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ON HYBRID CONCEPTS IN PSYCHOANALYSIS

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Hybrid concepts that combine observable data with abstract metapsychological constructs have increasingly pervaded psychoanalytic discourse in recent years. For example, the "fear of loss of ego boundaries" combines "fear," which may be directly experienced and observed, with "ego boundaries," a metapsychological abstraction. The authors regard the widespread use of these concepts, which are most commonly applied to borderline and psychotic conditions, as a trend which may undermine the usefulness of psychoanalytic approaches to these entities.

Psychoanalytic discourse is increasingly pervaded by concepts which are strange hybrids that combine tangible, observable data with abstract, at times abstruse, constructs drawn from metapsychology. Prominent examples of this trend include "feelings of emptiness attributed to the depletion of the libido," "fear of loss of ego boundaries," and "struggles against identifications." These concepts and others like them are most commonly applied to conditions in which the pathology goes beyond the neuroses; in other words they are frequently applied in the consideration of the borderline and psychotic conditions. We regard the widespread use of such concepts as a disturbing trend which threatens to undermine the usefulness and validity of psychoanalytic approaches to these conditions. We shall discuss this problem under the following headings: levels of relevance of data and theory, examples of this trend from the literature, and the predilection to apply these concepts to conditions other than the neuroses.

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LEVELS OF RELEVANCE OF PSYCHOANALYTIC DATA AND THEORY

Waelder (1962, pp. 619-620) distinguished several levels of relevance of psychoanalytic data and theory. Arranged in order of proximity to the analytic data these are the levels of observation, of clinical interpretation, of clinical generalizations, of clinical theory, of metapsychology, and of Freud's philosophy. The level of metapsychology was characterized as ". . . a more abstract kind of concept such as cathexis, psychic energy, Eros, death instinct." Waelder went on to say:

> These levels are not of equal importance for psychoanalysis. The first two, the data of observation and the clinical interpretations, are entirely indispensable, not only for the practice of psychoanalysis but for any degree of understanding of it. Clinical generalizations follow at close range. Clinical theory is necessary too, though perhaps not in the same degree. . . .
>
> Metapsychology, however, is far less necessary, and some of the best analysts I have known knew next to nothing about it. These are the kinds of hypotheses about which Freud said that they are "not the bottom but the top of the whole structure [of science], and they can be replaced and discarded without damaging it" (p. 620).

Considered in this frame of reference, the concept of "feelings of emptiness attributed to the depletion of libido" combines elements from the level of observation (feelings of emptiness) and from the level of metapsychology (depletion of libido). The same applies to the fear of loss of ego boundaries, to struggles against identifications, and to many other such hybrid concepts. The effect of the use of these concepts is to create the belief that clinical phenomena can be satisfactorily explained by unnecessary, replaceable, discardable, hypothetical entities.

Waelder's use of the term *metapsychology* is clear from the context of his writings and many psychoanalysts use the term in this way.

Loewenstein (1965), for example, divided psychoanalytic con-

cepts and theories into those which are directly observed or inferred from observable data, *homologous,* and the metapsychological, *heterologous.* He noted that psychoanalytic metapsychology is made up of propositions that cannot be confirmed or invalidated by observation. "Force, or energy, be it physical or psychic, or the mental apparatus and its component systems—ego, id and superego—can never be observed as such" (p. 39). Klein (1976) believed that psychoanalysis is made up of two distinct kinds of theories that represent different modes of explanation and different realms of discourse: clinical theory, which deals with motives and intentions from the individual's vantage point, and metapsychology, which is mechanistic and impersonal. "The tragedy is that the two orientations have often been confounded, creating theoretical and empirical havoc" (p. 26).[1]

Freud's (1915, p. 181) definition of the term *metapsychology* and the revision by Rapaport and Gill (1959) are different from Waelder's usage; they too are pertinent to the consideration of levels of relevance of psychoanalytic data and theory. Freud proposed that a metapsychological understanding of a psychic process should involve its dynamic, topographical, and economic aspects. Rapaport and Gill replaced the topographic point of view with the structural and added the genetic and adaptive points of view. This revision has been accepted by most analysts and has become part of the main body of psychoanalytic theory. Thus the metapsychological points of view are the dynamic, economic, structural, genetic, and adaptive.

In terms of Waelder's levels of relevance these five points of view are not of equal importance to psychoanalysis. The dynamic and genetic are "entirely indispensable." On the other

[1] Klein's conception followed and expanded on Rapaport's (1959) distinction between the clinical and general psychological theories within psychoanalysis. However, unlike Rapaport and Loewenstein, who were enthusiastic supporters of metapsychology, and Waelder, who believed it dispensable but not harmful, Klein considered metapsychology to be detrimental to psychoanalysis. Gill (1976) and Holt (1976) have written essays supporting Klein's view. Schafer (1968, pp. 50-51) has also distinguished between Freud's "quasi-neurophysiological and mechanistic" formulations and his clinical dynamic ones.

hand, it is our impression that relatively few psychoanalysts, as they listen to their patients, ever think in terms of economic theory (libido, aggressive energy, fusion, neutralization, energy reservoirs). These concepts are clearly at Waelder's level of metapsychology. The situation with the structural point of view is more complicated.

Some analysts think that they are applying the structural point of view when they organize the data in terms of intrapsychic conflict. Manifestations of drive tendencies are assigned to the *id*; the central mediating function (the "main mass of ideas" of earlier theory) along with the methods of defense are assigned to the *ego*; manifestations of guilt, shame, ideals, and punishment are assigned to the *superego*. The "structures" then are conceived as groupings of phenomena having similar roles with regard to intrapsychic conflict. This is the level of clinical theory which Waelder (1962) described as follows:

> The clinical interpretations permit the formulation of certain theoretical concepts which are either implicit in the interpretations or to which the interpretations may lead, such as repression, defense, return of the repressed, regression, etc. (p. 620).

However, other analysts use ego, id, and superego as though they referred to concrete entities. Used in this sense, these macrostructures are at Waelder's level of metapsychology. Analysts who apply such usage have failed to heed Beres's (1965) warning and have succumbed to "the danger of reification." Beres acknowledged that the metaphorical use of these terms has become part of psychoanalytic language and need not be given up. However, when metaphor is treated concretely and used as an explanatory tool, "it leads to a false sense of understanding" (p. 56). It is precisely this false sense of understanding which is the concern of this paper.

EXAMPLES OF THE TREND

The authors whose work has provided the examples we shall examine in this section are among the most prominent analysts

of our day. This choice was necessitated by our concern that constructs formed by the intermixture of clinical observation and abstract concepts were increasingly being used as explanations for clinical phenomena. Logic dictated that we choose from the work of the most influential contributors; to give examples from the work of unknown or obscure authors would make little sense and would, besides, expose us to the charge of setting up straw men. We acknowledge the enormous contributions these authors have made and stress that the subject matter of this paper is not the value of their work, but the issue of the use of inappropriate mixtures of levels of relevance and importance in psychoanalytic data and theory. It should be remembered as well that Freud was sometimes prone to engage in this practice, as illustrated by his use of the metapsychological concept of libidinal cathexes in this passage from Part III of the Schreber case:

> Since I neither fear the criticism of others nor shrink from criticizing myself, I have no motive for avoiding the mention of a similarity which may possibly damage our libido theory in the estimation of many of my readers. Schreber's 'rays of God', which are made up of a condensation of the sun's rays, of nerve-fibres, and of spermatozoa . . . are in reality nothing else than a concrete representation and projection outwards of libidinal cathexes; and they thus lend his delusions a striking conformity with our theory. . . . These and many other details of Schreber's delusional structure sound almost like endopsychic perceptions of the processes whose existence I have assumed . . . as the basis of our explanation of paranoia (1911, pp. 78-79).

These hybrid concepts are used in different senses. Some analysts—Kohut will be our example—use the theoretical component of the hybrid concepts in a strictly metapsychological sense. Others, such as Greenson, employ metapsychological terminology as a shorthand, albeit a misleading one (*cf.*, Arlow, 1963, p. 15), to refer to fantasies and conflicts, the content of which may be learned and analyzed. This usage keeps the focus of attention close to the level of clinical observation. Inter-

mediate between these senses are terms which are intended to reflect fears of regression to early modes of relatedness to the mother, here exemplified by the work of Mahler and Socarides. Concepts of this type, such as "the fear of loss of ego boundaries," tend to produce premature closure on efforts to understand the clinical data in terms of the specific fantasies involved.

Kohut's Formulation of the Narcissistic Personality

Central to Heinz Kohut's teaching, as expressed in his book *The Analysis of the Self* (1971), is the concept that the psychopathology of narcissistic personality disorders is caused by a realistic perception of the dangers of psychic trauma resulting from deficiencies in ego structures and from the presence of overwhelming excesses of primitive energy (as in *Aktualneurose*). As will become evident in the following discussion of Kohut's ideas, this model of psychopathology is predicated on the sort of mingling of levels of data and theory to which we call attention. Not only does Kohut combine observational data with metapsychological concepts, he also minimizes the importance of the contents of the patient's fantasies and downgrades the significance of intrapsychic conflict. Since he feels that the essence of the problem is in the failure of the formation of ego apparatuses, he accepts patients' complaints of feelings of defectiveness and inferiority as expressive of actual defectiveness of ego apparatuses. The therapeutic prescriptions arising from Kohut's views are aimed at building structures which he believes have not developed, in contrast to the classical psychoanalytic approach which aims to bring to patients' awareness knowledge of the elements of their conflicts and fixations, so that the mature, adult aspects of their egos will be able to work through to mastery over these anachronistic, pathological residues of childhood.

We shall organize our discussion of Kohut's work as follows: first, we shall present a summary of the essential tenets that are relevant to our theme; second, we shall show how these ideas are

distant from the observational data and are the result of mixing observational data with highly theoretical concepts; third, we shall take up some of his clinical data and illustrate the difficulties which are created by these hybrid concepts in the understanding of patients.

Essential Concepts

In Kohut's view there is a "crucial difference between those forms of psychopathology which are based on . . . structural conflicts . . . (the transference neuroses) and those . . . in which the merging with and the detaching from an archaic self-object play the central role (the narcissistic personality disorders)" (p. 282). He explicitly contrasts his thesis with Arlow and Brenner's (1969) conception that both types of disorders are the result of conflicts and defenses (Kohut, 1971, p. 6, n.). Because of its structural deficiencies, "in the narcissistic personality disturbances . . . the ego's anxiety relates primarily to *its awareness of the vulnerability* of the mature self [to] . . . temporary fragmentation . . . or the intrusions of either archaic . . . grandiosity or of archaic narcissistically aggrandized self-objects into its realm" (p. 20, italics added). Kohut compares the narcissistic patient's response to disturbances of his equilibrium with reactions to somatic injury or other adverse external circumstances, emphasizing that he believes the patient is perceiving and reacting appropriately to a real injury or deficit, rather than fantasied punishment or other consequences of intrapsychic conflict. "After the sudden loss of the unquestioned control over one's body and mind (in consequence of organic brain damage, for example) most individuals tend to react with specific severe forms of despondency and helpless rage. Analogous reactions occur in the analysis of narcissistic personality disorders . . . to any event that disrupts [the patient's] narcissistic control over the archaic parent image, the analyst" (p. 90). These reactions, then, are seen by Kohut as not further analyzable, whereas they would be if they were seen as derivatives of

conflict.[2]

Kohut's conception of this disorder shapes his therapeutic approach. His formulation of the ego's defectiveness and weakness before the drives leads him to believe that a major function of the patient's narcissistic relationships to people, including the analyst (at least early in the treatment), is to directly shore up the areas of deficiency. "From the . . . object . . . (i.e., the analyst), the analysand expects the performance of certain basic functions in the realm of narcissistic homeostasis which his own psyche is unable to provide" (p. 47). As a result, whereas neurotic patients' reactions to brief separations from the analyst, lapses in attention, and similar events may provide insights into

> specific vicissitudes of the analysand's infantile object investments [re-enacted in the transference], . . . the significance of these occurrences . . . is different in the analysis of the narcissistic personality disorders. . . . If the analyst takes into account the nature of the archaic relationship in which the self of the analysand has become grafted onto the omnipotent therapist, he will comprehend that, on the essential level of the therapeutic regression, the patient's reproaches to him concerning a separation are meaningful and justified . . . (pp. 91-92).

The analyst is therefore encouraged to accept the narcissistic transferences, not to make it possible to analyze them, but because they foster the cohesiveness of patients' self-experience and help them maintain their self-esteem, and because the establishment of these transferences remobilizes situations of interrupted structure-formation that occurred in childhood and caused the illness. Since Kohut holds that in childhood these narcissistic relationships normally are the precursors of structure-formation, by means of "transmuting internalization," the main task of therapy with these patients, once the narcissistic transferences have been established, is as follows:

[2] Kohut's assumption that the psychological reaction to physical injury is nonspecific and appropriate to the real disability is at variance with the universal clinical finding that such traumas are interpreted in terms of the individual's particular fantasies and conflicts.

> the process of reinternalization which was traumatically interrupted in childhood can now be taken up again during the analysis. . . . [The transference is] brought under the influence of the reality ego, and the process of its gradual modification which was traumatically interrupted in childhood can now be taken up again (pp. 106, 108).

Although Kohut refers to it as psychoanalysis, his therapeutic method depends on suggestion and learning, but not insight, conflict resolution, or making the unconscious conscious.[3]

Analysis and Critique of the Theory

In this section we will show how Kohut's theory is affected by the reliance on mixtures of different levels of data and theory and by the correlated de-emphasis of clinical observational data.

Kohut frequently uses metapsychological terms as though they refer not to abstractions, but to substantial phenomena—even ones the individual can perceive directly. Speaking of patients who develop anxious hypochondriacal concerns after becoming newly invested in vocational and interpersonal aims, he says, "The patient comprehends that the [pathological] condition is due to the fact that his self had temporarily become deprived of its cohesive narcissistic cathexis which had been uncontrollably siphoned into his actions" (p. 128) and "the anxiety was due . . . to a sense of loss of self (a decathexis of the self with the threat of its renewed fragmentation) as he abandoned himself to his activities and aims" (p. 129). Elsewhere (p. 30, n.) he interprets the psychotic or borderline patient's use of "negative" terms to describe his fragmented self-experience ("his lips feel 'strange,' for example; his body has become 'foreign' to him; his thinking is now 'odd,' etc.") as indicative of the "fact

[3] Several critiques of Kohut's work have pointed out his reliance on nonanalytic factors, especially transference gratifications, in his treatment method (*cf.*, Hanly and Masson, 1976, pp. 54-55; Kernberg, 1975, pp. 284-293; Loewald, 1973, p. 448; Stein in Freedman, 1974, pp. 47 ff.), but they have not linked it to his reification of the concept of psychic structure. Kohut (pp. 290-291) and more recently Goldberg (1976, p. 69) have denied the validity of these criticisms, but have not provided evidence to support their positions.

that the regressive changes are, in essence, outside the patient's psychological organization . . . pre-psychological." In these examples, then, the patients are seen as able to experience directly their internal metapsychological state of affairs—as though libido were a tangible substance of limited quantity that is the bearer of the sense of calmness and self-confidence; and as though psychic contents that are "inside" the psychological organization carry a different qualitative sign from those that are not.

In our opinion, this reification of metapsychology runs the danger of giving apparent reality to the patients' fantasies that they might "lose themselves" in their activities (which they may fear), or to the idea that parts of themselves (which they may, for example, wish to disavow) are somehow truly psychologically separate.

Further, Kohut does not see regressions primarily as shifts to early modes of functioning for *defensive* purposes when developmentally more advanced defenses are not adequate for coping with impulses, but rather as wholesale returns to primitive ego organizations made possible by weakness in the organization of the self at more mature levels. Therefore, he sees the ego as constantly threatened not by drives (in these patients) but by its own insufficiency, which brings with it such regressive dangers as "fear of loss of the reality self through ecstatic merger with the idealized parent imago, . . . fear of loss of contact with reality and fear of permanent isolation through the experience of unrealistic grandiosity" (p. 153). Here the patient is described as anticipating and conceiving of dangerous events (not fantasies) which are actually metapsychological constructs and not part of direct experience.

Another important area in which Kohut mixes theoretical levels is in his formulations about the nature and functions of narcissistic relationships, including the relationship to the therapist. These relationships are seen as directly replacing undeveloped psychological structure, thus stabilizing the personality and preventing regression. When age-appropriate transmuting

internalizations do not occur because of loss or disappointment in the object, Kohut says,

> the child does not acquire the needed internal structure, his psyche remains fixed on an archaic self-object, and the personality will throughout life be dependent on certain objects in what seems to be an intense form of object hunger. The intensity of the search for and of the dependency on these objects is due to the fact that they are striven for as a substitute for the missing segments of the psychic structure. . . . They are not longed for but are needed in order to replace the functions of a segment of the mental apparatus which had not been established in childhood (pp. 45-46).

This seems to us an unnecessary, teleological formulation. Internalization is usually not an all-or-none matter. If a child does not make an internalization and form a normal structure, he or she will frequently form some substitutive structure instead. (Thus, for example, a boy who is unable to identify with his father and achieve a normal resolution of the oedipal conflict may have recourse to a predominantly feminine identification.) Should a resolution occur in which no structure at all can be said to have formed, we see no reason why the person would somehow sense a need for the structure he or she never had (and which is, in any case, a theoretical construct). Instead, it is more economical to assume that a person who repetitively seeks objects similar to lost infantile objects is doing just that, for some combination of drive-gratifying and defensive reasons (*cf.*, Waelder, 1936).

In the foregoing material we have mentioned several instances in which formulations close to the observational data were passed up in favor of apparently speculative, distant explanations. In fact, Kohut minimizes the importance of the level of observation with these patients and even says that he finds their fantasies uninteresting:

> The content of the grandiose fantasies and the detailed vicissitudes of their painful confrontation with reality during therapy

> will not be discussed here extensively. . . . In addition, it must be admitted that it is often disappointing for the analyst to behold the apparently trivial fantasy which the patient, after so much time, labor, and intense inner resistance has ultimately brought into the light of day (p. 148).

Several times Kohut mentions and then dismisses observational, clinical data, saying that it is not important in these patients. Referring to the fears which accompany or impede the emergence of the grandiose self in the transference, he says, for example: "True, the presence of oral and anal drive elements is unmistakable; but here it is primarily not the aims of these drives (and even less: specific verbalizable fantasies concerning their objects) but their primitiveness and quantity which cause the apprehension" (p. 152). Similarly, discussing the outcomes of treatment, he says, "newly emerging object love becomes available to the patient in consequence of the remobilization of object-libidinal incestuous affective ties which had formerly been hidden behind a wall of regressive narcissism" (p. 296). Although this observation strongly suggests that the narcissistic "wall" had defended against object-related conflicts, Kohut relegates these changes to "therapeutic success in areas of secondary psychopathology" (p. 297).[4] He turns his primary attention away from these thought contents and onto considerations of quality of cathexis and cohesion of self-experience (the former, certainly, belonging to the level of metapsychology, but considered by Kohut to be directly influenced by the working through process).[5]

Clinical Illustrations

Kernberg (1975, p. 299) and Loewald (1973, p. 477) have both indicated that several of Kohut's illustrative cases appear to

[4] Such defensive functions of narcissism are noted by Kernberg (1975, p. 274) and by Hanly and Masson (1976, pp. 53-54).

[5] Kohut also provides a nondynamic explanation of the analyst's reaction to narcissistic patients, saying that boredom is simply "a human reaction propensity" to such individuals' productions, and not an outcome of specific countertransference fantasies and conflicts (p. 275).

show promise of being explicable in dynamic terms, but there is not enough clinical data presented to enable the reader to form sound judgments about this. Despite this difficulty, some of these cases demonstrate the problems and clinical consequences of hybrid concepts.

Perhaps the clearest example of the confusion caused by Kohut's (1971) use of this type of conceptualization occurs in a discussion of a motive for a male patient's homosexual impulses:

> The orgastic experience of gaining strength by draining it from fantasied imagoes of external perfection—the fantasies of subjugating strong, handsome men and, through masturbating them, draining them of their strength—could be interpreted . . . as sexualized statements concerning the nature of his psychological defect and the psychological functions which had to be acquired (pp. 71-72).

In a footnote he adds: "The presence of an unconscious fellatio fantasy in which swallowing the magical semen stands for the unachieved internalization and structure formation might well be assumed. . . ." Here it is evident how palpably real Kohut considers psychic structures to be, so that their absence is directly felt as weakness and defect by this patient. The interpretation of a fellatio fantasy as a wish to incorporate psychic structure demonstrates in bold relief the kinds of conceptual difficulties that can result from reifying the construct of psychic structure. In addition, this formulation would seem to lend support to the patient's fantasy that he is, in fact, missing something which big, powerful men possess.

An instance of Kohut's tendency to focus away from the level of clinical observation is in his discussion of Mr. B. When this man's female analyst referred to him as "lovable and touchable," he became excited and anxious, had difficulty sleeping, and reported a variety of alarmingly blatant aggressive, sexual, and oral fantasies about women, including the analyst. Rather than discussing the patient's copious fantasy material, Kohut focuses on the intensity and quality of his reaction:

> The childhood wish (or rather need) for his mother's empathic physical response had suddenly become intensely stimulated. . . . His psyche thus became flooded with excitement, and . . . led to . . . a gross sexualization of the narcissistic transference. In the last analysis, however, it was the patient's basic psychological defect which accounted for the excitement: his psyche lacked the capacity to neutralize the oral (and oral-sadistic) narcissistic tensions which were triggered by the analyst's interpretation, and he lacked those ego structures which would have enabled him to transform these tensions into more or less aim-inhibited fantasies . . . (pp. 234-35).

In the absence of further information, we cannot offer any alternative interpretation, but that is not our purpose. Rather, we wish to call attention to the fact that, even though this patient's reaction was precipitated in a relationship with another person and involved quite specific fantasies about her, Kohut does not consider the possibility that he may have been reacting to conflicts regarding object-directed impulses. Instead, he is careful to say that the man's childhood *needs,* and not wishes (a more active, dynamic concept), were stimulated and that it was the *narcissistic* transference that was sexualized. In both of these specifications, he categorizes the data of observation in distant, abstract terms and, by doing so, orients the discussion toward a static, mechanistic view of the patient's flooded psyche and missing ego structures. Such an interpretation would confirm and support defenses if it were applied erroneously to a patient who is warding off sexual conflicts by regression and a show of weakness.

Our final example of Kohut's substitution of metapsychology for observational data is the following vignette: "Mr. G., a severely disturbed twenty-five-year-old man, responded to my announcement that I would be away for a week by an ominous shift of the narcissistic cathexes from the archaic idealized self-object to a primitive form of the grandiose self" (p. 93). It would have been less complicated to describe the reaction in observational-level terms. For example, did the patient respond to the

announcement by ceasing to praise the analyst and starting to describe his own power and virtue? This level of description would be more easily understandable; would leave the readers room to form their own interpretations; would not depend on hypothetical, expendable concepts which may some day lose whatever consensually agreed-on meaning they now possess; and would work to avoid such overuse of theoretical concepts that they become self-fulfilling prophecies which cannot be leavened by the introduction of new data.

Formulations Based on Fears of Regressive Merging

The work of Margaret Mahler has been the inspiration for many of the hybrid concepts we are discussing. The fear of loss of ego boundaries, the fear of symbiotic fusion, and the danger of engulfment are easily related to her work on the autistic, symbiotic, and separation-individuation phases of development. These concepts are frequently used to explain the behavior of patients who avoid intimacy through distancing and withdrawal. Yet it is difficult to conceive of these fears in a clinical sense. The expression *ego boundary* has been used in relation to the function of distinguishing what arises from within the mind—for example, wishes and fantasies—from what is real. It has also been used in relation to objects: "ego boundaries" are required to distinguish self from object. It is not at all self-evident why the loss of these faculties should be a danger situation per se. Except in the case of certain pathological conditions, humans are content to go to sleep each night, giving up their ego boundaries in the sense that they are unconscious and regularly have dreams which have, to varying degrees, a sense of reality. While some highly "real"-seeming dreams are accompanied by anxiety, we do not view the anxiety as caused by the "realness" of the dreams. Then, too, other "real" dreams are pleasurable and wakening is accompanied by a sense of disappointment. Psychotics hold tenaciously to their delusions and often experience anxiety when the "reality" of these productions is challenged.

It is equally hard to understand why the failure to distinguish

self from object is inherently anxiety producing. Some authorities contend that separation-individuation is not complete until adulthood; some will say that it is never complete. All agree that children live their first two and a half years as incompletely separated individuals. Experiences of merger in adulthood occur in group situations, in aesthetic experiences, in empathy, and in love-making without causing anxiety, except in pathological conditions. When anxiety occurs in these situations, therefore, it cannot be explained as appropriate to the danger of loss of ego boundaries. One must look to the specifics of the situation.

In her monograph on infantile psychosis Mahler (1968) uses such terms. She does so, for example, in the chapter entitled "Clinical Cases of Child Psychosis," which promises to describe in detail patients whose symptomatology will illustrate her hypotheses. We find that an objective reading of these case illustrations leaves one unconvinced that she has demonstrated her interpretations of the situation.

In the case of Stanley, she writes:

> According to our observation, it was in this state of semi-stupor that Stanley would, all of a sudden, touch the arm of the mother substitute and with this excitation, which was at first slight, the child would "switch himself on," it seemed, into an intense and diffuse affective state. Such was the case with body contact, as well as with a trigger engram. For example, the word "baby" spoken or read to him from story books appeared to be just such a trigger engram. It seemed as though the patient was *very deliberately* seeking such a sweeping excitation, via the trigger stimulus, as if to defend himself against his apathetic state, as if to ward off the danger of symbiotic fusion through which his entity and identity would otherwise become entirely dissolved into the matrix of the environment. It appeared as if the child had switched himself into excited crying, or catatonic-like motor paroxysms as well, to gain momentum, as it were, like an engine, to counteract symbiotic dissolution of the boundaries of his "self" (pp. 81-82).

This explanation for Stanley's affect storms is impressionistic.

The words *seemed* and *appeared* occur repeatedly. Then, too, given the data in the case report, the explanation is not convincing. In the previous paragraph Mahler had described how Stanley fell into dazed, listless, lethargic states. Why did he permit himself to fall into these states in the first place, if they represented dangerous situations? If the stimulus provided by the mother substitute served to rescue him from these states, why did he not respond to her in a more object-oriented way, as he did in other situations reported elsewhere in the case study, rather than go into autistic "catatonic-like motor paroxysms"? Perhaps these paroxysms can be better understood as both rage at the disturber of these states and as a defense. Elsewhere Mahler has written: "The autistic position is defended by catatonic-like temper tantrums" (1952, p. 296) and ". . . we see that cases of the autistic type, if forced too rapidly into social contacts and into facing the demands of the social environment, are thrown into a catatonic state. . . ." (1952, p. 302).

In the case of Aro, Mahler promises to illustrate the kinship between generalized tics and the struggle against re-engulfment and the persecuting introjects. Aro was an extremely aggressive child who manifested a deadly hostility toward his siblings; he threw knives and forks at them and spit at them. His mother was completely intolerant of this viciousness, and she often severely restrained and reprimanded him and ostentatiously left him behind. During the treatment, Mahler noticed, there was never any conversation or physical contact between the patient and his mother. When the mother occasionally did come too close, the boy would lash out with his fist, striking his mother on the breast. While it is clear that Aro avoided intimate contact with his mother, it is not clear that the fear of re-engulfment was the basis for this aversion, as Mahler asserts. Mahler herself suggests that problems with aggression and oedipal conflicts played a role.

Another example of the use of this kind of explanatory formulation, in a somewhat different way, occurs in a case history

published by Socarides (1973a). His patient, a thirty-two-year-old unmarried businessman had from early childhood, Socarides asserted, an intense feminine identification with his mother which produced regressive episodes representing ". . . a wish for and dread of merging with her and which were experienced as a threat of loss of self and fear of engulfment" (p. 432). The patient was the oldest of five siblings, the youngest child being twelve years his junior; thus, four times he had the experience of seeing his mother go through a pregnancy. It is clear from the clinical material that the patient responded to these experiences in a variety of ways. There is evidence that he identified with his pregnant mother and also that he wished to be in the place of the envied foetus.

This evidence is scattered throughout the paper. He had waking screen symptomatology (*cf.*, Slap, 1974) which implies a fantasy of sleeping within the maternal claustrum: ". . . he complained that he felt the air above him in the consultation room very 'heavy and round' and he could sometimes feel or see 'curved forms,' could even almost taste them, 'a heavy, oppressive feeling all about' " (Socarides, 1973a, p. 438). He experienced dread and horror as dusk approached and night fell. "This fear of nightfall was shown to be his wish for and dread of engulfment by the maternal body. 'I would even run home after school to get there before dark, to be where there was light' " (p. 440). When he could not maintain "the optimal distance from and closeness to his mother" he described an alteration in consciousness "like I am in a black room floating for such a length of time that I can't find myself anymore" (pp. 440-441). "He is being whirled into a vortex, a whirlpool, the mother's body, and feels as if parts of his body are disappearing (body disintegration anxiety and loss of body ego)" (p. 441). In this last sentence Socarides translates the clinical data—that is, the patient's claustrophobic fantasy of being regressively changed into a baby and incorporated into the maternal claustrum—and restates it in terminology from Waelder's level of metapsychology, "body disintegration anxiety and loss of body ego." In so doing,

he eschews a clinical dynamic account of the conflict situation in terms which would remain close to the data of observation, namely, that the patient's ego reacts with anxiety to a wishful fantasy to replace a sibling in the maternal claustrum, and instead substitutes an abstract concept of dubious explanatory value. Still, Socarides (1973b) declares that in the clinical situation it is necessary to uncover the specific fantasies of patients and that terms such as "fear of engulfment" are descriptive of types of fantasies. Socarides, then, in contrast especially to the formulations of Kohut cited above, uses these hybrid concepts as a form of shorthand—although one which may blur the role of clinical dynamic factors—and in fact believes that symptom formation is to be understood in terms of clinical data about intrapsychic conflict.

Greenson's Concept of the Struggle against Identification

Our final example of this type of explanatory concept is Greenson's (1954) work on "the struggle against identification." Although Greenson's terminology is derived from mixing observational ("struggle") with metapsychological ("identification") concepts, in each of the four cases he offers as illustrations it is clear that basic to the "struggle against the identification" is a conflict between drive-derivative and defense. Thus in the first case Greenson writes: "Her struggle against the introjected mother and her struggle against the identification . . . seems to me to have been a struggle against the oral libidinal and sadistic strivings which were involved in this identification." The second case is that of a woman who came to analysis because of chronic and severe boredom; the most torturesome aspect of her boredom was a terrible empty feeling. Greenson writes:

> Analysis of this empty feeling was very complicated but very rewarding. The emptiness was in the first place a consequence of the inhibition of fantasies due to a repression of forbidden instinctual aims and objects. Furthermore, the emptiness represented hunger. It was a substitution of a sensation for a fantasy, a primitivization of an ego function. . . . Finally, and I believe

> most important in this case, the feeling of emptiness was an attempt to deny that the mother had been introjected (p. 205).

