from me as she had protected herself from her mother or be "taken over"; yet unless she allowed this to happen, she would never "change." This,

in turn, reminded her that recently she had tried, seemingly, to break up her relationship with her current boyfriend. A few days before, while they were in bed together, she had awaked to find that he was sucking her breasts. Almost at once she felt a sense of revulsion and an urge to push him away. Then she said to me, with much feeling, "He was sucking my nipples, invading me. He was *eating* me! I felt like screaming, 'Hey, leave it alone! That's *my* body!'" "

III

A medical situation very different from that of transplantation is the one of extremely obese patients who have received an intestinal bypass operation (Castelnuovo-Tedesco and Schiebel, 1976). This new operation, currently receiving a good deal of attention, shortens the functional intestine and causes the patient to lose large amounts of weight—from one hundred to one hundred fifty pounds during the first year or year and a half after surgery. Considering the enormous change in bodily appearance that occurs over a relatively short time, these patients show surprisingly few psychiatric complications in contrast to post-transplant patients. A basic difference is that something is taken away, rather than added, something that is regarded as "waste," "unwanted." The pattern is an anal one, one of riddance. Thus, following bypass surgery, patients show some lability of mood but also an impressive increase in self-esteem and assertiveness as they begin to venture into a variety of new situations, occupational, social and sexual. This is in keeping with the early observations by Abraham (1921) and by Jones (1918) that the act of anal expulsion is associated with a sense of accomplishment and pride of achievement. Over-all, the usual response to this form of surgery is *progressive* rather than regressive and leads to healthier adaptation and to new and further differentiation of the personality, following separation from unwanted parts of an earlier self.

This particular situation also has some parallels with one that is seen fairly regularly in the later stages of an analysis.

The patient is changing and realizes that considerable change already has occurred, bringing new satisfactions, while certain less adaptive, more childish parts of the self-representation have been given up. Looking back on his treatment, the patient at times feels a certain nostalgia over this loss and regrets the fact that certain earlier behaviors, with their intrinsic satisfactions, are no longer readily available to him. He is even encouraged when he discovers that these parts are not irrevocably lost but manage to reappear in situations of stress, thus providing, in a back-handed way, a certain amount of reassurance.

Clinical Example 4

The patient is the one mentioned above in Example 3. The following material is from an hour during the final phase of her analysis, approximately one month prior to termination.

The patient, whose affairs with men typically had been inconstant and unfulfilling, recently had formed a relationship that, for the first time, promised permanence and stability. She and her friend had decided to live together, had found a house, and had spoken of the possibility of marriage at a later time.

In this particular hour the patient mentioned her plans for moving into her new home. She was both excited and frightened at the prospect of sharing her life so intimately with someone else. She had always lived alone, except briefly with girlfriends. To prepare for the move into the new house, she had rearranged her belongings. This had included sorting through her collection of photographs. She had destroyed some pictures of herself taken with an earlier boyfriend (for fear that now they might be discovered), but had found doing so very difficult and painful. "I just can't throw out pictures of myself." She also had found some pictures of herself at age ten, taken when she had participated in a dance contest. She had not won the contest, and she recalled that she had burst into tears as she left the auditorium; her mother had comforted her. This was

one of the few times, she remembered, that her mother had been kind, supportive.

The patient then thought of a man whose house had burned down; he had regretted mainly losing his collection of personal photographs. Yet, he had claimed that this loss also had had a cleansing effect, like starting afresh. However, she would “die” if this happened to her. Then came thoughts about the analysis. How long had she come here? She could not quite remember. Suddenly everything seemed vague, was blending together. It was like being a child and not remembering being born. Then came various flashbacks to earlier portions of the analysis. She thought of one of my early comments, that she had experienced her mother as very critical; it had struck her as a new idea. Then she recalled the first dream of her analysis. She was in a library with her boyfriend; something sexual was going on. I had asked her what the library reminded her of. She did not know, but then she thought of the analyst’s office, which is lined with books. “That’s when you first got into the picture.” In the beginning she hated to come to sessions. She recalled a suicide gesture that she had made early in the treatment; she wanted me to intervene. She would never do that again, but while it was a terrible experience, she was surprised at finding that she thought back to it almost with longing.

She then suggested jokingly that maybe we could start all over again and this time *she* would keep notes. It bothered her that she did not have many impressions of me from the early phase of the analysis because then I was “just like part of the furniture.” Still, at that time she had been afraid of me; she recalled a dream, in which she was on a ship and I was a cruel sea captain, and another, in which she was in a Nazi concentration camp. As she talked she became increasingly upset at the thought that she did not remember everything that had happened in the analysis. Some parts she could not recall, others seemed to blend together. She wished she had a scrapbook of her analysis, so that she could review it at leisure and find again any part she might want. For example, she wished

she could go to a particular page and say, "Here is how I was in my fourth month." She wished she could have kept it all in mind, but realized that it does not work that way. "There are some parts I just can't pull back. Perhaps they are gone for good." Here she cried.

The following case highlights similar issues.

Clinical Example 5

A patient, who had come to analysis because of an acute and disabling phobia about public speaking, in the latter part of his analysis was very grateful because he had overcome this symptom so that now he could talk to large groups with substantial comfort, even with enjoyment. Yet at times he liked to recollect the beginning of his treatment when public speaking seemed to paralyze him. A perceptive observer, he also had a keen interest in evaluating the speaking styles and performances of other public speakers. At one time, prior to treatment, he had been obsessively preoccupied with monitoring his level of inner discomfort and had learned from repeated experience the usual sequence of emotional states that would accompany the act of speaking in public. Later, over the course of his analysis, he gradually had turned his self-preoccupation into a special skill at detecting in other speakers even the most minor manifestations of anxiety. This represented not only a successful sublimation but served as a remaining tie to his former self.

IV

This paper has considered the typical response to two different kinds of surgical intervention, exemplified by transplant operations and by intestinal bypass surgery for superobesity. Respectively, they represent situations where a new part (from another human being) is *added* and where an old part is *lost* or given up. In one situation the ego is faced with the task of integrating something foreign and different and in the other of adapting to the loss of an old and familiar part. Certain

parallels have been drawn with certain stages in analysis where similar processes occur. The first situation is seen mainly in the early and middle portions of the treatment during the more acute phases of the transference when the patient fears a loss of self-boundaries and an unwanted merging with the analyst. The other situation occurs later in analysis when the patient looks back upon the earlier events of treatment and experiences a mild sense of depression over the loss of unwanted parts of the self-representation at the same time as he feels satisfaction and pride in his new autonomy and accomplishments which are buttressed by more mature identifications and a sharpening of self-boundaries.

This material also has bearing on the problem of resistance to change during analysis. Traditional psychoanalytic formulations from Freud onward have tended to emphasize the attachment to the past that serves to maintain old structures and habitually rehearsed forms of gratification. The experiences with transplant and bypass patients, which have certain parallels to events occurring during analysis, suggest that these formulations may represent only one aspect of the problem.

The problem appears twofold. "Change" during treatment depends both on the capacity to evolve new ego structures and on the possibility of modifying old ones. Clearly these processes are concurrent and interconnected, yet it seems useful to consider them separately. The point made here is that the growth and expansion of the self, based on the acceptance and integration of new parts, may be experienced by some patients as more difficult and more dangerous than the relinquishing of old parts.

The manifestations of these trends are so common that their special significance is easily overlooked. Every patient at various times expresses skepticism or disenchantment with the analytic process and a feeling that the treatment "is not doing enough." Usually this is couched in terms of the realities of time and money. While this complaint inevitably has multiple meanings, which need to be explored, it also contains a fundamental fear

that the treatment, far from being ineffective, actually will prove too powerful for the patient to cope with. There is frequently the fantasy of being "like putty" in the analyst's hands and of finding oneself changed before one has had a chance to decide what changes should occur.

Clinical Example 6

A professional man in his late thirties sought treatment because of apathy, chronic depression, and an inability to enjoy his work or feel productive, despite considerable accomplishments and outward success. He considered himself homosexual, although he was almost as inhibited with men as with women and had great difficulty establishing any relationship of intimacy. His sexual experience had been limited, but he indicated that he particularly disliked anal intercourse.

The patient began analysis with enthusiasm. He found it "intellectually stimulating" and soon reported a lifting of his depression and much greater interest in his work. After a few weeks, however, he suddenly spoke of wanting to stop treatment, claiming (without basis) that he could not afford it. He saw it as a luxury that he had difficulty justifying. Also, he said, there was no assurance it would be effective. His fantasy was that, after several years of analysis, he might discover one day, like someone waking up from sleep, that his funds were gone and that nothing had happened—in short, that he had been "used." He wanted some guarantees that the analysis "would work." Exploration of this material led to fears that the analysis, rather than ineffective, might prove too powerful and "change" him without his participation or concurrence. He was afraid of losing his autonomy. He had not yet decided whether he wanted to be homosexual or heterosexual, but thought that the analyst, despite his apparent neutrality, ultimately would assert his will and "make" him heterosexual. Paradoxically, the prospect of changing to heterosexuality was perceived as "being changed," as a kind of anal rape.

This dread of change and of being changed is very profound.

It involves especially the fear of acquiring new parts which might alter significantly one's identity and essential characteristics. From a practical standpoint, interpretations directed at this fear of the analytic process often are helpful at resolving what may appear clinically as an impasse. By the same token, one can identify in many analyses a "watershed" point at which important changes begin to take place, at times fairly rapidly, as key resistances are resolved and crucial material finally is assimilated. This typically occurs only after considerable preparatory work.

In summary, the commonly observed resistances serve to protect against intrusions from new parts in addition to safeguarding and perpetuating established structures. This view has both theoretical and practical significance and may have value for the technical management of cases where one notes a substantial failure to be influenced by the treatment process.

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Neurotic and Narcissistic Transferences in Freud's Relationship with Josef Popper

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NEUROTIC AND NARCISSISTIC TRANSFERENCE IN FREUD'S RELATIONSHIP WITH JOSEF POPPER

BY OWEN RENIK, M.D.

An analysis of Freud's avoidance of meeting with Josef Popper is offered which suggests that Freud's idealization of Popper was related to an unconscious fear of being attacked by him. This view is compared and contrasted with the concept that Freud had a "mirror transference" to Popper, as proposed by Wolf and Trosman (1974). The choice of focusing on either narcissistic or neurotic mechanisms in this psychobiographical inquiry is discussed and related to similar choices that commonly occur in clinical work.

It is curious that Freud greatly admired social reformer Josef Popper but deliberately avoided meeting him; yet after Popper's death, Freud found himself impelled to visit and revisit the bust of Popper that had been erected in Vienna's Rathaus Park. The possibility that Popper evoked a transference in Freud that included neurotic mechanisms is discussed in the first section of this paper. Freud's "cryptomnesias," his concern with the issue of priority of discovery, and certain of his moral views are considered in relation to such a transference.

In a second section, my formulation of Freud's relationship with Popper is compared and contrasted with the one contributed by Wolf and Trosman (1974). These authors point to the role of a narcissistic transference in the Freud-Popper relationship. In light of the recent enthusiasm for identifying and examining narcissistic transferences, which has been stimulated by the work of Kohut, Kernberg, and others, I believe it

Dr. Edward Weinshel and Dr. Victor Calef reviewed this manuscript in draft and provided many helpful suggestions. In addition, Dr. Ernest Wolf clarified several important points regarding the view of narcissistic transferences expressed in his and Dr. Trosman's paper.

is important to illustrate that the apparent predominance of narcissistic or neurotic mechanisms in any given material can result from the observer's choice of focus.

The final section of this paper briefly considers the relevance of this particular choice of focus to clinical work.

I

Josef Popper was a Viennese Jew, an older contemporary of Freud's, who became the center of a social reform movement. He believed in the absolute sanctity of the physical individual and developed elaborate plans for the provision of universal subsistence (*cf.*, Edwards, 1967; Wittels, 1947). He was a well-known and universally beloved figure whose many notable admirers included Albert Einstein. Popper, however, was explicitly antielitist. In 1899 he wrote a book of short stories entitled *Fantasies of a Realist*. Some years later Freud read this book and discovered that one of the stories, "Dreaming Like Waking," contained an understanding of the mechanism of dreams identical to his own. He expressed delight in finding that someone had shared his beliefs during the lonely early years, and he conceived a great interest in and respect for Popper. Despite the fact that Popper lived in the same city, however, Freud deliberately avoided meeting him. This Freud (1932) explained by saying:

. . . often enough when I approach some man whom I had honoured from a distance, I found myself repelled, as it were, by his lack of understanding for what had become my whole life to me. And after all Josef Popper had been a physicist: he had been a friend of Ernst Mach. I was anxious that the happy impression of our agreement upon the problem of dream-distortion should not be spoilt. So it came about that I put off calling upon him till it was too late and I could now only salute his bust in the gardens in front of our Rathaus (p. 224).

Freud did write Popper a brief letter in response to some materials Popper had sent him (to be described in more detail below), but this was their only direct contact. Fritz Wittels, a

psychoanalyst and an intimate of Popper's, presented him with a copy of *Group Psychology and the Analysis of the Ego*, which Popper returned, saying he had "not understood one word" of it. Two of Freud's published works take Popper, who wrote under the pseudonym "Lynkeus," as their subject: an article entitled "Josef Popper-Lynkeus and the Theory of Dreams," which appeared in 1923 in a journal devoted to Popper's views, and "My Contact with Josef Popper-Lynkeus," contributed to a festschrift in 1932.

Ostensibly, Freud revered Popper, as did many others, for his simplicity and moral clarity. As a matter of fact, in "Dreaming Like Waking" Popper expressed his ideas about dreaming by telling the story of a man who was so entirely without internal conflicts that his dreams were the same as his waking thoughts. It seems that Freud believed this of Popper himself, for Freud (1932) wrote:

And if science informs us that such a man, wholly without evil and falseness and devoid of all repressions, does not exist and could not survive, yet we may guess, so far as an approximation to this ideal is possible, it had found its realization in the person of Popper himself (pp. 223-224).

Moreover, not long after his first article on Popper, Freud (1924, p. 177) expressed the idea in "The Dissolution of the Oedipus Complex" that in some cases there could be a resolution of the oedipus complex which was equivalent to the complete abrogation of the fantasies, leaving no necessity for repression. Jones (1953-1957, Vol. III, p. 259) commented in passing that this assertion astonished Freud's followers. It may be that Freud was thinking of Popper when he made it.

Yet there is an aggressive as well as an admiring strain present in Freud's attitudes toward Popper. He felt that Popper's social philosophy was not viable. In the 1932 piece, he stated:

I reflected much over the rights of the individual which he advocated and to which I should gladly have added my sup-

port had I not been restrained by the thought that neither the processes of Nature nor the aims of human society quite justified such claims (p. 224).

Elsewhere, Freud stated his view on this subject even more strongly, although not specifically with reference to Popper. For example:

The commandment, 'Love thy neighbour as thyself', is the strongest defence against human aggressiveness and an example of the unpsychological proceedings of the cultural super-ego. The commandment is impossible to fulfil; such an enormous inflation of love can only lower its value, not get rid of the difficulty. . . . What a potent obstacle to civilization aggressiveness must be if the defence against it can cause as much unhappiness as aggressiveness itself! (Freud, 1929, p. 143).

Popper had an explicit sense of political mission and held a pragmatic and ethical stance different from Freud's. Moreover, for Popper the unconscious was a product of culture. He believed in the natural "goodness of man" and thought of individual and group strivings as essentially congruent (*cf.*, Rosenzweig, 1958). It is interesting to note that when Wittels (who knew both men) wanted to represent Freud's work to Popper, he chose *Group Psychology and the Analysis of the Ego*, which takes as its subject the analysis of the central values of what was, in effect, Popper's philosophy and shows them to be an illusion based on fear.

If Freud was inclined to feel some rancor toward Popper, he could easily have found occasion. His expressions of interest in and respect for Popper evidently were not reciprocated in kind. Popper's terse comment upon returning his copy of *Group Psychology* has already been mentioned. And Popper explicitly stated that science is unimportant as compared to moral works in human endeavor (*cf.*, Edwards, 1967). While Freud considered the discovery of the secret of dreams to be his most outstanding achievement and was willing to acknowledge publicly that Popper, too, could lay claim to this accomplishment, Popper did not consider the matter important enough

even to *mention* in his autobiography. Yet no resentment can be discerned in Freud's writings, except by inference. What we find instead is the most extravagant praise. In fact, the praise is so extravagant that we might say, "He doth protest too much." Freud's idealization of Popper appears to have counteracted an impulse to criticize, and there may have been some envy involved. Wittels (1947) had the impression that despite Freud's criticism of Popper's views as "too narcissistic," Freud was never quite sure of himself on the point. In the matter of morality, Freud did sometimes display a tendency to justify himself. For example, in a letter to Putnam—also older and respected, and someone whose moralizing troubled Freud—we find the claim that "I can measure myself with the best people I have known. *I have never done anything mean or malicious and cannot trace any temptation to do so . . .*" (Jones, 1953-1957, Vol. II, p. 417, italics added). Surely this is a remarkable assertion.

In speaking of the separate paths he and Popper had taken to their common interest in dreams, Freud (1923) said, "I believe that what enabled *me* to discover the cause of dream-distortion was my moral courage. In the case of Popper it was the purity, love of truth and moral serenity of his nature" (p. 263). Courage versus purity, love of truth and serenity. Freud's identification with Hannibal and other courageous conquerors is well known. With whom did he identify Popper?

More than in the question of the importance of social reform versus science, Freud's aggression toward Popper emerges in a feeling of rivalry over the discovery of dream distortion. What is most odd, to begin with, is Freud's overestimation of Popper's achievement. Freud had acknowledged that the poets and artists had "known all along" about dreams, and yet Popper's short story is treated as an independent scientific discovery. Rosenzweig (1958) pointed out that, in fact, Popper had not explicitly taken up what was actually the crux of Freud's contribution, namely, the wishful element in dreams. One could take Freud's description of his admiration for Popper at face value and believe that this distortion arose out of Freud's wish for an ally,

were it not for the threat to himself that Freud created by regarding Popper as he did.

In his overestimation of Popper, Freud seemed to be fantasizing a rival quite as much as a companion. The memorial piece to Popper in 1932 is, in fact, largely concerned with Freud's own work. While this is gracefully done (Freud even apologizes for it), one cannot escape the impression that Freud was using the occasion to assert his priority—especially since the article begins with a gratuitous explanation that *The Interpretation of Dreams* was really written in 1899, despite its publication date of 1900. Inasmuch as *Fantasies of a Realist* appeared in 1899, Freud's reason for clarifying the point seems obvious.

Freud claimed to welcome the knowledge that during all the lonely early years someone had shared his beliefs. And yet from his correspondence, we know of his exultation at being the sole possessor of the secret (*cf.*, Jones, 1953-1957, Vol. I, pp. 354, 356). The disappointment missing from Freud's account of finding Popper's story is present, however, in Freud's (1914a) description of finding that Watkiss Lloyd had anticipated his ideas about the Moses of Michelangelo by fifty years:

My first feeling was one of regret that the author should have anticipated so much of my thought, which seemed precious to me because it was the result of my own efforts; and it was only in the second instance that I was able to get pleasure from its unexpected confirmation of my opinion (p. 234).

Freud does seem to have been preoccupied with the matter of precedence over Popper. It is not possible to know the exact date of Freud's discovery of Popper's story; Freud (1932, p. 222) claimed to have forgotten it. It would be interesting to place the time in relation to a 1909 letter to Pfister—another moralist friend—in which Freud wrote, "I am really very ignorant about my predecessors. If we ever meet up above they will certainly greet me ill as a plagiarist" (Jones, 1953-1957, Vol. II, p. 443). In the same year (1909), Freud added a footnote to

The Interpretation of Dreams discussing Popper's independent discovery (Freud, 1900, pp. 308-309).

Freud seemed to feel aggressively superior and morally inferior, as it were, to Popper. Also, Freud exaggerated the importance of not having known originally of Popper's understanding of the dream mechanism and later felt threatened by his discovery of it. A particular transference to Popper is suggested: the repetition of a fantasy that someone unfairly surpassed, whose position has been usurped, would return to haunt Freud. Confirmation is suggested by Freud's apparent failure, once again, to acknowledge Popper's claim to precedence in the case of *Moses and Monotheism* (1934-1938). For some time, Freud had been leery of publishing this work because of what he felt to be the shocking nature of its thesis. (He feared that the Jewish people would feel robbed of one of their greatest figures.) But nowhere does he mention that the idea of Moses as an Egyptian had already been put forward by Popper in a short story, "The Son of the King of Egypt," which appeared in the same *Fantasies of a Realist*. Freud had certainly read it. When questioned about Popper's influence in this instance, Freud acknowledged the possibility, but dismissed it as "cryptomnesia" (see, Wolf and Trosman's [1974] reference to Doryon). This seems a trivializing explanation for the repetition of an event which previously had so much meaning for Freud. The interpretation cannot be ignored that he was, to use his own terms, acting like a "criminal from a sense of guilt" (Freud, 1916).

In another place, there occurred a small distortion of the kind that draws our closest attention in the consulting room. In "My Contact with Josef Lynkeus-Popper," Freud (1932) described his correspondence with Popper by saying, "I once had occasion to answer a letter from him in which he asked for some piece of information" (p. 224). The letter to which he refers (*cf.*, E. Freud, 1960, pp. 314-315) shows this to be a subtle misstatement. Popper had sent a parcel of reading material, and Freud, in his reply, stated specifically that it was unaccom-

panied by a letter of explanation. Thus Popper had commended information to Freud's attention and had himself requested nothing from Freud. Moreover, the material turns out to have included an early piece on dreams by Straus (the touchy issue of priority again) and something by Mach, also on dreams, which Freud was bound to say he found "unpsychological." It would be presumptuous to give an exact meaning to Freud's slip, but we can say that he recalled an incident in which he was shown something as a request to show something of his own.

On this note, if we turn to Freud's avoidance of meeting Popper, we can infer that what Freud specifically did not want was a *face to face* encounter. His own explanation—that he wished to spare himself the disappointment of finding that psychoanalysis was not approved of by Popper—does not ring true on a number of counts. Wittels (1947) was skeptical about this and felt that Freud had another reason for "dodging" Popper. There is every reason to believe that Freud already knew of Popper's lack of receptivity to psychoanalysis. When Freud (1932, p. 224) said, ". . . often enough when I approach some man whom I had honoured from a distance, I found myself repelled, as it were, by his lack of understanding for what had become my whole life to me," he was probably referring to his meeting with Georg Brandes, a celebrated Danish author and critic whom Freud met in 1925. From staring at Popper's bust, Freud had determined that there was a physical resemblance between Brandes and Popper. Having approached Brandes ingenuously, Freud had been dismayed to find that Brandes was prejudiced against psychoanalysis. Within two minutes, however, Freud had "cleared up the most obvious misconception" and turned Brandes into an enthusiast (E. Freud, 1960, p. 376; see also, Wittels, 1947).

We are left with the conclusion that looking at Popper or being seen by him had a specific, threatening meaning to Freud in fantasy: Freud saw Popper as the usurped returning to haunt the usurper. The fantasy was probably related to a scopophilic

trauma of some kind. Freud's habit of gazing at Popper's bust in Rathaus Park has the quality of a repetition for purposes of mastery. It is reminiscent of his confrontation with the statue of Moses. (The scopophilic conflicts involved in Freud's identification with Moses, who was not permitted to see the promised land, are well known. Relevant in this connection are his microscopic examination of the details of the statue and his preoccupation with "see Rome and die.") Of particular significance is that Freud felt that the statue depicted Moses in the moment after he had overcome his impulse to wrath. I interpret Freud's effort to identify himself with Moses as expressive of the wish that he too had been able to overcome his wrath. The importance of this effort is that it functioned as a defense against the fantasy that in his wrath he had caused a rival to be unfairly vanquished. Popper represented to Freud the figure of that rival. Freud's *Doppelgängerscheu* (fear of meeting his double) must have involved a struggle against his wish to repeat some traumatic confrontation with a rival that had been both gratifying and frightening.