Earlier (p. 201) Greenson had written, "If one compares introjection with identification, it can be seen that introjection is an instinctual aim toward an object, while identification is a process which may result after the instinctual aim of introjection has taken place." Accordingly, the symptom of emptiness can be understood as the outcome of a conflict between defense (denial) and instinctual aim (introjection).

Of the third case Greenson writes: "He tried to remain unaware of this internalized father imago because he wanted to remain oblivious of the oral libidinal and sadistic impulses which he felt toward his father" (p. 207). Of the fourth he writes: "On a still deeper level, however, for this patient to be identified with his father meant to submit to his father in an oral, sexual and passive way. At this time the vagina meant for him the father's mouth. . . . It became clear that the father's visit had remobilized a very primitive identification with the father which still retained strong oral, sexual, passive and aggressive instinctual components" (pp. 207-208).

It is clear that in all of the cases Greenson cited, the defense was exerted against painful affects associated with instinctual aims and fantasies. Greenson, having analyzed his patients in these terms, went on to coin the expression "the struggle against identification" to indicate a particular type of clinical situation, one in which, as part of the defense against a libidinal aim involving an object, the patient attempts to disavow the object itself. Understood in this way, the expression has validity. Nonetheless, it has the unfortunate effect of lending support to the trend toward the hybrid concepts of which this paper complains.

THE PREDILECTION TO APPLY HYBRID CONCEPTS TO CONDITIONS OTHER THAN THE NEUROSES

In treating neuroses analysts are accustomed to working for con-

siderable periods of time before achieving significant understanding of their patients' dynamics. They anticipate that, because of the layering of drive and defense and the central role of repression, the uncovering of basic conflicts may be long in coming. Formulations suggested by the material are regarded critically and accepted only after confirmation by additional data. This ability to live with not knowing probably has multiple roots. The patience shown by the analyst's own analyst serves as an important role model; warnings about wild analysis and premature closure play a role; caution and conservatism become virtues.

In contrast, attempts to understand and treat borderline and psychotic conditions have elicited the formulation and wide acceptance of concepts which obscure the clinical picture by misapplying metapsychological abstractions in place of clinical-level explanations of the data. We find this situation puzzling for the reason that the dynamics of these patients are far more readily ascertained than is the case with neurotics. Repression and the complex layering of neuroses play a less prominent role in the defensive organization of these patients, and it is often possible to arrive at a reliable understanding of the major themes in the illnesses of borderline and psychotic patients early in one's experience with them.

Why, then, have hybrid explanatory concepts achieved such popularity in work with severe forms of psychopathology? The answers which occur to us are as follows. First, it may be that for some analysts the rigorous discipline of analytic work, the careful, painstaking, long process, imposes a frustration which finds release when borderline and psychotic patients are treated in keeping with the widening scope of psychoanalysis. Perhaps for them psychotherapy becomes "only psychotherapy" and thus permits and justifies not only parameters, but a free-wheeling application of new formulations.

Second, the often frightening and stressful nature of work with borderline or psychotic patients might well cause a countertransference need for rapid intellectual mastery of the situa-

tion on the part of the analysts and so operate to undermine their ability to exercise patience and caution. According to Kernberg (1975), "When dealing with borderline or severely regressed patients, . . . the therapist may tend to experience rather soon in the treatment intensive emotional reactions having . . . to do with the patient's premature, intense and chaotic transference, and with the therapist's capacity to withstand psychological stress and anxiety . . ." (p. 54). Kernberg goes on to describe at length the varied countertransference difficulties that tend to arise with these patients, proportional to the severity of their disturbances. Later, in his discussion of narcissistic personalities, he lays special emphasis on the stress created in the analyst by the patient's efforts to control and devalue him, and even to deny his existence (pp. 298, ff.)

In our view, the retreat from clinical data to metapsychological abstraction may serve in several ways to defend against the stress of confrontation with these patients. The sense of power and wisdom which may accompany some of these impressively abstract formulations could alleviate feelings of inadequacy and devaluation; and to the extent that the therapeutic prescriptions derived from these concepts lead to supportive, rather than analytic procedures, the requirement that the therapist confront and understand the patient's transferential fantasies is reduced.

SUMMARY

We have called attention here to the widespread use of "hybrid" explanatory formulations which consist of logically inappropriate comminglings of concepts drawn from disparate levels of analysis of psychoanalytic data and theory: combinations of directly observable data with highly abstract constructs drawn from metapsychology and treated as though they refer to concrete, real phenomena. Formulations of this type have occurred throughout the history of psychoanalysis, but have become particularly prevalent in recent studies of borderline and psychotic

states and related conditions. This approach often leads to a false sense of understanding of these conditions and consequently to premature closure on efforts to understand the specific clinical material of such patients. We consider this a disturbing trend which threatens to undermine the validity of psychoanalytic approaches to these disorders. Examples of these concepts include feelings of emptiness attributed to the depletion of libido, fear of loss of ego boundaries, and struggles against identification.

These hybrid concepts are used in three different senses, which are discussed in the context of examples taken from the literature. Kohut's formulations of narcissistic personality disorders include hybrid concepts in which the theoretical component is reified and used in a strictly literal sense. The writings of Mahler and Socarides provide examples of the use of these terms to reflect fears of regression to early modes of relatedness to the mother. And Greenson's concept of struggle against identification is our illustration of the employment of metapsychological terminology as a somewhat misleading "shorthand" method for describing patients' fantasies and conflicts which appear in the clinical material, conflicts that can be analyzed. Except for the latter shorthand usage, hybrid concepts are seen to work against the dynamic understanding of clinical data and against analytic procedures in therapy. They have also contributed to formulations of some kinds of psychopathology in terms of defects and deficiencies, rather than conflicts and defenses, which may lend support to patients' fantasies that they are damaged and defective.

It appears paradoxical that hybrid concepts are employed most frequently in discussions of borderline and psychotic states, in which—in contrast to the neuroses—the dynamics are less likely to be obscured by repression and the complex layering of defenses. Possible explanations for this include the analyst's need to cope with the exceptionally stressful nature of work with such patients.

REFERENCES

ARLOW, J. A. (1963): *Conflict, Regression and Symptom Formation*. Int. J. Psa., XLIV, pp. 12-22.

——— and BRENNER, C. (1969): *The Psychopathology of the Psychoses: A Proposed Revision*. Int. J. Psa., L, pp. 5-14.

BERES, D. (1965): *Structure and Function in Psycho-Analysis*. Int. J. Psa., XLVI, pp. 53-63.

FREEDMAN, A., Reporter (1974): *Panel on Advances in Psychoanalytic Technique*. J. Phila. Assn. Psa., I, pp. 44-54.

FREUD (1911): *Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)*. Standard Edition, XII, pp. 9-82.

——— (1915): *The Unconscious*. Standard Edition, XIV, pp. 159-215.

GILL, M. M. (1976): Metapsychology Is Not Psychology. In: *Psychology versus Metapsychology. Psychoanalytic Essays in Memory of George S. Klein*. Edited by M. M. Gill and P. F. Holzman. New York: International Universities Press, Inc., pp. 71-105.

GOLDBERG, A. (1976): *A Discussion of the Paper by C. Hanly and J. Masson on 'A Critical Examination of the New Narcissism'*. Int. J. Psa., LVII, pp. 67-70.

GREENSON, R. R. (1954): *The Struggle against Identification*. J. Amer. Psa. Assn., II, pp. 200-217.

HANLY, C. and MASSON, J. (1976): *A Critical Examination of the New Narcissism*. Int. J. Psa., LVII, pp. 49-66.

HOLT, R. (1976): Drive or Wish: A Reconsideration of the Psychoanalytic Theory of Motivation. In: *Psychology versus Metapsychology. Psychoanalytic Essays in Memory of George S. Klein*. Edited by M. M. Gill and P. F. Holzman. New York: International Universities Press, Inc., pp. 158-197.

KERNBERG, O. (1975): *Borderline Conditions and Pathological Narcissism*. New York: Jason Aronson, Inc.

KLEIN, G. S. (1976): *Psychoanalytic Theory. An Exploration of Essentials*. New York: International Universities Press, Inc.

KOHUT, H. (1971): *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. (The Psychoanalytic Study of the Child, Monograph 4.) New York: International Universities Press, Inc.

LOEWALD, H. (1973): Review of *The Analysis of the Self* by Heinz Kohut. This QUARTERLY, XLII, pp. 441-451.

LOEWENSTEIN, R. M. (1965): Observational Data and Theory in Psychoanalysis. In: *Drives, Affects, Behavior, Vol. II. Essays in Memory of Marie Bonaparte*. Edited by M. Schur. New York: International Universities Press, Inc., pp. 38-59.

MAHLER, M. S. (1952): On Child Psychosis and Schizophrenia: Autistic and Symbiotic Infantile Psychoses. In: *The Psychoanalytic Study of the Child, Vol. VII*. New York: International Universities Press, Inc., pp. 286-305.

——— (1968): *On Human Symbiosis and the Vicissitudes of Individuation, Vol. I. Infantile Psychosis*. New York: International Universities Press, Inc.

RAPAPORT, D. (1959): *The Structure of Psychoanalytic Theory. A Systematizing Attempt.* (Psychological Issues, Vol. II, No. 2, Monograph 6.) New York: International Universities Press, Inc., 1960.

——— and GILL, M. M. (1959): *The Points of View and Assumptions of Metapsychology.* Int. J. Psa., XL, pp. 153-162.

SCHAFER, R. (1968): *Aspects of Internalization.* New York: International Universities Press, Inc.

SLAP, J. S. (1974): *On Waking Screens.* J. Amer. Psa. Assn., XXII, pp. 844-853.

SOCARIDES, C. W. (1973a): *Sexual Perversion and the Fear of Engulfment.* Int. J. Psa. Psychother., II, pp. 432-448.

——— (1973b): Personal Communication.

WAELDER, R. (1936): *The Principle of Multiple Function: Observations on Over-Determination.* This QUARTERLY, V, pp. 45-62.

——— (1962): Review of *Psychoanalysis, Scientific Method, and Philosophy: A Symposium* edited by S. Hook. J. Amer. Psa. Assn., X, pp. 617-637.

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TRENDS IN THE PSYCHOANALYTIC THEORY OF TREATMENT

BY LAWRENCE FRIEDMAN, M.D.

Freud considered understanding, attachment, and integration to be important factors in achieving treatment benefits. Subsequent discussions have not always embraced all three factors. It has been especially difficult to conceptualize the part played by the personal attachment of the patient to the analyst. A new, narrower focus on common, structure-building processes promises to show how all three factors are involved with each other in the treatment process.

Freud introduced the two major "presences" on the therapeutic scene that have haunted all later discussion. The first is usually called "understanding" and is characteristically represented by intellectual understanding, although it is sometimes given a broader meaning (emotional understanding, deep understanding, understanding that is not just verbal, etc.). The second is described more variously, and I shall give it the rough title of "attachment," meaning some sort of binding emotional reaction to the analyst. Less explicitly, a third factor, integration, was also isolated.

UNDERSTANDING IN FREUD'S THEORY

In 1904 Freud implied that through psychoanalytic treatment, a "better understanding" would modify representations instituted by the "automatic regulation by unpleasure" (p. 266). In 1910 he said that giving "the patient the conscious anticipatory idea [the idea of what he may expect to find] . . . is the intellectual help which makes it easier for him to overcome the resistances between conscious and unconscious" (1910a, p. 142, Strachey's brackets). In the same year, Freud said that "informing the

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patient of what he does not know" is "one of the necessary preliminaries to the treatment," albeit only a part that should never be thought of as the paradigm of psychoanalysis (1910b, p. 225). In 1912 Freud spoke about the issues of intellect versus instinctual life and understanding versus seeking to act (p. 108).

In 1913, a little more ambiguously, Freud said that "communication of repressed material to the patient's consciousness . . . sets up a process of thought in the course of which the expected influencing of the unconscious recollection eventually takes place" (p. 142). In this essay, he made it clear that instruction is part of the curative factor, but only in a restricted and special way, to which we shall return when discussing other factors.

In 1914 Freud said that the main instrument for curbing the compulsion to repeat and turning it into a motive for remembering consists in the handling of the transference, which renders it "harmless." He thus emphasized that the healing process partly consists of representing a wish rather than implementing it, though in other places he allowed that even remembering is an instinctual, gratifying process.

Freud's 1926 emphasis on ego alteration as an obstacle to treatment (pp. 157, ff.) could be taken to suggest that understanding is a crucial factor in treatment, although the meaning of the term "ego" is too broad to assure that inference. In any case, in *Inhibitions, Symptoms and Anxiety,* Freud continued to stress the importance of making resistances conscious and of opposing them with logical arguments, promising the ego advantages and rewards. This is clearly an established part of psychoanalytic procedure, though Freud went on to say that even when the ego "agrees" with these arguments and decides to go along, the impulses themselves will be found to have a stubborn strength of their own.

In 1937 the analyst was referred to as a teacher, as well as a model (p. 248). In 1938 Freud said, "We serve the patient in various functions, as an authority and a substitute for his parents, as a teacher and educator. . ." (p. 181). Thus "educator" was one of the analyst's accepted roles.

ATTACHMENT IN FREUD'S THEORY

At no time from his first psychoanalytic writings to his last did Freud ever lose sight of or minimize the importance of the affective relationship between patient and analyst. Throughout his work on the process of treatment a kind of running battle may be detected between the respective claims of understanding and attachment, although when one looks more closely one sees that it is not equal combat, but a struggle for survival on the part of understanding. To be sure, Freud was very much the champion of the voice of reason, but while he was cheering it on, he seemed to be advising his friends not to bet on it.

In 1913 Freud said that the analyst must first attach the patient to him by taking a serious interest in him, giving him time, avoiding mistakes, and clearing away certain resistances (p. 139). In the same paper he emphasized that instruction is used only insofar as the transference permits and described both instruction and transference as ways in which the analyst offers the patient "new sources of strength." Instruction that is useful only in a transference atmosphere could not be considered a mere transmission of information, and indeed it was envisioned more as a training, an exercise, a guidance in the distribution of psychic energy (1913, p. 143). This is the kind of instruction that requires a certain relationship with the instructor. In 1916 Freud said that positive transference, not intellectual insight, is "what turns the scale" (1916-1917, p. 445).

In 1918 Freud wrote, "[We exploit] the patient's transference to the person of the physician, so as to induce him to adopt our conviction of the inexpediency of the repressive process established in childhood and of the impossibility of conducting life on the pleasure principle" (p. 159). The attachment of the patient, Freud asserted, allows the analyst to convert him to a new, different approach, and it is clear that it is the attitude of the physician that accomplishes this and not just information.

In 1937 Freud referred to the analyst not only as a teacher but as a model for the patient (p. 248). In 1938 Freud referred to

educational exploitation of the transference (p. 175). He pointed out that there comes a time when it is the unconscious that is on the side of the analyst in opposition to the ego (p. 179). He stated that the analyst serves as a parent substitute, among other roles, and stressed that the positive transference is the most important factor in treatment effect.

Connected with the role of attachment in psychoanalysis was the suggestion that introverted libido of the patient is lured out and drawn onto the analyst. Thus in 1912 Freud depicted the libido as fixated on old objects because of frustration in the outer world and subsequent attraction of the unconscious (p. 102). The course of analysis, he felt, is characterized by the patient's struggle to hold on to the old objects, and the transference serves both as a means of holding on to them and as a possible inducement to give them up.

In 1916 Freud said that we draw introverted libido into the transference and thereby prevent repression from occurring again, with the result that more libido is at the disposal of the ego (1916-1917, p. 454).

INTEGRATION IN FREUD'S THEORY

Besides the two main elements of understanding and attachment, it is possible to find a factor among the Freudian mechanisms that does not precisely fit into either of these categories. It may be called integration.

Thus in 1912 Freud made the familiar comment that unconscious impulses do not want representation in memory but expression in action (p. 108). That passage does not contain all of Freud's thoughts on the matter, because he was aware that there is a sense in which unconscious impulses are gratified by *any kind* of expression of them. It is an open and continuing question for the theory of therapy whether any therapy is possible if unconscious impulses are not at all satisfied by expression in memory. Indeed, the conception of the transference that Freud developed is that unconscious impulses, seeking satisfac-

tion in action rather than reproduction in memory, build a transference by which the impulses are more amenable to mnemic association than they are in their original unconscious state (1914, pp. 153-155). Freud said:

> The main instrument . . . for curbing the patient's compulsion to repeat and for turning it into a motive for remembering lies in the handling of the transference. We render the compulsion [to repeat] harmless, and indeed useful, by giving it the right to assert itself in a definite field. We admit it into the transference as a playground in which it is allowed to expand in almost complete freedom and in which it is expected to display to us everything in the way of pathogenic instincts that is hidden in the patient's mind (1914, p. 154).

If we ask very generally why unconscious impulses do *not* want expression in memory, we are inclined to answer, first, that action is what an impulse primarily seeks. In *The Dynamics of Transference* Freud made it clear that transference does not exist only to serve resistance; it is also a love pattern (1912, pp. 99-100). But it is not just out of preference for action that memory is avoided. Freud referred to the stimulation of transference by a specific disinclination to bring repressed contents into memory (p. 104), and, in the same pages, he referred to transference as being unconcerned with reality (p. 108). To be sure, these are tendencies which make transference useful to resistance, but they do not necessarily come into being for that purpose. We might put this in other terms and say that unconscious impulses seek to preserve themselves unmodified (following the compulsion to repeat), while memory would willy-nilly bring them into modifying contact with cognition and with other impulses.

As a playground, the transference allows impulses relatively unmodified expression, because in a playground the impulse does not have to take much account of other factors. At the same time, the circumscribed setting and the known variables make it possible for the analyst and subsequently for the patient to bring those "actions" into relation with other psychic forces (and

with "reality"), just as a memory would have done. The transference is thus a method of slowly bringing into synthesis elements that tend to resist synthesis. Freud wrote:

> In actual fact, indeed, the neurotic patient presents us with a torn mind, divided by resistances. As we analyse it and remove the resistances, it grows together; the great unity which we call his ego fits into itself all the instinctual impulses which before had been split off and held apart from it (1918, p. 161).

And in 1915 Freud pointed out that by not responding to the transference, the analyst makes the patient feel that it is safe to allow more of his impulses to be realized (p. 166). We must suppose that safety means that the analyst will respect other, divergent interests of the patient and will not act on the patient's transference presentation of himself. This suggests that what makes the transference a satisfactory middle ground between implementation of an unconscious impulse, on the one hand, and memory, awareness, integration, and compromise of it, on the other, is precisely the guarantee that it will not *remain* unintegrated. A synthesis is promised, so to speak, although deferred.

This rationale is implicit in Freud's definition of instruction as guidance in the distribution of energies (1913, p. 143). And it was explicit in *Analysis Terminable and Interminable* (1937, pp. 220, 225), where Freud referred to a "taming of instinct" which brings instinct into harmony with other trends of the ego, so that it no longer seeks independent satisfaction.

Finally, the integrative action of therapy is implied in passages such as the following: "[We exploit] the patient's transference to the person of the physician so as to induce him to adopt our conviction of the inexpediency of the repressive process established in childhood and of the impossibility of conducting life on the pleasure principle" (1918, p. 159). What is conveyed to the patient is an attitude or approach to the self, and clearly that attitude is one of greater confidence in the possibility of a satisfying integration.

Of these elements in Freud's writings, Nunberg (1925, 1932) concentrated on the attachment factor, and Sterba (1934) on the factor of understanding. It was believed that both aspects were essential to the cure, but Nunberg elaborated the affective motivation and Sterba the organizing and structuring outcome. The integrative factor was not explored with the same attentiveness until later.

THE MARIENBAD CONFERENCE

The Symposium at Marienbad in 1936 on The Theory of Therapeutic Results in Psychoanalysis utilized many of Freud's basic suggestions on the subject. But what was most conspicuous at Marienbad was a special emphasis on introjection. Glover (1937, p. 126) said explicitly that the discussion of introjective mechanisms in the transference proved technically more helpful than the new ego psychology. Two introjective mechanisms had become important by the time of Marienbad. Both derived from Freud's suggestion that the patient is persuaded to adopt the analyst's attitude. One application was Sterba's formulation that the patient imitates the analyst's disinterested way of observing and alters his own ego to match. The other was Strachey's (1934) idea that the patient incorporates the analyst's greater tolerance, thus altering his own superego.

These two kinds of alteration are by no means theoretically equivalent. The observing ego described by Sterba, which the patient copies from the analyst, can be, and often has been, thought of as a simple receptor of reality. To be sure, it theoretically entails some yielding not just to reality but to the reality principle, which is what Freud said was the aim of the analyst's persuasion. And the reality principle involves a disciplining, channeling, and defining of id drives (*cf.*, Glover, 1937, pp. 129-130). But in Sterba's formulation, what Freud described almost as a philosophical conversion came to look like simply opening the patient's eyes. The analyst is seen more as a guide than as a reformer; instead of a victory he achieves an "alliance." Since the implicit molding of the patient is more or less hidden

in the terminology, attachment factors can be looked upon as mere preliminaries, while understanding is presented as the essence of the analytic process (*cf.,* Friedman, 1969).

By and large the Marienbad participants did not follow Sterba's path. Nunberg (1937, pp. 168-169) recalled that not the ego alone, but the superego as well, helps to define reality, and, therefore, if perceptions are to be corrected, it will require not only an ego alliance, but also an alliance of the patient's and analyst's superego. Only Fenichel seemed a little uncomfortable with the emphasis on the superego, preferring Sterba's ego terms (1937, p. 134) and complaining that it is not necessary for the patient to introject the analyst in order to admit that he is right; in other words, the analyst's simple rightness gives him access to the patient's ego without a lot of complicated motivation (p. 138). But even Fenichel admitted that the pedagogical influence of the analyst is only occasionally important (p. 138).

Strachey's (1937) contribution to the Conference is probably the best remembered. Unlike the more intellectually oriented concept of the affect-free ego-alliance, Strachey's ideas about introjection of the analyst's superego referred to an attitudinal, affect-laden conversion. Such an introjection obviously takes something that belongs to the analyst, and the process cannot masquerade as a mutual orientation toward an impersonal reality. The effect upon the superego was a useful concept with which to explain therapeutic influence because the superego is both a rule-bound structure and an affect-determining organ, and, perhaps even more important, it is a structure whose origin is most specifically traceable to the influence of other people.

Strachey's contribution was not just to suggest that analytic effectiveness depends upon introjection of the analyst's superego. He used the notion of introjection to connect the factors of understanding and attachment that otherwise seem to group themselves into separate camps. Anticipating modern perspectivists (*cf.,* Levenson, 1972), Strachey (1937) recognized that introjection is partly controlled by the patient's affective and motivational situation. It is, therefore, not automatically an agent of

change. The patient is inclined to introject the analyst as a whole object (pp. 143-144), which is tantamount to equating him with objects previously introjected. (Strachey said that the patient introjects the physician as part of the id rather than of the superego, which, since the patient is ill, makes the physician into a bad object.)

> Giving non-transference-interpretations is, in fact, like trying to untie a knot in an endless ring of rope. You can untie the knot quite easily in one place, but it will re-tie itself at the very same moment in some other part of the ring. You cannot *really* untie the knot unless you have hold of the ends of the rope, and that is your situation only when you make a transference-interpretation (Strachey, 1937, p. 143).

In order for the patient to introject the analyst as a real person, he must first be able to discriminate the analyst's own principles. Thus, paradoxically, the analyst hopes to be introjected piecemeal rather than swallowed whole. In effect, the analyst must insure that it is his own superego rather than the patient's libidinal structure that defines the introject. He can do this only by a transference interpretation of a pressing urge which shows that the analyst knows how the patient feels about him and yet is neither anxious nor angry. Such a response grips the patient's personal interest while making it difficult for him to reduce the experience to a customary formula.

Thus Strachey implied that the curative factors in analysis would come to light as we acquired understanding of introjection (1937, pp. 143-144). Most of the other Marienbad participants agreed. Glover (1937, p. 129) thought that psychoanalysis brings about a "modification of earlier and more archaic *processes* of introjection" (p. 129, italics added) and that it does so by arranging dosed introjection (probably to be distinguished from global introjection, as with Strachey). Both Glover (1937, p. 130) and Bergler (1937, p. 155) pointed to the alternation of projection (which makes the analyst desirable, for instance, as an ego ideal) with subsequent introjection. Bergler in particular

stressed how much the patient's wishes decide what he introjects of the analyst. He pointed out that the analyst's permissiveness is measured by the patient in terms of participation in his sexual wishes rather than by mere tolerance of speech (1937, p. 152). Thus the analyst's superego, as introjected by the patient, is a strict one, and it is partly because of its general severity that its allowances are respected.

Bibring (1937, pp. 181-182), among others, drew attention to the affective component in introjection when he pointed out that gradual frustration within a two-person love relationship is what leads to introjection. In saying this, he recalled classical theory and anticipated the work of Kohut.

THE EDINBURGH CONFERENCE

From the heavy emphasis on introjection at Marienbad, one might have concluded that psychoanalysis had found a way to investigate how attachment brings about structural change and how affective elements transmit understanding.

But when we turn to the Symposium twenty-five years later at Edinburgh on The Curative Factors in Psycho-Analysis, we find no such research program confidently underway. The conference even resisted Gitelson's invitation to look again at the problems which introjection was used to explain. Whereas attachment had first been dealt with by Sterba as preliminary to understanding, and then by Strachey as a vehicle for structural change, Gitelson (1962) now implied that attachment can be an integrating or restructuring experience in itself. Correspondingly, instead of an operation on the ego (Sterba), or an operation on the superego (Strachey), analysis was studied as an operation on the entire psychic apparatus. (Of course, all factors had been considered periodically along the way. It had been known that changes in the ego lead to changes in the id, that superego changes alter the ego, and that nothing happens to one apparatus in isolation from the others. I am discussing the shifting focus of interest, not the totality of accepted theory.)

Gitelson portrayed attachment to the analyst as a process that defines and integrates motives. He argued that the primal need for a maternal matrix is not just a libidinal need, but is also a need for support and guidance (1962, pp. 196-197). Every psychic system is served by guidance. The development of the transference itself reflects a maturation of chaotic needs (p. 197). At the beginning, narcissistic libido is attracted to the physician in the readiness for transference.

> . . . even as we see in the course of development of psychic structure the evolution of primary process towards preconscious thinking, and from this the gradual appearance of secondary process function, so do we see in the first phase of analysis the gradual transformation of rather chaotic derivatives of unconscious activity into the structured manifestations which we ultimately identify as the transference neurosis. . . . [Transference] remobilizes the instincts and drives, and redeploys them for a new developmental beginning. In this sense it is really another aspect of Bibring's 'developmental drive'. Thus, from the beginning, the opening phase provides an element of 'structure' to narcissistic and primitive libido (pp. 197, 198).

Freud's theory that the analyst draws out introverted libido was picked up again by Gitelson when he said,

> Even as the first external objects receive the primitive narcissistic transference, so does the analyst in the first phase of analysis evoke towards himself the narcissistically regressed libido of the patient and initiate its transformation into 'object cathexis' (p. 197).

Gitelson was saying that what is "taken in" is not just part of the analyst's personality, but also the structure of the relationship. (In a sense, that harks back to the suggestion of Glover [1937, p. 129] at Marienbad that new *processes* of introjection are developed and that there is something in the attitude of the analyst that is intrinsically helpful. Loewald did a great deal more with this idea in his seminal paper of 1960.)

Gitelson left Marienbad still further behind when he found

an infantile prototype for the *optimum* use of the therapeutic relationship. One would hardly expect psychoanalysts to be upset by the suggestion that the psychoanalytic situation has an ontogenesis, since psychoanalysts are accustomed to finding an ontogenesis in all human situations. Works of art and theatrical dramas have been analyzed with much less data; why not the psychoanalytic situation? Yet what is noteworthy about the Edinburgh Conference is the extreme caution and defensiveness with which Gitelson analyzed analysis, and the extreme unhappiness that it nevertheless caused the participants (with the exception of Nacht).

Gitelson pleaded that if this dimension of psychoanalysis was not shown to be already accounted for, nonanalytic techniques would claim to be founded on the oversight. He was anxious to assure his audience that he did not gratify patients more than his colleagues did (1962, p. 202, n.). And he inaugurated the custom of relegating emotionally determined attachment factors to a preliminary stage of treatment, allowing one to reserve the title of psychoanalysis proper for what follows (pp. 194, 196, 201). (This device had been prepared by Sterba.) Much of his paper seemed designed, to use his word, to "detoxicate" unavoidable ingredients of manipulation, suggestion, and seduction, present in psychoanalysis (pp. 200-201). But apparently most of the panelists remained uneasy. They did not want to hear about any curative factor except understanding as conveyed by interpretation.

Segal (1962) said that insight is the curative factor. It reclaims lost parts of the ego and replaces omnipotence with more realistic ways of dealing with feelings and with the world (p. 213). But she also added that the analyst heals by setting an example of someone willing to face hard reality. (She did not, however, discuss how and why the example is internalized, or deal with the more puzzling question of what lesson in courage is to be found in the analyst's facing the patient's hard realities.) Kuiper (1962, p. 218) kept Gitelson's description at arm's length by stating that it is significant only in borderline conditions. (Gitelson [1962,

p. 234] replied that we have learned a good deal about normals from borderlines, and he warned that just because some factors are less palpable in transference neuroses, it does not mean they are absent.) For Garma (1962, pp. 221-224) the curative factor was the correctness of the interpretation.

The siege atmosphere that hung over this conference distinguished it radically from Freud's writings and from the Marienbad Conference. Freud, as was noted, took it as a matter of course that love, suggestion, persuasion, and attachment operate powerfully in psychoanalysis. He only moved to rule them out as biases to the *findings* of psychoanalysis. My impression of Freud's approach is that he assigned to the psychoanalytic theory of the mind the task of setting the goals of treatment and left to the theory of therapy the specification of the forces available to bring it about. The psychoanalytic theory of the mind being what it is, there are a great many manipulations that make no sense. But one never gets the feeling that manipulating certain forces has less dignity than manipulating others (except for manipulations requiring dishonesty). The "pure gold" of psychoanalysis refers to the over-all balance of analytic procedure, not to its sometimes base ingredients.

Similarly, the participants at Marienbad gave no sign of struggling to *avoid* a forbidden path; they even felt comfortable referring to unknown influences between patient and therapist. What, then, had happened to make the participants at Edinburgh tread so carefully? Why had interpretation become a battle cry?

Some answers spring instantly to mind. By 1961, as Gitelson's introductory comments acknowledged, psychoanalysis no longer had a monopoly on dynamic treatment. Consequently, as a profession it had a vested interest in advertising what was superior in its approach, namely, exact interpretation. Even aside from consideration of pride, analysts would tend to isolate what is distinctive in their approach and play down what is nonspecific. Although these are powerful incentives for the majority position at Edinburgh, they do not completely explain its militancy

because later, while competitors' threats grew noisier, psychoanalytic militancy softened considerably.

Perhaps a clue to the crisis of Edinburgh lies in the remarks of King and of Heimann. King (1962, p. 225) said bluntly that the analytic relationship is different from every other and therefore cannot be described, in Gitelson's fashion, as an outgrowth of an earlier relationship. At first blush this claim appears presumptuous. It seems to deny the fundamental psychoanalytic principle that life meanings are determined by an evolving nexus of psychological prototypes. Why did King put herself in such an untenable position? It is because she felt that any other approach would compromise the patient's freedom. She wrote, "I sometimes think of the analytic relationship as a psychological stage on which I as analyst am committed to take whatever role my patient may unconsciously assign to me" (p. 226). She added, "In these circumstances the communication to the patient of any feelings of either love or hate may make the analyst of less use to the patient as a recipient of *some* of his unconscious, internal imagos" (p. 227). It turns out to be quite reasonable for King to maintain that the analyst preserves an ambiguity unique in human relationships (*cf.*, Friedman, 1975a, 1975b). If the analyst were actually to *maintain* any one attitude toward a patient, he would close to the patient certain possibilities of development. Heimann (1962) pointed out that empathy is not an irreducible given, and should be subjected to careful analytic inspection, presumably to detect the motivations and desires it conceals. She further reminded the audience that in fact the analyst is not a mother and the patient is not an infant. Her point is well taken: patients' freedom to explore themselves can be seriously hampered if analysts vaguely and quite inaccurately identify themselves as mothers and the patients as their infants. (If Gitelson's description encouraged analysts to suppose that they are discharging parental duties simply by carrying out the austerely limited service called psychoanalysis, their grandiosity would interfere in all kinds of ways with the conduct of their work [*cf.*, Anna Freud, 1969,

p. 148; also Friedman, 1976]). King and Heimann were particularly concerned that if the physician is one thing to the patient, he cannot at the same time be something else.

In our terms we could say that Gitelson disturbed the conference by treating attachment factors as curative. He would not have seriously disturbed anybody if he had simply discussed preoedipal elements of transference. What offended so many sensibilities was his description of *how* those factors were involved in cure. Had he said that they were the subject of study and revision, he would have been applauded; had he said that they inspired the patient to work constructively, he would have been endorsed. Any such statement would have indicated that the patient's affects are structured by the analyst's (and subsequently the patient's) understanding. But Gitelson implied that valid understanding is built into these affective factors. While such a view might seem to accord actual parental power to the analyst, the audience perceived that they were really being portrayed as captives of their patient's emotional structures. And they recoiled from being embroiled in their patient's affective net. They wanted to be above it, looking at it. If they were caught inside it, they felt, both patient and analyst would be thrown together in a position designed by the patient's neurosis. They wanted to say, "I do not need to fit into some ancient, personal pattern for my interpretation to be effective; interpretation gets its healing power from its objective truthfulness alone."

But lest, after our initial surprise that Gitelson's message would offend anyone, we are now tempted to regard opposition as inevitable, we must again remind ourselves that Freud was completely unworried about fixed, affective roles. For instance, in *Dynamics of the Transference* he said, "If the 'father imago' . . . is the decisive factor in bringing this about [i.e., the insertion of the analyst into the psychical series of transference templates], the outcome will tally with the real relations of the subject to his doctor" (1912, p. 100). Something has changed in the analytic scene from the time that was written. By the time of the

Edinburgh Conference psychoanalysts were alarmed over the possibility that the analyst and his communications (and not just his variable transference image) were partly defined by the patient's affective structures. Both King and Heimann were anxious to keep the analyst unattached by such structures. At Edinburgh we saw a profession that studies the universal impact of affect on structure defining itself as a trade in affectless truths.

Freud, no less than Gitelson, felt that the patient's affective structuring could be *consonant* with the analyst's actual behavior rather than restricting and distorting it. Why did not the participants at Edinburgh comfort themselves with that solution? I suggest that it may have been because even consonant or realistic structuring, if it is heavily affective, is hard to conceptualize, and it is therefore hard to be sure that it remains within "proper" bounds. Correctness, reality, and exactness of interpretation seem clear and transparent. The imbrication of mother and child, diatrophic and anaclitic relationships, etc., are much harder to define. Perhaps King wanted the analytic situation to be totally different from any other so that it would not be so difficult to think about and would therefore be more controllable. In fact, the kind of loving relationships discussed by Nacht (1962), Gitelson's only sympathetic commentator, are quite vague. A cognitive focus for Gitelson's, and still more for Nacht's considerations, is not yet optimally developed, and great reliance must be placed on metaphor and analogy to childhood experience, which, far from clear today, was even less clear in 1961.

But we are left with the puzzle that twenty-five years previously the Marienbad Conference had shown none of these concerns. There the participants were perfectly willing to see the patient introject parts of the analyst as children introject parts of their parents. Evidently at that time the accepted paradigm of introjection made a structuring kind of affective relationship clear enough to allow it to be thought about comfortably. It seems that by 1961 the concept of introjection had lost its reassuring, explanatory promise.

Also, at Marienbad the superego had served as a familiar model of the organizing power of affect. In other words, by looking at the superego, one could see how the patient's affect takes the analyst's attitude and makes it into psychic structure. If this model was no longer so satisfying in 1961, the reason may have been that psychoanalytic cure was found to involve much more than modification of the superego (especially among the wider variety of conditions treated). And there may have been nothing to take its place as a type of "introject."

Without the wrappings of introjection and superego, naked affect is too exposed as a definer of objects. Introjection dresses up attachment and affective processes in structural terms. (For contrast, see Schafer [1968], who stripped it down to volitional terms.) Sterba's ego fragment takes notice of pure structuring activity and discretely hides its affective basis among preliminary maneuvers. But bare of familiar, structured forms, affect cannot be allowed an organizing role without subverting the orderly direction of treatment. Gitelson offered to dress affects in the garb of infantile needs, but the participants at Edinburgh did not feel that that made attachment forces sufficiently precise and recognizable to safely allow them a determining role in treatment. They could be admitted only as a "matter" to which the "form" of analytic understanding would be applied. The participants at Edinburgh had reached an agreement that affect and attachment in the analytic situation represent what is to be changed, not a way of changing it. It was therefore most unpleasant to hear from Gitelson how definitively the analytic situation is drenched in affect and inescapably molded by attachment.

OBJECT-RELATIONS THEORY

Probably one reason that the Edinburgh Conference took a dim view of Gitelson's project was that in England an attempt to be more specific about the molding effect of attachment had already been tried and found disastrous to Freudian theory.

The object-relations school can be thought of as seeking an entity which, though broader than the superego, would similarly serve to combine an affective and (at least in a vague sense) a structuring force. They called this the "ego" (thus misleading those accustomed to Freudian usage).

Since the object-relations theorists do not distinguish between a structuring ego and an affective id (Fairbairn, 1963), they hold (more consistently than did Melanie Klein) that restructuring must occur through developments in the affective relationship with the therapist. The object-relations school is united in its belief that permanent changes are brought about when the therapist provides a relationship that the patient needs.

At the same time, these writers recognize that the sick person's affective structuring of the situation *prevents* change. Fairbairn (1958) says that psychoanalysis consists of the struggle of a patient who tries to "press-gang" the therapist into his closed system and a therapist who endeavors to resist. Guntrip (1969, p. 285) describes a vicious circle in which fear blocks ego development and the resulting weak ego experiences fear. The difficulty of combining the therapeutic and antitherapeutic implications of the patient's "press-ganging" are reflected in the tortured grammar of Guntrip's (1961) restatement of Fairbairn's formulation: "Pathogenic relations are repeated under the influence of transference into a new kind of relationship which is at once satisfying and adapted to the circumstances of outer reality" (p. 414). (Fairbairn [1955, p. 156] used the verb "developed" rather than "repeated.")

In general, the object-relations school seeks to solve this typical paradox in therapy theory by postulating a saving core of receptiveness to good objects (corresponding to the Freudian "unmodified ego") hidden behind fear-instilled, distorting perceptual grids.

The writings that emanate from this tradition have always been clinically apt. This is because its theory is articulated in terms of particular *attitudes,* a procedure which ensures vivid and concrete application. (Its vividness and immediacy make the

theory especially useful to popularizers such as Perls and Janov.) The price paid for this concreteness is that general principles of mental functioning are reduced to the simplest and fewest. No system of needs is elaborated. A need for an object glosses them all. Fundamentally, the basic, undefined, irreducible, unanalyzed terms are "ego" and, by implication, "gratification." By itself the ego is not structured *(cf.,* for example, Fairbairn, 1963; Guntrip, 1969, p. 425). Frustration structures it. The distorting emotional grid placed on the analyst is thus the reaction to frustrating internalized objects or aspects of objects. A gratifying relationship with the analyst would ideally impose no private configuration on either party. Thus, if the analyst allows the patient to return to a state of undefended affectivity, the relationship will not be distorted. (Winnicott [1963; 1974, p. 137] is an exception.) The general idea is that "growth" is a nonstructured phenomenon that occurs automatically if it is not interfered with (see also, Maslow, 1968, p. 33; 1970, p. 68). In this respect, the object-relations school escapes the therapeutic dilemma by conceiving the good object as permissive but *nonformative* in development, which is why the healthy ego is pictured as unstructured. Compared with instinct theory's view of the normal mind, specific object relations are not important to object-relations theory, and the ego is far more independent of the details of the world. If one can accept this view, then the rest of the solution is easy: once rid of pathological accretions, the patient's ego goes its own healthy way, and the therapist need not worry about the configuration of the attachment. Affects will not distort because they impose no structure whatsoever.

Unfortunately, this leaves us with no meat to hang on the bones of attachment. But the new "ego" concept allows the object-relations school to find at least something in the patient that affectively "entraps" the therapeutic relationship without obstructing therapy. It thus revives Freud's emphasis on love as the mainspring of therapy and blends it with the factors of understanding and integration. Except for Balint (1968) and Winnicott (1963, 1971), writers close to the object relations

school still tend to emphasize conventional types of understanding (*cf.*, for example, Guntrip, 1969, p. 413). (Guntrip [1969, p. 213] even goes so far as to suggest that interpretation fosters therapeutic regression.) But the message of the movement is overwhelmingly that *relationships* structure, and good relationships integrate.

In trying to identify the site where attachment joins growth, the object-relations school has described psychoanalysis as replacement therapy. But the very idea of re-creating and improving the mother-child relationship of the first years of life underscores the dangerous vagueness of the forces involved, a vagueness represented in object-relations theory by the notion of an unstructured "ego" in communion with the mother. This is unsatisfactory to an analyst who wants to be sure that he is not reinforcing pathological patterns. As Anna Freud (1969, pp. 147-148) points out, it is an illusion to think that one is re-creating an undifferentiated state with the patient. Despite Fairbairn's efforts, the object-relations school does not offer a structure that can be visualized at the level at which therapy is supposed to repair injury. (They offer only structures that interfere with repair.)

From North America, however, Gitelson brought a very different approach to the problem. The dangers that had to be skirted by his compatriots were more practical than theoretical. It is true that they encountered efforts to belittle maturational and structural determinants of illness in favor of environmental influence (Gitelson, 1962, p. 195). But his introductory remarks clearly indicated that the challenge to the mainstream of Freudian thinking in the United States was an activist and sentimental approach to treatment, rather than a critique of theory.[1] And the efforts to relate attachment factors to restructuring in analysis proceeded within the framework of Freudian theory. As a result, the main contributions did not emphasize return to the inchoate first year of life and repair of deprivation. Rather, they

[1] Gitelson (1962, p. 196) made the extremely important observation that deficiencies in *theory* have caused compensatory aberrations in *practice*.

pointed out what might be called the continuing uses of some maternal functions throughout life. These were describable in terms of Freudian structure and structure-building and were thus more reassuring to the analyst who wants to keep his embroilment with the patient's templates under cognitive control.

LOEWALD AND STONE

Loewald's (1960) influential paper proposes that the patient identifies with the analyst's work. Stated this way, the idea may seem not so different from Sterba's. But for Loewald, the analyst's work is not simply proclaiming reality, nor does he view the patient's identification as affectless. And, like Gitelson, he traces the origin of the identification to earliest relationships and thus relates attachment and understanding. He suggests that the patient's work in translating between his experience and the analyst's more integrated perception is itself internalized and serves as a model to bridge the gap from unconscious to preconscious (p. 25). Attachment is an exercise in integration (p. 31).

In 1961 Stone described a "primal transference" to the omnipotent parent as a useful and appropriate vehicle for analytic work. He regards transference as a quest for the original maternal object who both nurtured the child and fostered independence (p. 72). And Stone feels that it is beneficial to the analysis that these affective structures envelop the analyst, because the patient's structures correspond to what the analyst actually offers as a physician. To this extent the patient's affective structures correspond to the analyst's professional structures. A few years later he compared analytic treatment to Winnicott's "transitional object" (Stone, 1967). Stone and Loewald agree with Gitelson that some of the patient's affective structures are "progressive," not just trivially, as seducing the patient into accepting the analyst's interpretations, but materially, as contributing to their understanding. In these ideas Freud's integrative factor is found useful to bridge the gap between attachment and understanding.

What was it that allowed some analysts to overcome the misgivings of Edinburgh about more complex factors than interpretation and understanding? No doubt the cumulative effect of child research played a role. (Spitz [1956] himself applied his findings to the analytic situation.) The study of infancy makes it easier to think about preoedipal relationships and to use them in the theory of therapy. But these studies, as far as they had been developed, were just as available to his audience as they were to Gitelson. What may have made the difference was that instead of an argument for a brand new, sketchy object-relations theory, Gitelson's use of preoedipal factors grew out of a milieu in which sophisticated refinements of the psychoanalytic theory of the mind were being made. I believe that these refinements of theory allowed analysts to cope with the interplay of affect and structure and permitted them to stray from the few established models, such as the superego, into more general conceptualizations. Perhaps Hartmann's work on the transmutation of affective forces into affect-free structures paved the way. Critiques of the structural theory and the practice of intertranslating the three psychoanalytic models of the mind (as in Arlow and Brenner, 1964; Gill, 1963; Schur, 1966) strengthened command over the elements of the theory and opened up the possibility of dealing anew with common features of the therapy situation.

KOHUT AND KERNBERG: THE EDINBURGH DEBATE RE-ENACTED

When Kohut (1971) takes up the theme of deficiency substitution which previously led proponents of object-relations theory to discard the Freudian theory of the mind, he is able, as they were not, to specify the deficit in structural terms. He draws upon the original Freudian formula that links gratification and frustration together as the generator of structure. Thus Kohut continues the project initiated at Marienbad without jettisoning the Freudian theory of the mind. For Kohut, the affect net

which the patient throws over the analyst, provided it is handled properly, has a tendency to build new structure even though it has preformed features. But, one might ask, will not these preformed features of the patient's attachment prevent change from occurring? This alarm, which Gitelson inspired in the Edinburgh participants, Kohut now evokes in Kernberg (1974). A comparison of these two authors will show how much of the Edinburgh conflict is still with us and how much it has been transcended.

Both authors agree that premature and excessive disappointment prevents the development of the psychic structures which provide secure self-esteem. Idealized object images are not optimally integrated into ego ideal and superego (Kernberg, 1975, p. 282; Kohut, 1971, p. 45). Kohut blames this on environmental shortcomings that do not offer children the necessary strong figures to incorporate within their own structures. Kernberg acknowledges this possibility but more frequently suggests that, because of an inborn excess of aggression, the infant does not make use of the objects that are available for this purpose. Hate, envy, and fear of any needed object are not only features of the narcissistic disorder, but the cause of it as well. Since children do not use their parents to grow, the structures that they build are pathological from the beginning. The adult narcissistic illness is the developed state of an original pathological organization of experience. So Kernberg emphasizes the defensive nature of narcissism from start to finish.

Kohut, on the other hand, sees the narcissist-to-be as working normally with inadequate parental materials and so describes narcissistic pathology as a frustrated development of normal structure. Kohut emphasizes the deprivation involved in the illness.

But both descriptions of the narcissistic state imply deprivation (either from internal or environmental causes) and both imply defensiveness, at least as a result of the deprivation. Where they differ is in Kernberg's belief that the same excess aggression that started the sickness keeps it going and Kohut's

belief that only the defensive action of the abortive narcissistic structure prevents the patient from accepting the needed materials of the environment.[2] Both believe that the pathological structure makes it hard for patients to see the analyst as someone who can serve their needs. But Kohut holds that there are some aspects of the structure that welcome the analyst's reparative task, while Kernberg sees the structure as wholly designed to exclude the analyst (*cf.,* Wangh's 1974 summary of the difference in attitudes). That is the mirror of the Edinburgh debate.

There is, however, a difference from the Edinburgh debate. Like Kohut, Kernberg (1975, p. 315) postulates a new type of structure as the focus of therapy: a self-representation in relation to object representation, together with an affective disposition. He thus holds out the possibility that the nature of the attachment to the analyst will affect psychic structure. If Kernberg's treatment approach is designed to prevent him from being annihilated or annulled by the patient, that can only help insofar as he thereby presents a dependable, nonretaliating object that can be used even by an orally envious patient to build a less autistic structure of self-esteem. Just like Kohut, Kernberg must disappoint the patient only enough to allow him to gratify the underlying need (*cf.,* Kernberg, 1975, p. 337; 1976, p. 128).

[2] There are many ironies, paradoxes, and intriguing questions in this debate. In practice Kohut's looks more like an object-relations theory than does Kernberg's. And Kernberg's seems much more of an energy theory than Kohut's. That is, Kohut's patients need an object, but their defensive structures stand in the way; Kernberg's patients need to have their aggression neutralized. For Kernberg, the patient's goal is really a state of satisfaction (with self, object, and the relationship between them). If a person will forfeit an object because his inborn rage makes it unsatisfactory, should we still call that an object-relations psychology? Should we not rather say that Kernberg is dealing with problems of integrative capacity as related to congenital levels of frustration tolerance? (Kernberg himself considers this possibility [1975, p. 234; 1966, p. 245]). Should we not say that this is a traditional object-formation theory rather than an object-relations theory? And why not consider Kohut's narcissistic cathexis to be the unspoken ego-building or ego-sustaining aspect of the object which is presumed by the object-relations school? Why not consider narcissistic cathexis a name for the relevance to the self of Kernberg's tripartite good-object-good-self-good-relationship representation?

While his theory describes those aspects of the structure that exclude an object, other aspects are implicit in the treatment strategy. Ultimately both Kohut and Kernberg agree that a childhood need is gratified in treatment. That is the difference from the Edinburgh debate.

REFORMULATION BY SCHAFER AND KLEIN

Schafer's (1968) work on internalization takes as its subject something more general than a narcissistic structure. Schafer focuses on motives, systems of motives, and representations. These entities each involve at once understanding, affect, and integration. The use of *motivational* systems for *cognitive* purposes is illustrated by the orienting function of motivationally relevant representations.

> . . . the id motive . . . supports the representations pertinent to it. . . . the motive establishes a contextual organization of representations (pp. 63-64).
>
> . . . the elaborations and transformations of motives are necessarily influenced by the subject's current supply of information or representations. In turn, this supply depends partly on the subject's previous motivational states (p. 66).

Citing Alice Balint's (1943) eloquent paper (he might also have cited Piaget), Schafer says that identifications help in "comprehending and mastering objects in the environment that are new and strange—and therefore experienced as unexpected, unpleasant, reproachful, and threatening . . ." (p. 169). Even primary process "presences," such as introjects, ". . . are ideas that recur or persist under specific intrapsychic and situational conditions. In this respect they are like attained concepts, mastered logical relations, and stable memories, though they differ from these intellectual contents in adhering relatively more to the modes of the primary process. . ." (pp. 130-131).

Motivationally organized representations are grids for understanding. They supply information that in turn influences the elaboration and transformation of motives (p. 66).

Because of this "complementary relation between representations and motives" (p. 67), treatment requires not only new information about current reality and old aims, but also the introduction of new motives, because the old ones cement self-confirming representations into place (p. 67). Thus identification, which serves to master current experience, is brought about through modification of relevant old motives and their corresponding representations (p. 147).

Not only are understanding and motivation intertwined, integration is also connected with both. According to Schafer, one of the paramount early aims of a person is the aim of anticipation, and that aim (traditionally attributed to the ego) *uses* other aims (and their representations) to master future experience. It does so by creating structuralized hierarchies of motivational systems in which some aims serve as means to other aims (p. 56). Even the "interaction [between primary and secondary process] . . . normally . . . imparts that quality of mobility within organization or spontaneity-within-control that conveys aliveness and authenticity of experience" (p. 127).

Psychoanalysis has often been called a closed system that inappropriately studies people who are really open systems. This is a gross oversimplication. Psychoanalysis is definitely a theory of social relations. But its focus is admittedly on the theory of the mind as an entity. The type of structures into which the mind was divided were determined by the need to harmonize parts with a whole (*cf.*, Friedman, 1977). It cannot be said that the outcome failed to account for interpersonal effects. All of the factors subsequently used to explain the curative elements in psychoanalysis were present in Freud's writings. The sociological emphasis given by most of the neo-Freudans was just that—an emphasis, designed to conform to the *Zeitgeist*. I am aware of no environmentalist who provided more details of the therapy relationship. To the contrary, their theories tend to be less developed in this respect than the original doctrine; they work with far fewer elements and clues.

Nevertheless, the psychoanalytic account of structure-*building*

was naturally rudimentary at the beginning and was concentrated on areas of current interest to the theorist—primarily conflicts related to illness. An evolution of the ego was hypothesized. Treatment considerations then led to the evolution of the superego concept.

We might call this a macroanalysis of the mind. A macroanalysis is bound to look more like a closed system than a microanalysis: the big picture is likely to show us the already developed mind at work (*cf.,* Gendlin's [1964] succinct account of this problem). Psychoanalytic treatment is a subtle, refined, delicate interplay, and its full understanding requires a microanalysis of the very general processes of personal interaction. Compared to a broad description of a person's life course, a highly sophisticated understanding of therapeutic efficacy will tend to look like a different kind of theory—more like an "open system" theory (Gitelson [1962, p. 196] makes the same point).

These considerations may be stated in another way: when we seek to understand therapy, we take a somewhat different entity as the subject of study than when we seek to understand the mind. Our gaze is focused specifically on the conjunction of two systems of meaning, one of them inside and one of them outside the patient's mind. For a long time the model for the intermingling was the giving and receiving of objective truth. The model had the virtue of neatness and simplicity. But it would not do (*cf.,* Friedman, 1973). That does not oblige us to move into sociology or small group systems for a theory of psychotherapy. Those are different sciences altogether, even though they study the same phenomenon. Ours is still a science of intrapsychic processes. But the units of those processes at a microlevel will be somewhat different from those at a macrolevel. The fear that psychoanalysis would lose its identity in the shuffle was inevitable, but the fear has been worn away by time and practice.

In a sense, the study of the therapy process takes a direction exactly opposite to that of the study of the mind. Freud started from the notion of a unitary mind assaulted from without and gradually recast his terms to suit a mind warring within itself

(*cf.*, Friedman, 1977). The student of psychotherapy must now return and again picture, if not a unitary mind, at least a unitary *state* of mind, attacked from without—that is, by a therapist. And the terms of analysis will shift when going in that direction, opposite to their shift when moving in the original direction. This is the reason for the construction of new entities to handle the interplay of patient and therapist.

This return to the original paradigm of psychoanalysis is dramatically illustrated by the last works of George Klein (1976), who considered the central task of the mind to be the resolution of "incompatibility." He wrote that ". . . motives arise from crises of incompatibility. . . . The 'imbalances' that make for motivational change are not the results of instinctual drives disciplined to the 'exigencies of reality'; they come about from a state of maladaptedness to new requirements" (p. 182). "It is not that conflicts *produce* disturbances in identity; rather, conflict is a 'symptom' of imbalanced identity" (p. 187; see also, p. 267).

Klein's formulation harks back to the original Freudian starting point so directly that "incompatibility" is used again as a key term. Klein's "self" is the reincarnation of the original "ego" of psychoanalysis, assaulted either by unassimilable traumatic incidents or by unacceptable parts of the self. The apparent move backward in theorizing is simply a way of gaining a general perspective on the process of structure-building. The generality of Klein's perspective, which is entirely consistent with the philosophy of analytic theory, may be seen in his recognition of the human being as conservative, but with the capacity to change, which presents the paradox of the responsiveness of a unified self to the sense of change (p. 181).

This overlaps with Schafer's work. But while Schafer shows how representations express and create motivational states and so tie together affect and understanding, Klein was primarily interested in procedures of integration and therefore addressed himself to the concept of the "self." Thus Klein said that "the outcome [of a crisis or trauma] is an internalization of conflict, along with a modification of cognitive structure reflecting the

changes in the aims and motivation that constitute the resolution" (p. 197). "Affects thus exemplify different varieties of incompatibility; at the same time they are functional and are linked to the possibilities of purpose and of change. . . . Emotions connoting incompatibility become a way for the self to acquire understanding or sense its position in the world. They are the occasions, as well as the outcome, of the reactive and adjustive motivational structuring" (pp. 192-193). Thus, for both Klein and Schafer, affect-laden structures help a person to adapt—they integrate him as he is with what is new in his experience; they connect the familiar and the unfamiliar. Klein saw in this situation an opportunity to apply Piaget's categories to dissect out of psychoanalysis the operations that build and integrate structures.

According to Piaget (1962), novelty is tamed in the following way: preformed approaches to new stimuli are progressively adapted until a master plan (a "reversible schema") is achieved, which allows one to take one's perspective into account and imagine a procedure that would make the apparent novelty familiar.

An example of Klein's use of these ideas is what he called "reversal of voice" from passive to active. If reversible schemata allow the mind to comprehend changing phenomena, perhaps reversible mental actions allow a person to consolidate identity in the face of affliction. Maybe identification with the aggressor is a psychoanalytic counterpart to a Piagetian mechanism. Maybe other representational reversals occur all the time. Then we should draw the Piagetian conclusion, which is that reversal of voice from passive to active not only protects against helplessness, but establishes a sense of self. Active reversals ". . . make the encounter of the conflict self-*syntonic,* rather than dystonic as in repression. The outcome is therefore *accommodative* in respect to self-identity, giving rise to an enlarged region of differentiation of what is 'me' and 'mine,'—and a greater differentiation of motives that will deal with future events without feelings of estrangement and dissonance" (Klein, 1976, p. 201).

(Shands [1963] developed a similar theme.)

Unfortunately, most of Piaget's work has dealt with cognition, and it is not easy to see what Piagetian meaning we should give to "reversal of voice" beyond what is involved in any active representation (and all representations are active, according to Piaget). Klein tried to broaden the applicability of Piaget's concepts from the psychology of cognition to personality development. He took his lead from the dis-integration known as repression and was inclined to equate integration with consciousness (again one of the original conceptions of psychoanalysis). Consciousness accommodates to reality, while repression simply assimilates reality to fixed schemata (p. 254). "For Piaget, the conscious implementation of a wish is an important accompaniment, even a requirement, of accommodative behavior" (p. 254).

The trouble with the formula, as we have seen, is that *all* mentation seems to make some contribution to understanding. Klein knew this well: thus he noted with regard to repressed schemata that "preserving an encounter in a schematized form, as a dissociated prototype, makes possible the coding of related encounters in the future—events that may be more easily recognized and dealt with even if not anticipated" (p. 295). And, again, "While its affective aspects are uncomprehended, the schema is still very much an organizing influence in behavior" (p. 296). Again, an unconscious fantasy "gives meaning to an event or an encounter, defining it as useful or harmful. . ." (p. 299). And, again, unconscious fantasy ". . . has properties that Tolman . . . has described as a 'cognitive map,' acting as a guide to scanning and encoding" (p. 256). And, again,

> A defense is a structure in the sense that unrelated cognitive matrices are combined in such a way that a new level is added to the hierarchy of control—by containing previously separate structures in the new configuration of excitation. The defense is, in this sense, a synthesis of two frames of reference. It becomes a basis for organizing experience, a motive or disposition toward action in certain circumstances, and a basis of emotional appraisal. Such internalized representations of conflict and their

> defensive aspect are features of that created *inner environment* which serves as the person's notions of and disposition toward the 'real world,' providing the means of encoding it and making it meaningful (p. 199).

Thus we *cannot* say that integration is marked by intentional appropriation into the self-schema, and we cannot say that it is marked by the emergence of conscious awareness. Unrepressed and repressed are simply examples of more and less integrated, more and less adaptive schemata. And the self to which schemata are integrated, since it cannot be separately characterized by consciousness or intentionality, no longer adds anything to the account. (It approximates Herbart's concept of "apperceptive mass," being the dominant collection of representations from which others are included or excluded. It is in fact here a quantitative concept, a name for the victorious mental majority.)

Klein was a pioneer in refining clinical description, and he was alert to the promise of Piagetian ideas. Holding both themes in his hands, he unfortunately lost the vital link that he had helped to forge between them: the principle that schemata are always to some extent integrative and adaptive. It is no longer necessary to conjure up some separate process, such as understanding or reality testing or even accommodation, to drag affective, assimilative schemata into reluctant contact with the rest of the personality and reality. Affect, the unconscious, fantasy, all have a role to play in understanding. Piaget would never agree that accommodation means conscious comprehension, or that "conscious implementation of a wish is an important accompaniment, even a requirement, of accommodative behavior." Accommodation occurs with the first suckling. No behavior can be purely accommodative or purely assimilative. Piaget's concepts in their strictest sense would never lead one into the quagmire of purely assimilative primary process that seizes aspects of the environment to distort them. (Seizing is selecting, and that entails accommodation.) No purely assimilative schema would be able to relate itself in any way to anything, and would not in

fact be a schema. (Perhaps a spinal reflex would satisfy the definition, but it is also accommodative on a neurological level.)

But Klein has pointed the way to a microanalysis of therapeutic interaction. We learn from him that affect-laden schemata are more or less integrated with each other, just as purely cognitive schemata are; they are *more or less* equilibrated with the environment, that is, more or less lop-sidedly assimilative. We learn from him that adaptation amounts to some kind of "reflection" or "acknowledgment" of these schemata by other schemata (p. 194), and a failure of "reflective acknowledgment" causes conflict, pain, and inefficiency.

"Reflective acknowledgment" requires further elucidation. We may suppose that the process and its elements are analogous to the decentering, reflective schemata that Piaget has shown to coordinate schemata of physical orientation. But what place affect and motive will have in the analogy remains to be said.

PIAGET: THE NEXT STEP?