What seems probable is the scopophilic nature of the traumatic memory. "Lynkeus," Popper's pen name, means keen-eyed.¹ Unable to face Popper's keen eyes while he was alive, Freud sought them out after Popper's death. Was this an attenuated form of the dread retaliation, self-inflicted as a means of dealing with the guilt mobilized by Popper's death? Something of the sort seems to have been involved in Freud's (1914a) repeated visits to the statue of Moses:

How often have I mounted the steep steps from the unlovely Corso Cavour to the lonely piazza where the deserted church stands, and have essayed to support the angry scorn of the hero's glance! Sometimes I have crept cautiously out of the half-gloom

¹ Dr. Dale Boesky has called my attention to another connection between scopophilic fantasies and the Freud-Popper relationship. Given Freud's familiarity with Goethe's works, he would have known Lynkeus to be the name of Faust's lookout man, whose fate it was to be blinded of his extraordinary visual powers when he felt compelled to gaze upon Helen's beauty (*Faust*, Part II. Baltimore: Penguin Books, 1965, pp. 185-186).

of the interior as though I myself belonged to the mob upon whom his eye is turned—the mob which can hold fast no conviction, which has neither faith nor patience, and which rejoices when it has regained its illusory idols (p. 213).

The tone is funereal and penitent. The question remains: Whose demise was Freud compelled to attend in fantasy again and again? Whose ghost, returned for vengeance, was he drawn to visit? Whom did he feel he had wronged so terribly?

Wittels (1947) felt that Freud feared Popper as "the greater father." If we follow Erikson's (1954) view that learning the secret of a dream represented a sexual exploration of the maternal body to Freud, then a guilt-provoking fantasy of oedipal triumph is suggested. Perhaps in Freud's tendency toward feeling morally inadequate in comparison to Popper we can infer the punishment for Freud's childhood contempt for the father whose lack of aggressiveness permitted the *goyim* to knock his hat off in the street (Jones, 1953-1957, Vol. I, pp. 22-23).

In describing his *Doppelgängerscheu* toward Arthur Schnitzler, Freud implied that he wished to avoid an uncanny feeling (*cf.*, Kupper and Rollman-Branch, 1959, pp. 109-110). In Freud's essay, "The 'Uncanny'," we find another possible link to Popper in that it includes an apology for not having made a very thorough examination of the existing literature on the subject.² Freud (1919) said explicitly of the uncanny feeling that:

It is as though we were making a judgement something like this: 'So, after all, it is *true* that one can kill a person by the mere wish!' or, 'So the dead *do* live on and appear on the scene of their former activities!' (p. 248).

It would appear that Freud did experience Popper's sudden appearance in his life as the return of someone killed by a

² Freud also makes a point of saying that he had not had an uncanny feeling in some time. We know the essay to have been written some years before its publication date (*cf.*, Strachey, 1955). Again, it would be interesting to compare the time of Freud's assertion with that of his discovery of Popper's story.

wish, and it gave him an uncanny feeling. In "The 'Uncanny' " Freud analyzed the story, "The Sand-Man," in Hoffmann's *Nachtstücken* in terms of the reappearance of good and bad father images when conflicts around oedipal aggression are unresolved. This supports Wittel's concept of Freud's paternal transference to Popper. We may also draw upon Freud's (1900, pp. 204, ff.) analysis of a series of his own dreams having to do with a constellation of infantile material (the "lady with the dumplings" and the "Count Thun" dreams). Freud analyzed the dreams as expressing the thought, "you must seize every opportunity," and as containing accusations against himself as a "plagiarist" and an "impertinent boaster." He connected them with the wish to triumph over his father and with guilt over the feeling that he had done so through his psychoanalytic achievements and cocaine discoveries.³ Eventually, Freud reached a memory of having reversed shameful feelings over his early lack of bladder control by defiantly urinating in his parents' bedroom. This was followed by his father's ominous prediction, "The boy will come to nothing" (1900, p. 216). Freud's inaccurate memory of his correspondence with Popper (as having been asked to show something *to* Popper, rather than as having been shown something *by* Popper) seems to be a reversal similar to the one contained in the infantile recollection. We might expect it to be associated with similar misgivings.

The formulation of specific genetic determinants of Freud's

³ The whole business of cocaine, as it is woven into these dreams, can be related to the conflict under discussion. Freud felt that his own claim to priority had been insufficiently credited by Koller, to whom he had suggested the use of cocaine as a local anesthetic; but he had not pursued the matter. Koller did use cocaine successfully to permit ophthalmic surgery on Freud's father. Freud's triumph at this time, however, was somewhat undone by his feeling that he had caused great harm to an esteemed friend and paternal figure—Fleischl—in attempting to cure him of morphinism. Lastly, there is the ubiquitous connection of scopophilia with the eye. The feeling of "astonishment and submission to the inevitable" permeated these dreams (Freud, 1900, p. 205, n.). Freud repeatedly broke off his analysis at one point or another, apologizing for the fact that it had reached material too painful, too embarrassing, to publish.

transference to Popper must, of course, remain conjectural. A connection between Freud's oedipal struggles and the concern about usurpation and plagiarism that colors Freud's relationship with Popper has been noted. The scopophilic-exhibitionistic conflicts that seem to be centrally involved in Freud's avoidance of an encounter with Popper seem to be connected with Freud's oedipus complex: his own analysis of the "Count Thun" dream provides us with one link. The death of Freud's infant brother, Julius, during Freud's second year may have been an important early organizing experience contributing to a haunting sense of illicit victory. This, of course, would not diminish the importance of a fantasy of oedipal triumph, but would instead indicate a reason for it to have been felt more vividly. Gedo (1975) has investigated the impact of Freud's brother's death. Among the elements he found important was the association with Freud's loss of his nurse. It will be remembered that she was arrested for theft, which impressed Freud greatly, and theft, after all, is the subject of Freud's imaginary contention with Popper.⁴ Also, the whole question of "who came first" could refer to a rivalry between close siblings.

When a trauma interferes with effective resolution of conflicts in an early sibling rivalry, we find that the residua of these conflicts pose impediments to peaceable settlement of the succeeding oedipal dilemma; it is also true that the oedipus complex retrospectively endows the earlier conflicts with new meanings. And in analysis of such cases, a resistance is formed by the fact that sibling rivalry serves as a screen for the oedipal conflict, and vice versa. In Freud's case, for example, it is possible to suspect something of the sort in his "Disturbance of Memory on the Acropolis" (1936). Here he undertook the analysis of an episode of uncanny feeling which he found related to the idea, "it is too good to be true," in connection with guilt over the fulfillment of his childhood wish to see the Acropolis. This guilt is understood as a displacement from a spasm of filial piety in reaction to feelings of being superior to his father, with

⁴ I am indebted to Dr. John Zeitz for pointing out the relevance of this theme.

whom he sometimes felt dissatisfied as a child. Attention is given entirely to the oedipal conflict. However, Freud mentions that he made the trip to the Acropolis in the company of his surviving younger brother. Moreover, the essay takes the form of an open letter to Romain Rolland, in which Freud begins by praising Rolland's love of mankind and remarking on the coincidence that both Rolland and the brother are ten years younger than he is. In addition, during the course of his analysis of the incident, Freud brings up an association to Napoleon's brother's having been present at his coronation. One might guess that another thing "too good to be true" was the idea that a sibling was not eliminated by the fulfillment of Freud's ambition.

Similarly, Freud's analysis of the "Count Thun" dream, referred to above, was entirely in relation to his father, in phallic-oedipal terms. Yet, in a later section (1900, pp. 432-434) we learn that the day residue of the dream had to do with its occurrence on a night following a journey taken with his brother, during which the brother had left the train early, unable to continue with Freud to his final destination. It may be that in Freud's mind the two relationships—with his father and with his deceased younger brother—were condensed and that fantasies of usurpation and ensuing guilt, the struggle between homosexual love and personal ambition, vividly present in each, were transferred by Freud to his relationship with Popper. In *Analysis Terminable and Interminable* (1937), Freud again mentioned the issue of prior authorship, this time regarding Empedocles' writings on the conflict between Eros and destructiveness. Freud himself raised the possibility that his own formulation of the dual instinct theory may well have been an instance of "cryptomnesia." It seems to me striking that this occurred in an essay in which Freud discussed soberly, even pessimistically, the limitations of his personal achievement and the history of his overestimation of it.⁵

⁵ There are also an unusual number of references to the work of his followers, including Anna Freud. Freud even committed an error of citation: in

11

Wolf and Trosman (1974) feel that Popper was an "alter ego" or "double" for Freud. Referring to the "mirror transference" described by Kohut in the treatment of narcissistic personality disorders, they explain that such a double ego functions as a ". . . mirror image [whose] beaming approval strengthens . . . narcissism by concentrating perfection and power upon the grandiose self . . ." (p. 139). They believe that this augmentation of narcissism was necessary for Freud to sustain himself during his creative effort and while he fought for the acceptance of psychoanalysis.

What prior experience, according to this view, is being transferred by Freud onto his relationship with Popper? The object, if one can be spoken of, is an omnipotent, all-accepting parental figure, hardly differentiated out of the state of objectless primary narcissism. Kohut (1974) suggests that the genetic determinants of this mirroring transference are the earliest happy moments of infantile life, spent in the company of an empathic, loving mother. He points out that ideal experiences can be recaptured in an adaptive way, progressively transformed in the development of healthy idealizing transferences. Some time ago Kris (1952) explained the importance of regression in the service of the ego, especially in creativity.

We know that Freud enjoyed the idealizing attentions of his mother ("*Mein Geldener Sigi*") and was aware of drawing satisfaction from the view of himself that her favoritism conferred. However, regression can serve defensive as well as adaptive functions. Possibly, Wolf and Trosman's concept that Popper was an idealized alter ego does not take sufficient account of Freud's projection of aggression onto Popper. These authors appear to have taken Freud's conscious idealization of

discussing the case of the Wolf Man, he expressed his hope that Ruth Mack Brunswick would soon publish a report of her later treatment of that patient, when she had, in fact, published the report several years before. This, of course, may have been a matter of ignorance rather than overdetermined forgetting on Freud's part.

Popper more at face value. My contention has been that the conscious idealization may have defended against an unconscious malignant fantasy about Popper. Whereas Wolf and Trosman follow Freud's conscious concern that he might be disappointed in Popper, I have speculated that Freud also unconsciously feared being attacked by him. Thus Wolf and Trosman suggest that Freud avoided meeting Popper because he did not wish to experience "sudden regressive pulls toward fragmentation and loss of the cohesive self" (p. 140). I find this kind of statement—often made in describing the threat posed by disruption of a narcissistic transference—abstract and difficult to connect with a specific, object-related experience which is fantasized and dreaded. I have hypothesized instead that Freud avoided meeting Popper because he unconsciously feared retribution from an unfairly vanquished rival. Although we do not have the information available to be certain of what sort of talion punishment Freud may have feared, I should expect it to have been the projection of a specific impulse toward a specific infantile object: for example, Freud may have feared being robbed of his creative satisfaction, being blinded or diminished, or being made to suffer some other derivative of his own castrative impulses toward father or brother in childhood. This is a different kind of conceptualization from the fear of "loss of self" proposed by Wolf and Trosman.

As I have indicated by conjecturing about Freud's oedipal and sibling struggles as possible determinants of the fantasy, my formulation has reference to genetic experiences occurring at a time when the object world has essentially been established as distinct from self. Projections, displacements, denials, and other distortions inherent in the repressed memory-fantasy preserve what were, at the time of the trauma, lacunae in the achievement of a relatively well-defined reality, these lacunae being caused by the attempt to manage conflicts around specific impulses. Again, this level of reality testing and self-object differentiation should be contrasted to the wholesale operation of projective and introjective mechanisms that characterize a

mirror transference. A focus on narcissistic transferences, despite the emphasis on progressive and adaptive transformation, indicates a line of development that has its origins in a chronologically earlier experience, a time when confusion of self and object predominates.

Neither view excludes the other; there is, in fact, an important point of connection between the two. As Wolf and Trosman explain, Freud's *Doppelgängerscheu* must have functioned with Popper as it did with Arthur Schnitzler in making him wish to avoid the experience of an uncanny feeling that might have been occasioned by a personal meeting. Freud (1919) explained the uncanny feeling by saying that it appeared because an archaic form of thinking had been surmounted but not entirely given up. He was surely referring to primary process thought, part of the infantile omnipotent world view that persists and can be drawn upon adaptively by creative persons. Perhaps we can go even further and say *must* be drawn upon in some way for creative work. Here I believe Wolf and Trosman make an important point in stressing the idea that Freud avoided Popper not just because of the threat that a particular repressed fantasy might come closer to consciousness, but because Freud felt an aspect of his self and his world view—an infantile residue that he had surmounted but not entirely given up, and, moreover, one that was necessary to his creativity—to be potentially threatened.

In his essay on the uncanny, Freud (1919) did not spell out the relationship between a need to hold on to archaic forms of thought and the existence of particular unconscious fantasies. The implication of Freud's analysis of part of Hoffmann's *Nachtstücken* is that the infantile omnipotent world view is not entirely given up because of the wish to maintain unconscious fantasies of oedipal triumph, even though the perpetuation of this form of thinking guarantees that corollary fantasies of oedipal retribution will also inevitably continue to exist in the unconscious. Freud was aware of the close connection in his own life between his creative strivings and the fulfillment of

forbidden infantile wishes. In his study of Leonardo, for example, Freud (1910) showed us the precarious balance between sublimation and neurotic symptom formation: the fate of intrapsychic conflict is such that interruption of creative capacity and the return of the repressed can be concomitant phenomena. In analyzing Freud's avoidance of Popper, I propose that the threatened loss of the self-representation that was necessary to Freud's creative work is inseparable from the threat of emergence of a fantasy that the usurped sibling or paternal figure has reappeared to enact retribution.

It seems that in Popper, Freud found someone whom he wished to preserve as an external representative of part of his ego ideal. Freud (1914b) pointed out that the formation of the ego ideal, while it preserves part of the infantile narcissism, also constitutes an escape from it through further ego development. The history of the formation of an individual's ego ideal is the history of the person's important object relationships and subsequent identifications. The maintenance of an idealized external representative of the ego ideal, or some part of it—such as Popper may have been for Freud—includes the effort to preserve idealized memories of discrete experiences with well-formed objects. If Popper represented for Freud a wise and understanding father figure or brother figure, he could have served this ego ideal function, as well as having served to defend Freud against more aggressive fantasies. The idea of a mirror image, or alter ego, seems to me to stress the earlier stages of what is undoubtedly a long developmental line.

III

In the foregoing psychobiographical investigation, we have seen that it is possible to focus upon either narcissistic or neurotic mechanisms discernible in the material. In a corresponding clinical situation, one or the other point of view might lead to decidedly different interventions and consequences in the work. But even then, the issue would not be that one dynamic existed to the exclusion of the other, or that one understanding would

be true and the other not. I have contrasted my approach to Freud's attitudes toward Popper with the one taken by Wolf and Trosman in order to consider what each brings to light and what each leaves aside. In doing so, I have had in mind an analogy to psychoanalytic work with patients and a hazard that can accompany the recent enthusiastic interest in investigating narcissistic transferences. If an analyst's interest leads him or her to focus preferentially on narcissistic transferences, neurotic manifestations may be looked through and missed. In presenting an aspect of the possible meaning of Freud's attitudes toward Popper different from the one described by Wolf and Trosman, I do not intend to suggest that these authors have been too narrow in their view. On the contrary, they explicitly state their awareness of the fact that other understandings of the data exist and are valid.

I have pointed out that concentrating on the narcissistic rather than the neurotic aspects of the material can lead to a de-emphasis of the role of aggression. In discussing Kohut's recommendations for the treatment of patients with narcissistic personality disorders, Kernberg (1974) makes the criticism that envy and aggression in the transference are not adequately addressed. But the clinical analog to my point is quite different. I am not suggesting that the role of aggression should be emphasized in patients with severe narcissistic pathology. Rather, I am attempting to underline the danger of treating neurotic patients *as if they were more disturbed* than they are. It is all too easy to fail to recognize the defensive functions of exaggerated regressions that sometimes occur during the analyses of neurotic patients and to consider them instead the manifestations of severe narcissistic pathology. An overzealous interest in narcissistic transference can only facilitate such errors. The stance taken by the therapist in the treatment of narcissistic personality disorders can be more gratifying and less anxiety-provoking to the patient, or it can serve to prevent the emergence of hostility in the transference; thus there can be considerable countertransference rewards for misdiag-

nosing neurotic patients as more disturbed. Lipton (1977) has recently described how the analyst may, through a misunderstanding of the meaning of psychoanalytic technique, unwittingly engender narcissistic transferences in patients. The misdiagnosis can become self-fulfilling. At the same time, in clinical work there is the possibility that the therapist may take too much at face value the pseudoneurotic appearance of certain processes which actually indicate narcissistic avoidances of the development of the transference and the emergence of impulse-defense conflicts. Here I refer to the overestimation of patients whose personality organizations are, in fact, not neurotic; many character disorders in which there is poor superego formation, as well as borderline and psychotic syndromes, fall into this category.

SUMMARY

An analysis of Freud's relationship with Josef Popper is offered in which Freud's dealings with Popper, his "cryptomnesias," certain errors of recollection, and other evidence are used to suggest that Freud had an unconscious fantasy in which Popper represented an unfairly vanquished rival returned to enact retribution. Speculations are made concerning Freud's sibling and oedipal struggles as determinants of his transference to Popper. This view of Freud's attitudes toward Popper is compared and contrasted with the one taken by Wolf and Trosman (1974), in which the role of narcissistic transferences is emphasized. The complementarity of these two aspects of the data, as well as their capacity to obscure one another, is discussed. Finally, it is suggested that the choice of approach to the data of this psychobiographical investigation has a clinical analog. The analyst may mistake regression in the service of defense in neurotic patients for evidence of narcissistic personality disorder. On the other hand, it is also possible to overestimate as neurotic certain processes which actually avoid the development of transference and prevent the emergence of impulse-defense conflicts in more disturbed patients.

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Assault on a Child's Individuality: A Kind of Soul Murder

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ASSAULT ON A CHILD'S INDIVIDUALITY: A KIND OF SOUL MURDER

BY LEONARD SHENGOLD, M.D.

I define soul murder as a deliberate attempt to interfere with another person's separate identity, joy in life, and capacity to love.¹ It usually takes place in childhood: the child's almost absolute dependence upon an adult, most frequently a parent, makes possible a regimen of cruelty and seduction (overstimulation) alternating with indifference and neglect (deprivation) that provides the environmental matrix for soul murder. An identification with and a submission to the tormentor is forced upon the child. The victim needs to be rescued from the overstimulation and to have the deprivation undone. In more fortunate circumstances, the child can turn from the psychotic, narcissistic, or psychopathic parent to another nurturing figure who has enough power and who cares enough to provide another model for identification, a situation described in this communication. Sometimes, however, the child can seek redress only from the very parent who is responsible for the trauma.

Soul murder is maintained by interfering with the child's ability to experience and to register what is happening and has happened. This brainwashing, carried on by the children themselves later in life, is not difficult to achieve under conditions of tyranny, as we know from the political life of our time (see Nadezhda Mandelstam's [1970] memoir showing the cultivation of denial in a whole generation of intellectuals). The need for a good parent, so intense when there is the necessity of alleviating the fear and rage experienced under conditions of trauma and neglect, leads to the delusion of a good parent (a delusion with which the child must then struggle), and a life-long, symbiotic bond with the tormentor may ensue.

¹ See, Shengold (1975a, 1975b) for a fuller description of my concept of soul murder.

A young woman in analysis told of being handed over after her birth to a nurse whom she remembered as kind and loving. Her mother had a career, which she left when the child was four. The girl's life was suddenly and radically changed. Without warning, the good nurse was dismissed and the devastated child was cared for subsequently by a series of maids who were directed by the mother. Whenever a loving relationship between a maid and the girl appeared likely, the maid would be fired. The old nurse, who had found work nearby, tried to visit her former charge, but was not allowed to speak to her. The patient remembered hating the nurse for her weakness. From the ages of four to six, the girl was brought up according to a strict time schedule which minimized human contact and featured an interminable daily nap. The nap, lasting from mid-afternoon through early evening, was especially objectionable because it prevented the child from seeing her father at dinner. The mother, under pressure from the father, gave up the rigid agenda—except for the nap, which was required up to puberty.

The father did care about his daughter, but he seldom interfered with the mother; he was often away for long periods. Whenever he left, the mother's attitude toward the child would change dramatically. The maid was banished, and the mother would insist upon the child's presence. The daughter was taught to comb her mother's long hair before bedtime, another "interminable" assignment, but one which was full of erotic tension. The daughter would be brought into the bathroom to watch her mother bathe and often to share the bath. She would watch her mother defecate and urinate. The mother took the child into her bed, and physical contact was encouraged. With all of this seductive closeness, there was no expression of love or even of affection. The child was treated as a thing whose presence was required to fulfill needs. She was characteristically hushed when she tried to communicate and deprecated as stupid and ugly. The periods of intimacy would end suddenly, with a peremptory dismissal back to the maid

and to the isolatory regimen. (During her analysis, she remembered that the sudden and shocking banishment would sometimes occur after her mother achieved orgasm when masturbating.)

The child was kept back from going to school, and then she had to start directly in the first grade. At first, she was terrified to leave her mother and her home. Gradually, she became fond of school, and she grew to like her kind and understanding teacher. She remembered thinking that her teacher was the smartest and most beautiful person in the world. She adored her and would talk of her at home. During this time her father was at home and her mother was preoccupied with him. There was a happy period for many months during which the girl learned to read and even surpassed her classmates, most of whom had had kindergarten and previous teaching. She no longer felt stupid and ugly. (In Kohut's [1971] terms, she began to mirror her idealized teacher; her father had previously recognized and encouraged the girl's brightness.) Her mother's comparatively benign indifference changed when her father left for a long trip. She began to interfere with her daughter's going to school, insisting that the child was sick. When her mother was called to school for a conference by the teacher, the child became both hopeful and anxious. She recalled to the analyst with tears and bitterness how much she wanted her mother to love her teacher, to be influenced by her teacher, and to become like her. After the conference, she ran up to her mother and asked, "Oh mother, isn't my teacher beautiful?" Her mother responded in a voice full of hatred, "I've never seen such ugliness—she's ugly as sin. What a dog!" The girl was crushed. The precocious achievements at school stopped. A pattern emerged in which she turned away from all authorities as sources of good feelings, and became involved alternately in zombie-like indifference and spiteful, masochistic provocation that often featured pseudostupidity and "ugly" behavior. She both submitted to and identified with her mother.

The story of the spoiling of the "beautiful" relationship with her teacher obviously screened the feelings involved with the much more terrible loss of her nurse at age four. By the age of six, the child had already been damaged enough by the mother to prevent her from being able to achieve the promise of "starting a new life" (this is how the patient phrased it) with her teacher or with anyone else. Later on, her father helped the girl to fight for her health and for her identity, but, unfortunately, her parents' marriage broke up and she was left with her mother.

The incident at age six that crushed the child's hope and joy left her with the feeling that her mother had the power to get rid of anyone the child cared for and needed. She remembered thinking (her father was away then) that she would always belong to her mother and that it was better not to feel any longing for anyone else. It was better not to feel anything. The rage she should have felt toward her mother was suppressed and displaced, but for the most part was turned against herself. She saw the world and herself through her mother's eyes. "The most awful thing," she told the analyst, "was that my teacher really stopped looking beautiful to me. I couldn't tell if she was ugly or not. I became indifferent to her and I went back to not caring about myself." Cognition and affect were both blocked; the ability to *know* had been interfered with.

Soul murder can be effected in a variety of ways, which result in crushing the child's individuality and frustrating his or her need for joy and love. The child is left trapped within the terrible ambivalence of a hostile, dependent relationship with the parent (the primary object) responsible for the trauma that distorts the child's unconscious fantasies and evokes massive, mind-distorting defenses, such as denial and vertical splitting (see Shengold, 1975b). This mother, cruel, narcissistic, "crazy" (I am using the word in the popular, descriptive sense and avoiding diagnosis), and acting out of her own need for symbiosis, treated her child as a need-fulfilling extension of herself. A typical remark to her daughter was: "I'm cold, put on

a sweater!" Mahler (1968, p. 148) might call her a "symbiotic parasitic mother."