Piaget (1962) offers us a theory of mental processes designed to describe the interaction of individuals with their environment. Such a theory should be useful in describing psychotherapy. According to Piaget, to adapt means to adjust mental structures that are prepared for the world to features in the world for which they are not prepared. It is therefore an interplay between a conservative and an innovative tendency. The goal of adaptation is to obtain an equilibrium between these two tendencies. It has been said that psychoanalytic structures are configurations with a slow rate of change (Rapaport, 1967, p. 701). Piaget provides terms applicable to organizations with both slow and fast rates of change. (He calls them schemata.) In that sense we could say that his is a microtheory of the mind, and Freud's a macrotheory.

Piaget has used his theory mostly to show how objective, logical thought develops. Before it can be used to describe psychotherapy, we have to decide where affect and human attachment

enter into it. This question can be put more exactly: with regard to the cognitive aspect of experience, equilibrium between conservative and innovative requirements is achieved by the development of the concept of the physical object. The concept of the physical object is a schema that is fully prepared for the unexpected, because it is basically a procedure for mentally discounting unexpectedness without ignoring it. For instance, when someone makes allowance for his perspective (which Piaget calls "decentering"), he is able to picture an action which would return appearances to their previous state. (Piaget calls that "reversibility.") For the theory of therapy, then, the big questions are: What does decentering do to affect? How does affect influence decentering? What is the affective equivalent of cognitive reversibility? And what role does human attachment play in this process?

Morality has always been the first example of affective structure to be examined because it is the easiest, and Piaget (1967) has applied his theory to it. In the area of morality, Piaget proposes that the "will" does for impulses what the concept of the physical object does for perceptions. He says that the will counterbalances automatic arousal of desires (pp. 59-60). Piaget draws an analogy between this counterbalancing of temptation by the will and the counterbalancing of optical illusion by operational reasoning:

> The system of interests or values, which changes at every moment depending on the activity in progress, thus incessantly commands the system of internal energies by means of a quasi-automatic and continuous regulating process. However, it is only what might be called an intuitive regulator, since it is partly irreversible and subject to frequent displacements of equilibrium. Will, on the other hand, is a regulation that has become reversible, and in this sense it is comparable to an operation. When a duty is momentarily weaker than a specific desire, will re-establishes values according to their pre-established hierarchy and ensures their subsequent conservation. Will gives primacy to the tendency of less strength by reinforcing it. Thus

> it acts exactly like the logical operation when the deduction (equivalent to the superior but weaker tendency) is at odds with a perceptual appearance (equivalent to the inferior but stronger tendency) and operational reasoning corrects actual [but misleading] appearances by referring to previous states (1967, pp. 59-60, translator's brackets).

The operations of the will are like reasoning about physical objects. Both serve to accept novelty while at the same time reducing it to prior conditions. While knowledge of the world is being structured by logical operations, desirability is being organized by a hierarchy of values.

What, then, is reversibility in moral terms? Reversibility is the conservation of the subject's hierarchy of values in the face of temptations that would tend to rearrange them. The tendency to react "out of character" is not, however, obliterated; there is no will without subordinate desires to be overruled—no morality without temptation. The organism accommodates by recognizing and subordinating the temptation according to a more general affective schema.

In this instance the will corresponds to the superego. But the principles also describe the functioning of any psychic institution. In many respects "will" could be translated (with considerable loss of specificity) into the more popular terms of personal identity or self (as George Klein did), or into "ego" in the loose sense of the object-relations school. The will also corresponds to the synthetic function of the ego in the strict Freudian sense.

Let us then make the following generalization: our action on the world analyzes the world, and the progressive schematization of our actions is a way of understanding the objective world. Accordingly, the interests or affect behind action pick out meaning in the world. Coordination of the affects involved in action does two things: it modifies the significance of our purposes, which means it modifies those purposes, and it creates an affect-relevant reliability or rule-boundness in the object—an under-

standing of its principles of goodness or badness, so to speak.

In the Piagetian framework, if affective reversibility is not achieved, there should be consequences for both inner and outer worlds. Internally a person would be vulnerable to much greater conflict (whether it shows itself in anxiety, inefficiency, loss of self-esteem, helplessness, or aimlessness). Externally, if affective reversibility is not achieved, the subject would not be able to evaluate the object fully in terms of all the analyzers that his wishes potentially provide. He would be centered on the paramount reaction of the moment.

As the individual progresses to affective equilibrium, a gradual integration—and thus modification—of affective meanings and wishes will occur. In psychoanalytic terms this corresponds to redistribution of energies among psychic structures, sublimation, character formation, etc. At the same time the object becomes increasingly rich and stable in affective values. This shift in the quality of affect and wishes, as well as in the nature of the object, can be illustrated by the development of moral feeling. As moral rules are perfected, the quality of the moral feeling changes. (Witness the difference between the quality of an archaic superego and a more mature one, apart from the difference in standards.) And of course regularity and coherence in solving moral problems is improved.

Optimum affective equilibrium would be that state in which the subject is assured that no matter what the stimulus, his reaction will ignore none of his purposes. A stimulus will be relevant to more than any partial inclination toward it. The subject can react affectively to the total object rather than to a single aspect of it, for example to a particular person in authority rather than simply to an authority figure. This kind of reversibility does not ensure that the subject will not be frustrated. But after all, neither do his conceptual schemata ensure that he will never be surprised. What reversibility does ensure is that he can allow himself to be frustrated without feeling defeated, just as he can allow himself to be surprised without giving up his view of the objective nature of reality.

Complete reversibility is never achieved, either on the cognitive or affective level. I have elsewhere argued that the limits of affective reversibility impose limits on the cognitive (*cf.*, Friedman, 1974). The limits of affective reversibility are illustrated by such principles as Hartmann's (1958, p. 94) dictum that a normal ego must be "able to must." Mourning is the most flagrant demonstration that affective reversibility is incomplete. The work of mourning is an illumination of the *process* of decentering as it occurs in the affective sphere. It shows us how dysfunctional and maladaptive complete decentering would be, such as would make mourning unnecessary. Just as total cognitive decentering would amount to geometrical rather than geographical perception, total affective decentering would be tantamount to an impersonal, "philosophical" kind of independent unreactiveness. A completely decentered person would know laws of psychology but no individual people.

The net effect of both cognitive and affective operations is that no matter what is presented to the subject he can fit it with minimal distortion into a pre-existing framework—a framework of perception and a framework of volition.

But knowledge of affective organization is not all that we need in order to describe the relation of affect to understanding. There is one line of *cognitive* development that Piaget has yet to work out, and unfortunately it is the one psychoanalysts are most interested in: the development of the concept(s) of the human object(s). This is infinitely more complicated than the already extremely complicated development of physical object concepts. We should be able to apply the same principles to it, for instance, the role of integrated action schemata in defining the object. But in the case of the human object, the actions on the object that are relevant are affective appeals, and the shaping responses of the object are other people's affects.[3] (Everyone

[3] Freud's theory shows us the accommodations of intrapsychic schemata to each other (*cf.*, Friedman, 1977). For therapy we must employ concepts of accommodation and assimilation *between* two people's schemata. It is the understandable wish to avoid this departure from theory of the mind that led many orthodox analysts to describe the ultimate "object" in analysis as an "interpretation." That

should read Stern's [1977, pp. 98-107] evocative sketch of how this might happen.)

This complexity is hidden by the unique example that Piaget studied—the moral code. Piaget shows how persons learn to conceive of the Good as an object in the same way as they learn to conceive of bodies as objects. But the great variety of human moral systems tells us that what the object is learning is the "object-ness" of parental emotions, that is, the principles behind their reactions.

Unlike the physical object, or even the moral "object," human objects do not indefinitely become more and more understandable as they are embraced in larger and larger schemata. Their individuality is far more important than that of physical objects. Piaget's analysis implies that the more unique the objects dealt with, the less decentering the subject can achieve.[4]

This is what makes therapy so difficult to conceptualize. Those who have emphasized the role of interpretation have been stressing the decentering purpose of therapy. On the other hand, those who have emphasized attachment have been attending to the inherent limitations of decentering when dealing with personal objects. Both theories, however, have been designed to account for the analyst's usefulness in fostering integration of the patient's schemata. The two streams of thought nowadays are converging to an acceptance of the interconnection between understanding and attachment at all stages of therapy.

What we learn from Piaget is that the patient's analysis of himself goes hand-in-hand with his analysis of the physician,

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would be relatively rigid "aliment" for the patient to schematize, and the interaction would therefore be easier to describe. But perception of human beings is more complicated than that.

[4] The less decentering by the subject, the vaguer his identity. Consequently the overwhelming importance of individual human beings to each other sets a built-in limit to how individuated a person can be—or stated more philosophically, there is a limit to how much a person can stand apart from his human *Umwelt*, and a degree to which he is simply the nexus of his relationships (*cf.*, George Mead, 1934).

following the Piagetian rule that differentiation of the self and of the object are two sides of the same coin. The therapist's services must enhance both analyses because they are aspects of the same process. The traditional role of neutrality facilitates this exploration by providing as simple and general a human object as possible, while holding feedback consistent and minimal. This provides a freedom and clarity that one usually enjoys only when exploring nonhuman objects. It is probably for this reason that all therapies limit involvement with the patient, at least in terms of time. But after all, the analyst is not an inanimate object and could not facilitate the integration of affective schemata if he were one. The patient's growth can only come about through the impact of his desires and provocations on the analyst's meanings and reactivities, since it is through this impact that the analyst's human objectness and the patient's human identity achieve definition. (For elaboration of this point, see Friedman [1978] and Shands [1976].)

It is only by seeing an impact on the analyst (as one initially sees on one's parents) that the patient can build representations of his own actions *(cf.,* Loewald, 1960, p. 19). He cannot know what he is doing until he has been able to abstract from the response of the other person. Telling a patient what he is doing is a response of the object. As such it will contribute to a concept of the object (the analyst) and of the patient's action, and of the patient's nature. But it does not do that by sheer exposition. A tacit concept of one's action must first be there before mentioning it has a referent. (A concept of a physical object cannot be provided to a child by labeling it. Morality cannot be taught by a statement of a code.) Interpretations are simply the most controllable and focused parts of an informative reaction by the analyst, and their impact is mediated by other, subtler reactions of timing and attitude.[5] The significance of an

[5] This was implied by Gitelson (1962) when he said, "I think that so-called 'pedagogy,' 'clarification,' 'suggestion,' and 'manipulation' are 'verbal-nonverbal' *preparatory incomplete interpretations. . .*" (p. 204).

interpretation is always the significance of a reaction from someone perceived as a certain kind of person, though it is to be hoped that it also changes the analyst's image slightly.

Strachey knew that there was something about himself he had to make his patients discover (his superego). He also knew that the patient would find it less challenging to his predominant wishes if he refrained from exploring this new object. Strachey (1934) therefore concentrated on ways ("mutative interpretations") which would take advantage of subordinate, less exercised, unintegrated schemata that *would* map the analyst's superego. In this way he presented the patient with an easier task of integrating a somewhat new human object with his predominant schemata, incidentally reshuffling the patient's awareness of himself.

At the opposite pole to the newness of the analyst, Gitelson tried to find the initial affective understanding of the analyst which all patients start out with. In Piaget's terms, we could say that Gitelson found an aspect of the analytic relationship on which the patient could exercise and develop his will. Those who recoiled from this idea were afraid that the patient's will was too poorly established to counterbalance driving, neurotic needs and that those needs would bias the concepts of patient and analyst. But our microanalysis suggests that such is nevertheless the only way that a human (as opposed to a physical) object can be identified.

Balint (1968) most explicitly raises the question of concern to the object-relations school: How can an undeveloped will start *de novo* as it should have done in infancy? Suppose that affective schemata are not sufficiently organized and, correspondingly, that perception of the object is not sufficiently objectified to permit Gitelson's level of recognition. Suppose there is relatively no self and no object. How does learning begin to take place? Most object-relations theoreticians seem more interested in the problem than the answer, as though sympathy alone would solve it. Winnicott and Balint are exceptions. They feel that if the therapist does not require the patient to grasp his

nature to begin with, he can (by play or unobtrusiveness) offer an undifferentiated, global opportunity for the patient to integrate his desires. In this way the analyst, like the mother, will gradually build up the various partial schemata that must go into larger, coordinated schemata. To do this he must initially remain as vague as the patient's own identity, since otherwise the patient's task would be too formidable.

It is in these terms that we must understand the role of gratification in treatment. All treatment involves attachment and all attachment involves gratification *(cf.,* Friedman, 1975b). Gratification does not put something into the patient temporarily or permanently. It does not drain off something from him, either helpfully or harmfully. For better or worse it is a structuring, teaching, more or less defining, more or less integrating response. In an attachment, gratification says something, albeit something not easily put into words. In analysis it says something about who the patient is and who the analyst is. That is why therapists must be so careful about it. *Insofar as it is therapeutic* it causes a helpful restructuring of the patient's perceptions and self-feeling, as well as his feeling about—and, therefore, the nature of—his wishes. *To the extent that it does this* it is not binding but freeing, and leads not to dependence but to independence. (Maslow [1968, 1970] argues this on empirical grounds.) Attachment is integrative and is a form of understanding. The full implication of Piaget's approach is that in human relations, attachment is how learning proceeds.

SUMMARY

Freud catalogued factors of understanding, attachment, and integration in psychoanalytic cure. Understanding and attachment were explored by Sterba and Nunberg. At the Marienbad Conference, introjection seemed to combine the factors. Later, at the Edinburgh Conference, when Gitelson suggested that integration is fostered by an infantile attachment pattern partially repeated in the analysis, he was met with the vigorous reply that

only understanding (from interpretation) can do that. Among the reasons for this reluctance to acknowledge what had previously been freely admitted was the difficulty of imagining how the analyst could be embraced by the patient's affective structures and still be free to help the patient change.

Object-relations theory was an attempt to resolve this problem, but the destruction it wrought in the theory of the mind discouraged some analysts from pursuing the line of thought. As analysts became more familiar with their theory and were increasingly supplied with models from child observation, they developed terms to deal with this problem, as in the work of Loewald and Stone. The controversy between Kohut and Kernberg illustrates how much of the Edinburgh debate is resolved and how much it is still with us.

Attempts to conceptualize therapeutic efficacy moved theory backwards from the description of gross structures of the mind to common processes of structure formation. This line of march is illustrated by Schafer's work on internalization and Klein's attempt to exploit Piaget's developmental concepts. A possible use of Piaget's concepts for the theory of therapy is elaborated.

REFERENCES

ARLOW, J. A. and BRENNER, C. (1964): *Psychoanalytic Concepts and the Structural Theory*. New York: International Universities Press, Inc.

BALINT, A. (1943): *Identification*. Int. J. Psa., XXIV, pp. 97-107.

BALINT, M. (1968): *The Basic Fault. Therapeutic Aspects of Regression*. London: Tavistock Publications.

BERGLER, E. (1937): *Symposium on the Theory of the Therapeutic Results of Psycho-Analysis*. Int. J. Psa., XVIII, pp. 146-160.

BIBRING, E. (1937): *Symposium on the Theory of the Therapeutic Results of Psycho-Analysis*. Int. J. Psa., XVIII, pp. 170-189.

FAIRBAIRN, W. R. D. (1955): *Observations in Defence of the Object-Relations Theory of the Personality*. Brit. J. Med. Psychol., XXVIII, pp. 144-156.

—— (1958): *On the Nature and Aims of Psycho-Analytical Treatment*. Int. J. Psa., XXXIX, pp. 374-385.

—— (1963): *Synopsis of an Object-Relations Theory of the Personality*. Int. J. Psa., XLIV, pp. 224-225.

FENICHEL, O. (1937): *Symposium on the Theory of the Therapeutic Results of Psycho-Analysis*. Int. J. Psa., XVIII, pp. 133-138.

FREUD, A. (1969): Difficulties in the Path of Psychoanalysis: Confrontation of Past with Present Viewpoints. In: *The Writings of Anna Freud. Vol. VII: 1966-1970*. New York: International Universities Press, Inc., 1971, pp. 124-156.

FREUD (1904): *On Psychotherapy*. Standard Edition, VII, pp. 257-268.

——— (1910a): *The Future Prospects of Psycho-Analytic Therapy*. Standard Edition, XI, pp. 141-151.

——— (1910b): *'Wild' Psycho-Analysis*. Standard Edition, XI, pp. 221-227.

——— (1912): *The Dynamics of Transference*. Standard Edition, XII, pp. 99-108.

——— (1913): *On Beginning the Treatment (Further Recommendations on the Technique of Psycho-Analysis I)*. Standard Edition, XII, pp. 123-144.

——— (1914): *Remembering, Repeating and Working-Through (Further Recommendations on the Technique of Psycho-Analysis II)*. Standard Edition, XII, pp. 147-156.

——— (1915): *Observations on Transference-Love (Further Recommendations on the Technique of Psycho-Analysis III)*. Standard Edition, XII, pp. 159-171.

——— (1916-1917): *Introductory Lectures on Psycho-Analysis, Part III. General Theory of the Neuroses*. Standard Edition, XVI.

——— (1918): *Lines of Advance in Psycho-Analytic Therapy*. Standard Edition, XVII, pp. 159-168.

——— (1926): *Inhibitions, Symptoms and Anxiety*. Standard Edition, XX, pp. 87-174.

——— (1937): *Analysis Terminable and Interminable*. Standard Edition, XXIII, pp. 216-253.

——— (1938): *An Outline of Psycho-Analysis*. Standard Edition, XXIII, pp. 144-207.

FRIEDMAN, L. (1968): *Drives and Knowledge: A Speculation*. J. Amer. Psa. Assn., . XVI, pp. 81-94.

——— (1969): *The Therapeutic Alliance*. Int. J. Psa., L, pp. 139-153.

——— (1973): *How Real Is the Realistic Ego in Psychotherapy: A One-Sided Review*. Arch. Gen. Psychiat., XXVIII, pp. 377-383.

——— (1974): *The Nerves of the Mind*. Review of *Collected Papers of Adrian Stokes*. Contemporary Psa., X, pp. 511-521.

——— (1975a): *The Struggle in Psychotherapy: Its Influence on Some Theories*. Psa. Review, LXII, pp. 453-462.

——— (1975b): Elements of the Therapeutic Situation: The Psychology of a Beginning Encounter. In: *Treatment. Vol. V. American Handbook of Psychiatry*. 2nd Edition. Edited by Silvano Arieti. pp. 95-116.

——— (1976): *Defining Psychotherapy*. Contemporary Psa., XII, pp. 258-269.

——— (1977): *Conflict and Synthesis in Freud's Theory of the Mind*. Int. Rev. Psa., IV, pp. 155-170.

——— (1978): *Piaget and Psychotherapy*. J. Amer. Acad. Psa., VI, pp. 175-192.

GARMA, A. (1962): Panel on *The Curative Factors in Psycho-Analysis*. Int. J. Psa., XLIII, pp. 221-224.

GENDLIN, E. (1964): A Theory of Personality Change. In: *Personality Change*. Edited by P. Worchel and D. Byrne. New York: John Wiley & Sons, Inc., pp. 102-148.

GILL, M. M. (1963): *Topography and Systems in Psychoanalytic Theory*. (Psychological Issues, Vol. III, No. 2, Monograph 10.) New York: International Universities Press, Inc.

GITELSON, M. (1962): *The Curative Factors in Psycho-Analysis. I. The First Phase of Psycho-Analysis*. Int. J. Psa., XLIII, pp. 194-205.

GLOVER, E. (1937): *Symposium on the Theory of the Therapeutic Results of Psycho-Analysis*. Int. J. Psa., XVIII, pp. 125-132.

GUNTRIP, H. J. S. (1961): *Personality Structure and Human Interaction; The Developing Synthesis of Psychodynamic Theory*. New York: International Universities Press, Inc.

——— (1968): *Schizoid Phenomena, Object-Relations, and the Self*. New York: International Universities Press, Inc.

HARTMANN, H. (1958): *Ego Psychology and the Problem of Adaptation*. New York: International Universities Press, Inc.

HEIMANN, P. (1962): Panel on *The Curative Factors in Psycho-Analysis*. Int. J. Psa., XLIII, pp. 228-231.

KERNBERG, O. (1966): *Structural Derivatives of Object Relationships*. Int. J. Psa., XLVII, pp. 236-253.

——— (1974): *Contrasting Viewpoints Regarding the Nature and Psychoanalytic Treatment of Narcissistic Personalities: A Preliminary Communication*. J. Amer. Psa. Assn., XXII, pp. 255-267.

——— (1975): *Borderline Conditions and Pathological Narcissism*. New York: Jason Aronson, Inc.

——— (1976): *Object-Relations Theory and Clinical Psychoanalysis*. New York: Jason Aronson, Inc.

KING, P. (1962): Panel on *The Curative Factors in Psycho-Analysis*. Int. J. Psa., XLIII, pp. 225-227.

KLEIN, G. S. (1976): *Psychoanalytic Theory. An Exploration of Essentials*. New York: International Universities Press, Inc.

KOHUT, H. (1971): *The Analysis of the Self: A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. (The Psychoanalytic Study of the Child, Monograph No. 4) New York: International Universities Press, Inc.

KUIPER, P. (1962): Panel on *The Curative Factors in Psycho-Analysis*. Int. J. Psa., XLIII, pp. 218-220.

LEVENSON, E. A. (1972): *The Fallacy of Understanding. An Inquiry into the Changing Structure of Psychoanalysis*. New York: Basic Books, Inc.

LOEWALD, H. W. (1960): *On the Therapeutic Action of Psychoanalysis*. Int. J. Psa., XLI, pp. 16-33.

MASLOW, A. H. (1968): *Toward a Psychology of Being*. 2nd Edition. New York: Van Nostrand Reinhold Co.

——— (1970): *Motivation and Personality*. 2nd Edition. New York: Harper and Row, Publishers, Inc.

MEAD, G. H. (1934): *Mind, Self, and Society: From the Standpoint of a Social Behaviorist*. Chicago: University of Chicago Press.

NACHT, S. (1962): Panel on *The Curative Factors in Psycho-Analysis*. Int. J. Psa., XLIII, pp. 206-211.

NUNBERG, H. (1925): *The Will To Recovery*. In: *Practice and Theory of Psycho-*

analysis. A Collection of Essays, Vol. I. New York: International Universities Press, Inc., pp. 75-88.

——— (1932): *Principles of Psychoanalysis. Their Application to Neuroses.* New York: International Universities Press, Inc., 1956.

——— (1937): *Symposium on the Theory of the Therapeutic Results of Psycho-Analysis.* Int. J. Psa., XVIII, pp. 161-169.

PIAGET, J. (1962): *Play, Dreams and Imitation in Childhood.* Translated by C. Gattegno and F. M. Hodgson. New York: W. W. Norton & Co.

——— (1967): *Six Psychological Studies.* Edited by D. Elkind. Translated by A. Tenzer and D. Elkind. New York: Random House.

RAPAPORT, D. (1967): A Theoretical Analysis of the Superego Concept. In: *The Collected Papers of David Rapaport.* Edited by M. M. Gill. New York: Basic Books, Inc., pp. 685-707.

SCHAFER, R. (1968): *Aspects of Internalization.* New York: International Universities Press, Inc.

SCHUR, M. (1966): *The Id and the Regulatory Principles of Mental Functioning.* New York: International Universities Press, Inc.

SEGAL, H. (1962): Panel on *The Curative Factors in Psycho-Analysis.* Int. J. Psa., XLIII, pp. 212-217.

SHANDS, H. C. (1963): *Conservation of the Self.* Arch. Gen. Psychiat., IX, pp. 311-323.

——— (1976): Structuralism and Genetic Epistemology in Psychiatry. In: *Piagetian Research: Compilation and Commentary, Vol. V.* Edited by S. Modgil and C. Modgil. Windsor, England: NFER Publishing Co. Ltd.

SPITZ, R. A. (1956): *Transference: The Analytical Setting and Its Prototype.* Int. J. Psa., XXXVII, pp. 380-385.

STERBA, R. (1934): *The Fate of the Ego in Analytic Therapy.* Int. J. Psa., XV, pp. 117-126.

STERN, D. (1977): *The First Relationship: Mother and Infant.* Cambridge: Harvard University Press.

STONE, L. (1961): *The Psychoanalytic Situation: An Examination of Its Development and Essential Nature.* New York: International Universities Press, Inc.

——— (1967): *The Psychoanalytic Situation and Transference: Postscript to an Earlier Communication.* J. Amer. Psa. Assn., XV, pp. 3-58.

STRACHEY, J. (1934): *The Nature of the Therapeutic Action of Psycho-Analysis.* Int. J. Psa., XV, pp. 127-159.

——— (1937): *Symposium on the Theory of the Therapeutic Results of Psycho-Analysis.* Int. J. Psa., XVIII, pp. 139-145.

WANGH, M. (1974): *Concluding Remarks on Technique and Prognosis in the Treatment of Narcissism.* J. Amer. Psa. Assn., XXII, pp. 307-309.

WINNICOTT, D. W. (1963): *Dependence in Infant Care, in Child Care, and in the Psycho-Analytic Setting.* Int. J. Psa., XLIV, pp. 339-344.

——— (1971): *Playing and Reality.* New York: Basic Books, Inc.

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Sibling Loss as an Organizer of Unconscious Guilt: A Case Study

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SIBLING LOSS AS AN ORGANIZER OF UNCONSCIOUS GUILT: A CASE STUDY

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A case is described in which the death of a sibling in childhood organized a profound unconscious sense of guilt, a repetitive need for self-punishment, and a negative therapeutic reaction in analysis. The various meanings of the patient's negative therapeutic reaction are discussed, along with the question of why this event came to have such pathologic impact on his character.

Freud (1916) considered the unconscious sense of guilt a powerful motivating and organizing force. Under the headings, "Those Wrecked by Success" and "Criminals From a Sense of Guilt," he described personalities driven by oppressive, infantile guilt feelings. He described other patients whose whole lives seemed to be dominated by a compulsive need to repeat painful, destructive patterns in order to repay a debt to their conscience. Referring to these fate or destiny neuroses, Freud (1920) wrote:

> The impression they give is of being pursued by a malignant fate or possessed by some 'daemonic' power; but psycho-analysis has always taken the view that their fate is for the most part arranged by themselves and determined by early infantile influences (p. 21).

Along with the fate neuroses, Freud attributed punishment dreams to the working of an unconscious sense of guilt. Both of these phenomena were included as proof of the existence of a repetition compulsion. The term "unconscious sense of guilt" was later noted to be incorrect since feelings cannot properly be described as unconscious, and he suggested instead the term "need for punishment" (1924, p. 166).

In the analytic situation, the need for punishment can produce what Freud considered the most powerful of all obstacles

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to recovery: the negative therapeutic reaction. Recent authors (Asch, 1976; Kernberg, 1971; Olinick, 1964, 1970) have extended this concept to include varieties of negative therapeutic reactions stemming from sources other than unconscious guilt. It is seen as a multidetermined syndrome with contributions from id and ego as well as superego resistances.

One of the phenomena that can contribute to the classic picture of an unconscious need for punishment, repetitive self-defeating behavior, and negative therapeutic reaction during treatment is the death of a sibling in childhood. In *The Interpretation of Dreams* Freud (1900) described the jealous rage and death wishes children feel toward new siblings; when these wishes come true the effects may be far-reaching. "Deaths that are experienced in this way in childhood may quickly be forgotten in the family; but psycho-analytic research shows that they have a very important influence on subsequent neuroses" (p. 252, n.). A number of investigations have confirmed the enduring effects of sibling death (Cain, Fast, and Erickson, 1964; Pollock, 1962, 1972; Rogers, 1966; Rosenzweig, 1943). Arlow (1972), in his paper on the only child, has pointed out that such children frequently have a fantasy that their magical, omnipotent thoughts prevented the birth of siblings and maintained their special status as only children. Their analyses demonstrated deep-seated unconscious feelings of guilt, repetitive self-punitive behavior, and negative therapeutic reactions. This syndrome was "particularly striking in those cases in which a sibling had died" (p. 533).

In the case to be presented, the death of a sibling when the patient was three years of age proved to be a traumatic event around which much of his character pathology was organized. In the discussion that follows, two aspects will be considered: first, the various components and meanings of his negative therapeutic reaction; and second, since all cases of sibling death do not result in severe character distortions, those factors which contributed to the psychopathologic outcome in this case.

CLINICAL CASE

A forty-six-year-old physician came for treatment in a state of acute anxiety. He described a stormy love triangle involving himself, his office nurse, and another man. After having an affair with his nurse for several years, he found it intolerable when she began to date the other man. He started following her, carrying a gun, and waiting outside her apartment. When he imagined them making love together, he was consumed with jealousy and rage and fantasied shooting the other man or himself.

He described himself as having always felt tense and unhappy. Shy, withdrawn, and without close friends, he led a lonely existence, working long hours each day at his medical practice and retiring to his apartment each evening to drink himself to sleep. His drinking had increased steadily over the past twenty years. Although he was a successful physician and a handsome, athletic, well-dressed man who looked younger than his age, all this was experienced as a façade. Throughout his life, he had struggled inwardly against desperate feelings of depression and isolation.

The patient was an only child whose parents died when he was in his thirties. His father was a professional man and an amateur inventor; his European-born mother formerly had a theatrical career. When the patient was three years old, his mother gave birth to a baby girl who died in the hospital a few days afterward. The patient never saw his sister or knew the cause of her death.

His father was a remote, mysterious man of whom the patient was frightened. Dividing his time between his profession and his inventions, he would secret himself in an upstairs laboratory where he drank and worked on a Mesmer-like machine he claimed would cure a variety of illnesses. Father and son had virtually no relationship.

The patient was the prized, exclusive possession of his mother, who called him her "bootsey-boo" and showered him with attention. She dressed him in elaborate costumes, enrolled him in

drama classes and dancing schools, gave him voice and piano lessons, and had him audition for radio shows. Frequently she described how she had adored and pampered him as a child, rushing him to the doctors at the slightest sniffle. She would do anything for him, "even eat his do-do." For him she sacrificed everything: she gave up her stage career and, for his sake, stayed married to his father, whom she considered "an uncivilized mongrel" and an alcoholic. She often told him that because she loved him so much, she had never wanted other children.

As a child, the patient was totally dependent on his mother. When he did not get his way, he would throw tantrums, and she would punish him by beating him with a dog whip, leaving him, or locking him out of the house. She would tell him he was adopted, and when he cried, she would say she was only fooling. He was terrified when starting kindergarten, and his mother had to drive him to school for the first two years. While he did well academically, he was unpopular in school, cared little for the other children, and preferred to play by himself.

Since early childhood the patient had been plagued by persistent feelings of guilt. His mother was constantly telling him that God would punish him. When she caught him masturbating at age five, she made him swear to God never to do it again. He continued to masturbate with intense feelings of guilt. At age eight, during sex play with a girl his age, the girl directed him to place his penis against her vagina. For months afterward he was terrified that he might have impregnated her, and he prayed for forgiveness. At age twelve, he was seduced into intercourse by the family maid, a married woman in her twenties. The experience excited and bewildered him, and afterwards he felt guilty for having broken the sixth commandment. In adolescence, the patient seriously considered entering the ministry. One night he had a "vision": the figure of Christ stood in his doorway, called to him, and said, "Why have you forsaken me?" The experience was so vivid and so jarring that it has remained with him ever since.

His mother had often repeated a prophecy made to her by a

fortune teller: that she would have two children, a daughter who would die in infancy and a son who would drown at age thirty. The patient recalled no particular reaction on his part to this prophecy. The family home was located on a lake and he always loved the water; swimming and boating were his favorite sports. At age eighteen, he joined the Navy for two years. Having always dreamed of owning his own boat, he was finally able to buy one at age thirty-four after starting his medical practice.

With his first marriage in his early thirties, there began a pattern of relationships which invariably ended with the patient's being exploited. His first wife, whom the patient never loved but felt "obligated" to marry, had two children, a boy and a girl, by a previous marriage. She dominated him as his mother had, and he was frequently impotent with her. She then became attracted to his partner. While this was obvious to him, the patient continued to invite his partner to his home and even suggested that he keep his wife company when the patient worked late. They carried on an affair for two years with the patient's knowledge. After five years of marriage his wife divorced him, and he gave her everything in the settlement. Soon afterward his partnership dissolved, with the patient relinquishing the bulk of the assets to his partner.

This pattern of exploitation had continued to the time the patient entered analysis. In spite of his substantial income, he was in constant financial distress. His professional life was managed by an army of accountants, attorneys, and financial advisers. His nurse ran his practice for him, and he seemed to have become her employee. Even on his boat the captain he had employed took complete charge; his friends were wined and dined there on weekends at the patient's expense. While he complained bitterly about everyone's taking advantage of him, he felt powerless to do anything about it.

The patient's analysis began with a strong homosexual transference. He arrived for his sessions chaperoned by his nurse and apprehensive about lying on the couch. His fear that I would penetrate him anally led to recollections of prostatic massages he

received for chronic prostatitis and to a homosexual experience at age sixteen when he was masturbated by an older man. The love triangle involving himself, his nurse, and the other man was one of a long series of such triangles which appeared to express his unconscious homosexual wish. His consistent lifestyle of being used, taken advantage of, and "financially screwed" could also be understood as an expression of the wish to be anally raped. The reappearance of these feelings in the transference was traced to unresolved longings toward his father.

The patient's passive homosexuality defended against a terrifying anal-sadistic rage, which was revealed in his fantasies of people being beaten and tortured in concentration camps. Although he was fascinated with handguns and kept an extensive collection of them, he was afraid to fire them. An avid hunter, he abhorred killing and advocated wildlife conservation. If he saw a wounded animal on the highway, he would stop his car and "finish it off with a jack" to put it out of its misery.

An important aspect of the patient's life involved his interest in and devotion to birds. From his twelfth birthday, when he received a book on birds, he was an avid bird-watcher. He spent long hours in adolescence identifying the birds inhabiting his lakeside home, which he considered a bird sanctuary. One summer he observed a family of indigo buntings; when a neighbor's cat killed one of the fledglings, he was so enraged that he chased the cat with a shotgun, intent on killing it. The patient believed his devotion to birds stemmed from an incident that occurred when he was four or five years old: he had shot a nesting dove with an arrow and watched it struggle and die on the ground. When he discovered eggs in the nest he was overcome with grief; ever since then, he has felt he "owed a debt to birds." He always kept birds as pets; his current pet was a parrot he had had for the past fifteen years which he referred to as "my baby." In contrast to his usually bland affect, associations to birds evoked strong emotions. He was outraged at the cruelty and insensitivity that resulted in their annihilation, feeling a protective tenderness and a deep personal sense of responsibility toward

them. From birds, his associations led to his patients. He had become a physician in order to save lives. He felt the same anxious protectiveness toward his patients that he did toward birds, constantly worrying that he might make an error which would result in someone's death.

It was interpreted to the patient that the birds represented his baby sister who had died when he was three years old; that unconsciously he felt responsible for her death and believed he owed her a debt. This was received with respectful interest, along with mild disbelief that an incident from so far back in his childhood could continue to affect him. He recalled that he always used to pray for the departed soul of his baby sister, although neither he nor his mother ever visited her grave, which was located near the family home.

In ensuing sessions, he discussed his feelings about having children of his own. When he was a young child he never thought he would have children because there was nothing in him worth perpetuating. In adolescence he wished he could have two children, a boy and a girl to replace him and his wife, but feared he never would because masturbation had wasted his progeny. In his twenties, he contracted gonorrhea, which led to chronic prostatitis and vasitis. Since that time, doctors have warned him that the aggravating effect of continued drinking was producing repeated infections and could eventually result in sterility. He continued to drink despite these warnings. Although he never had a sperm count, the patient was convinced that his drinking had made him sterile.

His dreams now began to refer to fantasies of pregnancy and birth: bodies of water containing varieties of marine life, with snakes appearing in his associations. He recalled having a snake phobia in childhood, which kept him from swimming where there might be snakes. Although they still frightened him, he found them fascinating, "beautiful but lethal," like his handguns (one series of guns in his collection was named after snakes). The patient had made a study of snakes and had learned that the only dangerous ones in his area were a few small rattle-

snakes harmful only to infants and small children. When his mother was pregnant with him, she had been frightened by a snake crawling out from under some leaves. This, she explained, was why the patient had been born with a hemangioma in the shape of a leaf. We can only speculate about what prophetic meaning this assumed in the primitive, magical system that governed the patient's thinking: he was born bearing the sign of the leaf—which equaled the snake, the beautiful but lethal killer of infants.

At this point he reported the following dream:

> I am in a hospital, but not a patient. I'm sleeping there. There is an open door. A nurse walks by carrying a baby wrapped in a blue blanket. She says, "It's a baby girl," and shows it to me. Then she walks by again and says, "She died." A fire alarm then rings, meaning everybody has to get up and leave because the baby died.

Being "in a hospital, but not a patient" and "sleeping there" reminded him of his internship. The setting in the dream recalled the intern's lounge which was located across from the obstetrical ward. He had enjoyed obstetrics and for a time had even considered specializing in it. The blue blanket in the dream seemed incorrect; it should have been pink for a baby girl. He thought of "code blue," the signal for a medical emergency. The fire alarm made him think of hell, purgatory, and praying for souls to be released from purgatory, as he had prayed for the soul of his baby sister. The fire alarm also recalled an incident that occurred when the patient was around five years old. His parents were about to leave him alone for a short time when, at the last moment, his mother decided to take him along. While they were gone, the house caught fire and burned to the ground. But for his mother's last-minute decision to take him along, he would surely have died. He remembered the hospital where both he and his sister were born. He had had a tonsillectomy there, he thought, prior to his sister's birth. He could dimly recall the smell of ether and being carried out to the car

wrapped in a blanket.

I interpreted the dream as expressing the wish that it could have been he, not his sister, who had died in the hospital. This would have been a just punishment, under the Law of the Talion, for his death wishes toward her. The patient reacted to this interpretation with genuine emotion. In later sessions he was able to recall seeing a new crib in his parents' room and hearing his mother say he would have to share his toys with his new sibling. He remembered throwing a terrible tantrum and being restrained by the baby sitter when his mother left for the hospital.

By the end of the first year of analysis the patient had made significant improvement. He no longer desired his nurse and felt no anger or jealousy toward her lover. His insight into the meanings of his passive, self-defeating life style made it possible for him to reorganize his interpersonal relationships, professional life, and financial affairs on a more mature, realistic basis. He felt less anxious and depressed and had cut down considerably on his drinking.

The patient now began to talk of marrying a woman he had met only two months before. She was a tall, European-born woman who, in some ways, reminded him of his mother. She had two children by a previous marriage, a boy and a girl. The analytic material suggested he was taking flight from the homosexual transference. The patient reluctantly agreed with this interpretation, yet felt he truly loved this woman, and they became engaged. When reminded how similar impulsive decisions in the past had worked to his detriment, he obediently agreed, but he moved steadily ahead with his marriage plans.

Next he announced that he was purchasing an expensive new house. His financial position was just beginning to stabilize, and this would severely strain his resources. Although his accountant advised against it, once his decision was made, nothing could dissuade him. The house was located on a lake in a setting very similar to that of his childhood home. The patient now seemed to be driven by a relentless urgency to recreate his childhood

and to restore it to what it would have been had his sister not died. For the second time he was marrying a woman with two children—a boy and a girl. This was interpreted as an unconscious attempt to undo the death of his baby sister, for which he felt responsible. The patient listened thoughtfully to this interpretation and replied, simply, "I must."

His new wife proved to be a gentle and loving woman. They moved into his new home where they were quite happy together. Although he worried that his impotence might return, the two enjoyed a satisfactory sexual life. When describing her love and consideration for him he often remarked, "I don't deserve her."

In the analysis, he continued to struggle with his homosexual fantasies. Following a dream in which I give him a prostatic massage, he developed aerophagia which produced an uncomfortable swelling in his abdomen. This was interpreted as related to a wish for me to impregnate him. The patient then recalled his childhood curiosity about how babies are made and what it would be like to be a girl. His mother had treated him like a little girl: for a masquerade party one time she dressed him as a pregnant bride. He now revealed that he always loved to wear silk clothing—underwear, shirts, dressing gowns; in fact, all his suits were silk-lined. We could now reconstruct a wish that he and his mother had shared: that he would become a little girl to replace his dead sister.

With his characteristic urgency, the patient now plunged into landscaping his new home, doing much of the labor himself. His lawns were bordered by flower urns connected by draped link chains. Among the flower beds and rock gardens that dotted the lawn, he placed stone benches, bird baths, and statues of birds on pedestals. Everyone who saw it had one immediate reaction: it looked like a cemetery. It was as though he were building a monument to his baby sister, the little bird he believed he had killed.

He spent every spare moment working on his house and lawn and remarked, "it will be the death of me yet." While loading stone one day he felt chest pain but continued to work. Around

this time he dreamed of a clock and associated to it "the time that's left," getting as much pleasure from his new family "as time permits," and leaving them well provided for "when the time comes." The patient's seeming wish to die and the serious consequences this could represent were called to his attention. The same relentless unconscious force that had demanded all the self-punishment and the acts of repentance and restitution for the death of his baby sister seemed now to be demanding the final payment—his own death.

Over the next few months, the patient was irritable and depressed and spoke of stopping analysis. For the first time he began to express anger toward me: I did not really care about him but was keeping him bound to treatment and financially milking him as everyone else had done. He became irritable and critical toward his wife and began to avoid sex with her. With great satisfaction he fired the nurse who had run his practice for the past ten years and on whom he had once been so dependent. He was cutting his ties and did not want to be dependent on or committed to anyone. He was thinking of selling his practice and moving south to a warmer climate—to the state in which his mother had lived during the last years of her life.

The patient now began to talk with feeling about his mother's death. She had been so manipulating and domineering and had made his life so miserable that as an adult he had avoided contact with her. Although he sent her money, he rarely visited her. She had died alone and impoverished. He reported a dream in which he goes to a locked room; the whole room is torn apart, in an uproar, and strewn with his mother's clothes and personal effects; the floor is torn up and her bones are under there. Never having mourned for his mother, he now began to experience some of the tremendous rage and guilt he felt toward her. But the more feeling he expressed about his mother, the more determined he became to move to "her state." This seemed to have several functions: a flight from experiencing in the transference the painful feelings of mourning for his mother, a symbolic reunion with her, and a need to atone for her death. As

was characteristic of this patient, interpretation of the unconscious meaning of his planned action seemed only to increase his resolve to carry it out. He sold his home and practice in quick succession, and after two years of analysis he terminated and moved south with his family.

DISCUSSION

For the analyst working with this patient, Freud's description of a man pursued by a malignant fate or possessed by some demonic power readily comes to mind. Once the patient had seized upon a certain course of action, no amount of cautioning or reasoning, no appeal to his own judgment and experience, no interpretation of unconscious motives, could counteract or even delay his carrying it out. It seemed tantamount to trying to slow a runaway train.

Freud (1923) characterized the negative therapeutic reaction in patients as follows:

> . . . they react inversely to the progress of the treatment. Every partial solution that ought to result, and in other people does result, in an improvement or a temporary suspension of symptoms produces in them for the time being an exacerbation of their illness; they get worse during treatment instead of better (p. 49).

With my patient, interpretations I believe were correct were followed by compulsive, potentially destructive acting out rather than by internal reflection and working over. In this respect, he did get worse instead of better during treatment, his final compulsive action putting an end to the analysis. While these reactions were diametrically opposed to successful analysis and gratified his need for self-punishment, they also served another motive: to deny the truth of interpretations.

Repeatedly, when it was interpreted that the patient believed himself responsible for his sister's death, he reacted with a compulsive need to undo it: to deny that she was dead and symbolically to bring her back to life. Thus, he recreated his origi-

nal family as it would have been had his sister lived and surrounded himself with symbolic replacements for her. This continued a long-standing pattern of magically undoing her death through rescuing and keeping birds. It is similar to the case of Bertha Pappenheim, who tried to atone for her sisters' deaths by devoting herself to the rescue of Jewish girls (Pollock, 1972). His wish to be a girl was, among other things, an attempt to undo his sister's death through imitation. His re-creating a family with two children, moving them to a lakeside home, and landscaping it into a memorial seemed to be an attempt to structure life as a child does in manipulating toys: he was dealing with a trauma by magically reshaping reality.

The persistence of magical undoing points to a developmental arrest at a stage of ego functioning in which magical thinking and primitive splitting occur. Freud (1927) described the child's capacity to disavow a painful loss through a split in the ego in his report of two cases in which patients had managed not to take cognizance of their fathers' deaths. Subsequent authors have confirmed this observation. Bowlby (1963) described the unconscious urge to recover the lost object and denial that the object is permanently lost as characteristics of childhood mourning which could persist in pathological mourning reactions of adults. Pollock (1961) discussed patients who were unable to mourn because mourning would have meant having to admit that the object was dead.

There is another reason the interpretation of death wishes toward his baby sister met with a negative therapeutic reaction: the interpretation was incomplete. It resonated with yet another unconscious feeling that stimulated even greater guilt: his murderous rage toward his mother and the feeling that he was responsible for *her* death. As a child he was a narcissistic extension of his mother, totally dominated by and dependent on her. It was a highly charged ambivalent relationship marked by tremendous sadism. In his childhood memory of having killed a bird with an arrow, it was a nesting dove he killed—a mother who lay upon her eggs. This was probably a screen memory

which condensed his death wishes toward both mother and sister.

Interpreting the murderous impulses he felt toward his baby sister revived the same impulses he harbored toward his mother. At this point in the analysis he began to mourn for her, while feeling guilt over being responsible for her death. He was a wealthy, successful physician and yet his mother had died alone and impoverished. In the transference he re-experienced me as the sinister, manipulating mother who never really cared for him but kept him bound to her while sucking him dry. His wish to cast off all ties—to his analyst, wife, nurse, home, and practice—was an attempt to rid himself of the hated maternal introject. In terminating his treatment, he took flight from a full activation of the mourning process and the regressive transference neurosis which would have accompanied it (Fleming and Altschul, 1963). The guilt and self-punishment that pervaded the patient's life and eventually invaded his therapy reflect the sadistic quality of his mother's superego. She treated him in such a way as to make contrition, penitence, and self-punishment necessary conditions for his being loved.

In summary, what appeared to be a negative therapeutic reaction in the limited sense of a need for punishment and analytic failure was actually a more complex reaction. As an act of undoing, it attempted to deny the truth of the interpretation, to insist that the baby sister had not died; it can therefore be understood as a primitive mourning reaction. At the same time it was a flight from something this interpretation was linked to—a worse crime for which the patient felt even more guilty. This supports Asch's (1976) emphasis on preoedipal "crimes" as the more pernicious source of unconscious guilt leading to negative therapeutic reactions. This view of the significance of preoedipal aggression has been focused on by M. Klein (1937) and her followers.

The outcome of the patient's oedipal struggle was determined by the preoedipal relationship with his mother and heavily colored by the death of his sister. The feminine identification with

his mother, which defended against his anal sadistic impulse, set the stage for a passive oedipal solution. In having her exclusively to himself he had won an oedipal victory. Since, in his mind, he had already disposed of one rival, his sister, this intensified his fear of destructive wishes toward his father and drove him further toward passivity. His feminine identification was reinforced by the aftereffects of his sister's death. Both he and his mother wanted him to become a little girl to replace her. His wish for me to impregnate him anally suggested a childhood fantasy of father's conceiving in him a replacement baby.

The father's conspicuous absence from the manifest content of the analysis paralleled the patient's life experience. He insisted that he barely knew his father and recalled no feelings about his death. His mother successfully prevented any relationship between them by attaching the child solely to her and constantly denigrating his father. Yet, in spite of this, we could see attempts by the patient to identify with him: they were both alcoholic from an early age, and he chose a profession related to his father's. While he depreciated his father's inventions as charlatanism, the patient maintained a curious fascination with all sorts of pseudosciences, including acupuncture, naturopathy, and pyramidology. He kept his father's Mesmer-like machine packed away in a trunk, and although he realized it was worthless, he could not bring himself to part with it. He was tantalized by the thought that someday it might actually prove to be authentic. It was his one link with his remote, mysterious father and a symbol of his longed-for masculinity.

The pattern of repetitive, self-defeating relationships that characterized this patient's life served as punishment for his oedipal victory over his father and also expressed his preoedipal rage toward his mother. During the crisis that initiated his treatment the patient felt murderous, jealous rage toward a rival who threatened to take away his nurse. At the same time, he felt tremendous rage toward the nurse for rejecting him. She clearly represented a mother figure. When he imagined her in bed with the other man, he bemoaned the fact that his bronzed

baby shoes looked on from her bedside table. A similar pattern existed in his first marriage when he arranged to hand over his wife to a rival.

As the analysis unfolded and these feelings came into consciousness, he was impelled once again to replay the scenario. He quickly became attracted to a tall European woman who reminded him of his mother. No sooner were they married than he began to feel he did not deserve her and to ruminate about becoming impotent and losing her to another man. The more tender and loving she felt toward him, the more irritable and withdrawn he became. Along with his need for punishment for having repeated his oedipal victory, he was desperately trying to ward off a growing hatred toward his latest mother substitute.

What determines how children will react to the death of a sibling? Since practically all cases reported are of a pathological nature, there is little information about what constitutes a healthy integration. Investigators reporting on reactions to sibling death agree that it produces no specific psychopathologic syndrome in the surviving child (Cain, Fast, and Erickson, 1964; Pollock, 1962; Rogers, 1966). There is also general agreement on the factors which determine children's immediate and long-term reactions. These include the age and developmental level of the children, their fantasies about the death, their pre-existing relationship to the deceased sibling and to the parents, the impact of the death on the parents, and the parents' subsequent attitude toward the surviving children. These variables can combine to produce a variety of character distortions in adults. What factors can be identified in the case of my patient that caused the death of a sibling in childhood to leave such a lasting mark on his adult personality?

The death of his baby sister when he was three years old, a sister he never knew, was central in organizing a profound, enduring, unconscious sense of guilt. It contributed to the formation of a fixed, primitive, sadistic superego characterized by magical thinking and belief in the omnipotent, destructive power of aggressive wishes. The patient's developmental stage

at the time his sister died was the stage normally dominated by magical thinking. This was enhanced by the particular circumstances of her death, which were similar to a miscarriage in that the baby was never seen (Cain, Erickson, Fast, and Vaughn, 1964). The subsequent air of mystery and confusion about the event left room for the child's own fantasies and distortions. It also facilitated his identifying with his mother's fantasies.

We have seen how the patient was a narcissistic extension of his mother; the intrusion of a sibling into this kind of mother-child unit is especially threatening to both parties. Thus, he reacted with inordinate panic and rage. His mother, for her part, never wanted other children "because she loved [him] so much." There was practically no discussion of the baby's death, and neither he nor his mother ever visited the grave. It seems safe to assume that both parties to this narcissistic union had wished for the death of the new sibling.

The patient's primitive superego was powerfully reinforced by the incorporation of his mother's sadistic impulses and her own brand of magical thinking. She related how he was born bearing the sign of the leaf, which equaled the snake, the lethal attacker of infants. He was the snake to which his mother gave birth. She repeated the prophecy that her daughter would die in infancy and her son would drown in adulthood. He courted this destiny in water sports, in joining the Navy, and finally in buying his own boat. From early childhood he was resigned to never fathering children because of his own worthlessness and having wasted his progeny through masturbation. He finally performed a chemical vasectomy on himself (so he believed) through excessive drinking. Destroying his reproductive capacity expressed both the impulse to murder potential progeny—the crime against his sister and his mother—and his just punishment for it. It was also a self-castration: a punishment for his oedipal crime.

CONCLUSIONS

The fate neurosis that ruled this patient's life was based on a need for punishment that was multidetermined. His guilt

stemmed not only from murderous wishes toward his baby sister and the belief that he was responsible for her death, but also from preoedipal rage toward his mother and oedipal rivalry with his father. The death of his sibling became an organizing traumatic event because it came to symbolize all of these crimes. Perhaps the most important reason why an incident like the death of a sibling in childhood has such profound effects on the adult lies not in the incident itself but in the other psychological constellations it attracts to it and then symbolizes.

Freud (1923) was pessimistic regarding the prognosis in cases marked by a deep-seated, unconscious sense of guilt: "Nothing can be done against it directly, and nothing indirectly but the slow procedure of unmasking its unconscious repressed roots, and of thus gradually changing it into a *conscious* sense of guilt" (p. 50, n.). And what of the outcome once the guilt has been brought into consciousness? Freud felt that success hinged on its intensity, and he warned that "there is often no counteracting force of a similar order of strength which the treatment can oppose to it" (p. 50, n.). He considered this to be one of the limiting factors to the effectiveness of analysis (1923, 1932, 1937).

SUMMARY

The death of a baby sister when a patient was three years old was found to be the organizing force for a profound unconscious sense of guilt, a repetitive need for self-punishment, and a negative therapeutic reaction in analysis. What appeared to be a negative therapeutic reaction in the limited sense of a need for punishment and analytic failure, however, was actually a more complex reaction. As an act of undoing, it attempted to deny that the baby sister had died and can be understood as a primitive mourning reaction. It was also a flight from other related sources of unconscious guilt: his oedipal rivalry with his father and his preoedipal rage toward his mother.

Several factors can be identified which caused the death of a sibling in childhood to have such a profound impact on my patient's adult personality. His developmental state at the time of his sister's death and the circumstances of her death combined

to enhance his belief in magical, omnipotent thinking. His primitive superego was powerfully reinforced by the incorporation of his mother's sadistic impulses and her own magical thinking.

The death of his sibling became an organizing traumatic event for the patient because it came to symbolize his death wishes toward his parents as well. Perhaps the most important reason why an incident like the death of a sibling in childhood has such profound effects on the adult lies not in the incident itself but in other psychological constellations it attracts to it and then symbolizes.

REFERENCES

ARLOW, J. A. (1972): *The Only Child.* This QUARTERLY, XLI, pp. 507-536.

ASCH, S. S. (1976): *Varieties of Negative Therapeutic Reaction and Problems of Technique.* J. Amer. Psa. Assn., XXIV, pp. 383-407.

BOWLBY, J. (1963): *Pathological Mourning and Childhood Mourning.* J. Amer. Psa. Assn., XI, pp. 500-541.

CAIN, A. C.; FAST, I.; ERICKSON, M. E. (1964): *Children's Disturbed Reactions to the Death of a Sibling.* Amer. J. Orthopsychiat., XXXIV, pp. 741-752.

———; ERICKSON, M. E.; FAST, I.; VAUGHAN, R. A. (1964): *Children's Disturbed Reactions to Their Mother's Miscarriage.* Psychosomat. Med., XXVI, pp. 58-66.

FLEMING, J. and ALTSCHUL, S. (1963): *Activation of Mourning and Growth by Psycho-Analysis.* Int. J. Psa., XLIV, pp. 419-431.

FREUD (1900): *The Interpretation of Dreams.* Standard Edition, IV/V.

——— (1916): *Some Character-Types Met With in Psycho-Analytic Work.* Standard Edition, XIV, pp. 311-333.

——— (1920): *Beyond the Pleasure Principle.* Standard Edition, XVIII, pp. 7-64.

——— (1923): *The Ego and the Id.* Standard Edition, XIX, pp. 12-66.

——— (1924): *The Economic Problem of Masochism.* Standard Edition, XIX, pp. 159-170.

——— (1927): *Fetishism.* Standard Edition, XXI, pp. 152-157.

——— (1932): *New Introductory Lectures on Psycho-Analysis.* Standard Edition, XXII, pp. 5-182.

——— (1937): *Analysis Terminable and Interminable.* Standard Edition, XXIII, pp. 216-253.

KERNBERG, O. F. (1971): *Prognostic Considerations Regarding Borderline Personality Organization.* J. Amer. Psa. Assn., XIX, pp. 595-635.

KLEIN, M. (1937): Love, Guilt and Reparation. In: *Love, Hate and Reparation.* Edited by M. Klein and J. Riviere. London: Woolf & Hogarth Press.

OLINICK, S. L. (1964): *The Negative Therapeutic Reaction*. Int. J. Psa., XLV, pp. 540-548.

———, Reporter (1970): Panel on *Negative Therapeutic Reactions*. J. Amer. Psa. Assn., XVIII, pp. 655-672.

POLLOCK, G. H. (1961): *Mourning and Adaptation*. Int. J. Psa., XLII, pp. 341-361.

——— (1962): *Childhood Parent and Sibling Loss in Adult Patients: A Comparative Study*. Arch. Gen. Psychiat., VII, pp. 295-306.

——— (1972): *Bertha Pappenheim's Pathological Mourning: Possible Effects of Childhood Sibling Loss*. J. Amer. Psa. Assn., XX, pp. 476-493.

ROGERS, R. (1966): *Children's Reactions to Sibling Death*. Psychosomatic Medicine: Proceedings of the First International Congress of the Academy of Psychosomatic Medicine, Spain. Excerpta Medica International Congress Series No. 134.

ROZENZWEIG, S. (1943): *Sibling Death as a Psychological Experience with Special Reference to Schizophrenia*. Psa. Review, XXX, pp. 177-186.

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THE ROLE OF ATTENTION IN DEPERSONALIZATION

BY OWEN RENIK, M.D.

Episodes of depersonalization function to keep disturbing preconscious thoughts from becoming conscious. The symptom is conceptualized as a compromise between the wish to be "only dreaming" and the need to maintain a waking state in contact with perceptual reality. Restriction of attention is identified as the central mechanism by which the compromise is effected. On this basis an explanation for the alteration in the sense of reality is suggested. Material from a case is given to support these ideas. The author speculates that early efforts to deal with traumatic experience at a time when the distinction between sleeping and waking states is not secure may lead to the symptom choice of depersonalization.

The term *depersonalization* refers to a group of experiences predominantly characterized by an alteration in the sense of reality. Since self and environment are reciprocally defined, depersonalization (self is unreal) and derealization (environment is unreal) frequently occur concomitantly, although one or the other may predominate (Arlow, 1966). The alteration in reality sense is generally accompanied by dysphoric affect—some disturbing sense of weirdness or strangeness—so that episodes of depersonalization are felt symptomatically.

Most investigators have explained depersonalization as an effort to defend against instinctual derivatives that have come too close to consciousness. The defensive maneuver is conceptualized as a form of narcissistic regression, the self being taken as an object (Bergler, 1935; Fenichel, 1945; Nunberg, 1956). This metapsychological formulation is congruent with clinical data in that subjects often report the sense of unreality in terms of feeling as if they are observing themselves from a distance. Arlow (1966) compares the depersonalization symptom to the

kind of dream in which the wish, "It is not really I, so there is no need to worry," is experienced, rather than recognized as a fantasy. He points out that as a result of the attempt to ward off anxiety in this way, the ego function of self-observation is dissociated from that of immediate experiencing. Although many patients with episodes of depersonalization remark upon a dreamlike quality to the experience, we are left with the problem of explaining how, in the waking state, the sense of reality is altered while reality testing is preserved. A variety of mechanisms, including denial, isolation, displacement, and conflicting identifications, have been implicated. It is my hope to shed some light on this complex state of affairs by tracing the role of attention in the experience of depersonalization.

I would like to begin by reviewing some concepts relating to defensive operations involving the distribution of attention. Freud suggested that consciousness is a kind of higher-order internal sensory organ, capable of attending to perceptual information. Thus, an instinctual urge gaining association with a perceptual residue—generally the memory of an auditory perception, that is, a word—becomes capable of being attended to, or preconscious. Investment of attention in a preconscious thought brings it to consciousness. As early as the *Project,* Freud (1895) spoke of a "primary thought defense" consisting of the withdrawal of attention from a disturbing preconscious content. Later, in Chapter VII of *The Interpretation of Dreams,* he termed the same process "repudiation" (1900, p. 594). Freud cautioned that it is impossible to unveil unconscious material directly and emphasized that in analytic treatment, work takes place at the interface between conscious and preconscious thought. The analyst can do no more than to direct the patient's attention to preconscious material which is systematically overlooked. The concept of resistance arose from Freud's observation that in his self-analysis he would find himself repudiating dream elements and associations that he knew to be significant.

Throughout the psychoanalytic literature, regardless of how the phenomenon of resistance is conceptualized, reports of par-

ticular forms of resistance are generally concerned with mechanisms by which patients turn their attention away from significant preconscious material. Langs (1971), for instance, describes a patient whose resistance was to remain preoccupied with the search for day residues in every dream. In this way, any other significant thoughts available to consciousness could be neglected. Moreover, this example makes clear that hypercathexis (concentration of attention) of nonthreatening preconscious material abets and fortifies the defensive operation of withdrawal of attention from disturbing preconscious thoughts.

Freud (1936) described hypercathexis of neutral material for defensive purposes when he discussed the process of screen memory. Attention is concentrated upon a peripheral detail which is recalled with ultra-vivid clarity. This makes it possible to neglect other content, more threatening because of its connection to prohibited impulses and the still unconscious screened memory. By referring to such a shift and concentration of attention as displacement, Freud, I believe, set the stage for confusion, since that term also refers to a primitive capacity to readily seek new objects in pursuit of instinctual gratification. While the two meanings are related, since impulse and defense aims can be served simultaneously by any mental activity, it seems to me worthwhile to distinguish them. A shift in attention for defensive purposes is closely connected to the mechanism of denial. Anna Freud (1936) proposed that denial has its origin in the child's turning away from an unpleasant stimulus. The term denial as we generally use it, however, lays emphasis on the withdrawal of attention from something threatening and does not stress the role of hypercathexis of a neutral element as an important added safeguard.