The mother did her best to interfere with models for identification other than herself. Her hold on the child required her to induce and maintain the delusion of her own goodness and rightness. The child had to share her distorted, narcissistic view of the world. (It was fortunate for the child that her mother's symbiotic parasitic needs were somewhat intermittent so that she made only periodic destructive forays against the child's individuation.) Her mother sensed that the saner and kinder nurse, father, and teacher might give the girl the power to see her mother's disturbance and cruelty, so she tried to isolate and get rid of them. The child could not be allowed a view from outside her mother's dominion. Efficient dictators, such as Hitler, appreciate the importance of propaganda and brainwashing. Physical isolation (especially separating the victim from loving and caring people) is a part of concentration camp brainwashing technique (*cf.*, Orwell's 1984).

The development by the parent of a closed system for the child is the symbiotic container for soul murder. Entry to another family, sometimes effected by such simple means as frequent visits to a friend's home, has an eye-opening potential for change that is analogous to a visit to another culture by someone brought up in a totalitarian country. And these parents rarely grant visas or visitation rights. (The patient's mother regularly found the child's friends to be "ugly" and "stupid" and "dogs.")

Of course the undoing of brainwashing cannot occur suddenly. To fight denial requires a relationship that can fulfill basic needs and permit the modification of basic identifications. The long and hard analytic work that partially restored my patient's capacity to feel and to know was a continuation of the soul-saving direction initiated for her by the affection and the points of view of her nurse and her father. It was especially (I speculate) the nurse's early loving care and (here I know) the father's intermittent, but eventually reliable approval that

helped make the damage done to this patient's soul partly reversible. But for many years before the psychiatric treatment, she lived a life without authenticity or passion—robbed of the sense of identity and the vitality and joy that can lend grace to the human condition.

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The Penis as Umbilical Cord

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THE PENIS AS UMBILICAL CORD

BY LAILA KARME, M.D., PH.D.

The umbilical cord, an important prenatal organ and the tie between mother and child which is severed after birth, has received very little attention in psychoanalytic literature. Three recent clinical reports about the umbilicus, the remnant of the umbilical cord, attempted to explore its dynamic significance. In the first paper, Waltzer (1974) presented a female patient who unconsciously treated her umbilicus as though it were the vagina. She avoided her vagina and used her umbilicus as a substitute. There was little information about the patient's mother and about the nature of the relationship between the two. This patient was a borderline psychotic woman who was treated with psychotherapy. Waltzer's report prompted the report by Heilbrunn (1975) on a borderline schizophrenic man whose fascination with protruding navels impelled him to raise his own depressed navel periodically. Heilbrunn speculated that Kubie's concept of an innate unconscious drive to become both sexes was "the most plausible explanation," although he admitted that the patient's material did not allow "formulation of an unequivocally satisfactory clarification of the perverse activities" (p. 273), in part because the patient terminated therapy prematurely. The patient apparently equated the elevated umbilicus with the penis and the depressed navel with castration. Friedman (1976) presented a brief report on three cases which led him to believe that the interest these females had had in the umbilicus related primarily to the fact that significant males in their environment possessed an umbilicus exactly like theirs and, therefore, the umbilicus was used "as a reassurance against and denial of the painful fantasy that females are actually castrated males" (p. 296). Only one of these three patients was treated analytically.

The present report is on a female patient who was not interested in the umbilicus but in the penis. She experienced

what appeared to be “typical penis envy” with overvaluation of men and male attributes, feelings of inadequacy, and conflicts around her feminine identity. In the course of her analysis, however, the “penis envy”—as with other mental products—proved to have many determinants and several unconscious meanings. One of these meanings was that the penis represented an umbilical cord, a means of connecting herself with her mother, who in the course of the analysis turned out to be most valued by the patient. This report is focused on this segment of the analysis.

Ann was twenty-five years old and married when she came for analysis. Although attractive and petite, she wore subdued clothing and no make up. She impressed me as sensitive, poetic, empathic, and psychologically minded. Although competent and talented in her field, she repeatedly sabotaged herself professionally and had difficulties interacting with male authority figures. Ann is the oldest of three children and the only girl. Her brothers are two and six years younger. Her father is a scientist, described as successful, competitive, distant, and interested in scientific achievements and books. Her mother is a teacher, and although Ann recognized her as a bright woman, talented, and interested in literature, she “felt” her to be dumb. In spite of her own choice of a woman analyst, Ann first dealt with me as her father because of her automatic tendency to see competent authority figures as masculine. However, the transference neurosis emerged as a strongly maternal one. Ann expressed intense feelings toward me, with wishes to share things with me and get closer to me, along with fear of rejection by me; and her mother emerged as powerful, giving, and most important.

Because of her increasing need for me she experienced anger, competition, jealousy, and envy of me as a good, desired, needed mother who had all the nurturing ability she wanted. She felt that these feelings were destructive and bad, and she feared punishment. Her ambivalence toward me led to severe depression, which she needed to defend against either by a manic

defense and complete denial of her need or by fantasizing herself fused with me to feel whole and good. She struggled with her wish for fusion with me, a wish which she perceived as very threatening since she experienced it as meaning loss of her own identity and as inflicting damage upon me. Trying to separate, in order to defend against this, was perceived by her as even more threatening because she could not feel whole without me and because she experienced the act of separation as damaging both to herself and to me.

For a period, Ann's wish to fuse with me continued, as did her ambivalence and envy. On one occasion after I interpreted her envy she admitted that she had been withholding the fact that she had had an abortion a week before (after a ten-day pregnancy). Although she had elected to have the abortion, she was pleased that she could conceive and feared my envy. She reported dreaming:

We bought some land on a hill; there's a water system with a long fallen log on one side of it. The back side of the log is flat. I want to reach down to get the water system connected. Coming down the hill there was a ring of tall oak trees with an open space in the center which is covered with lichen. The trees made a perfect circle around me. It was beautiful.

In her associations the oak trees represented my office (on Fair Oaks Avenue) and the log represented the couch. To the water system she associated: "Plastic pipes, brownish red. I was feeling that part of the garden wasn't getting adequate water, so I wanted to hook it up, but I couldn't get it to reach." She also associated to having experimented with mescaline with her husband once when they were at college: "We went down the hill into the woods and I felt like we were going back in time. We lay in the grass and that was the climax." She then saw the dream as representing going back to the womb.

Ann recalled part of another dream: "... his penis was shriveled up and he was trying to replace it with a Bunsen

burner hose." She associated to the hose an umbilical cord (this was the first time she had mentioned the umbilical cord). She connected this to the previous dream, with associations to the water system as the umbilical cord. She remembered her recent abortion, which was actually a "menstrual extraction," and she described the suction machine and tubes. She exclaimed: "The tube is like a penis. It's also an umbilical cord. At some time we have nourishment through our umbilicus. My concept of my genitals is a means to attach."

It became clear that she valued the penis, at least in part, as a means of attachment to mother. She continued to work through some of her penis envy in light of this new meaning. Introspection led to the following conclusion: "The first year was good for me. The birth of my brother was the start of a new life style. My brother was born with a penis and usurped my place. He had something to connect with mother and I didn't. So he had a penis and had my mother."

The analysis has revealed the following genetic formulation. During her first year of life the patient was close to and had her mother all to herself. With her mother's next pregnancy, she felt jealous, envious, angry, and resentful. She fantasied that she had attacked the baby, her mother's womb, and the link between them. When the baby was born, she felt displaced and fantasied attacking and damaging his penis, which she perceived as his means of connecting with her mother and the reason for his being favored by her. At this crucial time, she was bitten by a dog. Her mother took her for a series of terribly painful rabies shots, which she interpreted as a punishment. When she was five years old and had turned to her father in the oedipal stage, her mother became pregnant again. This reawakened all the conflicts and fears from the traumatic period when she had been two years old. In great fear, she turned back to her mother. She did not experience envy, jealousy, hatred, and anger toward her mother. To defend against such feelings, she identified both with her mother and with the baby. This led to a neurotic tie to her mother which precluded her from

competing successfully with her. As an adult, she fantasied that she was sterile or would have deformed children. She sabotaged herself professionally and chose men whom she perceived as damaged or different from her father. In the analysis, her initially expressed oedipal wishes and conflicts covered an underlying wish for her mother (which in part derived from defensive regression from the wish for her father).

Freud (1932) in discussing the several meanings of "the bridge" as a dream symbol stated, "First it means the male organ, which unites the two parents in sexual intercourse; but afterwards it develops further meanings which are derived from the first one . . . a bridge becomes the crossing from the other world (the unborn state, the womb) to this world (life); and, since men also picture death as a return to the womb (to the water) a bridge also acquires the meaning of something that leads to death . . ." (p. 24). The umbilical cord is also a bridge. It is an organ that unites mother and child. Following Freud's reasoning, one might say that the umbilical cord is a bridge which unconsciously can be associated with a penis, together with which it can represent the means for returning to the womb and coming out of the womb.

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Psychoanalysis: Observation, Theory, Application. By Robert Waelder, Ph.D. Edited by Samuel A. Guttman, M.D. New York: International Universities Press, Inc., 1976. 709 pp.

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BOOK REVIEWS

PSYCHOANALYSIS: OBSERVATION, THEORY, APPLICATION. By Robert Waelder, Ph.D. Edited by Samuel A. Guttman, M.D. New York: International Universities Press, Inc., 1976. 709 pp.

This discursive collection of the writings of Robert Waelder stands in useful complementarity to his earlier published and more focused works, *Basic Theory of Psychoanalysis*¹ and *Progress and Revolution*.² The latter are open to a scholar's delving into the full lode of Waelder's psychoanalytic wisdom. This aggregate provides more a conversation, a discursive ranging over the human condition in company with one of the first-class minds of psychoanalysis. For those who knew Waelder this book offers warm reunion. For those who did not, it proffers rich communion with someone who grew with psychoanalysis, shaping it as much as shaped by it in the formative years.

The conversational mode would seem partly fortuitous: much of the content is made up of Waelder's reviews, commentaries, or introductions to the books, panels, and gatherings of others, spanning some forty years of discourse with psychoanalysts, historians, social workers, jurists, and others. His is the contemplative, respondent voice of the intent listener courting serious dialogue.

But the mode in fact *is* Waelder. His most innovative ideas he shaped to relate to and emerge from those of others, whether in amplification or dissent, as though these were but logical extensions or pattern-completions of what was already known. Perhaps this reflects personal modesty and a scientist's reserve. More significantly, his style is that of the oral tradition, with its shared knowing and uncertain parentage of creative thought, that he describes as the actual mode of the early psychoanalysis in which he steeped himself. Waelder clearly recognized that analysis still remains in and of this oral tradition, and he notes its inevitable limitations on the evolution and transmission of psychoanalytic thought in "Freud and the History of Science" (1956: Chapter 30, this volume).

Waelder's keen grasp of the historical method and the philosophy

¹ Reviewed in *This QUARTERLY*, XXXI, 1962, pp. 254-257.

² Cf., Rangell, L.: *Toward a Cool Look at Burning Issues: Book Review Essay on Progress and Revolution*. *This QUARTERLY*, XL, 1971, pp. 663-677.

of science shows not only in his choice of subject, especially in Part II of this volume, but remains central in his persisting view that knowledge is not certainty and nothing is singly explained. If we follow a Jamesian concept Waelder himself delighted to use—that personality shapes philosophy, ideology, and scientific view—it is fair to place Waelder among the “pluralists” he dealt with in numerous places through this volume and defined in “Authoritarianism and Totalitarianism” (1951: Chapter 28, this volume) as that “Western man—who believes in a polyphonic system of values, both moral and hedonistic, which are often in conflict with each other.”

This pluralism emerges early in “The Principle of Multiple Function” (1930: Chapter 5, this volume), perhaps Waelder’s most seminal contribution to psychoanalytic theory and its basis for the adaptive viewpoint in metapsychology. In fifteen pages he so orchestrates the relationships between the basic conflict-resolving and synthetic functions of the ego versus the task-challenges set for it by id, repetition compulsion, superego, and outer world that his innovations seem to emerge inevitably out of Freud’s dual function concept of anxiety and his structural theory of personality. Waelder applies his construct to modify and dispose of the alternative and older psychoanalytic concept of “overdetermination,” whose inconsistency and lack of parsimony were already proving awkward. It allows him a sound perspective from which to assess the limited range of the several “deviant” theories of psychoanalysis (among them, Adler’s and Alexander’s) while yet carefully identifying their extent of cogency. As though these were not enough, he sketches out the inevitability, given his rubric, that the content of psychic life intimately shapes the form of its realization, that this actualization must necessarily then alter both that inner psychic life as well as the external reality in which it is embedded—and that this persistent reciprocity constitutes the basis for further psychic development and adaptation.

From this paper alone it might be said that had Freud and Waelder not seen the scientific necessity to formulate structural theory and the principle of multiple function, Waelder’s being would have required their devising. He lived and conceptualized at these levels. For him these concepts and the tripartite model made up a compound lens of enormous range and resolution. He used

them with fine balance and lucidity, whether dealing with their vicissitudes in the borderline psychotic, their precursors and development in the multiple meanings of children's play and earlier psychic development, their conflicted forms in neurosis and character or, most poignantly, their contribution to man's struggle with the moral and ideological contradictions in his culture and social constructs. He appreciated the emerging contributions of child development research and child analysis to the understanding of pregenitality, but his bench mark remained the oedipal conflict, its resolution, and elaboration.

Earlier than most, he spoke about the central position of the ego ideal as a steering and organizing factor essential to drive resolution and organismic stability. Some of his early observations into the narcissistic aspects of psychosis and the borderline states appear in "The Psychoses" (1924: Chapter 1, this volume) and sound yet fresh and central to concepts now in full ferment in our field. In brief he quietly rejected Freud's view of the analytic inaccessibility of the psychotic and contended that some could indeed be reached therapeutically, but not through the usual channels of libidinal transference. Rather, what was essential was a respect for those aspects of their functioning which most satisfied their narcissistic needs for mastery and control while achieving reality expectations and reinforcements.

In his own words: "the therapeutic task which now confronts us may be called the 'sublimation of narcissism' . . . [where] . . . it would seem that the objects within the subject's own ego have to be changed and probably at the same time the mode of union of narcissism with these objects" (p. 32). "The only form of transference which can then be effectively established is the narcissistic, the physician himself taking up to a large extent a schizoid attitude and acting the ego ideal of the patient . . ." (p. 37).

Another instance of Waelder's keen perception of the superego-ego ideal aspects of personality development may be seen in a major paper of this volume: "The Problem of the Genesis of Psychic Conflict in Earliest Infancy" (1936: Chapter 8, this volume). In one section of this work he attempts to consider the alternatives between the Kleinian viewpoint of the near-primal origins of superego and the Freudian view that places its fruition in the context of the resolution of the oedipus complex:

Let us . . . ask whether at a still earlier period [than the fifth year of life] we can find anything which might be included in the concept of the superego. I think that we do find something of the sort at the end of the first or the beginning of the second year. I refer to the advance in the child's development when he reaches the point of being able to objectify his own self. . . . The child now begins to detach himself from the biological situation characterized by vital instinctual needs and from his perceptual environment and develops the capacity to adopt another, imaginary standpoint. When this advance is made, there opens up a wealth of undreamed possibilities in the shape of speech and culture. . . . The newly acquired capacity manifests itself in many ways, e.g., in the ability to understand a hypothetical situation. . . . There seems to be good reason for assigning this function to the superego. The power to objectify the self and to achieve detachment from it and from the vital needs of the moment probably depends on that formation of different levels within the ego which is the most essential characteristic of the superego. . . . Whether we punish ourselves or comfort ourselves, there must be some stratification within the ego, an imaginary standpoint from which we confront the rest of our personality . . . the superego function to which I have given the name of the "formal superego function." I personally am solely responsible for this classification and terminology and am not sure how many analysts would agree with me. . . . I think we would . . . be justified in extending the concept of the superego to include the function of which I have been speaking. In that case the first traces of this development are . . . found at the end of the first or the beginning of the second year (p. 151).

Here in 1936 are statements about self, about self-awareness, put in a developmental context, that are still stirring, even in the late seventies—imagery and poetry encompassed in scholarly abstract terms, and we have but begun to elaborate upon the potential of their themes.

When we wander with Waelder in his world of power politics, ideology, and earth-shaping abstractions (Part II, this volume) no Doctor Pangloss as companion have we. In "Democracy and the Scientific Spirit" (1940: Chapter 24, this volume) he makes the measured judgment that

democracy has worked—so far as it has worked—under particular conditions. It was successful either because conditions were so simple that all members of the community could get a broad view of and understand the common issue; or because in some cases external security and internal abundance were so great that the community was not really put to the test; or because an elite, inspired by allegiance to the community, virile and not too selfish, was in control because of its prestige (p. 417).

He goes on to cite three main factors which stand ready from the inside to erode this fragile structure:

danger of internal disintegration . . . something in civilization that defeats its own ends . . . that makes the human race softer, and alienates people from the basic facts of human life on earth. . . . The second factor . . . is the growth of the mob, mostly in and around big cities . . . that no longer thinks of the community as something which may legitimately ask for sacrifices, but rather as something which must provide him continuously with gratification of his desires . . . bread and circuses. . . . The third disintegrating factor is the retreat of religion . . . (p. 418).

With proper caution he suggests that a secularized conscience grounded in the scientific spirit seeking truth might be created in substitution through specific ego development in a culture which sufficiently aggrandizes the commitment to truth and reason.

That this most fascinating attempt to balance pessimism and optimism is no empty obsessional arabesque becomes evident in his several incisive papers on democracy and social systems. In "The Concept of Justice" (1966: Chapter 35, this volume) Waelder states:

Liberty and justice have been coupled together in the slogans of the French Revolution and have remained. . . . Nevertheless it is easy to see that there are instances in which liberty and equality interfere with each other. . . . If, for example, people are free to engage in acquisitive activities, it will soon turn out that some will be more prosperous than others; if we want them to be equal in income and possessions we must prevent them . . . reduce or cancel out the freedom. . . . As soon as liberty means not only freedom from domination by the master but also freedom in the interrelation with one's group, liberty and equality become irreconcilable because freedom within the peer group will immediately lead to social differentiations. If this is to be prevented, liberty must be curtailed . . . (p. 582).

In his "Conflict of Values and Moral Dilemmas" (1967: Chapter 38, this volume) he extends this (poignantly intrasystemic) dilemma in a masterful application of psychoanalytic concepts to social dynamics. As he puts it:

Men value a variety of things which are not always mutually reconcilable. . . . total human fulfillment is therefore impossible not only on account of obstacles due to nature or to the intersection of human wills but also on account of inherent contradictions in man's aspirations. . . . one man's justice may be another man's outrage (p. 617).

In discussing the balancing of justice afforded the criminal and his victim:

I merely want to emphasize that there is a conflict between two human interests which both seem worthy of support. Only if we recognize the existence of a *genuine antinomy*, which makes a fully satisfactory solution impossible, can the situation be fruitfully discussed and an arrangement be sought which would minimize human damage without ever eliminating it (p. 626).

What buttresses the persisting utility of Waelder's discourse, no matter his target or topic, is its solid bedding in a humanistic-historical context reflecting his competence as a scientist and scholar of history and philosophy. His arguments for the necessity to judge the findings of psychoanalysis within contexts appropriate to other humanistic studies, rather than by the inappropriate application of the manipulative sciences—as in “Psychoanalysis, Scientific Method and Philosophy” (1956: Chapter 15, this volume)—are as germane now as twenty years ago. His “Freud Centennial Lecture” (1956: Introduction, this volume), along with his posthumously published “Observation, Historical Reconstruction and Experiment” (1970: Chapter 40, this volume) could together stand in eloquent summation of his capacity to state the essentials of psychoanalysis and place them in their properly incomplete questioning and tensional openness toward the world we would compass. The latter paper again anticipates the thrust of important current neuropsychological research in championing a truly bicameral perspective combining the best of gestalt perception and the best of what Waelder liked to dub the “dial reading” scientific approach.

The breadth and balance of Waelder's viewpoint are made powerfully impressive in these writings, enhanced as they are by editing of unobtrusive excellence and invigorated by new translations. At the same time, the very sweep of his comprehension and abstractional capacity, along with his sense of span and limit, may leave dissatisfied the reader who wishes to emerge from engrossing discourse with the right and final word, a sense of surely knowing.

Probably this is as Waelder would have preferred it. His enormous perspective left him little enthusiasm for those who sought his endorsement of their bright pebble or special vantage point from which to understand all. He could see nothing as singly explained or finally settled. “Psychoanalysis offers neither a purely rational nor a purely irrational view of life, but sees it as a complex of interactions between drives and purposes” (p. 611).

It may now have struck the reader, as it has this reviewer, that Waelder was no aphorist. While he had a poet's ear for the quotables of others and his works are replete with the best, he only rarely used words in this fashion. Instead, as the instances above will attest, he was masterful in making his words shape boundary and context for what he wished to say, so that the meaning might resonate to the full dimensions of his intent. He was more the story teller than the poet. One might here come full circle back to the oral tradition of psychoanalysis, even to its roots in Freud's crucial choice of the oral-aural axis, and align Waelder, one hopes not too inappropriately, with the gaelic shenachies and tellers of the tale and bearers of the word. And we might rightly say of him and them: let us mourn the passing of the spinner of the word, and the waning of the web that will no more.

JAMES T. MCLAUGHLIN (PITTSBURGH, PA.)

THE RESTORATION OF THE SELF. By Heinz Kohut, M.D. New York: International Universities Press, Inc., 1977. 345 pp.

The Restoration of the Self is a companion volume to Kohut's 1971 work, *The Analysis of the Self*.¹ In the earlier book, Kohut attempted to stitch his clinical discoveries of the "grandiose self" and "self-object idealizations" into classical metapsychology, but to this reviewer, the seams showed rather obviously. In the new volume, he introduces the idea of a "psychology of the self" as a psychological theory in its own right, one presumably standing alongside classical analytic theory.

In summary, Kohut's formulation is that narcissistic development proceeds along a path of its own and that objects within this growth line serve special functions as self-objects. To begin with, a mirroring self-object (usually a mother figure) allows the unfolding of grandiosity and exhibitionism; optimum phase-appropriate frustration permits a gradual modulation of these themes through a "transmuting internalization" of this mirroring function. Similarly, idealization of self-objects leads to a gradual internalization of ideals. Through these two processes a "bipolar self" emerges with its ambitions and ideals, utilizing those natural talents available to it; this "self" continues in varying degrees to require self-objects

¹ Reviewed in This QUARTERLY, XLII, 1973, pp. 441-451.

for its validation throughout life. People with narcissistic personality disorders suffer from defects in this bipolar self, predisposing them to experiences of threatened fragmentation of the self or empty depressions which they then cover over with defensive or compensatory secondary structures.

In the analytic situation, narcissistic transferences expose these defects through the reliving and reawakening of earlier narcissistic developmental thrusts as well as their traumatic earlier disruptions. A self-object transference becomes established. Tolerable doses of frustration, a result of the inevitable empathic failures of the analyst, lead to transmuting internalizations which fill in the defects of the self or strengthen the compensatory structures.

In the first chapter of the book, Kohut attempts to demonstrate that an analytic termination, conceptualized purely in narcissistic terms, can validly be said to have occurred even if only one pole of the self has been strengthened. In one cited case, a later stage of *idealization* becomes the center of the analytic work. Without convincing argument to support his conclusion, Kohut accepts the patient's resistance to approaching the earlier level of defective mirroring, believing that the underlying intense rage and greed could be potentially dangerously overwhelming and disruptive. In a second instance, Kohut describes a phase of termination in which the analyst becomes a concrete substitute for missing parts of the *self*, repeating earlier phases of the analysis during which this phenomenon was evident. In the case of Mr. M., termination was also heralded by a series of experiences which signified that useful internalized idealizations had formed, permitting the patient to be joyfully creative. This patient could terminate analysis, to quote Kohut, when he "abandoned fruitless attempts to strengthen his . . . rejected self with fantasies of sadistically enforced acclaim . . . [by women] . . . and turned to the successful attempt to provide the healthy sector of his personality with creative expression" (p. 54).