Toward the end of his life Freud (1937) returned to the conclusion that resistance, which creates impediments to psychoanalytic work, is the same force that is operative in the psychological symptoms themselves. In both areas, its function is to preserve the dynamic unconscious. Thus, we can expect to find in psychopathological states mechanisms similar to those we note

in opposition to the psychoanalytic process. With this in mind, I will attempt to follow the process of withdrawal of attention from disturbing preconscious thoughts and hypercathexis of nonthreatening elements as it contributes to the symptom of depersonalization.

CASE ILLUSTRATION

A woman in her late twenties included among her presenting complaints a history of disturbing episodes of depersonalization and derealization dating back many years. The symptoms were hard for her to explain clearly. She described in a vague way feeling disconnected from herself and having a disturbing sense that things were weird, strange, not as they should be. Sometimes the world seemed unreal. No precipitating circumstance could be recalled. As part of a general plan to improve her concentration so that she could work more effectively, she had taken up meditation. At first she had some difficulty in achieving the required state of concentration. After a time this became possible, but the results were opposite from what was intended. She felt increasingly estranged from herself and began to have the feeling that she was leaving her body and going to faraway places. This amounted to a temporary delusion of astral travel. She began to shake and have involuntary arm movements. It was as if she were outside herself, a helpless observer. What if she should pick up a hammer and hit someone? She became quite frightened and discontinued her meditations. Some time later she sought treatment.

These more drastic experiences did not occur after she gave up her meditation sessions. Ordinarily there were no marked impairments in her reality testing. She felt her intermittent episodes of depersonalization were significant, but not part of her main discomfort or reason for entering treatment. For a while after her initial description, no more was heard about them.

This young woman felt deeply bitter toward her mother for explicitly favoring her older brother and constantly criticizing

her. At an early age the patient had attempted to deal with this situation by turning toward her father, whom she regarded as a warm and congenial man. Unfortunately, during latency her father became quite depressed. This led her to a marked identification with him and to a tendency toward pronounced mood swings. Her brother, whom she both resented and admired, acted cold and superior toward her, frustrating her efforts to be close to him.

A prominent concern of the patient had to do with her behavior toward men. When she met someone interesting, she would quickly become infatuated and preoccupied with him. She could think of nothing else. Almost immediately her investment was so great and her impatience and anxiety such that she could not restrain herself from precipitous actions. She threw herself at the man in a way that seemed guaranteed to spoil things for her. Knowing that she was driving the man away and hating herself for it, she was nonetheless unable to control her behavior.

It was during an exploration of this problem that the patient brought her episodes of depersonalization into the treatment by announcing that she was beginning to have "that weird feeling." Things seemed unreal. She added in passing that the feeling of unreality had to do with a kind of change in how things looked. Everything appeared as if it were two-dimensional and in black and white. I encouraged her to pursue her associations to the visual changes. First a train of thoughts connected to black and white emerged. A circular pin belonging to an interracial organization came to mind—black and white hands clasped. This led her to describe a series of affairs with African and Asian men in which she felt she had let herself be abused. In talking about her shame at these memories, she associated to the lack of color and then to the sight of blood. She was having her period. She thought of her menarche and returned to the theme of letting herself be taken advantage of by men. She could have had a relationship with her brother if she had let him abuse her. A memory of his telling her frightening stories at bedtime came

to mind. There was some excitement associated. He would put his hand over a flashlight and project a huge shadow hand on the ceiling. She remembered staring at it and being frightened and perhaps excited. The two-dimensional appearance of things was like that shadow.

Exploration of the patient's associations to this memory led her to bring forward something she had never spoken about with anyone. There was a period of several years around puberty during which she engaged in sexual play with her brother. She was deeply ashamed of it and related it with great difficulty. She thought that they had actually had intercourse, although she was never sure at the time whether he had entered her. Her view was that she had been seduced by her brother and that she had participated because it was the only way of being close to him. One time they had been observed by a neighbor and became so frightened that they never did it again. The brother refused to talk about what had happened and returned to his former aloofness, which has continued until the present. After the patient's disclosure of her incestuous activity, her episodes of depersonalization disappeared completely.

Subsequent work in treatment unveiled more of the patient's hostility toward men and her covert sense of triumph over them. In intercourse, when the man had an orgasm, she felt as if she had drained him of his strength and taken something from him. It was possible for her to connect these feelings with her wish to defeat her brother, steal his strength, and revenge herself on her mother by taking her brother away. The patient recovered a greater sense of activity and control in her relations with men. She began to be able to tolerate more of her disappointment in her father and to feel less guilty toward him. As a consequence of these and other insights, certain of the patient's work inhibitions lifted. She approached completion of a long-deferred licensure and arranged for a promising job. The imminent, relatively successful termination stimulated fantasies of bringing me to fulfillment, stealing something from me and sensing a secret victory.

It was in the midst of struggling with these transference feelings—years after her episodes of depersonalization had ceased—that the patient again reported during a session that she was beginning to have that strange feeling. She noted the beginning of visual changes. The experience had hardly begun when the patient stated, "I know that I'm trying to distract myself from something." This piece of self-analysis aborted the symptom, which all in all had been accompanied by very little discomfort. She went on to explore her fantasies about termination. During this period there was a transient return of the work inhibitions, and the patient again enrolled in a meditation program with the idea of helping herself to concentrate on her work. Now she was able to meditate without difficulty and experienced symptomatic relief which she partially attributed to her meditations. For the first time she began to remember her dreams and discuss them in treatment.

DISCUSSION

In this case, analysis of the symptom of depersonalization was most incomplete. The memory which lay behind it surely screened others which were not recovered, just as working over the significance of the patient's adolescent sex play with her brother did not reach the genetic infantile situation and left untouched important specific libidinal and aggressive impulses and the defenses against them. Among these were undoubtedly various vicissitudes of scopophilia-exhibitionism which have been implicated in the pathogenesis of depersonalization (Bergler, 1935) and which seemed to play a role in my patient's symptom. All in all, the therapeutic work, conducted vis-à-vis over a number of years, was inexact, serving at least as much to permit and maintain repression as to unveil unconscious contents (Glover, 1931). It is my impression that this is not uncommon in the analysis of depersonalization. The reason for it may be that the symptom itself—though it occurs in patients with widely varying severity of psychopathology—indicates an area

of inadequate repression that sets limits upon the analytic work. While we were not able to unravel completely the history and determinants of the mechanisms involved in the depersonalization in this case, we can draw some conclusions about their participation in the symptom formation.

It was striking to me that when the depersonalization could be investigated, the patient's feeling of strangeness turned out to be connected to a visual phenomenon. In every episode of depersonalization I have been able to explore, alteration of the sense of reality could be related to a hypercathexis of perception in some form. In Arlow's (1966) carefully presented examples, this is reported in most instances: one patient described light growing brighter and dimmer; another was preoccupied with the alien sound of her voice; a third hinted at tactile sensations.

It seems likely to me that hypercathexis of a perception can invariably be found in episodes of depersonalization if the investigator looks for it. What are the implications of this observation? Depersonalization is subjectively experienced not as a perceptual phenomenon, but as a judgment ("I am not real" or "Things seem unreal"), accompanied by a dysphoric affect. It would seem that the outer line of defense consists of attention being withdrawn from a perception and concentrated upon the judgment, an abstract thought. It is not uncommon for patients to state this judgment aloud or internally to themselves, repetitiously insisting upon it in hardly varying form. There is an obvious parallel to induction of a trance state—chanting in meditation, concentrating on the hypnotist's voice. In these situations the subject is obeying the explicit injunction: Direct your attention only to *this,* and nothing else. We can extend Arlow's formulation that depersonalization is like a dream in which the wish, "It is not really I, so there is no need to worry," is experienced rather than recognized as a fantasy: if depersonalization is like a waking dream of this sort, then it is one in which attention is withdrawn from the dream imagery and focused upon the gloss. It is as if the person were saying, "I had a dream last night in which I was happy to discover that it was

not really I who was in a very unpleasant situation," while neglecting to say what he or she recalls of the situation itself.

Clarification of the perceptual experience is avoided by an abstract formulation such as: "It was as if I were watching myself from a distance" or "I was split into two persons." But one can uncover behind the abstract formulation a perception, such as the sound of the subject's voice rather than the words, or the light growing brighter and dimmer. In my patient's case the perception was of things as two-dimensional and in black and white.

The structure of depersonalization seen in this way resembles the elaboration of an obsessional symptom around the hysterical one which Freud (1914) assured us could always be found at the core. Indeed, what I have called the withdrawal of attention from a perceptual experience and hypercathexis of a judgment might be considered merely a form of isolation. However, isolation is a defensive operation which takes place at the boundary between unconscious and preconscious thought. Something, usually an affect, is kept from consciousness by separation from its perceptual residue. It therefore cannot be attended to and remains repressed. By contrast, in depersonalization an unwanted instinctual derivative has escaped repression, is connected with perceptual information, and is capable of being attended to. Preoccupation with the idea of unreality, unlike isolation, concerns the boundary between preconscious and conscious thought. This is more than a neat metapsychological distinction; for we must bear in mind that while the processes may be similar, isolation, which does not alter the sense of reality, also does not necessitate the concentration of an important resource (attention) to such a degree that other activities of the ego are all but brought to a halt. Such is often the case in depersonalization.

I would like to suggest that a sense of reality is dependent upon freedom of attention. Disturbances in the sense of reality, as in depersonalization, indicate that, due to the presence of some danger (a threatening preconscious thought process), the scanning function of attention is interfered with. On the con-

trary, defenses such as isolation assist repression by creating tolerable preconscious derivatives and permit attention to continue to range freely, thus preserving the sense of reality. This is the case, for example, with obsessional symptoms. Depersonalization indicates that repression and its auxiliaries have failed to keep tolerable contents from preconsciousness; defensive maneuvers involving the distribution of attention must be brought into play, and an undisturbed sense of reality is sacrificed.

The hypercathexis of perception that lies within the symptom of depersonalization is, I believe, a conversion mechanism and represents a compromise formation, albeit one in which the forces of defense far outweigh those of gratification. My patient's hypercathexis of a visual perception served the immediate defensive function of distracting her attention from her transference feelings. Similarly, in recounting the memory to which her associations led, she stared at an image on the ceiling and did not attend to her own excitement—or what was happening to create that excitement. It seems likely that if this theme could have been traced further, we might have reached a memory in which looking away, while it had a defensive purpose, also permitted partial gratification of a scopophilic impulse. Freud (1927) discusses such a situation in explaining the choice of the fetishistic object as it arises from the need to look away from the vagina. However, it would seem that in fetishism as in depersonalization, in which the symptom formation necessitates an intrasystemic split, defensive functions predominate over gratifications in the compromise formation. To pursue the contrast with obsessional symptoms, I would suggest that the instinctual urges underlying depersonalization are generally less tamed and more difficult to unveil through analytic work. Perhaps Arlow's (1966) impression that the aggressive drive is conspicuously involved in depersonalization symptoms is relevant in this connection. What is warded off by depersonalization, it seems to me, is not a hysterical mechanism of the kind revealed by analysis of an obsessional symptom, but the direct threat of either maladaptive action or compromise in reality testing.

In depersonalization, reality testing is preserved at the price of the sense of reality. The symptom is a kind of emergency measure. When it occurs, it protects against an action or a disorder of reality testing that would otherwise take place to the detriment of adaptation. In some cases, this may mean the emergence of poorly repressed perverse or psychotic trends; but even with adequate repression, overwhelming stress can activate unconscious motivations that threaten the capacity for adaptive response. A tendency to defend against aggressive impulses by submission or immobilization might lead one to "give up" or "freeze" in an impending automobile collision, for instance. Adaptive depersonalization probably protects against just such dangers (Arlow, 1966). The occasion for the symptom of depersonalization is the presence of intolerable preconscious material, coming about when there is a strengthening of instinctual forces as against the forces that aid repression. That at any one moment the former predominate is, of course, not in itself indicative of structural weakness in the ego.

My patient's involvement with meditation provided a kind of natural experiment. I suspect that she was attracted to meditation because of failures of repression and a susceptibility to disturbing preconscious thoughts, and hoped to gain greater control over the distribution of her attention—as she put it, to improve her concentration. I have suggested that this was the same effort toward which her symptom of depersonalization was directed. One might say that meditation appealed as a way of mastering the disturbing alteration in reality sense by bringing it under voluntary control. When the patient first attempted to meditate, her preconscious mental life was too much under the sway of her instincts. Initially she experienced a great resistance to meditation; but when she did succeed in altering her customary patterns of attention, she was unable to ignore the threatening material, and reality testing was severely compromised for a time. Following these first meditation experiences she came to treatment. Its main effect was to strengthen certain defenses—notably isolation and intellectualization—by means of inexact

interpretive work. More tolerable preconscious instinctual derivatives were fashioned, lessening the immediacy of drive urges and permitting more effective repression. These accomplishments were in evidence when, toward the end of treatment, the patient brought them into play to forestall an episode of depersonalization. The increased effectiveness of repression and allied defenses and the ensuing change in the character of her preconscious thought processes help explain the fact that she could now meditate. She could alter the patterns of attention without fear of succumbing to an unmanageable conscious experience.

Whenever there is a loosening of the hold of repression over instinctual life, reality testing is jeopardized. Weinshel (1965) has discussed the occurrence of illusions in neurotic patients undergoing analysis. One of his patients, for example, was for a time sure she could observe a protuberance bulging out from a Japanese print on the analyst's wall. This illusion occurred during a period in the analysis when work had been done on the patient's defenses against her curiosity. When a wish to see the analyst's penis became conscious, the illusion ceased.

Arlow (1966) sums up the state of affairs in depersonalization as follows: ". . . the internal danger may be treated as congruent with the perceptions of the external world. The perceptions of the external world are . . . accordingly . . . repudiated" (pp. 470-471). (The present investigation is in accord with Arlow's formulation, and seeks to clarify the process of "repudiation.")

Even when repression is relatively adequate, particular external circumstances corresponding too closely to an unconscious fantasy can lead to the existence of intolerable preconscious thoughts. A patient with a fear of heights was called upon to climb a tall ladder. Underlying his phobia were fantasies of ascending to grandeur followed by the punishment of toppling down. In climbing the ladder he felt in danger of seeing something that would lead him to lose control and fall—if he looked down, or up, or to the side, his excitement and anxiety increased.

He coped with this dilemma by staring fixedly at his own hands passing rung over rung. During the process he pretended to himself that he was ascending, not a considerable height, but one of only a few steps, over and again. He felt frightened and slightly unreal. This example illustrates Arlow's formulation. An internal danger was confused with perceptions of the external world. In challenging the phobia, it was the patient's impulses, not the reality, that caused the danger. The outcome was not a complete episode of depersonalization. There was some distortion of reality sense but also a controlled and transient relinquishment of reality testing (pretending the ladder was just a few steps). In this instance, too, it can be seen that narrowing of attention through hypercathexis of a perception (staring at his hands) was called into play as a defensive maneuver.

In states of depersonalization, attention is not permitted to range freely over incoming perceptual information. It is by withdrawing attention from incoming perceptual information that we induce sleep. As indicated previously, it is my hypothesis that the altered sense of reality in depersonalization states is an indication that attention is significantly restricted. In other words, the subject's sense of being conscious, or awake, is threatened. Patients not infrequently comment upon the dreamlike quality of episodes of depersonalization, and Arlow points out that the symptom is very like a waking dream. Stamm (1962) stresses the importance of Lewin's oral triad in depersonalization. It is probable that the erotic quality of the symptom comes about through the partial satisfaction of those regressive instinctual urges expressed in the wish to sleep. As Sachs (1923) explained, such expression may in itself serve a defensive function by distracting from more threatening impulses. In summary, I would suggest that the feeling of unreality in states of depersonalization comes about because the wish to be "only dreaming" is strong enough to threaten the subject's certainty of being awake.

The threat that the wish to be asleep causes is reflected in the dysphoria that accompanies the sense of unreality in depersonalization symptoms. Furthermore, while restriction of attention

brings about a similarity to the sleep state, hypercathexis of a perception safeguards consciousness. Concentrating on a particular sight or sound is a common way that we reassure ourselves upon waking that we are indeed now awake and that something that we have just experienced was "only a dream." Thus, restriction of attention by means of hypercathexis of perception can be viewed as a compromise in which the sleep state is approached but at the same time warded off. A similar compromise can occur in daydreaming, when one stares fixedly, or while listening to music, both of which involve hypercathexis of perception.

Separation of the waking from the sleeping state is a developmental achievement based upon central nervous system maturation and ego development. Inextricably involved with this achievement is the capacity to separate dream fantasy from reality, to define a sense of each and mechanisms for testing them. The young woman described in the clinical illustration had a series of actual sexual encounters with her brother. Because of these, and perhaps earlier experiences that remained undisclosed by the treatment, the distinction between reality and fantasy was confused. Only after she had mastered the meditation experience did my patient begin to remember her dreams. It was as if this achievement sufficiently reassured her of her capacity to separate waking reality from realistic fantasies in an altered state of consciousness that she felt confident enough to recapture the dream state without fear of confusion.

In depersonalization we meet with a situation in which the appeal of the unconscious state—to be asleep and dreaming—imperils consciousness. It may be that in certain patients with narcolepsy, the wish to be asleep and dreaming as a way of dealing with intolerable preconscious thoughts holds sway unopposed. Apparently, sleep attacks are generally characterized by the immediate onset of the REM state in which dreaming occurs (Schmidt, et al., 1977).

Calef (1972) has reported a unique clinical experience in which the opposite problem could be identified—i.e., that fears

of loss of control and vulnerability in the unconscious state (while asleep and dreaming) threatened the capacity to sleep and led to a distortion of the sense of unreality which usually accompanies the dream. Calef's patient complained bitterly of insomnia, and only after some time was it learned that the patient had in fact been sleeping through the night and dreaming he was awake! The dream, "I am awake," reported by Calef would seem to be the analog in the sleep state of an episode of depersonalization. Here, too, preoccupation with the judgment of an altered sense of reality (the complaint of insomnia upon which the patient dwelled) constituted an important resistance involving restriction of attention. Thus, the day residue and the text of the dream could be neglected, just as in depersonalization the hypercathexis of a perception and the offending preconscious thoughts are not considered while the sense of unreality is in the foreground.

Oberndorf (1950) likens depersonalization to playing dead, or "playing possum," in order to avoid an anxiety-producing situation. If this defensive maneuver is used with relative success in an important infantile experience, it is repeated afterwards in the form of the depersonalization symptom when similar circumstances arise. We might amend Oberndorf's idea slightly, in accord with what has already been said, to consider depersonalization as a kind of playing at—or wishing to be—asleep and dreaming. One patient who was plagued with frequent episodes of depersonalization related the following childhood memory. Her parents went out for the evening, leaving her alone. In their absence, she dreamed of their being killed in a trolley accident. She awoke upon hearing them return, was greatly relieved, but dreaded their realizing what she had been dreaming. Knowing that they would come to her room to check on her, she pretended to be asleep. Or perhaps she actually fell asleep again. When they woke her to say goodnight, she was unsure whether her parents were really there and their deaths had been a dream, or the reverse—i.e., that they had really died and she was now only imagining them to be present.

This memory indicated a childhood situation in which the wish to be asleep and dreaming, while it served a defensive function as well as yielding gratification, brought fresh problems, including an alteration of the conviction of reality. Here again it is probable that the memory itself screened an earlier circumstance in which the same wish was used to deal with a traumatic experience, perhaps at a time when the distinction between the waking and the sleeping states was less firmly established.

SUMMARY

Depersonalization represents a defensive maneuver invoked to deal with threatening preconscious thoughts. These are prevented from becoming conscious by restriction of attention. The central mechanism, related to denial, is the one described by Freud (1927, 1936) in the pathogenesis of fetishism and in screen memory function: attention is concentrated upon safe perceptual material for defensive reasons. In depersonalization a further defensive move occurs: attention shifts from perceptual material to a preoccupation with a judgment of unreality.

A case illustrates inadequate repression of certain sexual and aggressive impulses due to actual incestuous experiences. The patient had to deal with threatening preconscious memories of intercourse with her brother. Her symptoms of depersonalization contained within them a specific perceptual distortion which could be traced to a screen memory. As a result, the incestuous memories were disclosed. One effect of the ensuing therapeutic work was to enhance repression. The depersonalization symptoms disappeared. The patient could then enter a meditation trance state and recall her dreams, two things which she had previously been unable to do.

Arlow's (1966) formulation of depersonalization as a particular kind of waking dream is taken as a point of departure. The symptom effects a compromise in which restriction of attention leads to a state approaching sleep fantasy, but hypercathexis of perception safeguards waking alertness. In depersonalization

there is altered reality sense but preserved reality testing. Depersonalization is compared and contrasted with the elaboration of obsessional symptoms around a hysterical core on one hand, and hallucinations and illusions on the other. The dream of being awake (Calef, 1972) is seen as a phenomenon in the sleep state analogous to depersonalization in the waking state.

If the fantasy of being asleep and dreaming has been successfully used to deal with difficult experiences in early life, the same coping mechanism can be perpetuated in the form of depersonalization symptoms.

REFERENCES

ARLOW, J. A. (1963): *Conflict, Regression, and Symptom Formation.* Int. J. Psa., XLIV, pp. 12-22.

——— (1966): Depersonalization and Derealization. In: *Psychoanalysis—Essays in Honor of Heinz Hartmann. A General Psychology.* Edited by R. M. Loewenstein, et al. New York: International Universities Press, Inc., pp. 456-478.

BERGLER, E. (1935): *Further Studies on Depersonalization.* Psychiat. Quarterly, XXIV, pp. 268-277.

CALEF, V. (1972): *'I Am Awake': Insomnia or Dream? An Addendum to The Forgetting of Dreams.* This QUARTERLY, XLI, pp. 161-171.

FENICHEL, O. (1945): *The Psychoanalytic Theory of Neurosis.* New York: W. W. Norton & Co., Inc.

FREUD, A. (1936): The Ego and the Mechanisms of Defense. In: *The Writings of Anna Freud, Vol. II.* New York and London: International Universities Press, Inc., 1966.

FREUD (1895): *Project for a Scientific Psychology.* Standard Edition, I, pp. 295-397.

——— (1900): *The Interpretation of Dreams.* Standard Edition, V.

——— (1914): *From the History of an Infantile Neurosis.* Standard Edition, XVII, pp. 7-122.

——— (1927): *Fetishism.* Standard Edition, XXI, pp. 152-157.

——— (1936): *A Disturbance of Memory on the Acropolis.* Standard Edition, XXII, pp. 239-248.

——— (1937): *Analysis Terminable and Interminable.* Standard Edition, XXIII, pp. 216-253.

GLOVER, E. (1931): *The Therapeutic Effect of Inexact Interpretation: A Contribution to the Theory of Suggestion.* Int. J. Psa., XII, pp. 397-411.

LANGS, R. J. (1971): *Day Residues, Recall Residues, and Dreams: Reality and the Psyche.* J. Amer. Psa. Assn., XIX, pp. 499-523.

NUNBERG, H. (1956): *Principles of Psychoanalysis. Their Application to the Neuroses.* New York: International Universities Press, Inc.

OBERNDORF, C. P. (1950): *The Role of Anxiety in Depersonalization.* Int. J. Psa., XXXI, pp. 1-5.

SACHS, H. (1923): *Zur Genese der Perversionen.* Int. Ztschr. f. Psa., IX, pp. 172-182. English translation, *On the Genesis of Perversions,* available at the New York Psychoanalytic Institute Library.

SCHMIDT, H. S.; CLARK, R. W.; HYMAN, P. R. (1977): *Protriptyline: An Effective Agent in the Treatment of the Narcolepsy-Cataplexy Syndrome and Hypersomnia.* Amer. J. Psychiat., CXXXIV, pp. 183-185.

STAMM, J. L. (1962): *Altered Ego States Allied to Depersonalization.* J. Amer. Psa. Assn., X, pp. 762-783.

WEINSHEL, E. (1965): *On Some Reality Distortions During Analysis* (Unpublished).

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Nothing to Worry About: A Clinical Note on Examination Anxiety

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NOTHING TO WORRY ABOUT: A CLINICAL NOTE ON EXAMINATION ANXIETY

BY STEPHEN F. BAUER, M.D.

With some frequency, one hears about the following experience from a patient (or recalls it from one's own past). There is about to be an examination of some importance or an interview for a significant job in the offing. The person to be examined confides (or even complains about) a pessimistic outlook to a friend who then says, "You have nothing to worry about!" This comment usually reassures briefly, only to be followed by an increase in anxiety, accompanied by irritation and the thought, "That's easy for *you* to say! You have already passed the exam [been accepted for admission, etc.]." The person is left with a heightened feeling of pessimism about the examination or interview and disappointment, even cynicism, over the friend's "reassurance." The expression of apprehension is almost always made to someone who qualifies both as a friend and as one who previously has succeeded at such a trial. In the instances with which I am familiar, the individuals knew full well (or at least fully expected) that their plaint would bring forth the response, "You have nothing to worry about!"

The partial analysis of a dream afforded insight into this fairly typical mechanism. The patient, a married scientist in his middle twenties, had been in treatment for some time. Although he was successful in his occupation and had achieved some minor recognition, he had never obtained the advanced degree usual in his field. At the time he reported the following dream he had applied to two prestigious graduate schools. He had gone

I wish to acknowledge the helpful criticism of Drs. Leon Balter and Otto F. Kernberg.

through his interviews for one school (School A) and was waiting to hear the results as he began his interviews for the second (School B). On the day of the dream he had had a particularly trying interview for School B and was asked by the interviewer to return for an additional visit. During the first interview he had brought up, spontaneously, a somewhat obscure subject connected with his work. When the interviewer had engaged him in discussion, the patient had found himself stumbling and inarticulate. The interviewer had raised some questions about the subject before requesting another interview. Before the second interview the patient had the following dream.

> I am in your office talking with you. We are both standing. You suddenly say, looking surprised, "I'm ten minutes over [the hour]." I feel flustered and tell you that I'm sorry that I have kept you. You tell me that there is no reason for me to apologize, you're the one who made the error. The scene changes. I am in a bathroom standing over a toilet that is made out of wood with a prominent grain. I urinate. As I do, I look to the left and see a screen that is translucent. I hear people talk on the other side and see a man standing and urinating into a urinal—the type one sees in a public bathroom. The man is wearing his undershorts and is urinating through them, thereby wetting them.
>
> I am with you again. We are in a narrow room with bookshelves opposite me. I am sitting, telling you about preparing . . . for an interview? . . . studying? You reach for a book with a greyish binding to find a quotation, then tell me, "If you weren't applying to School B, I would have to be discouraging. I spoke to Professor X about your application (to School A) and he was not encouraging." I feel upset and tell you I can't speak any further. . . I am walking into my apartment. The table is set. There is an aroma of meat balls cooking. I want to speak [on the phone] with my friend about my troubles with the application but my wife rings the dinner bell. I tell her I want to speak to my friend, but she is adamant. I must come to dinner. I woke to the *Trout Quintet* [on the clock-radio] feeling sad, but relieved at hearing the music.

Discussion of the Dream, Unconscious Themes, and "Nothing"

The *wood grain* of the toilet reminded the patient of the wood grain of a door in my office and also the wood grain of the paneling in the interviewer's office. He remembered urinating before the interview and noticing that the men's room was somewhat soiled. This had given him a mild feeling of condescending superiority, as though he were "one up," the interviewer having made an error in not providing a neat public bathroom.

The *translucent screen* reminded him of a ground glass stopper, one which one can see through when wet; it also reminded him of the translucent curtain in the bathroom of my office. He has pulled the shade down behind it when he has urinated out of fear of being seen. The screen and the sounds on the other side also recalled his childhood witnessing of parental sexual activity, which had figured prominently in his treatment. In those scenes he had *heard* more than he had seen and had been both excited and fearful. *Urinating* also reminded him of dreams of urination as a child. Occasionally he had wet the bed as a child and had felt humiliated. He had often dreamed of urinating as a child, only to awaken with a feeling of relief—"It's only a dream; I didn't wet the bed." The wetness of the man's underpants in the dream reminded the patient not only of the times he had wet his bed, but also of the frequent "wet dreams" in adolescence which had soiled his pajamas and had left him with a fear of being discovered and punished (by his mother, who did the laundry).

The *book* reminded the patient of the book he had looked at during the previous evening while preparing for his second interview at School B. He felt enraged at the interviewer for having given him a "hard time" and felt furious at himself for introducing a subject (*exposing himself*) and then becoming very vague and incompetent. He felt discouraged, but also realized that he was angry with me. The therapy should have been more helpful. What use is understanding if he still makes

the same *messes* he always has!

The *Trout Quintet,* he said smiling, was a favorite dish, as were the meatballs his mother used to make. The *book* he had had me look at also reminded him of his favorite professional subject (favorite dish), a reference to which he had handled so poorly during the first interview at School B. He felt he had "pissed away" his chances and was afraid of his temptation to "piss" on the interviewer. He had wanted to call his *friend,* a doctoral candidate at School B, the previous day. He had wanted to tell him about the first interview, and he pictured himself describing the interviewer as having cut his "*balls* off," i.e., he had offered up his favorite subject only to be cut down by the interviewer.

He had pictured describing all this to his friend and telling him of his apprehension about the second interview (although not his secret fear that *he* would be condescending to the interviewer), and then he had imagined his friend saying, "You have nothing to worry about!"

At this point the patient said, "You know, if we had talked and he had really said that, I would have been enraged. I don't have *'nothing'* to worry about, I have *'something'* to worry about!" There was an abrupt shift in the session at this point as the patient soberly connected his fears of being "cut down" by the interviewer, his fear of being exposed and humiliated, his wish to "piss" on the interviewer, and his spiteful attempts to make me feel impotent. He recalled not only the "wet dreams" of his youth, but also his fear of masturbating. He vividly recalled that in early adolescence (or was it childhood?; he was not sure), he had thought that "jerking off" meant that he would literally lose his genital, because it would fall off from abuse. He had dealt with this by rubbing his genital through his bedclothes, magically protecting his penis, but also guaranteeing that the tell-tale stains would be seen by his mother. It was a problem that he could not solve and it reminded him of his vagueness with the interviewer.

Much previous therapeutic work had focused on his un-

conscious contempt toward those in senior positions. He tended to retreat from competition, after first exposing himself to danger. The retreat was almost always characterized by bitter feelings of humiliation, feeling taken advantage of, and feeling "put down." He had been well defended against awareness of his unconscious condescension and anger in these situations. Castration anxiety was the central issue. Thus *"nothing"* was exactly what he was worried about. He felt himself to be maimed, without a mind, without a genital.