Kohut's ideas about analytic termination lead him to a concept of a "psychology of the self" that he believes is valid in its own right. Kohut feels that the analyst must view the patient with an empathic-introspective participation of his own self. In contrast, classical drive psychology, according to Kohut, implies an objective external observer. The two frames of reference, Kohut argues, should be viewed as complementary. However, Kohut's use of the

term *complementarity*, central to his argument, poses problems for this reviewer. In a footnote, the author cites a recent paper in which Edelheit² develops the idea of complementarity as a way of dealing with the mind-body problem. Nils Bohr had introduced the term in physics to resolve the wave-particle contradiction in studying the phenomenon of light. In Edelheit's sense, the term implies different frames of reference, of *equal* validity, used to describe a unitary phenomenon. However, the phenomena Kohut describes often are *not* unitary, and Kohut attempts to demonstrate his thesis by opposing a "complementary" self psychology explanation of a mental phenomenon with a one-dimensional (usually somewhat archaic) drive psychology point of view. For instance, he cites the classical idea that "in normal development, narcissism is transformed into object love and that drives are gradually 'tamed'," while from the viewpoint of the psychology of the self, "self-object relations are the precursors of psychological structures," and "transmuting internalizations of the self-objects lead gradually to consolidation of the self" (p. 83). Here, as elsewhere, the contrast seems to be constructed in order to demonstrate that the psychology of the self carries with it the most cogent explanatory power. To quote another example, the belief that gratification of emotional and physical needs is essential in psychological development ("drive" psychology point of view) is contrasted unnecessarily, I think, with the view from the standpoint of "self" psychology that the developing self requires "empathic merger with the self-object's mature psychic organization and participation in the self-object's experience of an affect signal instead of affect spread" (p. 87) vis-à-vis needs. We would expect that in considering this variety of developmental question, "object relations" and "drive oriented" explanations—among *other* viewpoints—might be used for our more complex understanding. In other words, we have learned to view all phenomena in psychoanalysis from multiple vantage points at different conceptual levels.

One has the impression that Kohut holds on to a version of drive psychology not because some phenomena seem to be best elucidated by it but in order to avoid discontinuity with established theory.

² Edelheit, H.: *Complementarity as a Rule in Psychological Research*. Jackson, Freud and the Mind/Body Problem. Int. J. Ps., LVII, 1976, pp. 23-29.

However, the tone of the book strongly suggests that the psychology of the self is the theory of the future.

To Kohut, this shift parallels his surmise that the patients of Freud's time had been overstimulated children, while today's child has been reared in an understimulating, lonely psychological environment. Self-pathology for Kohut is therefore the dominant psychological illness of our time—reflected not only in the clinical situation but in the predominant artistic creations of our era, which portray the fragmented "crumbling self." The classical therapeutic stance, defined by Kohut as an attitude of cautious reserve, may help the patient with a transference neurosis based on overstimulation in childhood. But in the narcissistic disorders, this reserve will cause "germinally displayed exhibitionism" and "cautiously offered tendrils of idealizations" to be experienced as if rejected, leading to lethargy and rage (p. 259).

Basic elements in Kohut's psychology of the self can be listed very schematically. The self originates in the parental self-object's dealing with the baby as if it had a self—a "virtual self." Healthy assertiveness is in the service of the development of a maintenance of the self; destructive rage is always motivated by an injury to the self. In classical neurosis, the self participates on both sides of a conflict equation and can therefore be ignored. Isolated sexual drive manifestations only establish themselves after traumatic and/or prolonged empathic failures from the self-object environment. The breakdown of healthy self-assertiveness vis-à-vis a mirroring self-object leads to isolated exhibitionism; breakdown of healthy admiration for an idealized self-object leads to voyeuristic preoccupation with breast or phallus. Neurosis based on intrapsychic conflict (that side of the human being which Kohut refers to as "guilty man") can be treated by analysis which accomplishes self-knowledge. Narcissistic neurosis, based on failure of the self to develop fully (that aspect of the human which Kohut calls "tragic man") can be treated by analysis which seeks to establish a self which reliably and joyfully undertakes activities.

A timetable for development of the self has not yet been worked out. Roughly, Kohut believes that somewhere between the second and fourth years, grandiosity changes into ambition, mostly with the help of the mother's mirroring. This seems to coincide with Mahler's view of the fourth and last subphase of the separation-

individuation process, with consolidation of individuality and the beginnings of object constancy. But here, as elsewhere in the book, Kohut does not attempt to correlate his findings with those of other authors such as Mahler. Idealized goals appear from the fourth to the sixth year. In any case, the bipolar nature of the self provides two chances for a coherent self. Only if both fail is there major pathology.

In discussing the oedipus complex, Kohut defines narcissistic retreats from oedipal conflicts as pseudonarcissistic disorders, and he describes pseudotransference neuroses in which an ostensible oedipal preoccupation is a defense against a fragmentary or devitalized self. Kohut explicitly maintains that he rarely sees both narcissistic and oedipal conflicts side by side or alternating in the same patient. For him, the two lines of development are distinctly separate, an observation that does not correspond to our usual clinical experience. When oedipal conflicts occur at the end of the analysis, they seem, according to Kohut, like new developments; characterized by a glow of joy, they are psychological achievements, not a reliving of earlier unsolved conflicts. Therefore, Kohut wonders if the classically described oedipus complex may be understood as the child's reaction to the parents' failure to enjoy and participate empathically in the child's growth. Unempathic parents will react to their oedipal child with counterhostility or counter-seduction, stimulating destructive aggression and isolated sexual fixations. The implication here is that castration anxiety and penis envy, related classically to conflicts concerning phallic narcissism, are imposed from outside, rather than being the consequences of the human being's constitutional heritage interacting with his or her human environment.

This view of the oedipus complex seems idiosyncratic. I believe that our analytic experience shows us that the oedipus complex is a central organizing schema in mental life, and our clinical work indicates that the oedipal situation produces intense, stormy, and powerful conflicts even with relatively empathic parents. Many analysts have described how, after the analysis of persisting narcissistic phenomena, the work turns to oedipal problems which have indeed been there overwhelmingly in the patient's earlier life, or have been distorted by preoedipal and narcissistic problems.

In recent years, Kohut has forcefully and singlemindedly brought to our attention phenomena with wide clinical implications. Much remains to be explored in the realm of the narcissistic disorders. The concept of the self must be disentangled from its philosophical and linguistic contexts and its useful clinical definition arrived at. Despite its seeming vulnerability to criticism, Kohut's work resonates with our newer understanding of the profound significance for human development of the capacity to experience the self, both from the viewpoints of the separation-individuation process and of the unfolding symbolic processes.

Kohut's clinical findings have already greatly influenced psychoanalytic practice and will continue to do so. As we know so well, new and useful discoveries in the history of psychoanalysis often lead to doctrinal differences; but the novel viewpoint ultimately infiltrates into the general body of psychoanalytic knowledge. Kohut's "psychology of the self" is likely to be another chapter in that saga. Regrettably, his new book shifts the emphasis from clinical trial of his ideas to a kind of isolating metapsychological separatism. When Kohut writes as if many other analysts view their patients as collections of drives and structures, not only in theorizing about them but in the nexus of the clinical situation itself, he seems to ignore the widely held current view that psychoanalysis requires multiple perspectives: an introspective-empathic approach in our clinical work must be tempered with the capacity to shift to an "objective" view that tests out and validates our perception of the patient and of ourselves. Both approaches are essential for the analyst; overemphasis on one can lead to purely intuitive wild analysis, while the other extreme creates a sterile intellectualism. As long as transference-countertransference phenomena are at the heart of clinical psychoanalysis, the analyst encounters, works with, and tries to understand a whole person in the analytic process.

In the narcissistic disorders, it is the patient's conscious or unconscious disturbances in the sense of being a whole person that provide the central theme of the analytic procedure. For many patients, following this theme is sufficient for them to achieve a much healthier sense of themselves. Kohut's formulations, in fact, form the basis of much successful psychotherapy. Some patients require periods of this sort of work as phases of their analyses; many do not. Some patients require only this kind of help; analysis

in the usual "classical" sense may be irrelevant for them and not indicated. But to consider patients solely from this vantage point, as Kohut seems to suggest, does appear remarkably oversimplified. Ambition and ideals, after all, are drives and objects seen solely from the point of view of the self. We have yet to define clearly those patients for whom this viewpoint might be useful; for most patients, "real objects" exist in their own right and cannot be left out of the psychological field. In addition, Kohut's over-emphasis on the pleasure derived from achieving the experience of being a whole person (sufficiently recognized, responded to, and in harmony with figures to be admired) seems to lead to a view that other pleasures, including sexual ones, have little psychological meaning. He leaves no room for exploring the possibility that narcissistic gratifications and self-esteem regulations are orchestrated into the sequences of libidinal development in ways we have not yet understood.

Kohut's thinking is constricted by his insistence on the purity of his theoretical viewpoint. For instance, "fragmentation of the self," always difficult to delimit conceptually, appears to include a wide range of primitive and infantile phenomena: anaclitic depressions, depersonalizations, disorganizing anxieties (of various contents), childhood dissociative states, and temporary or encapsulated psychotic regressions. Body image distortions and manifold altered states of consciousness may also occur. Clearer definition of this variety of phenomena is not obtained by trying to fit them into the Procrustean bed of the "fragmented self."

Kohut is among the few germinal and original writers in our field today; his oneness and the faddishness that has stemmed from it should not deter us from exploring the clinical issues raised by his work. He has sensitized us to listen in new ways to grandiosity and idealizations, to put these phenomena in new contexts, and to be more aware of the subtler manifestations of parental narcissism, thought disorders, and mild psychoses as they have impinged on our patients' development. However, Kohut also tries to generalize his clinical insights into a world view. Like many artists in the twentieth century, he seems to see in the "crumbling self" the ubiquitous illness in the individual which reflects the fragmentation of political, sociocultural, and symbolic forms in our times. In fact, "self-pathology" is not new and contemporary. The range of psychopathology

based on narcissistic damage has always been with us; a variety of social institutions, organized religion among them, have evolved to offer external supports and substitutes for defective psychic structure. Kohut's work will help us to design better psychotherapeutic techniques and strategies for the treatment of those people whose psychopathology is primarily based on narcissistic damage. However, most *analytic* clinicians still find themselves treating patients with traditional hysteric, obsessive, depressive, and mixed neurotic character disorders—including narcissistic ones. The contribution of Kohut's work to analysis as most of us know it remains to be assessed. Unfortunately, in this book Kohut sets off on a path which makes it more difficult to fit his hypotheses into the context of our psychoanalytic theories, knowledge, and experience and to test whether these hypotheses can be validated.

LESTER SCHWARTZ (NEW YORK)

PSYCHOANALYTIC TECHNIQUE AND PSYCHIC CONFLICT. By Charles Brenner, M.D. New York: International Universities Press, Inc., 1976. 221 pp.

Those of us who are grateful to Charles Brenner for his *Elementary Textbook of Psychoanalysis*,¹ who have followed his many papers and have been privileged to hear his discussions, can easily identify his hallmarks in this book: directness, clarity, demystification, and a deceptive simplicity which can be easily misunderstood.

The present book describes a variety of theoretical guides to technique in the psychoanalytic approach to the multitudinous expressions and derivatives of psychic conflict. For Brenner, psychic conflict as discussed here is largely intersystemic conflict. Important considerations regarding intrasystemic conflict, particularly unintegrated ego phenomena and a view of the superego and ego ideal as structurally complex, are apparently not within the author's frame of reference in this particular work.

Brenner skillfully utilizes familiar and basic components of analysis, such as responses to lateness, analyst's errors, free association, dreams, symptoms, the use of the couch, and the like, to illustrate his position that the major contribution of the analyst is the im-

¹ First edition reviewed in *This QUARTERLY*, XXV, 1956, pp. 261-262; revised edition reviewed in *Volume XLV*, 1976, pp. 631-634.

parting of understanding of the part that conflict, multiply determined and historically traceable, plays in functioning. An important example is the discussion of the analyst's being "natural or human" as an expedient of analysis. He convincingly argues that the analyst is being "natural and human" if he consistently behaves compatibly with the implicit agreement and goals of the interchange and therefore furthers understanding. This he rightly considers no more or less compassionate than other types of relationships derived from different interpersonal contexts, i.e., the helpful physician, the concerned friend, etc.

Only a general survey and a few critical comments about some individual chapters are possible here. For me, the most interesting chapter is Chapter 2, "Conjecture and Interpretation." Brenner makes valuable distinctions that in some ways disavow the rather common false modesty which puts a value on not understanding anything until the patient presents associations. He describes an active, affective, and intellectual process evolving progressively into clarifying understanding which is intermittently translated via a variety of interrelated statements of inference and interpretations. These move increasingly toward explicating multidetermined and genetic clarification. The descriptions of validation of interpretation are somewhat disappointing—a reflection, I think, of our limitations when we specify validating evidence beyond the general, rather subjective sense which we call "process."

The discussion of the superego in Chapter 4 is valuable as a corrective to the current bulging interest in the ego and the theoretical unclarity which often blends together various regulatory phenomena. However, keeping the superego as a solid structural entity seems misleadingly simplifying, especially when we think of such complex superego phenomena as the dual functions of protecting versus prohibiting and of the importance of ego ideal functions. It is interesting that in the discussion of defense and superego analysis, there is no mention of integration or identification and, in fact, little explication of psychic change beyond some qualitative descriptive statements regarding shifts in defensive modes.

In the discussion of transference, Brenner surprisingly states that transference factors are not "even dynamically more important . . . [in analysis] than elsewhere" (p. 130). This seems not in accord with his own emphasis in other writings on the importance of regression.

I think most analysts view analysis as an interaction in which dynamic transference factors progressively and regressively increase until they nearly dominate the interaction, the transference neurosis, implying an intensity and importance rarely if ever found "elsewhere."

In Chapter 6, "The Analysis of Dreams, Symptoms, Fantasies, and Similar Phenomena," we immediately recognize Brenner's call, present in his other writings as well, for equal time and equal attention to every aspect of behavior. This includes important cautions regarding the anti-analytic situation which results from unbalanced analytic interest in dreams or any other single phenomenon. Yet I wonder if Brenner does not overdraw his point in his discussion of the place dreams play in institute curricula. There is an important distinction to be made between seminars on dreams and dreaming and seminars on technical application that seems blurred in Brenner's discussion. The former rightly occupies an important place in the analytic curriculum because of the complexity and controversial nature of the metapsychology and psychophysiology of dreams and dreaming, without necessarily defining a predilection regarding their technical importance.

Brenner reiterates an important contribution in reminding us that "the report of any dream is actually a statement of the dreamer's first spontaneous associations to it." This view is in accord with recent articles on various "revisions" and "levels of integration" which take place in dream formation. In his examples, though, it seems to me that he does not make enough distinction between "the gloss" and "the report." I feel this is an important distinction because "the gloss," being more immediately directed toward the analyst, generally carries a fuller and clearer load of transference implication, particularly resistance factors, than other elements of the report. In short, aspects of *the report* should be differentiated more clearly.

Brenner's affirmation of the importance of symptom analysis is of great significance. The quick, often temporary or segmental improvement which may accompany symptom analysis should not cause us to downgrade its importance as a source of information and validation. However, in his attempt to demonstrate the central role of compromise formations in behavior, Brenner makes a questionable point when he states that acting out behaviors are really "bad"

symptoms. Although it is true that there are structurally identical elements between symptoms and acting out, clinically and theoretically the ego-syntonicity of acting out behavior is a major difference between the two. Brenner rightly points out the commonalities between symptoms and acting out as compromise formations, but does a disservice by not detailing the significance of the differences.

In pursuing the analysis of these different forms of compromise formations, he mentions as part of "good analytic technique . . . simply asking a patient for his associations as suitable occasions arise" (p. 163). It seems to me that asking for associations is a technique derived from prestructural theories and, in a sense, goes against his own careful dissections of multiple determination and resistance. "Simply asking" seems to partake of education, suggestion, and other "nonanalytic" methods closely related to the "working alliance," a concept he properly questions.

In the final chapter, "Goals of Analysis, Case Selection, Practical Arrangements, and Other Topics," Brenner is basically modest. In discussing suitability for analysis, he minimizes the importance of evaluation of the ego: "The truth is that patients whose egos are called intact are those whose symptoms are comparatively few and mild . . ." (p. 178). In this regard, insofar as he relies on quantitative rather than qualitative distinctions he does a disservice to structural evaluation. Similarly, his discussion of termination seems deceptively casual. He emphasizes that it really rests on the analyst's judgment that enough has been accomplished and that for the amount of time, effort, and money involved, what can be further accomplished is not worth it. Is this an indirect comment on the rather large literature on evidences and criteria for termination and the termination phase itself?

In summary, this is a book filled with wisdom and deceptive simplicity. It seems to me that it is not a good book for beginners in psychoanalysis or those unacquainted with analytic technique. By its careful study of one aspect, namely, the relationship of technique to "psychic conflict," it could easily be misconstrued by the inexperienced as representing the totality of the psychoanalytic situation and effort rather than a sector of psychoanalytic interchange.

This book is highly recommended, however, as an important reaffirmation to those who have had experience in the practice of

psychoanalysis. It allows us to compare specific elements of our work with that of a very experienced, careful, and thoughtful theoretician and practitioner. It also stimulates us to rethink in terms of elementals many of the very important interchanges, interactions, and activities that constitute our work. We may have become so accustomed to these basic elements that we may well have forgotten their fundamental theoretical importance. Brenner confirms this in his conclusion, a remarkably personal statement. As is appropriate for an expert, he reminds us that it is by a review and thorough understanding of the elementals of our activities that we can find our way through those circumstances which are "rare, dramatic and bizarre."

JEROME D. OREMLAND (SAN FRANCISCO, CALIF.)

DEPRESSION AND HUMAN EXISTENCE. Edited by E. James Anthony, M.D. and Therese Benedek, M.D. Boston: Little, Brown & Co., 1975. 568 pp.

In this collection of essays, the editors have attempted to offer the serious reader a complete view of current ideas on depression. A group of authors with fine credentials representing diverse areas of expertise have contributed papers which range in value from worthwhile to excellent, and in approaches which include biological, societal, biochemical, and information systems theory. It is useful to have a compendium of some of the current terminology on depression in one book: Winokur's "Depressive Spectrum Disease," Benedek's "Depressive Constellation," Schmale and Enger's concept of "Conservation Withdrawal," Ostow's ideas on "Energy Depletion in Depression," etc. As an additional aid to integration, the editors have inserted an orienting prologue before the several subdivisions of the book, each of which surveys different major approaches to the study of depression.

Although the multiple facets of depression are presented, it is clear that the editors consider the contributions of psychoanalysis to be of greatest importance, and in this review I shall limit myself to discussing essays by psychoanalytic contributors. The editors' introductory comments stress the importance of the consistency of the psychoanalytic theory of depression. In their entirety the essays lead to an inevitable and striking conclusion: whatever the basis or

bases of any depression, the ideational content is always the same. Support for the catecholamine hypothesis in affective disorders waxes and wanes, but the general psychoanalytic formulation of the conflict in depression, when we seek it in the mental life of the patient, remains relatively constant and is easily and ubiquitously demonstrated.

In view of her major contributions over many years and perhaps because we look for more in this, the last work before her death, Benedek's several essays in this book are somewhat disappointing. She does present an excellent discussion of the postpartum period, in which she attempts to correlate the hormonal physiological changes with the associated psychological phenomenon (she, of course, worked in this area for many years). Her article, "Depression during the Life Cycle," elaborates on her earlier concept that the predisposition for depression is built into the female procreative system. Emphasizing the woman's psychological reaction to procreation rather than any sex-linked factor, she believes there is a marked increase in receptive tendencies, psychologically stimulated by physiological creative needs. This is a primary source of depression for those women whose personality organization cannot deal with the regression "inherent in their procreative physiology." But she also recognizes and emphasizes the enormous increase of aggression that is evoked in pregnant women (something few people, lay or professional, are willing to recognize as characteristic in incipient "motherhood"). I do think she attributes too much to this recurrent psychology, even extending it to explain eclampsia, which is most likely purely physiological in origin rather than an expression of self-destructiveness in pregnancy. She ends this essay with the provocative coda: "One may generalize to say that depression of women in the procreative phase is a psychosomatic condition. Depression in men can be classified as a narcissistic neurosis."

Much of her thinking, as reflected in these essays, leans heavily on early psychoanalytic theory, and she relies unduly on tautologies and intuition. For example, in discussing ambivalence as a universal characteristic of the instinctual process, she supports her thesis with physiological and ethological data which seem at least of questionable validity. Thus, she sees laughter appearing in the fourth month of life as a first instance of ambivalence, because it elicits two contrasting tendencies simultaneously—inspiration and expiration. To

my mind, this is an example of the confusion of psychological and physiological mechanisms, a result of the increasing tendency of many writers to erase the mind-body dichotomy prematurely. Despite our rapidly growing knowledge of brain physiology, I do not believe that we yet know enough to reach such conclusions. (In his early *Project* Freud expressed some similar ideas that are only now beginning to find experimental support in the newer physiological work, e.g., changes in neurons which make them more or less refractory to discharge.) Benedek places stress on energetic concepts which have become increasingly difficult to support. These include the dual instinct theory and death instinct "entropy." She defines tolerance as a "result of the transformation of that libidinal energy that neutralizes aggression and thus wards off anxiety" (p. 164). In another place she says of ambivalence, ". . . it is just energy. . . ."

In an attempt to define "sincerity" Benedek is deflected into a questionable discussion of the superego and its development. I believe she is seriously slighting the work of both Loewenstein and Jacobson in her statement that a "phenomenology of conscience written by a psychoanalyst still does not exist" (p. 157). She seems to consider the ego ideal a *late* developmental phenomenon, a result of the introjection of aggression alone. Many analysts would disagree. She concludes that "sincerity means to be true to oneself." Current analytic theory would dissect one's "self" into various components including the ego ideal which is related to but *not* a part of the self.

The concept of depression as a manifestation of energy deficiency is repeated in many of the articles. It is implicit in Benedek's reference to entropy, the energy deficiency which she believes is the end phase of "conservation withdrawal" (Schmale and Engel). Ostow's two articles speak to this point even more directly. It is a basis for his chemotherapeutic recommendations for psychic energizers in the treatment of depression, in mania, and in the hyperactive activity of the predepressive patient. (He considers the latter two clinical states as attempts to ward off an impending depression with its "inevitably" resulting energy depletion.)

There are two questionable formulations in Ostow's essays. One is his metapsychological distinction between mania and depression: "Whereas the depressed patient is persecuted by the lost love object whose image is incorporated into the superego, the manic identifies

with these objects in the ego" (p. 399). We are accustomed to understanding these identifications differently since the clinical picture supports the idea that the lost object is identified with part of the self-representation internalized in the ego, while the criticism (or total approval) is experienced as coming from outside the self, *supra*-ego. Similarly, Ostow's impression that mania precedes depression (an attempt to ward off the depression) cannot be clinically validated. Either state may dominate as the initial presenting affect. There is often a long history of recurring depression before the first manic episode. In fact, we are now learning about a group of affective disorders, the first manic episode of which may not appear until the sixth or seventh decade of life.

Jacobson's two articles, one on self-esteem and the other on the psychoanalytic treatment of depression, are excellent. Her discussion of the development and vicissitudes of self-esteem regulation is thorough and enlightening—an extension of her writings in *The Self and the Object World*. She is critical of Bibring's failure to deal with the hostility conflicts in depression since he focused instead almost exclusively on anxiety, depression, and elation as ego states.

Jacobson's piece on the psychoanalytic treatment of depression offers many valuable therapeutic suggestions and caveats, including helpful warning against the common practice of submitting to the depressed patient's demands for more sessions. The article also includes further reworking of the clinical distinctions between psychotic and neurotic depression that she began some years ago. She correctly emphasizes that "differential diagnosis in some severely depressed patients is much more difficult than we usually believe" (p. 432). For example, a severely retarded depression is often indistinguishable from a catatonic stupor, something Jacobson herself suggested many years ago. Even catatonic excitement and a real manic outburst (although not hypomania) are easily confused, and perhaps with good reason. In this paper, she no longer stresses the distinction that shame is a predominant affect in psychotic depression whereas guilt is more prominent in the neurotic, a point that never seemed to be valid clinically.

Jacobson states that the self-criticisms of the psychotic depressives "directly reflect their complaints about their love object," whose faults are introjected into the self-image. By contrast, the narcissistic

identification is less prominent in the neurotic depressives, and although they too ward off their hostilities by turning them onto the self, and self-criticisms are *not identical* with the complaints against the object. Similarly, she believes that manic-depressive depressives *do not* tend to have symbiotic attachments to their love objects.

Anthony has several excellent essays in this book, elaborating many of his previously presented ideas and giving a more cohesive picture of childhood depression. He sets up an elaborate categorization of child development and phase-specific phenomena, and presents an impressively successful amalgamation of the ideas of Spitz, Bowlby, Klein, Benedek, and even Bibring. All is in the service of describing and explaining the clinical picture of depression in the child and how, only later in life, its form changes to the classical one in the adult.

Bibring's concept of depression, derived from a reactive infantile ego state of helplessness, is still widely quoted. However, I believe there is strong clinical evidence which indicates that the helpless fantasy of the depressive is a specific wish/fantasy of passivity for the purpose of recapturing the lost love object in a new regressed, sado-masochistic love relationship. The internal conflict has been split and the aggressive wishes have been partially projected onto the outside world, or object.

The last paper, entitled "A Revision of Existing Causal Hypotheses in Psychoanalysis" by M. Basch, is the most stimulating, albeit the most difficult paper in the volume. Although essentially it is another attempt to apply communications and information processing theory to classical metapsychology it seems more promising than earlier attempts and has profited from the precursor theories of Peterfreund which were less successful.

Basch offers alternatives to several classical analytical concepts such as drive energy theory, Nirvana principle, Freud's stimulus barrier, and, implicitly, to Hartmann's concepts of neutralization and autonomous ego functioning. He uses Piaget's concepts and specifically circumvents unconscious/conscious mentation. He joins the expanding group of analytic theoreticians (e.g., Beres and Joseph) who dispute Freud's theory of the hallucinated breast and its role in the development of reality testing. In a double-barreled critique he first produces arguments against assuming any ability for symbolic or conceptual thinking before the age of two (when,

he claims, one finds the first evidence of imaginative play, imitation in the absence of a model, etc.); and at the same time he states that using information theory does not require evocative recall of past experience in hallucinations or imagination.

Information theory hypothesizes that the myriad of disconnected impulses which reach the brain are collected and structured by a mother's responsiveness into a circuit that can now delay response (what we would call the development of secondary process thinking). Basch suggests that the early trauma found in depressed patients may derive from the mother's failure to respond effectively to the infant's communications and his or her need for a predictable rhythmic environment as experienced in intra-uterine life. This predictable environment is needed to develop the proper "feedback loops" and ordering of patterns. If the mother does not respond, the stress situation becomes linked with the encoded memory of early unstructured disorganized states and produces anxiety. This will progress to depression if the caretaker mother remains absent or unresponsive. According to these ideas, since only later development can be conceptually symbolized, this early experience becomes diffusely associated with a lowered self-esteem and ambivalence toward narcissistically significant objects. Spitz's anacritically depressed infants are called "infants who have to a significant extent been left out of a meaningful ordering system of a caretaker. . . . The motor and the mental retardation of depressed infants is" not "the result of sadness due to awareness of loss but may be a consequence of understimulation. . . . [It is not due to] the loss of either a symbolic object or self-esteem" (p. 514). Before symbolic processes appear at the age of two, Basch claims that "the mother does not exist for the infant as a concept but rather as a part of those sensorimotor recognition patterns associated with order" (p. 521). Only after symbol formation is possible (after age two) does the mother herself not have to be present for the child to feel safe. "The symbolic representation of mother's face soothes . . . by serving as the perception that stands for order" (p. 521). In the more familiar analytic terminology, object constancy is now established.

Basch concludes that a loss precipitates a depression only when the object is an essential part of a structure on which the capacity for the orderly processing of events is based. This seems to be his rewording of the more familiar analytic sequence of depression

resulting from the loss of a narcissistic object. According to his thesis, depression occurring in the less developed mental apparatus (due to chronology or pathology) may not have any of the active affective behavior concomitants such as anguish, crying, and so on. These manifestations may appear only with later development. He believes that the "melancholic's feeling of worthlessness and the conviction that he deserves to die are his attempts to order the consequences of the dysfunction and not the cause" (p. 529). I assume this means that he sees them as restitutorial attempts. (To some extent this is consistent with the thesis I presented some time ago in describing anhedonic girls who are not clinically or affectively depressed, but complain more of feelings of emptiness. These girls experience the affective manifestations of depression only when they begin to improve. The paradox is that although they are recovering they are now more dangerously ill than before, since at this point they may be suicidal—much more so than during their anhedonic phase.¹)

All of this is interesting and stimulating but I do believe that such attempts to bridge the body-mind dichotomy are still premature. They must be considered seriously, but with reservations. Our knowledge of neurophysiological process is still far too inadequate to allow more than very tentative formulations at present. As an example, the new and bewildering data becoming available on the distinct differences between right and left brain functioning highlight our lack of neurophysiological sophistication. Although we are learning how each hemisphere of the brain *functions* quite differently, we are nevertheless unable to make histological, biochemical, or physiological distinctions thus far. It is clear that there must be differences in some modality but we do not yet have the experimental techniques required to demonstrate these distinctions, even if we use information systems theory.

This is an excellent book. It is to be kept for reference and study. The only criticism I would make is not about its content. The print of the text is very light and gray while the type itself is graceful and thin in line. Unfortunately, the combination makes for difficult and tiring reading despite the aesthetically pleasing appearance.

STUART S. ASCH (NEW YORK)

¹ Cf., Asch, S. S.: *Wrist Scratching as a Symptom of Anhedonia: A Predepressive State*. This *QUARTERLY*, XL, 1971, pp. 603-617.

THE MAJOR NEUROSES AND BEHAVIOR DISORDERS IN CHILDREN. By Melitta Sperling, M.D. New York: Jason Aronson, Inc., 1974. 442 pp.

This book is a posthumous collection of papers, most of them published elsewhere over some twenty-three years. The volume might have been more usefully and accurately entitled *Collected Papers*, because the reader notes considerable overlap and repetition, and the superimposition of sections and subsections seems forced.

Dr. Sperling strongly advocates the simultaneous psychoanalytic treatment of mother and child for virtually the entire range of psychopathologic, including psychosomatic, conditions from which children suffer. She bases this position on the theory that the symptomatology or disordered behavior in the child is a result of unconscious identifications and expectations that the mother has for the child, which the child unconsciously reflects. Most child analysts would conclude that this theory underemphasizes the role of the psychic apparatus of the child. Ego development, including defense formation, is sufficiently established even in very young children to require that the intrapsychic dynamics of the child remain the central focus when psychopathology is present, even if the work must be carried out by parents or others. Since these views are so controversial it becomes particularly important to learn the grounds on which Dr. Sperling bases her beliefs. Given the presumably inherent problems in converting clinical data into communicable language, the reader looks for at least "bare bones" information about the treatment, such as length of sessions, their frequency, duration of treatment, and other easily stated "basics." These data are not reported.

One bit of information which is offered was disturbing. On page 243, the author advocates the simultaneous treatment of mother and child *without the child's knowledge that the mother is in treatment*. This is an approach with which this reviewer strongly disagrees. To maintain that the child does not know of such emotionally powerful events is to deny that the child knows at some level all the other phenomena, such as sexuality, which psychoanalysis and psychoanalysts, including Dr. Sperling, maintain that children know. If it is thought desirable to pursue a particular therapeutic approach with a child, the child needs to know directly and consciously the dimensions of that approach, including the fact that the mother is being treated concurrently.

A second clue to Dr. Sperling's therapy, reference to which can be found at several points in the book, suggests the importance for her of the role of the therapist as an authority figure, especially in advising parents on ways to approach their children. This sounds much more like a variety of psychotherapy than psychoanalysis. The case of a child (p. 133) whose phobia "cleared up immediately" upon advice to parents is suggestive of a symptomatic transference cure.

The book contains a number of sweeping statements that reduce the vitality which clinical material can convey. One example is the unsupported assertion that the "father is the inducer of the phobia" in a case in which the mother is "physically and emotionally unavailable." At the same time, the reader's suspicions are aroused about the therapeutic interaction that produced such a conclusion. Again, the author's admonition that the analyst of the child must have the mother's "complete acceptance and trust (this can be reliably established in the analytic relationship [with the mother]) if the treatment of the child is to be successful" is neither possible nor necessary.

The book is very readable. Dr. Sperling's original taxonomy of night terrors remains useful. Some of her clinical descriptions, like her reporting of her attempt to reach a frightened child (pp. 378-379), show her to have been a sensitive, competent therapist.

In summary, Dr. Sperling's book is interesting as a reflection of psychoanalytic work with children from the 1940's to the early 1970's. The clinical presentations are often lively and the clinician will find them useful. However, the theoretical formulations and specific recommendations are not convincing.

JOHN HITCHCOCK (PITTSBURGH)

STRESS RESPONSE SYNDROMES. By Mardi J. Horowitz, M.D. New York: Jason Aronson, Inc., 1976. 366 pp.

Horowitz describes a systematic effort to study stress response syndromes and their treatment. It is his purpose to make explicit some models for conceptualization and communication so that the complex phenomena involved can be open to further scientific exploration. Viewed in this perspective, the attempt can only be praised and, in some measure, elaborated by its reviewers, whatever their particular vantage point. In this review, I shall survey the content

of his thesis and then briefly discuss the use of psychoanalytic concepts in the work.

Early in the volume a case history of a traumatic neurosis is set forth to serve as a focus for discussion throughout the book. It is buttressed by descriptions of field observations of a variety of traumatic life events. Analogous studies from the experimental laboratory are described; these examine responses to film strips with traumatic and neutral content. Having thus confirmed the natural history of stress response syndromes, the author abstracts some general phases of response following a stressful event. They are: 1) an initial outcry, with the realization that the event has occurred; 2) a phase of denial and numbness; 3) intrusiveness of the traumatic content in a repetitive form in thought, emotion, and/or behavior; 4) working through, a phase of ideational and emotional processing of the traumatic content; and 5) completion, involving acceptance of the event and its implications, or the development of stable distortions, with a loss of the peremptory quality of denial and unbidden intrusive recall.

The author then shifts from a phenomenological to a dynamic approach, formulating explanatory models for the phases of denial and intrusion which are based on psychoanalytic theory and cognitive processing. The analytic explanation draws on parallel features of the stimulus barrier for perception and the repression barrier for memory. In both instances, a feedback loop serves to control entry for the sampling and processing of stimuli. Levels of anxiety regulate the appearance of denial or intrusion in the stress responses. A similar explanation is advanced in the language of cognitive processing.

The termination of stress reactions involves action and psychological completion. In psychoanalytic terms, the explanatory concepts invoked are "sufficient drive discharge" and "the need for mastery." An information theory model is presented as an approach to explain the assimilation process. The treatment of stress response syndromes is then discussed; the end point is defined as the mastery of peremptory denial and intrusion. The treatment task is reviewed and variations in technique are specified by projecting the initially described traumatic neurosis against a backdrop of hysterical, obsessional, and narcissistic personality types. A behavioral model for the treatment of this prototypical neurosis is discussed as well, in

analytic terms. Further case examples are described at the end of the book to illustrate the complexities in real life as they complicate the categorical simplicity of the models.

Horowitz has truly engaged a most complicated set of problems in this pioneering effort. In his discussion of diagnostic considerations, he notes that there is no official category of traumatic neurosis in the American Psychiatric Association's Diagnostic and Statistical Manual, second edition. Descriptive efforts in the past have emphasized acute reactions, chronic reactions in the nature of a traumatic neurosis, psychoneuroses following upon a traumatic event, and character changes. The diagnostic dilemma, as the author notes, is that the response in a given individual does not remain fixed to the specific event but rapidly interacts with pre-existing neurotic conflicts and adaptation.

In his formulations, the author's description of analytic theory is admittedly reductionistic and of a summary nature. It is employed for the purpose of discerning essential patterns for the psychological assimilation of stressful experience. He cites the discussion of traumatic memories in *Studies on Hysteria* and the revision in Freud's views after his experience with war neuroses as reflected in *Beyond the Pleasure Principle* and adds to these some more recent commentary on the concept of the repetition compulsion. While the description of treatment is comprehensive and character styles and defenses are clearly taken into account, there are some theoretical distinctions that might usefully modify the explanatory models. A genetic developmental view of the problems involved, for instance, would seem quite relevant within the author's frame of reference.

The critical effect of a traumatic event is the disruption of the coping behavior of the individual by the quality and quantity of stimulation in reaction to a loss of body parts or functions and/or significant objects and possessions. The tabulation of common stress responses in the intrusive-repetitive phase and the denial-numbness phase is like a drum roll of actual neurotic symptomatology, including sleep disturbances, nightmares, unbidden thoughts, feelings, and fantasies, a blunting of perceptions and attention, a disavowal of meaning, confusion, disorganization, disturbed reality processing, a sense of vulnerability and unpredictability, psychosomatic discharges, etc. It is the integrity of the structures of the mind and the mode of tension regulation that is of the essence, suggesting

a focal task related to the recycling of problems in separation-individuation and the transformations of narcissism rather than the solution of psychoneurotic problems. The end point of a stress response syndrome (converting a traumatic event to an ordinary memory to be forgotten or recalled at will) would seem to involve the provisional re-establishment of stability to the structures and functions of the mind. The common observation of anniversary reactions speaks for recurring long-range disruptive effects of serious trauma and their unconscious representations. Psychoneurotic meanings of the treatment event cannot of course be dissociated from the common neurotic experiences and require therapeutic attention. It is, however, important to note that they may serve a defensive function against the experience of loss, just as, analogously, a psychoneurosis serves to protect the individual against the experience of an actual neurotic state. When symbolic meanings of the event are added to pre-existing neurotic and character problems, it is the earlier problems that require extensive psychotherapy, as Horowitz notes in his discussion of appropriate treatment of the response to stress as a specific focus. The delineation of the problem in a developmental context may serve as useful elaboration of the explanatory models in terms of diagnosis and treatment.

NATHAN SCHLESSINGER (CHICAGO, ILL.)

DIMENSIONS OF A NEW IDENTITY: THE 1973 JEFFERSON LECTURES IN THE HUMANITIES. By Erik H. Erikson. New York: W. W. Norton & Co., Inc., 1974. 125 pp.

YOUNG MAN THOREAU. By Richard Lebeaux. Amherst: University of Massachusetts Press, 1977. 262 pp.

Erikson has produced a beguiling and evocative book, and I imagine that the experience of hearing its content delivered (more or less as it appears in the book) must have been a moving one for the audience. When subject to the scrutiny that the permanence of the written word allows, however, it presents a number of problems. The book is not a psychobiography of Jefferson, although a fair amount of space is devoted to some interesting discussion about Jefferson. It is not an essay on the applications of psychoanalysis to the humanities, or even more broadly to human ethical concerns, though it does devote some space to the question of methodology

in such interdisciplinary endeavors. While it purports to sketch the outlines of a "new identity" for America and Americans, it only presents a sketch of the "old identity." Perhaps we have a clue to its true nature from one part of Erikson's discussion concerning Jefferson's 1804-1805 booklet entitled "THE PHILOSOPHY OF JESUS OF NAZARETH extracted from the account of his life and teachings as given by Matthew, Mark, Luke, and John," including a discussion of the Sermon on the Mount. Thus the genre to which I believe this book belongs is that of the sermon. If one reads it as such (or, better, has heard it as such), one can gloss over the lack of any clear conceptual focus, enjoy the particular points made, and come away with a measure of spiritual betterment.

What is the main message of the sermon? "Take care" are the concluding words of the book and they constitute Erikson's spiritual message. To explicate: the new identity that Erikson thinks America must develop is that of a nation of those who take care of the world in which they live, a nation of those who do not burden the next generation with the terrible moral debts and liabilities of their own and of past generations. The old identity of America centered too much on expansion, innovation, and fulfilling a "manifest destiny." In these lectures, delivered with the memories of the Vietnam War and the unfolding Watergate scandal still fresh, Erikson alludes frequently to the seamy side of this old identity. Early in the book he delineates the notion of "pseudospeciation"—a form of splitting the human race into "us," the true humans, and "the others," who are inferior and/or enemies. This propensity (and he nicely interweaves instances of "pseudospeciation" in the debates of Jefferson's day about whether Americans or Europeans represented the "degenerate form" of the human species) is an example of a moral burden passed down through the generations. To counterbalance this feature of the old identity, we must assign a particular meaning to the "happiness" in the phrase "the pursuit of happiness." In Erikson's words,

In youth you find out what you *care to do* and who you *care to be*—even in changing roles. In young adulthood, however, you learn whom you *care to be with*— . . . sharing intimacy. In adulthood . . . you learn to know what and whom you can *take care of* . . . to increase, by whatever is yours to give, the good will and the higher order in your sector of the world. That . . . can be the only adult meaning of that strange word *happiness* as a political principle (p. 125).

Unfortunately, the core term in Erikson's argument, "identity," remains as tantalizing and as amorphous as in his previous writings. It encompasses the subjective and the objective, the conscious, the preconscious, and the unconscious, the social and the intrapsychic, as well as the ego ideal and the "ideal self."¹ Still, one can legitimately argue that we need *some* term to characterize just that theoretically messy but complex state of affairs that includes our feelings and behavior both as a particular person and as a member of a group.

In relation to identity, however, Erikson does make a number of important and, I think, clinically verifiable points about the notion of "Protean man." This term was originally introduced by Robert J. Lifton to characterize the rootlessness of post-Hiroshima man (or of post-Hiroshima adolescent). Erikson has borrowed this term to convey something about the multiple capabilities of Thomas Jefferson, his ability to be many things, to play many roles, to be one who could (to use his own phrase) "wear a number of seemingly contradictory characters in one lifetime." Jefferson, according to Erikson, was still "always himself." By extension, Erikson uses the phrase "Protean man" to describe the American identity in contrast to the "negative identity" of tradition-bound Europe. Without directly criticizing Lifton, Erikson argues eloquently for the role of unresolved guilt in certain characters whose identity is built around having a continuously shifting identity. He refers to the predicament of the mythic Proteus, as told in the *Odyssey*:

He knew the past, the present, and the future . . . and it was in order to avoid having to tell the truth that he assumed the pseudo identities of animals and elements of nature. . . . But there was a real and lasting Proteus in the original Protean personality, a tragic core-identity in the multiplicity of elusive roles (p. 106).

The propensity of youth and of Americans to be Protean may well conceal a terrible burden of unconscious guilt.

I have said enough . . . about the nature of human conscience to indicate that where roles, in the name of multiple identity or of none, are played out licentiously, the old-fashioned conscience is not liberated, but re-repressed. And the consequence is not greater freedom . . . but an

¹ See, Abend, S.: *Problems of Identity. Theoretical and Clinical Applications*, This QUARTERLY, XLIII, 1974, pp. 606-637, for some useful clarification of the confusion in psychoanalysis.

inability to . . . convey to others any ethics except that of making a variety of role adjustments instead of a single one (p. 108).

The role of unconscious guilt in interfering with the resolution of adolescent identity issues is an important part of Richard Lebeaux's Eriksonian study, *Young Man Thoreau*. The work focuses on the late adolescence and early adulthood of Thoreau, from his graduation from Harvard at age twenty to his decision to live at Walden Pond at age twenty-eight (1837-1845).

My mixed reaction to the book may well be based in part on its self-styled "Eriksonian" vantage point and in part on my own present feelings and attitudes toward Thoreau. The author clearly labels his work Eriksonian, to be distinguished from Freudian. I cannot bring an independent judgment to the question of the relative adequacy of a Freudian versus an Eriksonian approach to Thoreau, but if forced to choose I would declare myself distinctly a Freudian. In addition, I am not an expert, either amateur or professional, on Thoreau and certainly cannot assess this book in relation to the vast body of scholarship, criticism, and appreciation about Thoreau. My own relation to Thoreau has changed over the past few years from that of distant admirer of an idealized, popular version of the man (I read *Walden* in college, and his book on Cape Cod a few years ago) to ardent admirer, though not necessarily a much better informed one. The shift occurred when I moved recently to Thoreau country, only a few miles from Walden Pond (now a busy State Park, but still lovely). There is the great Thoreau collection in the Concord Public Library, the Thoreau Lyceum, neighbors who are life-time members of the Thoreau Society, and, above all, the magnificent woods that Thoreau loved and made his own. I also have been influenced by the fact that in recent years, in the context of the Civil Rights Movement, the Antiwar Movement, and the powerful resurgence of interest in preserving the natural world we inhabit, Thoreau has gained new prominence. I have been told that the Thoreau Society embraces an extraordinary variety of people of different ages and social and political outlooks, all of whom find something of great importance in the figure of Thoreau. In his own lifetime, there was a decidedly ambivalent relationship between Thoreau and the people of Concord. But his popularity today is much greater than that of his mentor, Emerson, who was the darling of Concord. There is much, then, to ponder

about this man, this Socrates of Concord, the Brahmin of Walden, the ecologist, the dissident, the master of paradox. We should also like to know more about his introspectiveness, his journeys within, the apparent absence of any sexual relationships in the life of a man who could so passionately and sensuously bring alive a pond or a patch of sunlight. (Incidentally, none of the four Thoreau children married, and there was a long list of maiden aunts and bachelor uncles.)

As for the Lebeaux book, the introduction and first two chapters were distinct disappointments. The quotations from Thoreau are excellent, but much of the rest falls flat. The discussion of the differences between Freud and Erikson is a model of currently widespread misunderstanding. Erikson, according to the author, while owing a great debt to Freud, sees the personality in a "more holistic and flexible way." His approach takes into account the conscious self as well as "the 'unconscious'." Just why "unconscious" is in quotation marks is not clear. Does anyone in psychoanalysis, including Erikson, have a good theoretical model of conscious mental life? Next, Lebeaux cites the danger of reducing a "great man . . . to patienthood." But, on the same page, he acknowledges that he himself has little to say about the sources of Thoreau's genius; by implication, then, this study is a "pathobiography"—a study of neurosis and inhibition in a creative person. In sum, there are some important differences between Erikson and Freud, or Freudians, but this sloganeering completely obscures what they are.

Most annoying, however, is the use, overuse, and abuse of the term "identity" and cognate words and phrases. In the first sixty pages of the book, I counted some fifty instances of these terms, and nowhere is the author's use of the word clearly defined. These sixty pages not only explicate the author's method, but also deal with Thoreau's family background and his early life. Unfortunately for the psychobiographer, there is not much solid data to go on, and Lebeaux attempts to cover the high degree of speculative interpretation with "identity buckshot," as if he hopes that some of the shots will land on a suitable target.

In spite of this unpromising beginning, however, as the book unfolds, it seemed to me to contain much that is interesting, psychoanalytically believable, and at times genuinely illuminating. The core of the book is really the extended analysis of Thoreau's rela-

tionship to his three-year-older brother John, their rivalry for the hand of the same lady, the premature and tragic death of John at age twenty-six, and Thoreau's reaction to the loss. (The brother died of lockjaw, and some time after his death Thoreau developed what seemed to be a mixture of a profound depression and a hysterical conversion, mimicking his brother's symptoms.) Lebeaux's construction of a rivalry, with Thoreau suppressing the aggressive aspects and paying heavily in guilt, leads him to a closer examination of certain facts in the lives of the brothers, facts that other Thoreau biographers may have slighted. In this section there is much to satisfy both the student of Thoreau and the psychoanalyst. Major portions of Thoreau's often opaque journal entries begin to make more sense, and once Lebeaux has made his point, one understands much more of *Walden* and other works of Thoreau. I was particularly interested to see how the author explicated Thoreau's book *Cape Cod*, a strangely mournful and depressing work for a travel book. Finally, the theme of repressed and suppressed fraternal rivalry does shed light on Thoreau's difficulties in settling on a career, specifically a career as a writer. In short, the theme of unconscious guilt is useful in understanding Thoreau's identity crisis and, to my mind, considerably demystifies that latter term. (In these chapters "identity" is used rather sparingly.)