Parricidal transference conflicts associated with competitive, phallic-exhibitionistic anxieties were obviously expressed in the dream and the attendant associations. The danger of retaliative castration was warded off by multiple defenses, including a reversal of roles in which the patient made himself appear submissive and pleading for reassurance while he made the analyst take responsibility for losing control (by letting the session go ten minutes beyond the allotted time). The dream disguised the thought "You have something to fear from my aggression and would retaliate if you knew my wishes against you." Arranging for the reassurance to be offered by the analyst in the dream and by the friend in reality conveys the ironic thought *"You* have nothing to worry about; *I'm* the one in danger," a defensive reversal of the roles.[1]

More about "Nothing"—A Brief Digression

The expression "You have nothing to worry about!" will remind us of Lewin's (1948) well-known comments about "nothing": "For the association 'I am thinking of nothing' . . . the phrase is soon followed by allusion to the female genital" (p. 322).

The fantasy of "having nothing" is frequently expressed by women, even in the present day. For example, a young sculptor was having particular difficulty sculpting a nude woman. In one session she spoke with considerable wrath about a visit from

[1] I am grateful to Dr. Dale Boesky for suggesting the ideas contained in this paragraph.

another sculptor to whom she complained about her work. The woman looked for a moment, then turned to the patient and said, "But can't you see. You make it look [pointing to the area of the mons pubis] as though there's nothing there!" The patient, carried away with rage, then said to me: "Doesn't she realize what a stupid thing that is to say? Women don't have genitals, men do!" It was only with considerable difficulty that she eventually realized what she had said.

Examination Anxiety and its Vicissitudes

The common clinical and life situation just described cannot fail to recall the examination dream. Indeed it is in the similarities to and differences from the examination dream that the statement, "You have nothing to worry about!" may be conceptualized. My patient did *not* dream directly of failure, although his dream was one of foreboding. Rather, through analytic work with the dream, he discovered that he felt impelled to engineer an interaction with a friend—one who had been successful in his interviews—in which the friend would be drawn to make the consoling remark, "You have nothing to worry about!"

Now let us consider the examination dream. Here the dreamer dreams directly of failure in an examination which, in fact, he had passed. Indeed it would seem that one never dreams of an examination failure in a test that has not been passed. Furthermore, these dreams, which tend to reappear from time to time, always seem to occur "when the dreamer has some responsible activity ahead of him next day and is afraid there may be a fiasco" (Freud, 1900, p. 274). The dreamer copes with his anxiety about the event (an examination) in which his anxiety in advance had not been warranted, in light of what subsequently happened. When the dreamer wakes and says to himself, "But I passed!," he is reassuring himself that just as he had passed the earlier examination so will he also pass the trial coming up the next day.

My patient did not dream of failure where there had been

previous success, but his analysis of his dream led him to recognize that he was strongly impelled to elicit a particular remark ("You have nothing to worry about!") from a friend who had been successful in an identical situation. His dream did take place in the setting of fear of a fiasco on the following day. The urge to elicit the comment "You have nothing to worry about!" was an effort to externalize castration fear by having a friend state the fear (of "having nothing") for him in a concealed form ("You have nothing to worry about!"). The successful friend thus became the ideal foil for the expression of his unconscious wishes and fears. The friend was a close enough and successful enough personage to represent the oedipal father. At the same time he was safe enough and distant enough to be the recipient of cynical fantasies. The phrase ("You have nothing to worry about!") thus became an elegant compromise formation.

This mechanism, although similar to that of the examination dream, is inherently different. Freud (1900, p. 276) describes a "mixture of self-criticism and consolation" as central to examination dreams. When a friend says, on provocation, "You have nothing to worry about!," the criticism and consolation come from without. That is, the latent content of the examination dream ("I have failed the examination! I am castrated!" followed after awakening by, "But I really passed! I won't be castrated tomorrow!") is similar to but different from that embedded in the expression "You have nothing to worry about!" There the latent statement is simply "*You* have nothing (i.e., *You* are castrated)" embedded in an apparently consoling remark. Note the important grammatical change from the first person to the second person singular, denoting a projection.

Thus we can say that examination anxiety as a manifestation of latent castration fear can be expressed in two different ways: as an internalized conflict, with self-assurance via an examination dream; or through evocation of an external assistant via a symptomatic act in which a friend is induced to say reassuringly, "You have nothing to worry about!" The latter would seem to entail a kind of superego mechanism different from the one used

in the former in that the self-criticism contained in the former is projected onto the friend ("you have nothing") and disguised by embedding it within the reassurance ("nothing to worry about"). The latter mechanisms probably explain the affective shift that is regularly encountered, i.e., pessimistic anxiety is replaced first by feeling reassured, but then by cynicism directed toward the friend. In the patient of the case I have briefly presented, one sees pessimism ("I'll surely fail") giving way to an imagined cynicism ("That's easy for you to say! You have already been accepted.") after eliciting (or, rather, imagining eliciting) the statement, "You have nothing to worry about!"

In my patient *"nothing"* was central, and the unconscious pessimistic fantasy of "having nothing" (i.e., being castrated) was dealt with by "having something"—a scornful, cynical attitude toward the interviewers, the therapist, and a "reassuring" friend (i.e., dangerous castrators). In the example given, the patient gained some recognition of the fantasy involved.

REFERENCES

FREUD (1900): *The Interpretation of Dreams*. Standard Edition, IV.

LEWIN, B. D. (1948): The Nature of Reality, the Meaning of Nothing, with an Addendum on Concentration. In: *Selected Writings of Bertram D. Lewin*. Edited by Jacob A. Arlow, M.D. New York: The Psychoanalytic Quarterly, Inc., 1973, pp. 320-322.

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BOOK REVIEWS

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOL. XXX. Parts I and II. New Haven: Yale University Press, 1975.

In the first part of the thirtieth volume of this annual there are a number of excellent studies on children with deficiencies and subsequent developmental lags. Dorothy Burlingham, in "Special Problems of Blind Children," draws attention to the fact that blind babies require the mother's functioning as a supplementary ego for getting acquainted with the world around them. Mothers' reactions to their babies' deficiency, to their great and prolonged needs, can promote or delay the infants' developing compensatory skills. Blind babies use their mouths compensatorily as an instrument of cognition. Burlingham points out that blind children, fearing the loss of their need-fulfilling object through aggression, are notable for a seeming lack of aggression. It would be interesting to know what happens to their oral aggression. Aggressivization and libidinization of the mouth must be important in their ability to develop and use the mouth as an instrument of cognition. The same is true of the legs, which are used as an instrument of cognition. Burlingham sensitively observes that the immobility and quietness of blind children is not necessarily a withdrawal symptom, but is often a sign of their intense listening, which takes the place of the seeing baby's looking around. The baby may at such a quiet moment be intensely perceiving not only sounds but perhaps smells and kinesthetic sensations as well. Also the baby's sleep pattern is different from that of the seeing child. Burlingham's observations point out not only the differences in development but also the many areas of possible misunderstandings between caretaker and child which in turn influence the child's developing normal and compensatory abilities.

Steven L. Dubovsky and Stephen E. Groban, in "Congenital Absence of Sensation," write a fascinating case report about an eighteen-year-old adolescent who suffered from a congenital absence of most surface sensations and many enteroceptive ones. He did not feel hunger or thirst, pain or pleasurable sensations. He did not know his physical needs and had no spatial feeling of his body; he was therefore clumsy and got injured quite often. Since the child never

knew he had injured himself, his wounds frequently became infected, with the result that he had to spend half of his life in the hospital. He was dependent on his mother to watch out for him and to keep him alive and was extremely anxious when she was out of sight. Eventually, he learned to accept the hospital as a safe substitute for his mother. As dependent as he was on his mother, he could not respond to her affection or to her aggression because he could not feel it. This absence of response to expressions of feeling must have made taking care of him unsatisfying and therefore exhausting for her. When he was eighteen years old, she finally decided to have him hospitalized in a psychiatric ward for therapy that might enable him to learn to take care of himself.

The therapy affords a number of fascinating insights into the interaction between body feelings—in this case the lack of body feelings—and structural development, self and object relations, feeling of self, and affects. The patient's high intelligence became his main avenue of adaptation: by observing other people he could, with the help of therapy, learn to interpret their feelings and apply them to himself, rather than understanding his own feelings and then understanding others through identification. Being able to recognize his anxiety enabled him to reduce his provocative fighting and self-injuries, which had been his means of actively controlling his environment and his body rather than being at their mercy. The authors make the thought-provoking remark that the sense of self is "probably more directly tied to somatic experience than to ego-development"—a remark which is based on the observation that this patient had progressed in ego development in spite of lacking a sense of a cohesive self.

The last paper dealing with development in defective children is Katrina de Hirsch's "Language Deficits in Children with Developmental Lags." In her summary she says: "This paper attempts to describe a group of atypical children whose sometimes severe physiological deficits represent one aspect of a pervasive organismic immaturity that is reflected in difficulties with integration on all levels —perceptuomotor, linguistic, cognitive, and in terms of ego's organization. . . . The impact on the child's functioning depends on his ability to mobilize his adaptional resources. . ." (p. 122). The author refrains from attempting any dynamic formulation. Her descriptions of the children and their difficulties are excellent; she points to a

missing diagnostic category and to our lack of understanding of these children. She deals with them as an educator and tester and refers them for therapy, if they need it, to other people. Her paper raises many questions and leaves the reader waiting for answers.

These three papers bear out what Lustman said: "The closest one can come to experimental manipulation is to take advantage of the 'experiments of nature.' Catastrophe, maternal deprivation, sensory deprivation, are all examples of experiments in nature of a sort that man can never do himself—but which can be explored when they present themselves."[1] The exploration of these cases is also an important contribution to therapy that may at times be lifesaving. And there is a wealth of material here which is useful for the validation of psychoanalytic theory.

There are two papers from research workers at the Jewish Board of Guardians which were based upon the same method and material: Bertrand Cramer's longitudinal study, "Outstanding Developmental Progression in Three Boys" and M. Silverman, K. Rees and P. Neubauer's paper, "On a Central Psychic Constellation." These papers are an interesting contrast to the three papers on deviant development. Instead of detailed individual observations they are based upon observations made at yearly intervals at ages four, five, six, eight and a half, ten, and with two boys at thirteen; interviews with parents and teachers were included. Cramer says about the three boys with outstanding developmental progression: "The strength of these children was emphasized by all with the exception of the psychological reports which consistently (in most cases) pointed out more pathology" (p. 17). These reports, however, are not given in the paper.

The boys were highly verbal and able to express their feelings; they also were able to observe themselves and others. They had a high degree of self-respect and did not allow themselves to regress for too long. They showed clear phase-dominance and predominant masculine identification, says the author, although regressive trends and feminine identifications were observable. These charming children were much admired by adults whom they treated as peers, but they do not seem to have had friends among their own peers, perhaps because they "lorded it over them" and showed their superior-

[1] Lustman, S. L.: A Perspective on the Study of Man. In: *The Psychoanalytic Study of the Child, Vol. XXVII*. New York: Quadrangle Books, 1973, p. 34.

ity. They were activity-oriented and did not allow themselves to fantasize. The impression one gets of these outstanding children is that they are highly narcissistic and that the author as well as other adults accept them not in spite of it, but because of it. Narcissistic people are usually accepted by their peers in a leadership role. Since relationship to the other children is not sufficiently discussed, we are left with the impression that their relations with children were not satisfactory. Good performance and mature behavior were demanded by the three children themselves as they were by the parents; the narcissistic satisfaction may have superseded their libidinal involvement with others. It would be interesting to know how they progress through adolescence into adulthood, when their final separation will have to occur.

The second paper, "On a Central Psychic Constellation," draws far-reaching conclusions from twice-yearly observations. The authors state:

> We have described the emergence by the age of three or four years of a relatively stable, organized central psychic constellation which persists thereafter as an influential factor. Our conclusions are related to two fundamental propositions regarding human development. One is the notion that development proceeds via a process of sequential organization and reorganization in which new systems of psychic functioning periodically evolve to supersede previously existing systems as dominant organizational configurations. The other is the proposal that increasing differentiation and hierarchy formations are accompanied in the developmental process by a tendency to internal coordination and cohesion which leads to stability and systemic integrity (p. 146).

This conclusion is followed by a discussion of other critical nodal points of developmental reorganization, depending on the systems which were considered crucial by different investigators.

Although the authors have a great deal of material, only one case, that of Karen, is quoted to substantiate their conclusions. This paper, as well as Cramer's, very effectively uses Anna Freud's Developmental Profile for the studies. It seems obvious that any critical period would influence the following one. Whether the period that Silverman, Rees, and Neubauer call a central constellation is more stable and therefore more influential than the libidinal fixation points, whether it is more resistant to environmental stimuli and drive demands, whether it commands more than these the form in

which the defenses develop, will have to be investigated further, perhaps in later analysis.[2] The authors expect that this concept will "place us in a better position to define the limits within which we might expect change to take place in our patients and to map out the specific strategy by means of which we might facilitate the attainment of such changes" (p. 155). This idea—that therapists or educators would base their strategy of education or therapy on this theoretical construct—scares me. It may be helpful in making the therapist aware of certain trends, but it may also lead the therapist to attempt to manipulate the patient in certain directions and to overlook developments in part determined by parents and environment, which are not predicted.

W. Ernest Freud's "Infant Observation: Its Relevance to Psychoanalytic Training" describes the purpose of such observations for psychoanalytic candidates without adding anything new. Those who read *The Psychoanalytic Study of the Child* already know it; those who do not know it are not likely to read this in any event.

The second part of the volume, Contributions to Psychoanalytic Theory, contains R. Edgcumbe and M. Burgner's paper, "The Phallic-Narcissistic Phase," their third article on the subject of early object relationships.[3] The authors make a useful differentiation between object relations and phases of drive development. They attribute the development of body image and sexual identity largely to the phallic-narcissistic phase which precedes the oedipal phase. They emphasize the importance of identification with the parent of the same sex for the establishment of sexual identity. Perhaps a more complete formulation would be that the development in the pre-oedipal or phallic-narcissistic phase contributes, as do the other pregenital phases, to the final establishment of sexual identity with the resolution of oedipal conflicts. The comment on page 171—"Regression during the phallic phase to earlier modes of relating [namely to identifications] may not be indicative of regression in either drives or relationships"—is worthy of more than a footnote. Identification which is considered an early form of defense is perhaps generally

[2] See, Ernst Kris's posthumously published paper, Decline and Recovery in the Life of a Three-Year-Old. In: *The Psychoanalytic Study of the Child, Vol. XVII.* New York: International Universities Press, Inc., 1962, pp. 175-215.

[3] For the first two papers, see *The Psychoanalytic Study of the Child, Vol. XXVII,* pp. 283-333.

misjudged when it is viewed only as regression. New identifications through adolescence, and perhaps throughout life, contribute to the formation of ego and superego and play a part in development. It is regrettable that the clinical examples given are so aphoristic and that the research done by Galenson, Roiphe, Stoller, and others who have worked on sexual awareness and sexual identity problems in early childhood is completely ignored.

Burness E. Moore's "Toward a Clarification of the Concept of Narcissism" is a very instructive and much needed discussion on the subject. There is a thorough survey of the literature with particular consideration of Kohut's and Jacobson's views. Moore says, "Freud's ideas about narcissism and its relationship to a variety of phenomena are presented and examined from the viewpoint of later authors, and an effort has been made to integrate the concept with the developmental and metapsychological approaches" (p. 271). In addition to the predominant implication in the history of the concept of "a positive libidinal feeling toward the self . . . it is now recognized that there are parallel and often intermingled investments with aggressive cathexes" (p. 272). Moore concludes that "it is a nuclear concept which became for Freud an organizing matrix for the construction of psychoanalytic theory, hence an integral part of the whole. . . . We must . . . accept it in all of its complexity, attempting to define more clearly each of its aspects as observations expand knowledge" (p. 272).

Moore sees the clinical phenomena that Freud considered to be in support of his concept of narcissism as examples of secondary narcissism, and he sees primary narcissism as an assumption based on inference. He also states that although "the earliest stages were characterized by primitive oral-incorporative fantasies . . . each successive libidinal stage makes its own narcissistic contribution to ego and superego development" (p. 261). Moore thus gives narcissism a place in all libidinal phases and therefore in all development. This change is as significant as is the recent consideration of aggression as one side of all libidinal development.

Irving B. Harrison's paper, "On the Maternal Origins of Awe" considers awe in relation to the fantasy of a maternal phallus. Good clinical material is offered in support of this proposition. Harrison relates Greenacre's observation that aggression is aroused in the awe experience to the regressive loss of boundaries and fusion. Harrison

says that "it is in preparation for identification that the release of aggression occurs" (p. 193). My own view is that in defense against the fusion, aggression is aroused, enabling patients to separate themselves from the overwhelming devouring mother and to re-establish their identity. Harrison also points toward the connections between experiences of awe and religious ecstatic and oceanic feelings, which should be investigated further.

Alex Holder's paper, "Theoretical and Clinical Aspects of Ambivalence," gives a helpful history of the term. He suggests restricting the term "ambivalence" to conflicts between love and hate, but he does not carry through in his clinical examples. Although the extensive examples taken from the Hampstead Index are precise, they are taken out of context and leave the reader dissatisfied because they are lifeless.

Finally, Patrick Mahony's and Rajendra Singh's "The Interpretation of Dreams, Semiology, and Chomskian Linguistics" is called a "radical critique" of Marshall Edelson's "pioneering monograph," "Language and Dream," which appeared in Volume XXVII of this annual. The authors discuss at length three major objections to Edelson's approach. These include his neglect of Freud's most striking semiological observations in dream analysis, his identification between Chomskian and Freudian concepts which they call "metaphorical and analogical mentation on Edelson's part," and his contention that censorship is an unnecessary concept in the construction of dreams. In their conclusion they laud Edelson's attempt to see dream language in the light of Chomskian theory, although they are critical of the psychoanalytical, semiological, and linguistic content of his proposals. There does not seem to be very much left of it after that! Both papers, Edelson's and Mahony and Singh's, demand a familiarity with linguistics on the part of the reader, which I do not have. Whether the "construction of actual grammars of dream language" will lead to discoveries regarding the nature of the human mind and to contributions to psychoanalytic theories remains to be seen.

In summary, the first two sections of the thirtieth volume of *The Psychoanalytic Study of the Child* contain a wealth of material and ideas. It is a stimulating collection of papers of high caliber.

EDITH BUXBAUM (SEATTLE)

THE PSYCHOANALYTIC STUDY OF THE CHILD, VOL. XXX. Parts III & IV. New Haven: Yale University Press, 1975.

Reviewing even half of this volume is difficult because so many of the papers deserve detailed reviews. I undertake the task of reviewing the sections, Clinical Contributions and Applications of Psychoanalysis, with humility and with the regret that I cannot do justice to some papers that are obviously very important contributions to psychoanalytic science.

In the section, Clinical Contributions, Maria Berger and Hansi Kennedy have written on a problem every worker in the fields of child analysis, child psychiatry, teaching, or other kinds of work with children is confronted with and bewildered by almost daily—pseudo-backwardness. In her introduction to the paper, Anna Freud points to the multiplicity of factors that are needed to insure progress in the development of orientation, active mastery, and intellectual growth in any child. Children with pseudo-backwardness possess the primary potential for normal development, but these case histories illustrate the results of inadequate and detrimental environmental responses and demonstrate how the presence or absence, as well as the quality, of any single ingredient can have the power to determine the developmental results.

The authors present four children who were studied over a period of years at the Hampstead Clinic. They conclude that the mothers' fantasies about and expectations of the children affected the mothering role to a marked degree from the very beginning of the child's life. The children were perceived from birth as damaged or inadequate. None of the mothers enjoyed breast feeding; the crying of the baby was thought by the mothers to be an expression of dissatisfaction, and they derogated any unusual aspect of the children. The fathers tended to share or reinforce the mothers' attitude toward the children. The analyses of the four children revealed that their main pathology centered around a severely damaged self-image, derived from a specific role assigned to the child by the mother who perceived the baby as an inadequate and damaged product. The backwardness actually represented an adaptive compliance with an image imposed upon the child by the mother and served to insure the mother's cathexis and to achieve a feeling of safety with her. It was very reassuring to learn that analyses in these cases and other

cases, though quite prolonged, were in general successful and development could proceed in a more normal fashion with treatment.

Robert Evans, in a paper on the analysis of a latency girl, turns to the concept of "hysterical materialization" introduced by Ferenczi. The materialization phenomenon is a common one but is brought into focus by Evans in a most helpful way in his description of the analysis of this child. He clearly shows the difference between "acting" as a defense in child analysis and "acting" as communication, a very important technical issue for a child analyst. Evans demonstrates how verbalization was supplemented by graphic modes in this young patient who was so dramatic and artistic that she made thought, fantasy, and wishes involved in the conflict materialize as if words were not able to communicate enough. Materialization was helpful in the analyst's understanding of the unfolding of the material from various levels of development and clarified many communications that could have been quite easily misinterpreted by him.

Charles Feigelson's paper, "The Mirror Dream," is a clinical contribution, but it also refines aspects of the concept of narcissism. Whereas Kohut connects mirror dreams with the mirror transference, Feigelson demonstrates that although narcissistic phenomena and object conflicts could be understood individually, functionally they were inseparable in his patients. When the patient had a mirror dream he was preoccupied with loss or separation. There was a shift of cathexis toward inner processes, and self-preoccupation phenomena were directly expressed in the mirror dream as a concrete looking at the self. The dreams in each case led to memories of childhood or adolescent experiences in which mirrors were used in masturbatory acts. (This has also proven true in this reviewer's experience.) Feigelson notes that none of the masturbatory practices involving mirrors came into the analysis prior to the mirror dreams; the dreams therefore introduced historical material previously repressed. In addition to oedipal anxieties, these patients suffer from an unusual fear of object loss. Regression to orality parallels ego regression to a period when separation-individuation has started but has not been completed. Reflecting on some of the productions of his own patients, this reviewer found this formulation most useful. Also valuable is the suggestion that the mirror dream, a narcissistic type of defense, is evoked to ward off conflict with an object, although if it is successful, it also protects a person's narcissism.

Maurits Katan, continuing his extensive and illuminating studies of Schreber and the paranoid experience, points out that childhood memories often return as contents of delusions in schizophrenia. However, he observes that the existence of a transference relationship is an essential prerequisite for the patient to recognize that the contents of psychotic symptoms are memories of childhood events. Although the analyst can make constructions from the delusions and the psychotic symptoms of psychotic patients, it is possible for the patient to comprehend them only if there is a large part of the ego involved in neurotic conflict, if he or she is capable of secondary process thinking.

Jerome D. Oremland contributes a very interesting paper on the analysis of a talented musician who, as a result of a defensive need, turned early in life to the playing of a musical instrument and interpreting the music written by others. As the various neurotic uses of his choice became evident in the analysis, to the analyst's surprise as well as to that of the patient, he proved to have an undiscovered ability to compose music, an even greater talent in this area than in performing. Although there were many genetic elements uncovered in the analysis of this most interesting patient, alternative explanations seem to emerge: Did the nature of the relationship to two mother figures (a "true mother" and the biological mother) result in the patient's unusual access to what proved to be transitional phenomena, an ability which ultimately became involved in a neurotic conflict and was subsequently freed by the analysis? Or was there in the patient a constitutionally determined increased sensitivity which resulted in his experiencing the vicissitudes of his unique development in a special way? Much that the author proposes in this paper is controversial but it is most stimulating, and many ideas deserve further study.

Joseph Sandler, et al., in a paper rich in case material and technical suggestions, address themselves to the ongoing struggle in analysis to understand the concepts of transference as applied to children. They suggest that one should be clear about whether the term includes the reflection of present-day relationships with important objects and externalizations and whether the child is presenting defenses of various kinds. Certainly both current and past reactions can be used in the same transference experience, and material often activated by current events enters the analysis more or less as an

intrusion, as Anna Freud has suggested. In the sessions, these distinctions must be carefully made.

The authors also feel that a full transference neurosis is not possible for adolescents because of their need to distance themselves from objects. In late adolescence true transference neurosis may occur. They observe quite correctly that the adolescent may have an intense crush on the analyst which serves a developmental need, and this can be mistaken for transference if one is not aware of it.

Heiman Van Dam, et al., in a paper on termination in child analysis, draw our attention to the differences and greater difficulties in defining, understanding, and managing the terminal phase in child analysis as compared with adult work. Certainly, removal of symptoms is less reliable with children than with adults, as the real relationship in child analysis is more likely to bring about symptom improvement. A systematic approach to the decision to terminate is still lacking. One important consideration, the balance between progressive and regressive drive and ego forces in the child, is more difficult to evaluate. Both in the pretermination and the termination phases, one must constantly be evaluating whether there is actually a decathexis of the analyst as an object. Knowing how the child or adolescent has dealt with early object losses is an important aid in evaluation of the loss during the terminal phase.

The authors maintain that an evenly distributed attention to all factors determining the child's over-all functioning is necessary in assessing the termination period. The use of Anna Freud's concept of "analytic aid" to assist in what the child's ego cannot accomplish by itself in coping with the termination may well be essential in some cases. Though very useful in adding to our understanding of the various problems of the termination phase, this paper leaves many questions unanswered.

The last section of this volume, Application of Psychoanalysis, contains many scholarly works which can be given only a cursory overview because of space limitations. The first paper, "Analyst in the Nursery" by Gilbert W. Kliman, describes a combination of child analysis with early childhood education. The analyst conducts therapy only in the class—there are no interpretations from the teachers—although psychoanalytic methods, theory, techniques, and goals are used in the group setting. The work is surprisingly revealing and the children seem to gain more than would be expected. The

author maintains that many of the essential features of a regular child analysis appear and he suggests that what he calls the "cornerstone method," child analysis conducted with a synergistic educational process, may produce results comparable to those of child analysis as it is usually practiced. I question this conclusion.

In a paper on preventive intervention in adolescence, Moses Laufer describes work in a walk-in service for adolescents which uses psychoanalytic concepts. He gives several examples of successful work with adolescents under these conditions which may well illustrate an approach to many troubled young people that is more useful than other forms of treatment.

William T. Moore discusses the impact of surgery on boys, adding to our knowledge of this very common experience. His research highlights the need for analysts to offer "mental first aid" to avoid psychological trauma by applying our psychoanalytic knowledge of child development.

In a very interesting paper, Albert Solnit and Beatrice Priel discuss the psychological reactions to facial and hand burns in young men observed in Israel following the 1973 Yom Kippur war. Professor Nahum Ben Hur, Director of the Plastic Surgery Ward of the Soroka Medical Center in Beer-Sheva, requested a mental health team to provide psychological services and to record, to whatever extent it was feasible, systematic observations that would be useful to others. The team, constituted mainly by the authors, ably supported by colleagues who worked part-time (Helen Antonovsky, Adina Doron, Esther Horn, and others from the fields of nursing, social work, and clinical psychology), undertook to make the experiences as little disorganizing to the individual as possible and to set up a psychologically therapeutic environment for the care of these wounded young men. Sound physical care was combined with sound psychological care, and each patient was enabled to become mentally and physically active in an appropriate individual manner. Regressive reactions in the service of recovery could be expected in the initial acute phase when the patient was overwhelmed and found himself relatively helpless, and during the recovery phase when regressive irritability often ushered in the patient's first effort to be active on his own. This finding of greater aggressiveness as a part of the recovery process previously has been observed and described by Solnit in infants recovering from serious illnesses. The authors stress

that the patients had to have opportunities to express their individual fears and needs and to receive appropriate relief from pain, to know who their doctor was, to be cared for by a team that worked harmoniously to cope with the injury and its treatment in a manner appropriate to the patient's age and cultural, educational, and religious background. This work clearly shows that psychoanalysis is extremely useful if not absolutely essential even in situations as tragic as these authors describe.

In "Addiction and Ego Function," Norman E. Zinberg points out that the management and treatment of addicts, because of relative loss of ego autonomy and many other factors, must be different from that for neurotics. In his opinion, approaching the treatment of addicts as one would the analytic treatment of a neurotic may foster dependence to such an extent that improvement would be impossible.

K. R. Eissler's paper, "The Fall of Man," concerns a theme similar to that of Lampl-de Groot's essay, "Vicissitudes of Narcissism and Problems of Civilization." Both authors discuss these issues in the thoughtful manner we have come to expect of these two outstanding psychoanalytic scholars, and these papers deserve to be reviewed more completely than can be done here. Noting that Freud saw the destiny of mankind as dependent on how completely civilization was able to master the destructive and self-destructive impulses, Eissler adds the problems of ambivalence and narcissism as potential dangers that threaten the future of humanity. Lampl-de Groot believes that psychoanalytically obtained knowledge may eventually add to the world's problems of individual and social misery by confronting human beings with their real limitations. Both of these thoughtful, philosophical papers leave us with a sense of uneasiness and many unanswered questions.

Joseph Goldstein's essay, "Why Foster Care—For Whom for How Long," is based on his continuing interest in the problems presented in *Beyond the Best Interests of the Child* written with Anna Freud and Albert J. Solnit. It represents this lawyer/psychoanalyst's very sensitive approach to the legal and psychological issues in the placement of children in foster homes. He calls for the use of psychoanalytic understanding in such placements to assure that children have a sense of belonging, security, and an opportunity to complete their developmental tasks with the aid of consistent object relations. Goldstein recommends legislative reinforcement of the child's en-

titlement to a permanent family, and the parents' entitlement, no matter how poor they may be, to their children. These should, in turn, focus on the need for a realistic reappraisal of neglect and abuse statutes. He advises a policy of minimal state intervention, reflected in precisely defined standards for intrusions. These standards must defer to human dignity and autonomy of parents to raise their children as they see fit.

Leonard Shengold and Stephen M. Weissman in the final papers in this volume have written two very thoughtful psychoanalytic studies of Kipling and Frederick Douglass, respectively. Both will be of great interest to the student of psychobiography. Shengold's extensive study is one of a series of clinical and psychobiographical papers written over several years demonstrating an intertwining of pathological and creative outcomes of attempts by parents to commit "soul murder," a kind of brain washing, on their children. Weissman's study, the work of an extremely sensitive and dedicated white psychiatrist and psychoanalyst, gives us a deeper understanding of the inner life and a greater appreciation of the remarkable character and stature of one of the outstanding black men in our history.

The last two sections of this volume of *The Psychoanalytic Study of the Child* present important works on the clinical and applied aspects of psychoanalysis, and students in the field of behavioral sciences will find in these papers much of interest and practical aid in their daily work. The controversial and provocative ideas presented in some of the papers only add to their value.

JOHN J. FRANCIS (WASHINGTON, D.C.)

THE ANNUAL OF PSYCHOANALYSIS. VOLUME III. A Publication of the Chicago Institute for Psychoanalysis. New York: International Universities Press, Inc., 1975. 442 pp.

This book is divided into seven sections and consists of twenty-one articles. Only brief comments on a few of the papers can be included here, but all of them are deserving of attention.

Section I, entitled "Theoretical Studies," includes two papers of particular merit. In the first, "Perception, Consciousness, and Freud's Project," Michael Franz Basch states his purpose succinctly: "The present study is not an attempt to give an overview of the meaning the 'Project' has for psychoanalysis today. My intention is to clarify

the basic model of mental life Freud developed there, since it is this model that most clearly illustrates the conceptualizations of perception, cognition and affect he used to explain his clinical findings" (p. 6). This paper is one of many recent reviews of the long neglected *Project,* and one of the most rewarding ones.