Paradoxically, in terms of the author's professed Eriksonian approach, these sections of the relationship between the brothers can only be described as Freudian. To say that this finding proves the superiority of the Freudian approach to the Eriksonian one seems captious and is merely another version of the author's banal arguments about the advantages of Erikson. For such an argument misses the point that the essence of psychoanalytic work, whether clinical or applied, is to be found in the process far more than in the particular concepts and constructs that are brought to bear.

Further, Lebeaux has demonstrated, wittingly or unwittingly, that it is absolutely necessary for purposes of psychobiography to reduce the subject to a clinical case. If the subject does not turn out to be a recognizable case of this or that (fill in: unresolved grief, conflicts around basic trust, separation-individuation issues, etc.), then there is no analysis in the root sense of the word. Here, too, the heart of psychoanalytic process is not the pure reduction to known categories. Almost any good clinical analysis leaves certain things poorly understood, and there are inevitably loose ends in the fabric. From

time to time, the fact that a case or a group of cases does not fit the current concepts in some important respect may lead to a revision in the theory. The process of psychoanalysis then entails a dialectic between the uniqueness of the patient and the ways in which he or she can be categorized or reduced to familiar cases. By reducing Thoreau to the category of a person suffering with unconscious guilt over hostile and competitive impulses the author has illuminated much about the man and his works. We do know more about Thoreau if we realize that a *component* of his passion for the natural world is a defensive regression, or displacement of feeling from early idealized objects. The other components are now suitable topics for further inquiry. Thus, Lebeaux quotes some material from Thoreau that suggests that early on he had transcendental experiences, experiences which made him feel strange and isolated from other people. As Greenacre and others have suggested, it may be that creative artists are people who have had readily available to them a capacity for unique sensory and aesthetic experiences, and that capacity becomes mobilized early in life for defensive purposes (or is prematurely developed by some external trauma). In this context, one of Lebeaux's quotations from Thoreau, an account of the omnipresence of the woods in his memory and his dream life is particularly apt:

Twenty-three years since, when I was five years old, I was brought from Boston to this pond, Walden Pond, away in the country . . . one of the most ancient scenes stamped on the tablets of my memory. . . . That woodland vision for a long time made the drapery of my dreams. That sweet solitude my spirit seemed so early to require that I might have room to entertain my thronging guests, and that speaking silence that my ears might distinguish the significant sounds. Somehow or other it at once gave preference to this recess among the pines, where almost sunshine and shadow were the only inhabitants that varied the scene, over that tumultuous and varied city, as if it had found its proper nursery.

BENNETT SIMON (WAYLAND, MASS.)

THE PSYCHOPATHIC GOD: ADOLF HITLER. By Robert G. L. Waite. New York: Basic Books, Inc., 1977. 482 pp.

ADOLF HITLER: A FAMILY PERSPECTIVE. By Helm Stierlin. New York: The Psychohistory Press, 1976. 163 pp.

The Psychopathic God: Adolf Hitler is an important book. The author, a distinguished historian well versed in scholarly research

and analytically-oriented thinking, has been largely successful in elucidating Hitler's personality, "at once so banal and so terrible."

In view of the paucity of factual material regarding Hitler's early life and family background, the wealth of pertinent data which Professor Waite's book provides and evaluates is indeed notable. The author probes into his subject's personal history as a determining factor in his later ascent to pernicious leadership, but he also delves deeply into "the image and the man," his career, pathology, successes, failures, monstrous actions, and catastrophic influence on the history of our century. Waite prudently considers virtually everything that is authentically known (or consistently reported) about Hitler's mental and physical characteristics and combines this material with his own findings, achieving a multidimensional, horrifying, but believable psychological portrait.

Some examples: It is well known, of course, that Hitler cherished Wagner's operas, both as a young man in Vienna and later as chancellor in Berlin. His favorite was *Lohengrin*, the story of the immaculate and heroic knight who rescues the virginal maiden Elsa from her lecherous suitor, Telramund. The oedipal meaning of this theme is of course obvious, and Waite correctly points to it: Hitler saw himself as the immaculate knight who rescued his mother Klara from his evil, lecherous father. But Waite also discusses Hitler's identification with Wagner's anti-Semitism, an identification based on a common dread of a "part Jewish" origin. There is reason to believe that Wagner was the son of Ludwig Geyer, at that time generally thought of as having been a Jew, while Hitler suspected that a Jew named Frankenberger or Frankenreiter might have been his paternal grandfather.

Actually, no shred of evidence has ever been found either in the Wagner-Geyer genealogy nor in the Hitler-Schicklgruber family tree which would prove the existence of a single Jewish ancestor in their respective families. But as we analysts know, that is not the point. Both men *felt and feared* that they might be "part Jewish." In fact, Hitler's family lineage worried him through most of his life. Waite considers it likely that one of the reasons for Hitler's law that required all citizens of the third Reich to identify and prove the racial "purity" of their ancestors was because he harbored tormenting doubts about his own. It all centered on the purity and cult of *blood*. Hitler's preoccupation extended to concern about the shape of his skull, the appearance of his hair, the looks of his hands,

fingers, legs, and shoulders, the length of his nose and even the width of his nostrils which had to be concealed by the familiar little mustache. Why was he so concerned about the physical aspects of his body?

In accordance with Bromberg and other analytic authors (including this reviewer), Waite accepts the report of the Russian pathologists on the autopsy of Hitler's partially burned body. They found that Hitler was born with an anatomical defect, that is, a congenital absence of one testicle. The conclusion is not only based on the Russian autopsy report according to which "the left testicle could not be found either in the scrotum or on the spermatic cord inside the inguinal canal, or in the small pelvis. . . ." Additional information that Hitler had but one testicle has come from Hitler's company commander during World War I; this officer was positive about this on the basis of the fact that all soldiers in the army at that time underwent periodical genital examinations for possible venereal infection. The last point can be corroborated here; in the reviewer's own recollection of those days the German soldiers had a special profane term for such inspections, the word *Schwanzparade*, i.e., penis display or penis parade. Furthermore, virtually all of Hitler's intimates agree that he never allowed them to see him completely undressed. Though Waite deals with much of this material in a comprehensive subchapter titled "The Case of the Missing Testicle" and also makes use of relevant psychoanalytic writings (Bell, Blos, Bromberg, etc.), he has perhaps not gone far enough in discussing the far-reaching consequences that may result from such bodily defects. They can affect not only psychosexual development per se, and may be causally related to sexual perversions, predominantly anal-sadistic regressive and sado-masochistic behavior, but may also influence the whole psychic life of the individual, especially in the domain of body-image formation, and therefore may cause impairment of ego and superego functioning. Such individuals not infrequently want to build and destroy, to shoot and kill, to arm and be armed, to attack and crush, to dismember and subdue as well as be subdued. The psychological consequences can be truly shattering and it seems reasonable to speculate that they certainly were a central organizing factor in the case of Hitler.

The concluding chapters of the book detail the fact that Hitler, in addition to having other calamitous characteristics, was history's

most determined and most savage Jew-hater. Strange as it may seem, this point has to be recorded nowadays again and again, since from a variety of quarters methodical attempts are being made to "white-wash" the *Fuehrer* and minimize his horrendous deeds. As a historian and erudite researcher, Waite refutes these scurrilous attempts and clearly establishes Hitler's and his cohorts' role as the perpetrators of the holocaust.

For more than three decades after Hitler's death a massive outpouring of literature on the man has been under way. By 1975, according to Helm Stierlin, "more than 50,000 serious books" on Hitler and his Third Reich had already appeared in print, and it seems likely that many more will follow. No doubt, Hitler will always be with us.

Stierlin's volume focuses on Hitler's early family constellation, childhood, and adolescence. Within the framework of a studiously examined specific "family scenario"—only in part definitely authenticated and therefore in part, at times somewhat boldly, reconstructed—the author discusses the *Fuehrer's* lifelong oedipal ties to his mother Klara; her overprotection and "exploitation" of her son Adolf after she had lost three children in rapid succession prior to his birth; his reactions to her later illness and death from cancer for which she had been unsuccessfully treated by a dedicated Jewish physician, Dr. Bloch; his presumed lack of mourning and denial of her death, with the result that he remained tied to the lost maternal object which subsequently invested his nationalistic and *Lebensraum* ideology; and his mission as a "delegate" and "avenger" carried out with monstrous harshness in his later political career. The father is described as a man "almost certainly" lacking fairness, integrity, and loyalty in the treatment of his wife and children, a man unconsciously linked to the "poisonous" Jew (Dr. Bloch) who had to be toppled and destroyed at any cost.

Some of Stierlin's formulations make for interesting reading and offer hints for further investigation and research. Many gaps remain. Hitler's monorchism and sexual perversions are dismissed as "basically unsubstantiated." In view of the careful documentation of this finding in Waite's book, among many others, one must wonder whether the material presented in this "family perspective" is based on primary sources or on complex, if plausible deductions.

Toward the end of his short book the author readily concedes that certain assumptions of his, especially his construction of a family setting in which "a peculiar mixture of massive frustrations and inner conflicts . . . would generate fierce destructiveness," are open to doubt. The present reviewer shares these doubts and, indeed, supports them.

WILLIAM G. NIEDERLAND (ENGLEWOOD, N.J.)

THE PSYCHODYNAMICS OF HOSTILITY. By Leon J. Saul, M.D. with Barbara Wrubel. New York: Jason Aronson, Inc., 1976. 233 pp.

The problem of human aggression has become the subject of ever increasing interest and debate in current scientific circles, as evidenced by the number of recent books, scientific papers, panels, and congresses. Still, the quest for an adequate theory of aggression, psychoanalytic or otherwise, goes on largely unfulfilled.

The present volume provides us with some very useful insights into the patterns of hostility that evolve from specific disturbances in childhood development, reflected in far-reaching, lifelong effects. In brief, the authors believe that pathological hostility is the result of failure on the part of parents to provide the two great essentials for normal development: unselfish love, and respect for the child's personhood. The resulting developmental disturbances are described in terms of excessive childish dependency (from lack of necessary balance), insatiable need to be loved (from parents' failure to give real love), envy and rivalry, with demands for prestige (from favoritism or rejection, or projection of parents' ambition onto the child), disordered conscience (from harsh training), and revengefulness (from misguided treatment and especially from sibling rivalry).

Over-all, the book is divided into five major parts: Biological Orientation, Psychological Orientation, Hostilodynamic Mechanisms, Social and Political Attitudes, and Toward Prevention and Cure. Clinically, the categories that are included under the heading of hostilodynamic mechanisms consist of the antisocial (criminal, criminoid), private (neurotic and psychosomatic), and social (sublimated). Each category is copiously illustrated with clinical vignettes detailing the early experiential deficiency and the resulting disorder.

The strength of the presentation lies in the richness of the clinical

material and the persuasiveness of the correlations that are made between the specific disturbances in developmental experience and the subsequent pathologic hostility. Further, the connections between early family relationships and resultant political attitudes, with all the attendant evils that have afflicted humanity, provide interesting insights. In the final pages, the recommendations for massive social engineering and worldwide educative efforts are welcome even if they seem idealistic and crusading in tone.

The formulations that one may take issue with can be stated as follows. Intraspecies destructiveness is described as being unique to humans, and humankind's hostility is seen as an instance of a mechanism of adaptation run rampant: i.e., the fight-flight reflex, essential to survival in the cave and jungle, continues to operate and to overshoot itself in civilized settings. Is hostility a drive or reaction, or both? Saul contends that hostility is not inherited, except for the adaptive fight-flight mechanism, but rather is reactive, the result of parental mismanagement of children.

As an alternative view, we might suggest that it would be consistent with evolutionary principle to consider that human aggression operates in the service of natural selection and that patterns of child-rearing constitute the means by which adaptive processes are carried out, even when appearing to be pathologic or at least unpleasant in their characterological consequences (e.g., in the Upper Tananas as described by the Boyers, or the Sioux as detailed by Erikson¹). The point here is that child-rearing patterns may be a means toward undetected ends and thus overdetermined rather than causal.

Another problem that is not considered in this book pertains to the question of aggression as a drive beyond the limited sense of the adaptive fight-flight mechanism. We cannot expect answers to the fundamental question that is the subject of so much difference of opinion among behavioral scientists—of whether aggression is appetitive (a primary aggressive drive) or instrumental (as in frustration-aggression theory). But certainly more emphasis on the

¹ Cf., Boyer, L. B. and Boyer, R. M.: *Socialization, Conservatism and Personality Development among Athabascans*, presented at the joint panel of the American Psychoanalytic Association and the American Psychiatric Association, on Ego Development and Cultural Differences, Honolulu, May 7, 1973; Erikson, E. H.: *Childhood and Society*. New York: W. W. Norton & Co., Inc., 1950.

pathogenic influence of drives is warranted than is offered in this book. This pertains to libidinal drives as well, since these are considered by the authors largely in terms of sexualized hostility, which is then attributed to what has happened to one at the hands of parents, rather than to what may be driving one instinctually to produce pathogenic conflict. Incidentally, with regard to ethological studies relevant to instincts, there is now evidence that with sufficient observation time intraspecies murder may yet prove to be more common in many other vertebrate species than in man, contrary to the "conventional wisdom."²

Even with these reservations regarding its theoretical positions, the book is to be valued for the clinical evidence it presents in tracing developmental patterns of hostility, and in offering additional data for the interdisciplinary effort that will unquestionably be needed if we are to solve the problem of understanding human aggression.

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

² See, Wilson, E. O.: *Sociobiology. The New Synthesis*. Cambridge, Mass. and London: The Belknap Press of Harvard University, 1975.

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S. Warren Seides

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ABSTRACTS

Bulletin of the Menninger Clinic. XL, 1976.

Language Pitfalls in Diagnostic Thought and Work. Paul W. Pruyser and Karl Menninger. Pp. 417-434.

Over the years, psychiatry has utilized four language groupings, the languages of nosology, classifications, persons, and therapeutic techniques. The language of diagnosis is most often an amalgam of these four, but is perhaps the most haphazard linguistic artifact of the profession. Nosology is the conceptualization of disease, ranging from the philosophical to the empirical and including descriptions of clinical conditions. Classification is an exercise in taxonomy, plagued by ambiguities in what is to be classified, disorders or patients, general conditions or specific clinical entities, and further plagued by the differences seen in the alleged same disorder. The person language fails when it equates a person with his or her disorder; that is, a person is not a schizophrenic. In the language of therapy, patients tend to be described according to the interviewer's therapeutic orientation. The official hodge-podge called the language of diagnosis has many abuses and obfuscations: it is artificial in form and scope, using no verbs; it is guided by a narrow range of terms and rules for combinations of terms; it is a compound of diverse conceptions and levels of abstractions; its genetic terms are ambiguous and tend to be vulgarized through popular usage; and its greatest limitation is that the naming of disorders in terms of the standard nomenclature gives insufficient clues to treatment.

Danger-Situations. Roy Schafer. Pp. 459-478.

In *Inhibitions, Symptoms and Anxiety* Freud defined danger situations, aligned them with the various neuroses, and developed a therapeutic perspective in helping patients understand them. Schafer utilizes his own theoretical work on *action language* to arrive at a concept of anxiety as an action, best remembered by the ego through the use of verbs and adverbs. Danger situations are interpreted as actions (such as recognizing, remembering, and interpreting) taken by persons to define a situation from a certain standpoint. Acting anxiously is a defining feature of the ego which implies a danger situation. The theory of signal anxiety is questioned. Rather than use the term inhibition, Schafer prefers to call it "refraining from taking certain actions." Neurotic symptoms are viewed as actions taken by the patients, rather than afflictions visited upon them. Similarly, character traits are seen as complex actions. From this point of view, the diagnosis of neurosis is the diagnosis of what someone is doing in terms of danger situations.

Exorcism, Possession and the Dracula Cult: A Synopsis of Object-Relations Psychology. D. James Henderson. Pp. 603-628.

A parallel exists between the current interest in object relations theory and the

concepts of possession and exorcism among the laity. The author applies some aspects of Bram Stoker's psychobiography to further understand his book, *Dracula*, one of the most horrifying books in English literature. The inquiry is approached through three areas: primary creativity, the basic fault, and the oedipus conflict (one-, two-, and three-person psychology). Henderson studies the vampire cult from the point of view of early object unions and splitting, depressive and persecutory states, good and bad internalized images. The persecuting forces are seen not as the supernatural forces of medieval times but as the internalized persecuting bad objects of the theories of Klein and Fairbairn.

Symptom Substitution. Norman Reider. Pp. 629-640.

Although Freud viewed symptoms as substitutive satisfactions for the frustrations in life, the mechanism of substitution was not explained. Symptoms are ego alien, can be displaced, and imply the existence of a drive. The search for the hidden substitute is carried out under the economic theory. Using several clinical examples, Reider indicates that the substitution may be either from one symptom to another (ego-dystonic) or from a symptom to behavior (ego-syntonic). The prototype of this kind of displacement to contiguous objects may be the infant's developmental enlargement of its visual scope from its mother's face to other objects. The earliest model of therapy may be the correction by the mother of the infant's experiences of discomfort, the neutralization of excesses or deficiencies by an authority figure. With examples of the treatment of obesity and anorexia nervosa, Reider shows how most instances of symptom substitution involve the turning of a passive phenomenon into an active one, with contiguity or symbolic representation a determinant in the new symptom.

S. WARREN SEIDES

Bulletin of the Menninger Clinic. XLI, 1977.

Aspects of Affect Theory. Henry Krystal. Pp. 1-26.

The author notes that present-day society's antihumanistic influences, including the realities of the atomic age, have led patients toward a general tendency to suppress affects. He cites some shortcomings in the discharge theory of affects, including difficulty in dealing with unconscious affects, variations of consciousness under the influence of hallucinogenic drugs, confusion about and abuse of the discharge theory due to the proliferation of current therapies, and the inadequacy of the theory in explaining traumatic neuroses. As a result of his studies of drug dependent individuals, Krystal prefers a developmental view of affects. His emphasis is on the importance of the progressive role of verbalization of affects, creating less need to somatize them as the individual grows up. Affect tolerance is carried out under the protection of the mother. The occurrence of massive psychic trauma in childhood hinders the development of affects and makes the expectation of the return of the traumatic state a constant danger. The ability to grieve, which becomes more apparent

during adolescence, is the prerequisite to giving up one's infantile omnipotence. Communication initiates the transformation and attenuation of affects into later signals, with the development of language and symbolization being fundamental.

A Cruc in the Jung/Freud Letters. Daniel Dervin. Pp. 131-144.

On October 28, 1907, Jung wrote to Freud that "my veneration for you has something of a 'religious' crush. Though it does not really bother me, I still feel it is disgusting and ridiculous because of its undeniable erotic undertone. This abominable feeling comes from the fact that as a boy I was the victim of a sexual assault by a man I once worshipped." Dervin notes that in Jung's autobiographical work, *Memories, Dreams, and Reflections*, there is a virtual absence of events involving women and genital sexuality. Jung had an ambivalent relationship with his clergyman father, in whose room he slept when his parents were estranged. Dervin chooses to interpret the confession of the homosexual experience in Jung's letter, not as a literal event, but rather as a prospective wish, a transference fantasy, consistent with the unreliability of the fantasies of hysterics at the time. Other interpretations are possible.

The Relationship between Mania and the Memory of Pain: A Hypothesis. Harold L. Levitan. Pp. 145-161.

Levitan hypothesizes that the individual manic episode is precipitated by the need to control the memory of pain. Three sources of data are used to support the hypothesis: certain dreams preceding mania; clinical pain-mania sequences; and the regular step-by-step action of narcotic drugs. In dreams, the painful experience is revived, followed by the sudden abrogation of the pain and then the emergence of the archaic pleasure ego which characterizes the ensuing mania. That the pain does not awaken the dreamer seems pivotal, for the dreamer does not restore his or her awake ego functions, including reality testing. In the pain-mania sequences the memory of actual tissue damage is extinguished at the outset of the manic episode, thus supporting the idea that pain is the conscious component of the depressive phase of manic-depressive disease. Narcotics, which in small doses result in the relief of pain, can create ecstasy in larger doses.

An Abandoned Mother. An Abandoned Baby. Edna Adelson and Selma Fraiberg. Pp. 162-180.

This is a touching, beautifully sensitive account of the psychoanalytically oriented treatment of a six-month-old infant together with her seventeen-year-old unwed mother, which was carried out through home visits. With both the marasmic infant and the rejecting mother serving as primary patients, an interpretive approach linking past and present affects saved this infant's life. The mother was able to learn that much of what had been done to her in her early childhood was being repeated in her own abandonment and neglect of her own child. As her conflicts were interpreted to her, and as she saw the con-

sequences of her traumatic past, the mother was able to mobilize more positive affect and began to nurture the baby rather than starve her.

Psychoanalytic Neutrality: An Overview. Jorge de la Torre. Pp. 366-384.

After emphasizing the importance of the analyst's neutral stance for the necessary development and resolution of the transference neurosis, the author examines in detail five topics: the concept of neutrality, Freud's neutrality, neutrality and technique, neutrality and termination, and neutrality in therapies other than psychoanalysis. Neutrality is seen as the maintenance of equidistance from ego, id, superego, as proposed by Anna Freud, and is distinguished from indifference, goallessness and nondirectiveness. Freud referred to the analyst as an elucidator, one who clarifies. De la Torre discusses the requirements of neutrality with respect to other aspects of analytic technique, such as openness, spontaneity, transference, countertransference, and abstinence. Anonymity and the proper use of the analyst's passivity and activity further the analytic work. The termination phase tests neutrality vigorously and is a time when analytic technique should be faithfully preserved. Neutrality is applicable and necessary in situations other than psychoanalysis, but the more a therapeutic interaction departs from psychoanalysis, the less can neutrality be preserved and the more difficult it becomes to implement.

S. WARREN SEIDES

Revista de Psicoanálisis. XXXIV, 1977.

Superego, Narcissism and Psychosis. Marcos Guter. Pp. 5-23.

This paper was originally intended to be a review article on the work done by A. and E. Garma on the submission to the superego in Freud's theory of narcissism. The scope and complexities of the formulations introduced by Guter go beyond the original aim. He agrees with some writers, such as Melanie Klein, on the importance of the superego in relation to psychoses and therefore to narcissism. He disagrees, however, with their concept of the development of the superego. Freud's superego theory is more acceptable to him.

Guter emphasizes that resistance to the analytic process is caused by a sense of guilt and the need for punishment. Analyzing submission to the superego is to scrutinize the essence of human nature, which involves a constant interaction of the most extreme and opposite feelings, even murderous wishes, between parents and children. In Argentina, perhaps in most of Latin America and in other countries as well, there is an emphasis on analyzing the need to submit as a helpful antidote to the opposite tendency to analyze the patient's sadism.

Guter believes that since Freud's observations, most analysts agree that the sucking and cannibalistic stages become fixation points to which the psychotic patient regresses. He does not consider that the superego belongs to the psychotic component, although its presence is felt in the general picture of the

psychotic individual. The superego works in two ways: by precipitating the regressive process and by maintaining it. Guiter seems not to distinguish between different degrees of psychotic decompensation; psychosis is equated with almost total disintegration of the psychic apparatus.

The False Privilege of the Father in the Oedipus Complex. L. A. Chiozza. Pp. 77-86.

In discussing the incest prohibition, Freud indicated there can be no complete identification with the father, because sexual intercourse with mother is reserved for the father and forbidden for the son. Thus, there are two opposite mandates: "be like your father" and "do not be like your father." Chiozza goes beyond Freud's formulation, indicating that in reality the son is not forbidden from doing something the father is allowed to do. The father has the same prohibition against his own incestuous wishes for his mother. In this way, a complete identification with the father reinforces the incest taboo. From a clinical point of view Freud's formulation is validated because the child and the neurotic experience sexual permission and prohibition with the same woman. The capacity to distinguish between two different roles in the same woman, "the mother" and "the wife," is an acquisition which is the product of object relations and their internalizations. The confusion between the different objects ("mother" and "wife") which are expressed in the physical presence of the same woman, a confusion which exists in the son when he thinks that the father can do what he cannot, has its genetic origin in the persistence of a primitive type of thought in the service of a wishful fantasy. This primitive thought has social and psychoanalytic implications, in that son and father, patient and analyst, share as brothers the same taboo imposed by an evolutionary process called culture.

Critical Review of the Psychoanalytic Hypothesis of the Death Instinct. Terencio Gioia. Pp. 269-306.

According to Gioia, Freud's ideas on the death instinct were based on three types of considerations: psychoanalytic, biologic, and epistemologic, and in this essay, he examines the psychoanalytic issues exclusively. Within the framework of psychoanalytic theory, the death instinct hypothesis can best be clarified by considering it within the evolution of drive theory, which is summarized. Among the psychoanalytic reasons which made it necessary for Freud to postulate his theory of the death instinct, two are fundamental: the origin of aggression (and therefore the nature of psychic conflict) and the repetition compulsion. Gioia emphasizes the internal contradictions which emerged from the theory of instinctual duality, life-death. These contradictions become more apparent and generalized when this theory is carefully analyzed in attempting to explain the concept of psychic conflict, regression, aggression, destructiveness, and repetition compulsion. The concept of instinctual duality seems unnecessary, particularly when alternative explanations are less contradictory and more clinically applicable.

JORGE STEINBERG

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

The following abstracts appeared in the *Journal of the American Academy of Child Psychiatry* and are reprinted with the permission of the publisher.

Therapeutic Initiatives with Inaccessible Preschoolers. Myron L. Stein. Pp. 385-394.

Working psychotherapeutically with preschool children and their families can be rewarding, but can also pose problems requiring innovative approaches. This paper reviews some treatment initiatives which others have used and describes clinical situations in which, among other techniques, singing interpretation was used. Therapists are encouraged to persevere in working with "inaccessible" preschoolers and to experiment with various methods of breaching this façade of inaccessibility, while carefully monitoring the meaning of such approaches for themselves.

A Psychodynamic Approach to the Study and Treatment of Child-Abusing Parents. Arthur H. Green. Pp. 414-429.

The author presents the psychodynamics of the distorted patterns of family interaction encountered in a study of sixty cases of child abuse. Sixty non-abusing subjects served as controls. Child abuse is regarded as a dysfunction of parenting in which the parent misperceives the child due to his or her own frustrating childhood experiences. The beating represents the parent's attempt to master trauma passively experienced as a child. The child abuse syndrome is conceptualized as the product of three factors: the parent's abuse-prone personality, the child's abuse-provoking characteristics, and environmental stress. The techniques, aims, and pitfalls of psychotherapeutic intervention with abusing parents are described.

The Treatment of Child Abuse. Play Therapy with a 4-Year-Old Child. Peter A. In and John F. McDermott, Jr. Pp. 430-440.

There are few reports on the follow-up of child-abuse victims or indications that these children need any special treatment beyond removal from the abusing situation. We suggest that indeed these children suffer many sequelae and are in need of individual psychotherapy. A case study of play therapy with a severely regressed girl is presented. Typical issues that need to be resolved to prevent crystallization of chronically disturbed and arrested character structure in these children are discussed.

Psychotherapy of a Child in a Custody Dispute. Emily Miller. Pp. 441-452.

The author discusses the rationale for the therapist's planned interventions into the ongoing custody litigation and describes successful work with parents, lawyers, and court to modify custodial arrangements in the child's best interests. The effect of this involvement on the therapeutic relationship and the

therapist's countertransference is explored. Techniques for dealing with confidentiality and the collaboration with legal personnel are described. Clinical material is used to illustrate the impact of these events on the child as well as the opportunities afforded by the custody dispute for the understanding and successful resolution of the child's unconscious conflicts.

Work with Parents. Treatment of the Parent-Child Relationship. Morton Chethik. Pp. 453-463.

Even when the child is the primary patient, treatment of the parent-child relationship is important. The technique of this aspect of the treatment goes beyond the usual supportive and educational measures used in parent guidance. The unconscious or preconscious meanings a child has for the parents are clarified. Such meanings include identification of a child as the bad part of oneself, or as a feared sibling.

Family Therapy as a Defense. David B. Waters. Pp. 464-474.

A series of families with similar patterns in treatment was studied. The families had requested family therapy because of an identified patient, an adolescent whose symptoms spoke of attempts at independence. Four distinct phases of therapy were noted, culminating in the termination of the family therapy, by family consensus, and the continuation of treatment for the parents. In each case family therapy was selected by the parents as a defense against examining their own relationship. The notion of a family focus as a resistance to change is discussed.

"Liberty Boy," The Play of a Schizophrenic Child. Luitgard N. Wundheiler. Pp. 475-490.

This report describes the relationship between a schizophrenic boy and an adult who was both his therapist and teacher. The roles of the therapist and teacher are seen as complementary. Teaching, as well as play therapy were used to further the child's capacity for emotional and intellectual expression and his integration in his peer group.

Childhood Depression. A Longitudinal Perspective. Elva O. Poznanski; Verena Krahenbuhl; Joel P. Zrull. Pp. 491-501.

Ten children described as affectively depressed in childhood were re-evaluated on an average of six and one half years later. At this time, fifty per cent were clinically depressed and their behavior style more closely resembled that of the adult depressive than it had in childhood. Dependency appeared more prominent while aggressivity had decreased. Continuing parental deprivation and rejection appeared to correlate with the outcome, while broken homes and paternal loss in themselves were not predictive of depression continuing into adolescence and young adulthood.

Mourning as a Family Secret. Nina S. Evans. Pp. 502-509.

This paper describes two families whose deep need for mourning, although covertly known to each family member, was not overtly acknowledged within the group. This "dysfunctional secret" contributed both to the development of symptoms in one child in each family and to progressive intrafamilial alienation. Treatment directed specifically toward the delineation and resolution of these secrets led to significant improvement.

Identical Male Twins Discordant for Anorexia Nervosa. A Case Study. Jerry M. Weiner. Pp. 523-534.

A rare case of primary anorexia nervosa in one of prepubertal identical male twins is reported. Comparison of the twins revealed very little information about why the patient twin alone developed anorexia nervosa. A greater degree of apprehension in the father about the patient's childhood sexual curiosity may have been a factor. The patient was more driven in pursuing perfection and achievement in athletics and consequently had a greater fear of failure than his brother. However, the unaffected twin was more phobic, experienced more nightmares, and paradoxically was perceived as the less competent and more dependent twin. Rapid improvement occurred in the course of a traditional management approach and individual psychotherapy. Neither behavior modification techniques nor any sustained or systematic contact with his unyielding family was employed. The possibility is suggested that true anorexia nervosa in males more commonly occurs in preadolescence, whereas in females the onset is more common in early and middle adolescence.

A Consideration of Two Concepts of Normality as It Applies to Adolescent Sexuality. W. J. Gadpaille. Pp. 679-692.

Cross-cultural and cross-species developmental data are examined with the goal of defining tentatively the process of psychosexual development that might be considered species-specific for *Homo sapiens*. In comparison with this speculative norm, it is hypothesized that much of what is regarded as normal adolescent sexuality in the United States middle class represents psychologically delayed childhood. The pathogenic implications are discussed with respect to the expectable consequences of emotional development that must take place significantly past its critical or optimal period, and research possibilities are suggested.

The Early Phase of Hospital Treatment for Disruptive Adolescents. The Integration of Behavioral and Dynamic Techniques. Paul G. Rossman and David J. Knesper. Pp. 693-708.

Within the population of hospitalized adolescents there exists a group characterized by (1) frequent and gratifying recourse to disruptive acts: sexual promiscuity, property destruction, and abusive behaviors; and (2) the perception of significant adults as tormenting and persecutory. We call these patients

disruptive adolescents. Disruptive behaviors often elicit intense negative reaction from treatment personnel, cementing the patient's pre-existing view of the environment as persecutory and resulting in further disruptive acts. Therapeutic intervention must interrupt this cycle and help the patient gain control of the disruptive actions. Two cases are presented to detail a treatment intervention, integrating behavioral and psychodynamic approaches. Psychodynamic theory is employed to rationalize and systematize the available behavior modification techniques. Emphasis is placed upon the complementarity between the initial use of behavioral treatment strategies and the psychotherapy which follows.

Psychological Implications of Renal Transplantation. Veronica B. Tisza; Peter Dorsett; Joan Morse. Pp. 709-720.

Adolescents suffering from end-stage renal disease face the life-prolonging and, one hopes, the lifesaving procedures of hemodialysis and transplantation and the struggle to prevent rejection of the allograft. They also experience, according to their age and developmental stage, the psychophysiological thrust and the social demand of adolescence. Through the case histories of patients who had their kidney transplants almost three years ago, this paper attempts to demonstrate how four teenagers are handling their age-appropriate growth tasks. This case material derives from the cumulative observations of the renal transplant group, which includes a psychiatric team.

Journal of the American Academy of Child Psychiatry. XVI, 1977.

The Mother-Child Relationship and the Development of Autonomy and Self-Assertion in Young (14-30 Months) Asthmatic Children. Correlating Allergic and Psychological Factors. Y. Gauthier, et al. Pp. 109-131.

This study had a threefold purpose: (1) to focus on the *very young asthmatic* (fourteen to thirty months) and to evaluate the child's autonomous and self-assertive strivings; (2) to study the *mother-child relationship* as a transactional, reciprocal process of mutual adaptation; and (3) to look for a possible relationship between allergic factors and the psychological variables. We evaluated forty asthmatic children and their mothers, following an observational methodology, both at home and in the hospital. The results led us to question the theory of a "psychosomatic type" of mother-child relationship in childhood asthma as well as the inverse reciprocity between allergy and psychopathology which has been described in the literature. The implications of this study for pediatric and child psychiatric practice and for future research are also described.

Asthma and the Vicissitudes of Aggression. Two Case Reports of Childhood Asthma. Norman Straker and James Bieber. Pp. 132-139.

Two children with childhood asthma, without prior evidence of psychosis, manifested transient and completely reversible psychotic episodes in the course of psychotherapy. The dynamic conflicts which precipitated the transient psychosis would previously have precipitated an asthmatic episode had aggressive

conflicts remained repressed. A brief review of the literature on the subjects of asthma and aggression and psychosis and asthma is presented. An attempt is made to explain the relationship between the observed psychotic episodes, the observed asthmatic episodes, and the vicissitudes of the aggression in these patients.

Rumination in Infancy—Past and Present. With a Case Report. Clyde H. Flanagan. Pp. 140-149.

The literature on rumination in infancy (the voluntary regurgitation of food and the rechewing and partial reswallowing of it) is reviewed. The stages of rumination are described. The evaluation, hospital course, and successful treatment of an eight-month-old ruminating girl is presented with attention to the vicissitudes of rumination and weight gain correlated with various environmental events that foster or impede an optimum emotional climate. It is postulated that rumination is a manifestation of an infant's overcharged stimulus protective system and represents a failure in development of object relations and a turning inward of libido. Therapy is directed at providing an adequate auxiliary ego for the infant.

The Development of Social Reciprocity between a Sighted Infant and Her Blind Parents. A Case Study. Lauren Adamson, et al. Pp. 194-207.

Affective reciprocity between an infant and her caregiver is the matrix in which the infant develops physically, emotionally, socially, and cognitively. The case study of a sighted infant of two blind parents highlights the complexity of the infant-adult interaction. It brings out the fact that the human infant shows great adaptability to communication in the absence of a communicative channel as important as the parents' eyes. The development of a mutually satisfying infant-parent relationship is thus not tied to a particular sensory modality in a fixed manner, but is based on the success of establishing emotional reciprocity.

The Mutative Object. A Contribution to the Theory of Object Relationships. Taghi Modarressi. Pp. 208-217.

Four levels of object relationships preceding the achievement of object constancy are defined: biological unity between infant and mother; patterned activity, corresponding to autoerotism and including rocking, whirling, circular motions, by which the child tries to maintain a sense of familiarity and comfort; part-object representation, including imitative behavior, marking the emergence of self-object differentiation; and mutative-object representation, in which the child first makes a cognitive bridge between two part-objects.

Temperamental Individuality from Childhood to Adolescence. Stella Chess and Alexander Thomas. Pp. 218-226.

The authors report on continuities and discontinuities in the expression of

temperamental characteristics from early infancy to adolescence of the subjects in the New York Longitudinal Study. The findings are interpreted in terms of a model in which organism-environment interaction is considered to produce new behavioral patterns of succeeding age periods. As these new patterns interact with recurrent and new features of the environment, in some instances the same temperamental factors that were influential in the past continue to be influential; in other instances different aspects of temperament become ascendant, or the influential temperamental attributes may be distorted, or temperamental issues may dwindle in significance.

Cognitive Assessment of the Psychotic Child. A Piagetian Framework. Adolph E. Christ. Pp. 227-237.

Piaget's concepts of cognitive stages provide a useful framework for the evaluation of cognitive organization of severely disturbed children. This cognitive developmental perspective complements the psychosexual developmental sequence and the traditional emphasis on the underlying emotional dynamics. A combined use of these frameworks helps to formulate various ways of dealing with behavioral deviations, whether they originate in the child, the family, the teacher, or the school situation. The consulting child psychiatrist serves to synthesize the several perspectives in order to help the teacher develop teaching strategies and tactics consistent with the child's cognitive competence.

Adoption. The Rights of Parents versus the Best Interests of Their Children. Andre P. Derdeyn and Walter J. Wadlington, III. Pp. 238-255.

Adoption for the benefit of children is a relatively recent historical development which continues to be influenced by the concept of children as the property of their biological parents. Courts cannot make objective findings that a child is abandoned, is in need of an adoptive home, or is in fact already a member of a family which does not include his or her biological parents. The court's attention is first directed to terminating parental rights, which can be accomplished only in extremes of parental behavior. Substantial changes in current practices can occur primarily through new legislation stipulating that the interests of children are to be at least equal to the rights of their parents.

Postdivorce Visitation. A Child's Right. Richard S. Benedek and Elissa P. Benedek. Pp. 256-271.

At a time when interest in the rights of children is generally evident, it is particularly appropriate that we remain aware of the child's right of visitation. The solution to the visitation controversy is not, as has been suggested, to divest the courts of the authority to take cognizance of such disputes and to substitute instead an absolute power on the part of the custodial parent to terminate, at will, all contact between the child and the noncustodial parent. We favor preservation of rights and the application of individualized treatment and solutions consistent with the dynamics of each situation.

Bereaved Children. The Effect of Mother's Perception and Social-System Organization on Their Short-Range Adjustment. Michaela Lifshitz, et al. Pp. 272-284.

Middle-class Israeli children from the city, kibbutzim, and moshavim, who had lost their fathers during war, participated with their mothers and teachers in a study aimed at assessing the short-range effect of the loss and of variables in the mother's approach and in the social-system organization on their adjustments. Boys were found to be more affected than girls; generally, kibbutz children were the least affected. The more concretistic-affectionate the mother's approach, and the more the child was perceived as similar to one of the parental figures (especially the idealized father figure), the more adjusted he or she appeared to be.

Adolescents Who Commit Accidental Homicide. The Emotional Consequences to the Individual, Family, and Community. Allan Foodman and Carlos Estrada. Pp. 314-326.

Four cases of adolescents who committed accidental homicide are presented in terms of how closely the accidental homicide resembles impulsive behavior. The closer the accidental homicide approximates an impulsive act, the more features characteristic of the high risk groups are found. The cases also illustrate the effect of the accident on the adolescent, family, and community, and how each system interacts on the basis of its level of integration. Signs and symptoms that indicate the need for psychiatric intervention are listed, along with factors favoring readjustment.

Incest and Sexual Abuse of Children. Alvin A. Rosenfeld, et al. Pp. 327-339.

Incest is defined, and the literature on it is reviewed. Clinical illustrations focus on the complexity of the issues involved and emphasize the need for careful, long-term, controlled studies using a broad population base for sampling. In addition, the importance of determining clearer and more substantial criteria for psychological assessment is stressed, because the specific impact of incestuous experiences is unclear, multidetermined, and may manifest itself later in life in a variety of ways, including sexual dysfunction and depression.

British Journal of Psychiatry. CXXX, 1977.

The Making and Breaking of Affectional Bonds. John Bowlby. Pp. 201-210.

Attachment behavior is characterized by specificity in that it is directed toward one or a few specific individuals in a clear order of preference. It implies an enduring bond and is associated with strong feelings. Attachment feeling originates in the mother-child relationship but is extended in later years to other adults, such as a spouse and one's own children. Separation anxiety, a variety of neurotic symptoms, and personality disorders are explained

in terms of attachment theory and the making and breaking of affectional bonds. The main variable responsible for adults' success in making affectional bonds rests on the extent to which their parents have been able to provide them with a secure base and with encouragement to explore from it.

The Husbands of Agoraphobic Women: Assortive Mating or Pathogenic Interaction? R. Julian Hafner. Pp. 233-239.

Neurosis occurs in both partners of a marriage more frequently than chance expectation. Hafner accepts the theory of assortive mating, which suggests that partners choose each other on the basis of perceived attributes, some of which are pathological. In assortive mating, improvement in one partner may be resisted by the other on the basis that it disturbs the balance of a relationship in which overt psychopathology plays a significant part. Thirty-three agoraphobic women were studied, and their husbands examined as well. The general conclusion reached is that it is difficult to treat the wife's agoraphobia successfully without also treating the husband.

The Impact of an Abnormal Child upon the Parents. Ann Gath. Pp. 405-410.

Shock, followed by denial and then by grief is the usual sequence of events in most parents' response to the realization that their newborn child is not perfectly formed. A period of adjustment then occurs, during which the parents have to follow the day-to-day problems of bringing up a child whose needs and achievements are markedly different from those of the normal child. Previously, Gath had noted that there was a lower rate of broken homes in those families who decided to rear their Mongoloid child at home. Those families who decided on institutions for the abnormal child had an increased incidence of divorce and separation. It was concluded that one of the factors leading to the request for institutional care for the abnormal child was pre-existing severe conflict between the parents.

The Making and Breaking of Affectional Bonds: II. Some Principles of Psychotherapy. John Bowlby. Pp. 421-432.

Bowlby's second article on affectional bonds focuses on the major therapeutic tasks utilized within the framework of attachment theory. The therapist first and above all must provide patients with a secure base from which they can explore both themselves and their relationships. The therapist must join with the patients in such explorations. The patients must be encouraged to consider both the significant persons with whom they are currently involved, the situations in which they find themselves, and the part they may play in bringing such relations about. In the therapist-patient relationship itself, patients should be made aware of how they interpret the therapist's feelings and behavior toward them. Patients are encouraged to consider whether their modes of construing, predicting, or acting may be partly or wholly inappropriate in the light of what they know of the therapist. This is related to the patients' experiences

with attachment figures during their childhood and adolescence and the residues of these experiences. In traditional terminology, the tasks which have been outlined provide support, interpret the transference, and construe or reconstruct past situations. Bowlby places great emphasis on the role of providing the patient with a secure base. He tends to abjure interpretations postulating primitive fantasies and concentrates instead on the patient's real experiences.

MICHAEL D. GOLDFIELD

British Journal of Psychiatry. CXXXI, 1977.

Psychiatric Illness in Male Doctors and Controls: An Analysis of Scottish Hospitals' In-Patient Data. Robin M. Murray. Pp. 1-10.

This is an interesting study which compares psychiatric illness in male doctors to that in males who are not doctors but who are in a similar socio-economic class. More than twice as many male doctors as others in the same class were admitted for psychiatric hospitalization. Doctors have greater access to psychiatrists, and this was felt to account, in part, for their higher admission rate. It was found that first-time admission for drug dependence was five times higher for male doctors than for the control group. Alcoholism was the greatest problem among doctors and accounted for a very high percentage of admissions.

Pathological Mourning after the Death of a Domestic Pet. Kenneth M. G. Keddie. Pp. 21-25.

Several case reports clearly reveal pathological mourning reactions after the death of pets and serve to remind us of the hazards of pet ownership when the need for an animal companion assumes pathological proportions. The patients suffering from the mourning syndrome described in this article were all women. The pet dogs which had died had been under the care of the owners for at least thirteen years. On an unconscious level the pets represented a target relative for the patients, none of whom had a previous history of psychiatric illness. The psychiatric symptoms occurred immediately after the death of the animal, with somatization a predominant feature in all of the patients. Psychiatric treatment brought about early resolution of the illness in a period varying from one week to three months. Interestingly, all of the pets were of the toy dog variety.

MICHAEL D. GOLDFIELD

Archives of General Psychiatry. XXXIII, 1976.

The following abstracts appeared in Archives of General Psychiatry and are reprinted with the permission of the publisher.

A Study of "Atypical Schizophrenia." Ming T. Tsuang; G. Michael Dempsey; Frederick Rauscher. Pp. 1157-1160.

Eighty-five cases of atypical schizophrenia were compared with two hundred of schizophrenia, one hundred of bipolar (mania), and two hundred twenty-five of unipolar (depression) affective disorder. Comparisons were made on the basis of sex, age at admission, precipitating factors, outcome, and a family history of schizophrenia or of affective disorder. The atypical schizophrenia differed remarkably from the schizophrenia and most closely resembled the bipolar affective disorder when allowance was made for a younger age at onset and a higher frequency of precipitants. An analysis of symptoms verified the predominance of schizophrenic features in the atypical schizophrenia, but also showed a high percentage (80%) of patients who had one or more manic symptoms at index admission. It is concluded that great care should be taken in diagnosing schizophrenia in a patient who also has manic symptoms.

Schizo-affective Psychosis: Fact or Fiction? Warren R. Procci. Pp. 1167-1178.

The classification of functional psychoses has traditionally been dichotomous with schizophrenia and manic-depressive disorder, which are considered separate entities. However, the psychiatric literature is replete with descriptions of psychoses with mixed features. A variety of names has been applied to these psychoses, including the term "schizo-affective." This article examines the schizo-affective states across a variety of dimensions, including the acute symptomatologic picture, response to lithium carbonate therapy, follow-up studies, family history, and genetics. While the term "schizo-affective," as commonly used, probably describes a heterogeneous group of psychoses, considerable evidence supports the hypothesis that at least a subgroup of these psychoses has a definite relationship to the major affective disorders.

Predicting the Outcome of Psychotherapy for Schizophrenics. Jim Mintz; Charles O'Brien; Lester Luborsky. Pp. 1183-1186.

This study was designed to assess the relative prognostic importance of patient factors, therapist characteristics, and treatment mode. The sample was one hundred schizophrenic outpatients referred to a community mental health center following psychiatric hospitalization. Patients were randomly assigned to either group or individual psychotherapy. Criteria were rehospitalization and two clinician ratings—adjustment and social effectiveness—at a two-year follow-up. The best predictor of rehospitalization was the number of previous hospitalizations. The best predictor of adjustment status at two years was pre-treatment adjustment level. Also, patients with good prognostic indices made relatively large gains. Predictors of outcome for group-treated patients did not differ from those for individually treated patients. Controlling for initial status, treatment mode was almost as good a predictor of adjustment gains as were other patient factors.

Hypnotizability and Phobic Behavior. Fred H. Frankel and Martin T. Orne. Pp. 1259-1261.

Hypnotizability ratings of twenty-four phobic patients interested in the therapeutic use of hypnosis were compared with those of an equal number of smokers keen to quit smoking through hypnosis. The mean Stanford Hypnotic Susceptibility Scale score of phobics was 8.08 on a twelve-point scale. The mean of smokers was 6.08. Thirty percent of smokers were essentially nonresponsive. No phobics were nonresponsive. Those with multiple phobias scored more highly than those with a single phobia. These findings are in accord with the view that among psychiatric patients whose hypnotizability is assessed in a treatment context, hysterics are most responsive. The implications both for theory and for a specific treatment strategy are discussed.

Regression in the Service of Residency Education. John C. Shershow and Irwin Savodnik. Pp. 1266-1270.

Regression as a potentially adaptive psychological response is used as a conceptual model to understand a variety of behaviors seen in beginning psychiatric residents on an inpatient service. The behaviors, discussed and illustrated with brief examples, are 1) competition and identification, 2) sexuality, 3) aggression, 4) depression and despair, 5) dependency, and 6) fusion with patients. Factors on an inpatient service that foster regressive behavior in new residents are discussed, and some of the potential resolutions of the behaviors are proposed. Regression is seen as an adaptive experience for most residents; with appropriate supervisory intervention, it can foster cognitive development.

Contemporary Views of Negative Effects in Psychotherapy. Suzanne W. Hadley and Hans H. Strupp. Pp. 1291-1302.

As part of a larger investigation into negative effects in psychotherapy, we conducted a survey of researchers and practitioners in psychotherapy. We now present an integrated account of the consensus of these experts on the following issues: 1) Is there a problem of negative effects? 2) What constitutes a negative effect? 3) What factors are prominently associated with negative effects? There was an overwhelming affirmation of the reality of negative effects among the respondents. Furthermore, they urged that negative effects be subjected to systematic research scrutiny, a strategy made more feasible by the identifying criteria and possible causative factors cited by these experts. It is suggested that there is need for research into therapeutic actions and psychotherapy outcomes in general, with special reference to negative effects.

Group Psychotherapy. A Long-term Follow-up Study. David H. Malan, et al. Pp. 1303-1315.

Forty-two randomly selected patients were interviewed two to fourteen years after termination of psychoanalytic group therapy. Comparison of psycho-

dynamic changes in patients who stayed less than six months with those in patients who stayed more than two years gave a null result. The majority of patients were highly dissatisfied with their group experiences. However, there was a very strong positive correlation between favorable outcome and previous individual psychotherapy. Thirteen patients were then studied who were selected by their group therapists as having done well. These patients gave strong evidence of beneficial therapeutic effects, but such patients appear to be rare. These results 1) suggest how this form of treatment might be improved, and 2) raise questions about the appropriateness of transferring to group treatment the strictly psychoanalytic approach as used with individuals.

Illness in a Therapist—Loss of Omnipotence. Paul Chernin. Pp. 1327-1328.

This article describes one psychotherapist's discovery, through his own acute illness, of his use of omnipotence as an unconscious defense mechanism while working with patients. It includes his patients' reactions to his "loss of omnipotence" and the insights he gained from the experience.

Stress Films, Emotion, and Cognitive Response. Mardi Horowitz and Nancy Wilner. Pp. 1339-1344.

The clinical theory of the repetition compulsion is sometimes taken to mean that neurotic persons, when traumatized, will develop compulsive repetitions of the trauma. Our experiment suggests that there is a more general effect—that various types of persons, after a variety of stressful events, will tend to develop intrusive and stimulus-repetitive thought; the stress itself does not necessarily have to have a negative valence. Equivalent effects were noted after stimuli that aroused positive emotions and after those stimuli that aroused dysphoric affects.

Diagnosis and Treatment of Minimal Brain Dysfunction in Adults. David A. Wood, et al. Pp. 1453-1460.

Minimal brain dysfunction (MBD) has long been considered a disorder limited to childhood. A number of longitudinal and adoption studies suggest that MBD may persist into adult life where its existence is concealed by the application of a variety of diagnostic labels. In order to test the hypothesis that MBD does persist into adulthood, fifteen putative MBD adults were identified on the basis of current MBD-like complaints, self-description of MBD characteristics in childhood, and a parental rating (on a standardized form) of "hyperactivity" in childhood. Eleven of the fifteen subjects were given a double-blind trial of methylphenidate hydrochloride, or amitriptyline hydrochloride. Eight of the eleven showed a significant response to the double-blind trial of methylphenidate. Of the fifteen, eight showed a good response to stimulants or tricyclic antidepressants, two showed a moderately favorable response, and five were unresponsive to drug therapy.

Prediction of Tricyclic Antidepressant Response. Robert J. Bielski and Robert O. Friedel. Pp. 1479-1489.

This article reviews all the prospective, double-blind controlled studies that have evaluated the prediction of response to imipramine hydrochloride and amitriptyline hydrochloride in depressed patients. Despite widely divergent methodologies, an attempt is made to extract clinically useful conclusions from these data. Critiques of each study and the criteria used in their evaluation are presented, with suggestions for future research included. The predictors of positive response to imipramine and amitriptyline are as follows: upper socioeconomic class, insidious onset, anorexia, weight loss, middle and late insomnia, and psychomotor disturbance. The predictors of poor response are the following: neurotic, hypochondriacal, and hysterical traits, multiple prior episodes, and delusions. Pretreatment urinary 3-methoxy-4-hydroxyphenylglycol (MHPG) levels may someday be useful in predicting to which of these two tricyclic antidepressants a patient will respond.

Meetings of the New York Psychoanalytic Society

Martin M. Josephson, Stephen M. Rittenberg, Rita Wallsh, N. John Pareja & Donald Cohen

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

March 30, 1976. A LONGITUDINAL STUDY OF A PSYCHOTIC CHILD: A FILM. Presented by Dr. Margaret S. Mahler, Dr. Manuel Furer, and Miss Anni Bergmann.

This film records the various phases of treatment of a girl with secondary autism. The treatment had been conducted at the Masters Children's Center and involved the authors' tripartite therapeutic design, in which the child, her mother, and the therapist were present during the sessions four times a week, with each session lasting one and a half hours. The girl had first been seen in intake at the age of two years, seven months, for complaints concerning destructiveness and unmanageability as well as sleep and feeding disturbances. Film sequences from ages three, five, ten, and fifteen years were shown.

The girl was the child of somewhat infantile parents. The girl's mother had been abandoned by her own parents to the care of a sadistic grandmother. When the girl was born, she was looked upon by her mother as an animated doll. When the child was seven weeks of age, the mother became depressed at the death of her own father, and thereafter the mother's sole contact with the child was in breastfeeding, outside of which she was withdrawn from the child. While the girl cried and vocalized in the first nine months of life, by one year she no longer responded to people, and there was a loss of eye contact and smiling. The parents, professional musicians, would lock the girl out of the room as they practiced, to which the girl responded with tantrums and later with attacks on the parents' piano and sheet music. Through its sound, the piano became a lifeline to the parents as well as the cause of the child's isolation. By the time the child was initially seen, she had retreated to a position of secondary autism with a dedifferentiation of the animate and inanimate.

In the film sequence, at the age of three the child is shown to avoid eye contact. In addition, she does not acknowledge the presence of the therapist, although she accepts objects in the room from her. The therapist is used in the nature of a tool, and body contact is permitted only if the child and therapist are not facing each other. The child demonstrates her use of the piano as a psychotic fetish, i.e., as an idiosyncratically used transitional object. At times, she explores it as if it represented the mother's body. By three and a half, the child could use her exceptional music gifts to communicate her moods through the choice of the music she played and the manner in which she played it. As part of her involvement in the treatment, the mother is seen discussing the sessions with the authors, providing the day residue which helped in the understanding of the child's behavior.

As her treatment continues, the girl gradually shows a silent recognition of the therapist (Miss Bergmann), and her facial expression changes from blankness to one that now reflects the pain she can feel in a beginning relationship. By four and a half, the child begins to let the mother soothe her.

At five and a half, at a time when her mother had to be hospitalized briefly, the girl is seen at the height of the symbiotic psychosis. The therapist functions not only as a bridge to the object world but also as a buffer. As she becomes the main target of the child's aggression, the girl learns that she cannot destroy her love object or herself. At this point, she has an intense tie to the therapist, but not to others, and resents the presence of the filming camera. It is at this point that the treatment of some of these children may reach a plateau.

When seen next at ten years, the girl has acquired language which can become unintelligible at moments of stress. It is to be noted that she may have had a partial organic expressive aphasia. At times she reverts to gestures and shows her syncretic memory with the absence of selective repression. Now, however, she can verbally express and modulate feelings. She is preoccupied at this point with transportation themes, in which passive motion leads her to a fear of the danger of discharge of tension by urination or defecation. This is linked to the unrepressed impact of the mother's enraged response to the child's having smeared feces at nine months of age. Puppet play is used to attenuate her own violent emotions. As the mother reads her a story, a truly affectionate interchange between them is noted, the therapist having been the catalyst for the child's reinvestment of the mother. As the child draws scenes of traffic jams, referable to the primal scene and masturbatory fantasies, the mother is able to convey to her daughter that the actual breakdown of the family car (equated in the child's mind with something happening to the parents) is not due to the feelings or wishes of the child.

At fifteen and a half, the girl, now an articulate, related teenager who is enrolled in a normal high school, is able to talk about her feeling that she had a mental illness as a child. She recalls how she would "remove myself out of my mind to a better reality." She remembers feeling her parents hated her, and their music is still a source of resentment. She no longer shows psychotic manifestations.

DISCUSSION: Dr. Annemarie P. Weil expressed her admiration for the tripartite method used by the authors. She mentioned several features concerning such children: the difficulty in distinguishing primary from secondary autism; the potential weakness of the stimulus barrier; and the lag in integrating ability compounded by the maternal response. In this child the discrepancy between her manipulative skills and her language was striking, with a disordering of the various developmental lines, leading later to a failure of latency age organization. Two aspects went amiss for the handling of aggression and the development of a self-concept: a disturbed interaction with an initially poorly attuned mother and a child with insufficient "sending power" (the latter in contrast to some of the children described by Anthony). In this child, lacking a supportive, empathic mother, and with her initial experiences out of kilter (breast feeding followed by total withdrawal), no fusion of drives was possible and aggression was rampant. The corrective symbiotic experience for both child and mother allowed for the fusion and neutralization of drives and for identity formation. The success of the treatment hinged upon a mother who could change, upon

the child's having expressive rather than receptive aphasia, and upon her having a most gifted therapist.

Dr. Bruce Ruddick found the film most helpful in understanding adult psychoses and borderline states. He traced the theme of the psychotic fetish through the piano to two pianos, a recorder, later on to cars, and finally to its remnant in the teenager's cradling her flute. The piano seemed to serve as a mechanical mother, as a means to maintain self and object representations, and later as a touchstone to human dialogue. The availability of the film record for study in the light of later events was most valuable.

Dr. Margaret E. Fries, in drawing comparisons to her long-term observations of normal children, noted that the seventh week of life is often a critical time, representing a shift from a prepsychic, subcortical level of development. It was at just this time that this mother had become depressed and less available to the child. Effects of this early prepsychic period persist, somewhat in the manner of hereditary factors and imprinting. Borderline patients may be fixated or regressed to this level. This prepsychic period lays the foundation for healthy or disturbed development.

Dr. Manuel Furer noted that the profound effects of the treatment on this child's future life relegated the question of cost effectiveness to a very minor consideration.

Miss Anni Bergmann, in summarizing, noted the girl's growing amnesia for her childhood, though she now feels her parents were too young and insecure when they had her. She now functions well in a normal high school, is increasingly able to tolerate mild rebuffs and has finer perceptions of the feelings of others. She feels more at ease with boys than with girls, still having some anxiety in rivalry with other females. Day-dreaming or altered states of consciousness (through drinking or drugs) are frightening, as they invoke the memory of her childhood mental illness. She shows genuine object relations, is developing well intellectually, has evolved appropriate sublimations in writing and art. Music remains conflictual, but she is showing greater interest in the flute and piano. A firm therapeutic alliance allows her to weather the transference rages as her treatment continues.

MARTIN M. JOSEPHSON

April 26, 1977. COMMENTS ON PENIS ENVY AND ORGASM IN WOMEN. K. R. Eissler, M.D.

The currently fashionable view that penis envy is merely a secondary phenomenon produced by the social influences of a patriarchal society was contradicted by Dr. Eissler, who emphasized that penis envy occurs of necessity in all human children regardless of social milieu. The paramount importance for very small children of the world of the body and its appendages and functions makes penis envy a natural and inevitable condition of early life. In psychoanalytic practice one regularly sees, with rare exceptions, the consequences of penis envy in the sexual life, symptomatology, and character structure of adult women.

Freud's early attempts to elucidate gender differences virtually equated activity with masculinity and passivity with femininity. Later it became clear that this was conceptually inadequate since "activity" and "passivity" refer to behavior that cannot be correlated with biological sex. Freud's early inaccuracy does not mean, however, that biological sexual differences are entirely devoid of psychological correlates. Dr. Eissler suggested that masculinity and femininity can, at the deepest level, be correlated to the wishes to penetrate and be penetrated.

In regard to the problem of vaginal orgasm, Dr. Eissler cited clinical evidence which made clear that, even if the physiological processes are identical in clitoral and vaginal orgasm, the psychological differentiation of the two in the mental life of the individual is indisputable. The critics who cite modern embryology as a refutation of Freud's views confuse embryology with psychology and neglect to take note of the psychological findings on which Freud's theories were ultimately based.

In the current cultural situation, there is a concerted effort to deny the existence of significant differences between the sexes. However, there are inequalities which cannot be wished away and which cannot be sufficiently explained by reference to the social and cultural oppression of women. No social reason can be found to elucidate why women rarely, if ever, produced great music or made great scientific breakthroughs.

In an age of easy abortion and easy contraception, the generative significance of the penis recedes. The penis increasingly is conceptualized as merely a pleasure-giving instrument, a toy. In this way, envy of the penis may also be reducible. Conflict can then be lessened, and a new kind of culture may be built, one which resembles a matriarchy. Dr. Eissler's assessment of our age and culture led to the suspicion that we are going further than any previous civilization in attempting to override nature. He specified that "in the area of motherhood the Western World . . . has brutally counteracted biological processes . . . with grave consequences as in no other area." The daughters produced by the new feminists, however, may rebel against their indoctrination and "will discover the incomparableness of motherhood."

DISCUSSION: Dr. Charles Fisher noted that, in addition to the deficiencies in the understanding of psychoanalytic theory on the part of Masters and Johnson, Sherfey, et al., which limit the relevance of their arguments, there is increasing evidence that their physiological data may be inaccurate as well. Dr. Walter Stewart expressed his doubts about the author's evolutionary view of female orgasm in which the function of the female orgasm was seen as designed to bind the woman to the man who gives her this pleasure. Other factors were more influential in the formation of the family. In addition, he felt that the history of the degradation of women could not be understood only in terms of dynamics. Social injustices exist and need correction. When this occurs, there is little danger that men or women would still view the penis as a "toy."

September 27, 1977. AN EGO-PSYCHOLOGICAL OBJECT RELATIONS THEORY: THE PATH-FINDING CONTRIBUTIONS OF EDITH JACOBSON. Otto F. Kernberg, M.D.

Presented on the occasion of the celebration of the eightieth birthday of Dr. Edith Jacobson and the presentation by the New York Psychoanalytic Society to her of its Heinz Hartmann Award, Dr. Kernberg's paper was preceded by congratulatory remarks by Dr. Leo Stone, President of the New York Psychoanalytic Society, and by Dr. Burness Moore, President of the New York Psychoanalytic Institute.

Dr. Kernberg's essential thesis was that Dr. Jacobson's work had developed a complete and comprehensive developmental and psychostructural model that constituted an integrative object relations theory of great value for the psychoanalytic understanding of the entire spectrum of psychopathology and of normal development. In his exposition of this thesis, Dr. Kernberg examined Dr. Jacobson's contributions to the theories of affect, depression, and object relations. He cited her emphasis that affects should not just be regarded as simple discharge or tension-reducing processes, but rather as the result of over-all drive investments in self and object representations. Similarly, she considered moods as general affective colorings of the entire experience of the self and object world. These insights firmly connected clinical theories of affect to the vicissitudes of self and object relations. In her subsequent investigations, neurotic and psychotic depressions were delineated in terms of the varying relation to the lost object and its intrapsychic representation. Dr. Kernberg felt that these understandings made clear the intimate connection between affect differentiation, the vicissitudes of internalized object relations, and ego and superego differentiation. They provided the foundation for his own understanding of affects as deriving from constitutionally determined pleasurable and unpleasurable affect dispositions which arise in the undifferentiated psychophysiological self, are then integrated and differentiated in the context of internalized good and bad object relations, and finally are the most important contributors to differentiation of instinctual drives into libido and aggression.

Next, examining Dr. Jacobson's work on depression and object relations theory, he discussed the implications of that work for metapsychology and psychopathology. In addition, he illustrated the use of her contributions in his own formulations regarding the understanding and treatment of borderline conditions. He concluded by citing evidence for the belief that Dr. Jacobson's comprehensive psychoanalytic object relations theory uniquely linked earliest developments in the realm of affect differentiation, object relations, early defensive mechanisms, and vicissitudes of early instinctual life with the tripartite structural model of the intrapsychic apparatus, thereby providing an integrative developmental frame for psychoanalysis at large.

RITA WALLSH

October 11, 1977. SOME PSYCHOANALYTIC OBSERVATIONS ON BOREDOM. Martin Wangh, M.D.

Taking Brenner's recent work on affects as his point of departure, Dr. Wangh

noted that the etymological evidence suggested that boredom's cognitive facets included dullness and a disturbance in the sense of time, while its affective facet is unpleasurable, with prominent painful, aggressive, and fear-laden qualities as associated feelings.

While previous writers have noted a conscious absence of fantasy as a salient feature of boredom, analysis regularly reveals some unconscious cognitive content and corresponding feelings, the conscious emergence of which is opposed by ideas evoking feelings of anxiety or loss. Thus, recognition of content is prevented, but an unpleasurable sense of pressure remains which is perceived as boredom. As with any affect, so too with boredom: its unpleasurable quality stems from the unconsciously remembered and again anticipated discomfort of a specific pain associated with conflict. The stand-off between wish and fear, registered consciously as boredom, also produces the sensation of a stand-still of time: it is the resultant of the feeling that nothing is happening, neither fantasy, action, nor conscious experience of fear.

Feelings of emptiness must be distinguished from boredom, as they frequently signal an underlying depression and attendant feelings of low self-esteem or guilt. By contrast, bored persons usually feel superior to their surroundings, which they blame for their state of mind. Clinical examples were cited to illustrate how boredom may be used to ward off feelings of depression or desolation, while functioning also as a defense against drive derivatives. Boredom as a defense is especially prevalent in adolescents, who frequently seek reinforcement of control of libidinal impulses through intense external stimulation.

The analyst's boredom during a session has been interpreted as the analyst's retaliation for being rendered impotent by the patient's defenses. In regard to narcissistic patients, it has been seen as a reaction to feeling alone, abandoned, and relegated to the position of a superfluous alter ego. Dr. Wanhg cited as a third possibility the analyst's boredom representing an identification with the patient who uses boredom as a defensive withdrawal. The analyst may in some cases proceed from boredom to guilty somnolence.

Contrary to conventional wisdom which ascribes the current increase in the complaints of boredom to the prevalence in industrial societies of tasks that are repetitive, monotonous, or fractionalized, Dr. Wanhg approvingly quoted sociological observations which show that boredom ensues *only* when these tasks are accompanied by the worker's loss of a sense of choice, responsibility, or autonomy. Boredom may also be a means to suppress the omnipresent prospect of total annihilation in our nuclear age. Our antidote to boredom is an active and creative imagination, something which can be fostered in childhood through the stimulation of imaginative play and the tolerance of differentiation and doubt.

DISCUSSION: Dr. Charles Brenner suggested that boredom is not "an affect" but is best considered as a rubric for those affects that have in common unpleasure plus an idea of disinterest in one's activities or surroundings. He called attention to the fact that affects are unique for each individual and their conscious and unconscious components must be studied analytically to be understood. Boredom need not be exclusively defensive; for example, a

patient's "disinterest" may represent an unconscious identification with a lost, disinterested parent. As more analytic data are accumulated it will be seen that boredom has different characteristics and determinants in different individuals and that it is a multiply determined affective state.

Taking a developmental perspective and using examples of boredom seen in children, adolescents, and the elderly, Dr. Aaron Esman held that the paucity of fantasy in the bored person may equally reflect a developmental ego defect instead of the cited impulse-defense conflict. The need for externally supplied stimulation characteristic of persons with a field-dependent cognitive style and/or characterological passivity would seem to be a strong predisposing factor for the development of boredom. In sum, Dr. Esman felt that boredom was a complex affect to which external circumstances, internal predisposition, and conflictual factors contribute in varying degrees.

N. JOHN PAREJA

October 25, 1977. ON THE BIOLOGY OF LANGUAGE. Henry Edelheit, M.D.

In discussing the evolution of the human capacity for language and its correlation with the evolution of the human brain, Dr. Edelheit stressed the dialectical interaction between the human brain and environmental factors which were in turn altered by the brain's developing capacity for language. Thus, cultural evolution, which is dependent on language for its elaboration and transmission from generation to generation, and biological evolution stimulated each other to lead to great evolutionary change.

Dr. Edelheit reviewed the evidence for the genetic basis for the human capacity for language by stressing the relevant anatomic differences between man and ape and by citing the structural differences in their language achievements. All human languages show phonemic and grammatical structure and, because of inborn qualities in the species, can be transmitted to subsequent generations. The "language" of apes, on the other hand, is organized on only a single level, and the thirty or forty signs involved correspond to an equally small number of meanings, which cannot be transmitted from generation to generation.

Dr. Edelheit went on to discuss empathy as an ego function potentiated by and related to language. Distinguishing this conception from nonverbal or pre-verbal models of empathy based on the idea of regressive merger with the mother, he suggested that the development of empathy is epitomized in the child's striving for vocal congruence as it learns to speak. As such, it is part of the child's attempt to encompass the whole experience, not just the articulations, of the mother; it thereby serves to reconstitute the bond with her severed in the separation-individuation phase and the concurrent development of the child's psychic organization. Thus, both language and empathy are biologically inherited capacities which mature and develop under the impact of cultural influences, mediated through the mother. Dr. Edelheit concluded with some speculations concerning the homology between structural linguistics and molecular biology, noting that both language and the genetic code serve as transmitters of the cultural and biological aspects of human inheritance.

DISCUSSION: Dr. Norman Margolis stressed the role of identification in empathy, noting that the essential perceptual activities and the subsequent reliance on sensory feedback make the vocal-auditory sphere the vehicle par excellence for experiencing and knowing the psychic state of others. Thus the line of development beginning with the striving for vocal congruence and ending with speech and language succeeds in organizing the precursors of empathy into a complex ego function.

DONALD COHEN

The 1978 Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 13-17, 1978, at the Waldorf-Astoria, New York.

The staff of the Hampstead Child-Therapy Clinic has announced that, beginning in 1978, it will publish THE BULLETIN OF THE HAMPSTEAD CLINIC. The new BULLETIN will be devoted to presenting some of the clinical reports and other unpublished material that have accumulated during the Clinic's long history, as well as material on all aspects of the Clinic's ongoing work. Special emphasis will be placed on clinical topics and on the integration of clinical observations with psychoanalytic theory. Discussions with Anna Freud and other senior staff members will be included, and the clinical application of such instruments as the Diagnostic Profile and the Hampstead Index will be documented. For further information, write: The Bulletin of the Hampstead Clinic, 21, Maresfield Gardens, London NW3 5SU, England.

The Chicago Institute for Psychoanalysis and The Psychiatric and Psychosomatic Institute of Michael Reese Hospital have announced the inception of THE JUDITH BASKIN OFFER PRIZE, an annual \$500.00 award for an original paper on the psychology of adolescence. The prize has been established in memory of Judith Offer by her family to encourage those who share her deep concern with the understanding of adolescence and the treatment of emotionally disturbed young people. A committee of five representatives of the two institutions will judge the papers on the basis of clinical relevance, theoretical significance, and linkage to dynamic psychology. Authors may represent any professional discipline. Papers submitted this year must be postmarked no later than December 31, 1978. For further information, contact: George H. Pollock, M.D., Institute for Psychoanalysis, 180 N. Michigan Ave., Chicago, Ill. 60601.

The Thirty-Sixth Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held March 23-25, 1979, at the Fairmont Hotel, Dallas, Texas.

Pratt Institute has announced the expansion of its Masters of Professional Studies to include a specialization in dance and movement therapy. The program will be geared toward developing competence in the clinical and creative use of nonverbal communication and the application of expressive therapies in a wide range of institutional settings. For further information, write: Graduate Department of Creativity Development, Art, Movement and Dance Therapies, Pratt Institute, Brooklyn, N.Y. 11205.