Marvin Hyman's "In Defense of Libido Theory" is extremely timely and important, exposing fallacies in arguments raised against the value of the metapsychological viewpoints in psychoanalysis.

The Second Section includes six clinical studies. Although the chapters are all worth reading, comments will be confined to only four of them.

The article by Henry Krystal, "Affect Tolerance," is Part Two of a study of "The Genetic Development of Affects and Affect Regression." Part One appeared in the second volume of this *Annual.* Both articles are well worth studying. Perhaps this brief quotation conveys the flavor of the paper: "But the simple fact remains that every single event of one's life, including dying, presents one with a new combination of affects, which we can learn to handle with grace. For, in the last analysis, what is commonly taken as a fear of calamity, disaster, or even death can be discovered to be the fear of one's own affects. *Affect tolerance is the ability that permits us to take our reaction off the signal and put it on to the meaning, the import, of that signal*" (p. 202, italics added).

The chapter, "On the Diagnostic Term 'Schizophrenia' " by Ping-Nie Pao, is useful to one who is studying and working with schizophrenics, since it presents the classification of schizophrenia developed at Chestnut Lodge in Rockville, Maryland. This classification divides schizophrenics into four subgroups and is, in this reviewer's opinion, far superior to the one offered by the formal diagnostic manual of the American Psychiatric Association.

Sanford M. Izner, in "Dreams and the Latent Negative Transference," demonstrates with clinical material a relationship between a reversal of the manifest dream and the negative latent transference: ". . . the discussion here will be confined to the use of reversal of manifest dream content as a representation of a regressive form of defensive activity on the part of the ego, in order to provide a distorted presentation of hostility that cannot otherwise be expressed" (p. 169). This article has particular importance in its emphasis on the unique position the dream occupies in the understanding of

unconscious processes, an importance often downgraded since 1915 when Freud stated, as Izner quotes, "The only way we have of recognizing unconscious processes is 'under the conditions of dreaming and of neurosis' " (p. 165).

"Aggression and Narcissistic Rage: A Clinical Elaboration" by David M. Terman extends and clarifies Kohut's theories on these subjects. It seems worth mentioning here that some of the clinical material in the papers of this section of the present volume demonstrates not an analytic process as this reviewer understands it, but "a corrective emotional experience" that is often inadequately differentiated from the analytic process.

The Third Section is devoted to one article on psychoanalytic education, "Problem of the Training Analysis" by H. A. van der Sterren, with a Preface by Henry Seidenberg. The article is based on training in Amsterdam and focuses on the position of the training analyst vis-à-vis the training committee. The author succinctly and logically makes a very good case for the position of the nonreporting analyst.

The Fourth Section contains three chapters dealing with psychoanalytic history. These include a paper by Jerome Beigler which focuses on Freud's technique in treating the Rat Man; an article by George H. Pollock, "On Freud's Psychotherapy of Bruno Walter," which is a fascinating piece of work on the conductor's brief contact with Freud; and an essay by Ernest S. Wolf and John E. Gedo, called "The Last Introspective Psychologist before Freud: Michel de Montaigne."

Section Five is directed in its entirety to a dissertation by John E. Gedo titled "To Heinz Kohut: On His 60th Birthday." Gedo is understandably laudatory of Kohut's previous work and predicts future important discoveries. In his own words the author attempts "first, a review of Kohut's scientific contributions, particularly in terms of their significance within the general development of psychoanalytic thought; second, biographical reflections, with specific emphasis on certain questions concerning the problem of creativity—questions that are raised by the individual life curve of Kohut's achievement" (p. 314).

Section Six is composed of three articles on psychoanalysis as science, the first two of which are by Heinz Kohut.

The first chapter concerns the future of psychoanalysis. Three sentences may give the reader some impression of the ideas in this

stimulating, thought-provoking article. (1) "I believe that once we relinquish the idealization of our tools and methods, the exhilarating expansion of the self, a new kind of humanitarianism in the form of a scientific empathy, will gain ascendancy" (p. 336). (2) ". . . our leading ideal will not be passionate truth-finding softened by humanitarian considerations, but the empathic expansion of the self with the aid of scientifically trained cognition" (p. 340). (3) "But scientific empathy, the broadening and strengthening of this bridge toward the other human being, will be the highest ideal" (p. 340). These quotations, expressing Kohut's view of the future do not, of course, do justice to the richness of the ideas, which can be appreciated only by reading the paper.

Kohut's second article, "The Psychoanalyst in the Community of Scholars," contains a number of controversial ideas. Kohut believes, for example, that Freud's concept that one of the most important reasons for the rejection of psychoanalysis was that it inflicted a narcissistic injury is "deceptively simple." On the whole, the article is worthwhile, and Kohut gives us a very good discussion of the ways in which psychoanalysis can contribute to the enrichment of the academic life of the university.

In the concluding paper of Section Seven on Applied Psychoanalysis, George H. Pollock states: "The mourning process is intrapsychic and includes the resolutional concluding phase, which may yield a creative product. In this essay I have suggested that the creation of a musical composition is the mourning for the loss and transition of the composer's self as well as the creative end-product of the mourning process; and has a new vitality of its own" (p. 435). The article elaborates this thesis with many fascinating historical references.

The Third Volume of *The Annual of Psychoanalysis* maintains the high standards and broad range of scholarly interest encompassed in the first two volumes. It even includes a chapter specifically addressed to psychoanalytic education. This reviewer would be remiss, however, if he failed to make the observation that many of the essays are slanted in what might be called a "Kohutian" direction. Readers will have to decide for themselves how this affects their value. In spite of this possible limitation, these volumes are making important contributions, not only for the enrichment of psychoanalysts, but since they include so many interfaces with other fields,

they should prove valuable as well for academicians in many related areas of study. Finally, it is a further tribute to the rich productivity, at present, of colleagues in Chicago that, of the twenty-one chapters, twelve originate in the Chicago area. We look forward to the fourth, and further Annuals edited by the Chicago Institute for Psychoanalysis.

JAMES F. BING (BALTIMORE, MD.)

FREUD'S 'PROJECT' RE-ASSESSED. Preface to Contemporary Cognitive Theory and Neuropsychology. By Karl H. Pribram and Merton M. Gill. New York: Basic Books, Inc., 1976. 192 pp.

This book should be looked upon as consisting of three separate essays written by two eminent experts from different fields. We are informed in the conclusion that somewhere between the inception and publication of this volume, the authors agreed to disagree about the validity of their enterprise. The theme that holds the book together is an examination of the general psychology that Freud formulated in his *Project for a Scientific Psychology,* but the manner in which this is carried out is uneven. The first three chapters are not so much a "re-assessment" as a re-interpretation of the *Project,* in which Pribram seeks to show that Freud's concepts regarding the operations of the brain in discharge and delay, memory, motive, and consciousness, when cast in the mold of information and control theory, are in keeping with some of the latest discoveries in neurophysiology.

The second "essay" consists of Chapters Four and Five, in which Freud's theories concerning the function of thought, dreams, sleep, and the primary and secondary process are carefully, and here nontendentiously, reviewed but again not, in my opinion, re-assessed.

Some reassessment of the *Project* does eventually take place in an excellent, but all too brief, epilogue. In this third section, it is convincingly demonstrated that the concepts of the *Project* were resurrected in Freud's subsequent writings in essentially unchanged, neurological form, in which they continued to serve as an explanation of mental processes, i.e., as a metapsychology.

The value of the book for the psychoanalyst lies in the organization it brings to the various topics dealt with throughout the *Project* in an often scattered and disconnected manner. This correlation is

marred in the first three chapters by Pribram's desire to convince the reader that Freud's conceptualization of the brain as stimulus-avoiding and energy-discharging was really the description of an error-correcting feedback and target-seeking feed-forward system in keeping with modern communication theory. This reviewer is wholeheartedly in agreement with the statement that: "In the light of the more modern view of the (feedback) mechanism, the emphasis in the *Project* and in later psychiatric literature on the overriding importance of discharge as the ultimate mechanism for restituting equilibrium is untenable and must be abandoned. In its place, we propose that any change in set point, or any change in the equilibration of the systems will produce an initial arousal followed by a process which 'readies' the organism to cope with this and similar disturbances of equilibrium that may recur" (p. 46).

Since Freud was describing a neurological network and since such an organization is now looked upon, thanks in great part to Pribram's pioneering neurophysiologic research, as functioning as a signal control system, it is no surprise that the *Project* can be understood in cybernetic terms. However, the mechanics of information and communication theory imply basic principles contrary to the energy discharge concepts advocated by Freud. It seems to me that Pribram's attempt to show that we can use the new mechanisms while maintaining the old principles is in error. There is a non sequitur involved in the implication that, because Freud was indeed a great neurologist and many of his speculations about the nervous system have been born out by modern neurophysiological research, we should therefore accept the energy concept of thinking. The first three chapters would be much more valuable if, in them, the authors —as they do in the next two chapters—had simply correlated and presented Freud's hypotheses and their implications regarding control, attention, consciousness, etc. Pribram's work and his revision of the *Project* belong in a separate chapter.

The much needed reassessment of the *Project* promised in the title never takes place because the fundamental *psychological* assumptions that Freud made in formulating his metapsychology are not questioned. It is stated apodictically that: ". . . the formulations of memory-motive mechanisms, attention, consciousness, and thought processes are as sophisticated as any available elsewhere and should therefore become part of the heritage of academic cognitive psy-

chology" (p. 11). This contention is problematic. These mechanisms are dependent on an underlying theory of perception, but the authors neither examine nor comment on Freud's treatment of perception as an essentially passive phenomenon in which images of objects are simply conveyed to the brain in some unexplained way. A number of objections to this naïve realism come to mind immediately. For example, Freud's equation of perception and consciousness, later called the System *Pcpt.-Cs.*, on which the reality testing mechanism is founded, is contradicted by the demonstration of so-called subliminal perception, as well as by Freud's own clinical findings to the effect that perception can take place without the benefit of consciousness. In the same vein, Freud's elimination of the distinction between perception and apperception is not dealt with at all. The now disproven theory of language formation as the union between object and word presentations is accepted without comment. These are only some of the main points of Freudian metapsychology that would have to be dealt with in a comprehensive "re-assessment" of the *Project*.

It is unclear how, after designating the *Project* a cognitive psychology and recommending it to the attention of all those psychologists who have been trapped by and dissatisfied with the reductionistic reflex theories of behaviorism, the authors can say: "We argue that the metapsychology is a neuropsychology that can be modified in terms of current neurophysiology. . ." (p. 10). It seems to me that they are confusing learning theory, a descriptive exercise which lays down the laws for the acquisition of knowledge à la Piaget, with the neurological substrate which makes learning possible. Metapsychology, as Freud used the term, refers to the general psychology which serves as a framework within which the findings of psychoanalysis regarding motivation and meaning of behavior can be arranged. This is not essentially a neurological concern.

In spite of its shortcomings this book belongs in the library of every serious student of psychoanalysis. Although not a substitute for reading the *Project* itself, it serves as an excellent guide to that condensed, rich, and complex work. Where one disagrees with the authors, one is challenged to defend a different point of view, a salutary exercise that enhances the project of mastering the *Project*.

MICHAEL FRANZ BASCH (CHICAGO)

THE BIPERSONAL FIELD. By Robert Langs, M.D. New York: Jason Aronson, Inc., 1976. 468 pp.

In this contribution to his ongoing studies of the psychotherapeutic process, Langs has used minimally edited, transcribed tape recordings of a series of ten teaching conferences for beginning psychotherapists. The therapist who worked with the patient presents process notes to Langs and the group of colleagues. This format allows an accurate presentation of the clinical teaching process through spontaneous and unrehearsed reactions of an experienced therapist (Langs). It also presents the reactions of relatively less experienced therapists to the clinical material of a case other than their own. Langs is able to demonstrate the nature of his thinking and internal responses to the psychotherapeutic interaction between patient and therapist. And it allows him to make a variety of predictions in regard to the subsequent unfolding of the clinical material and interaction, which can then be tested by the further presentation of the original clinical data. From this, the reader has an experience of participation in this clinical exercise and a view into the working mind of a sophisticated therapist.

Langs's major thesis is that an extremely important element of the therapeutic process is the interaction that occurs between the two participants within a structured and firmly established psychotherapeutic situation. He demonstrates repeatedly the conscious and unconscious contributions of the therapist to this interaction, sometimes with positive therapeutic impact and sometimes in directions which disrupt the boundaries of the therapeutic situation. He emphasizes the invasion of the process by countertransference forces within the therapist, which have disruptive impact on the patients and their reactions. Langs's emphasis on the interactional elements of the therapeutic process represents a significant step beyond the usual focus on the purely intrapsychic elements within the patient.

This format, however, also has a number of disadvantages. Inevitably, there is a large amount of redundance in his discussions of some of the basic concepts, which may seem somewhat tedious and unnecessary to the reader of this Quarterly. Frequently, Langs's extensive and complex reactions and clinical speculations are made on the basis of very small amounts of clinical data. Although this approach often enough proves to be accurate in Langs's own hands,

as a model for relatively inexperienced and unsophisticated therapists it could lead to "wild analysis" and undisciplined speculation and inference. In this connection, Langs seems to demand of beginning psychotherapists a level of sophistication and personal awareness that would challenge even the advanced psychoanalytic candidate who has already undergone an extensive personal psychoanalysis.

Most of these conferences are lengthy expositional statements by Langs himself, with minimal participation by either the therapist or the other members of the conference group. At times, his criticisms of the therapist's pathology and therapeutic technique seem unduly harsh (in view of the relative inexperience of these people). There is an element of dogmatism in Langs's own approach, particularly in his frequent interruptions of the clinical presentations, when he makes dire and absolute predictions or a public interpretation of a therapist's specific countertransference feelings or reactions. In other words, the model of a teaching/learning situation that is presented in these transcriptions is at variance with a number of theories of pedagogy.

In general, this reviewer's reaction is mixed. The basic issue of the bipersonal field, the therapeutic interactional processes, and their impact on the intrapsychic experience of the patient are valid and major contributions. On the other hand, the method and format by which these contributions are presented leave something to be desired, as do the techniques of teaching/learning which the volume indirectly demonstrates.

PAUL A. DEWALD (ST. LOUIS)

ADOLESCENT PSYCHIATRY, VOL. IV. Developmental and Clinical Studies. Edited by Sherman C. Feinstein and Peter L. Giovacchini. New York: Jason Aronson, Inc., 1975. 418 pp.

This annual is the fourth of a series of volumes sponsored by the American Society for Adolescent Psychiatry. The contributors are diverse—analysts, psychiatrists, a social worker, and even a novelist-rabbi. Since the writers come from different fields, several use provocative language, and perhaps because of the picturesque imagery that teenagers evoke, many papers make delightful and entertaining reading. For the most part, the authors use psychoanalytic terminology and thinking, and the volume as a whole provides a fine overview of adolescent phenomenology and dynamics.

Since the editors presume that the reader is well versed in analytic theory, they do not underline the basic psychology of normal adolescence. Most of the articles, in fact, must be understood in the context of normal development. The reader should know, at the very least, that the increase of drives at this age results in intensified and frightening oedipal derivatives which lead, on the one hand, to regressive, preoedipal longings and increased narcissism and, on the other hand, to new object-finding. New identity formation and personality reorganization normally characterize this stage. But the authors of some chapters describe patients in whom developmental arrest is so profound and involves attachments so distorted that one cannot confidently apply the term "oedipal" to the derivatives encountered.

Adolescents are indeed difficult to understand and diagnose. Perhaps this accounts for the variety of classifications offered in the book; i.e., the hesitant, delinquent, and manic-depressive types of Fritz Redl; the "yes," "no," and "maybe" types of E. James Anthony; the overappreciated child of Peter Blos; the concrete adolescent of Peter Giovacchini.

The book is divided into four parts: Adolescence: General Considerations; Developmental Issues and the Adolescent Process; Psychopathological Aspects; and Psychotherapy. Some of the chapters are not simply about adolescence per se, but concern "problems affecting all ages in our society." Robert J. Lifton writes about the loss of traditional means of attaining a sense of immortality. A "protean style" appears to cope with the alienating loss of faith in the web of images, rituals, institutions, and material objects that comprise a culture. The protean style, which involves interminable series of experiments and explorations, is related (although Lifton does not say so) to narcissistic regression, loss of ego boundaries, and what Pumpian-Mindlin has called omnipotentiality (the adolescent feels capable of anything and hence cannot make a commitment).[1] Lifton's Proteus often makes a commitment to new societal forms and thought, a reflection of adolescent rejection of parental attachment and a search for a new autonomous identity. Lifton uses analytic insights, but he could increase the value of his fresh

[1] *Cf.*, Pumpian-Mindlin, E.: Vicissitudes of Infantile Omnipotence. In: *The Psychoanalytic Study of the Child, Vol. XXIV*. New York: International Universities Press, Inc., 1969, pp. 213-226.

perspective by including more clinical analytic findings.

Otto Kernberg observes that many psychic constellations attributed to adolescence are actually narcissistic and borderline pathology with potent antecedents in early childhood that will retain their influence into adulthood. Serious superego defects, for instance, do not result simply from the normal partial, temporary supergo dissolution of adolescence but have been demonstrably present previously. In his opinion, identity diffusion is a serious pathological narcissistic state, while an unconventional life style or morality need not signify pathology. The clinician must carefully examine the patient's capacity for guilt and his or her concern for lasting nonexploitive relationships in order to determine the presence or degree of disturbance. Kernberg notes that adult envy of adolescence may interfere with assessment, which is difficult in any case.

Edgar A. Levenson, Arthur H. Feiner, and Nathan N. Stockhamer have written a contentious article that seems replete with paradoxes and contradictions. They claim that adolescence does not exist, that descriptions of this stage "politicize" patients when the therapist insists that teenagers change their "wrong," "sick," or "immature" behavior. Further, they say, emphasis on developmental sequences leads to insidious caricaturing of adolescence. They insist that there is little in the way of therapeutic technique specific to this age group. Nevertheless, throughout their article they describe the traits of adolescence, point to its biological base and cultural determinants, and note specific problems the therapist must deal with. Despite their argumentative attitudes and style, their conclusions about the importance of wedding technique to understanding of the person rather than to formulae are, to a great extent, sound and not as revolutionary as they believe.

The second section—on adolescence as a developmental process—starts with Phyllis Greenacre's study of aspects of development from infancy to adolescence. Descriptions of bodily experiences and changes in self-representation are complemented by discussion of the revolutionary movement of the last decade. Adolescent behavior in times of unrest magnifies the disruptions and imbalances of adolescence present during less turbulent times.

Daniel and Judith Offer, using clinical interviews, psychological tests, and information from parents and teachers in their research design, challenge certain psychoanalytic concepts of adolescence.

Only twenty-one per cent of their middle-class male subjects underwent "tumultuous growth" such as analysts have described as typical. Another twenty-nine per cent followed a path of "continuous growth"; they adopted their parents' values and style with relatively little conflict, depression, anxiety, or superego disruption. Another thirty-five per cent experienced "surgent growth" characterized by developmental spurts. Cycles of progression and regression were frequent in this group. Offer and Offer decline to judge the potential for health of these three routes from childhood to adulthood.

Rudolf Ekstein's chapter is about the development of play, but adolescence is not referred to at all. In a playful way, he presents his associations to lithographs in his own consultation room. Without attempting to be systematic, he introduces the reader to the many aspects of play—from that involved in the child's discovery of self and object to an adaptive derivative of play in the work of adults. Erwin R. Smarr and Philip J. Escoll pick up where Ekstein leaves off and, in a more systematic way, consider the work ethic of adolescents and adults. They note that failure to "resolve adolescence" may result in an inability to work which is rationalized by philosophical and political arguments.

In the chapters on psychopathology, the difficulty in differentiating a normal tumultuous adolescence from mental illness once more appears, but the emphasis is on clear-cut disturbances. H. Frank Brull confirms the findings of Wieder and Kaplan[2] who have distinguished between a placebo effect and the use of particular drugs to achieve particular psychopharmacological results. Psychological addiction, he adds, is "a function of specific memories of early childhood, in terms of parental introjects, that . . . the drug stimulates." One boy, a dealer, competes with and identifies with his father, a banker. Another client, a depressed adolescent, needs amphetamines to create a sense of well-being in which he enjoys argumentation. Another uses methaqualone to experience loving, warm, infantile feelings.

The section on psychotherapy especially appealed to me because most of the authors provide clinical material which clarifies the actuality of adolescent processes. E. James Anthony reveals his de-

[2] *Cf.*, Wieder, H. and Kaplan, E. H.: Drug Use in Adolescents: Psychodynamic Meaning and Pharmacogenic Effect. In: *The Psychoanalytic Study of the Child, Vol. XXIV*. New York: International Universities Press, Inc., 1969, pp. 399-431.

lightful capacity to view familiar clinical phenomena in a fresh light. He breathes life into usually boring or irritating sorts of clinical encounters and helps us to approach certain difficult patients expectantly, looking toward new discoveries. Certain adolescents are classified here as "yes" or "no" adolescents, i.e., spiritless, acquiescent souls or totally rebellious and oppositional teenagers. The analyst, he says, must, in the early stages of treatment, avoid interpretation and instead tolerate the establishment of a neutral area between yes and no. He must avoid antagonistic confrontation which will duplicate parent-child battles or compliance. Peter Blos, in discussing Anthony's paper, describes another type of adolescent—one who needs continuous reassurance and stimulation from outside himself to maintain a feeling of elation and to dispel dismay. Unlike Anthony, Blos locked horns with his narcissistic patient and insisted that he refrain from drug use. When the patient eventually confessed that he had not adhered to his agreement, Blos terminated the treatment in a manner beneficial to the patient.

Like Anthony, Peter L. Giovacchini underlines the importance of the therapist's self-observation. He describes two patients whose procrastinations tried the analyst's patience. In one, procrastination was a manifestation of a psychosocial moratorium during which personality reorganization and the construction of an autonomous identity were taking place. In a second, the patient was reliving an infantile state of helplessness and paralysis, maintaining a symbiotic attachment to her mother. Giovacchini states that this patient "projected her inertia into me and I could not stand it." I found this Kleinian shorthand misleading; however, in another section he states more correctly that she manipulated him in order to evoke certain feelings.

L. Bryce Boyer describes in terrifying detail the suicide attempt of a schizophrenic adolescent identical twin who reacted to impending separation from his analyst with hallucinations. Believing that God told him to kill himself, he engineered a bizarre automobile accident which he somehow survived. Ekstein, in his discussion of this case, asserts that whereas neurotics act out trial thoughts which are organized by secondary processes, psychotic acting out must be understood as trial thought expressed in the language of primary process thought disorder. Boyer eventually instituted "psychoanalysis," in which the patient lay on the couch and was seen four times

a week. The family engaged in conjoint treatment, and the patient received tranquilizers administered by a psychiatrist who had served as administrator while he was hospitalized. Ekstein emphasizes that psychotic patients like this one require techniques to help them strengthen object and self constancy, the adaptive use of defenses, reality testing, and secondary processes. However, I share the skepticism of George H. Klumpner, who differentiates analysis from psychotherapy more rigorously than Boyer and would disagree with the assertion that Boyer's patient was in analysis.

It must be evident from this sampling that the range of articles will interest readers already versed in the protean manifestations of adolescence as well as other aspects of development, pathology, and therapy. There is also much that should stimulate less sophisticated readers—especially if they place the articles in a theoretical framework by first reading an introductory paper, such as Anna Freud's classic, "Adolescence."[3]

JULES GLENN (GREAT NECK, N.Y.)

THE INDEX OF SCIENTIFIC WRITINGS ON CREATIVITY. GENERAL: 1566-1974. By Albert Rothenberg, M.D. and Bette Greenberg, M.L.S. Hamden, Conn.: The Shoe String Press, Inc., 1976. 274 pp.

This book, together with *The Index of Scientific Writings on Creativity: Creative Men and Women* (published in 1974), provides a comprehensive and interdisciplinary bibliographic coverage of the indexed world literature on the subject of creativity. The current work includes publications from 1566 A.D., the earliest catalogued writings of a philosophical nature, to present-day writings in the natural, administrative, social, and medical sciences, as well as those of more specifically psychological and psychoanalytic orientation.

The volume under review here contains 6823 citations listed in two columns on 222 pages. The format is aesthetically pleasant and the type, although small, is very clear and easy to read. The actual indexing of citations is arranged in eight major categories: Creativity—general; Creativity and Psychopathology; Developmental stud-

[3] *Cf.*, Freud, A.: Adolescence. In: *The Psychoanalytic Study of the Child, Vol. XIII*. New York: International Universities Press, Inc., 1958, pp. 255-278.

ies; Creativity in the fine arts; Scientific creativity; Creativity in industry, engineering and business; Creativity of women; Facilitating creativity through education and other means. Entries are arranged alphabetically according to author within each category and subcategory. An author and subject index following the main bibliography greatly facilitates finding a particular entry.

The work is well done, a carefully and accurately conceived bibliography representing superior scholarly efforts in the specific topic of creativity. Careful criteria for inclusion and categorization in the *Index* are spelled out by the authors. Within the basic framework of their organization they have refrained from value judgments about the merits of a particular publication.

Inherent in every bibliography or index are basic questions about the inclusion of certain references and the omission of others. In this respect the present work is no exception.

Since the orientation of this Quarterly is primarily psychoanalytic, I thought it would be useful to assess the effectiveness of the coverage of this bibliography on the basis of the authors' inclusion of publications *on* Freud as a creative man, and those *by* Freud on the diverse facets of creativity. For this study I considered both volumes of this *Index* as a unity.

In accordance with the authors' criteria for inclusion in the first volume, *Creative Men and Women,* Freud is not among the personalities considered. In the second volume, there are nine articles *on* Freud and creativity listed in the subject index. However, such works as Ernest Jones's biography and Max Schur's *Freud Living and Dying,* both of which relate Freud's creative theoretical formulations to his biography, are omitted. Nor could I find listed other articles *on* Freud and creativity, such as those by Meerloo, Niebuhr, Kapp, Burke and De Voto.

The volume, *Creative Men and Women,* records a number of publications *by* Freud including his works on Leonardo da Vinci, Dostoevsky, and Goethe. Also indexed are his purely applied analytic papers in which the personality or dynamics of the creator himself is not particularly considered: two papers on the Moses of Michelangelo; *Gradiva* by Jensen; the "Theme of Three Caskets" and his letters to Schnitzler. A separate reference is given to Hamlet and Oedipus (a brief discussion in *The Interpretation of Dreams*). Elsewhere, a citation is given to Freud's paper, *Some Character-Types*

Met with in Psycho-Analytic Work, in which he discusses Shakespeare's Richard III, Lady Macbeth, and Rebecca West, Ibsen's character in *Rosmersholm.* The editors include a reference to *Richard III* in the *Index,* but have omitted the reference to Lady Macbeth who occupies a central position in Freud's paper. Moreover, the reference to Rebecca West is erroneously given as "Dame Rebecca West, *pseud.,* 1892—." The editors seem to have misidentified Ibsen's fictional character as the British writer, Dame Cecily Isabel Fairfield, born in 1892, who uses "Rebecca West" as her pen name. The coverage of Freud's papers on applied psychoanalysis includes neither the one on Conrad Ferdinand Meyer's *Die Richterin* nor that on *Die Hochzeit des Mönchs* which, after all, were his earliest ventures in this realm.

In the more recent volume, *General: 1566-1974,* eleven of Freud's publications are listed. However, only six are recorded in the subject index. Although reference is made to *Civilization and Its Discontents,* none is made to *Moses and Monotheism.* Included are references to brief discussions on art, aesthetics, and artistic creativity in: "The Artist" (which is not a paper but the last paragraph in the twenty-third lecture in *Introductory Lectures on Psychoanalysis*); "The interest of psychoanalysis from the point of view of the science of aesthetics" (a page from *The Claims of Psycho-Analysis to Scientific Interest*); and "On neurosis and artistic creativity" (two pages from the Worcester Lectures).

The "General" section of this second volume contains a reference to Nelson's edition of Freud's *On Creativity and the Unconscious,* a reprint of Freud's papers on applied psychoanalysis from the fourth volume of the *Collected Papers.* It is not clear why Rothenberg and Greenberg selected only the Nelson edition for inclusion in their bibliography, excluding the fourth volume of the *Collected Papers* itself. Nor is it clear why the papers in the Nelson edition are not indexed separately, by title, with the appropriate reference given to the *Standard Edition.* Listing some of the papers individually and omitting others is rather inconsistent.

Despite the questions I have raised, however, I would recommend *The Index of Scientific Writings on Creativity* as a useful bibliographic instrument for the particular subject.

ALEXANDER GRINSTEIN (BIRMINGHAM, MICH.)

HAMLET'S ENEMY. MADNESS AND MYTH IN HAMLET. By Theodore Lidz. New York: Basic Books, Inc., 1975. 258 pp.

This recent study of *Hamlet* combines two major psychoanalytic views: Freud-Jones and Frederick Wertham, or the Oedipal and Oresteian theories, emphasizing respectively patricidal and matricidal motives. Hamlet's struggle, as Lidz sees it, is to resist his matricidal impulse and attempt to rehabilitate his mother, rescuing her from the heinous sin of marrying Claudius. Lidz widens the basic oedipal scheme to include many other triangular relationships, within and without the family, conveniently diagrammed on a chart of congruent triangles (p. 16).

Lidz maintains the conventional and unexamined assumption of much psychoanalytic criticism that literary characters are not distinct from real persons. His sentences typically take the character Hamlet as their subject and proceed to analyze his psyche, personality, motives, past history, future hopes. Although at one point Lidz admits that "we know nothing of Hamlet's early childhood" (p. 199) —implicitly assuming that it is only the knowledge and not the childhood that is absent—a few pages later he wonders if the Dane's melancholy derives from Gertrude's inattention "when he was a toddler" (p. 222). The author of *The Person* (1968)[1] concludes that "like all persons, male and female, [Hamlet] had experienced a narcissistic blow in childhood." Ernest Jones also invented a childhood for Hamlet, and others have further elaborated the fictitious history. I keep hoping that psychoanalytic criticism will get beyond this sort of unacknowledged projection: perhaps then analysts could talk less about Hamlet and more about *Hamlet*.

The book is packed with paraphrase and plot summaries. Part One follows a format of retelling highlights from Act One to Act Five: a pastiche of paraphrase and unanalyzed quotation, separated into brief sections and introduced by headings that read like the bottom lines of silent movies ("Hamlet in Deep Mourning," "Hamlet Suffers Two Serious Traumas," "Polonius Orders Ophelia to Avoid Hamlet"). Part Two is taken up with summary narrations of myths, legends, Norse saga, previous drama—all background sources for *Hamlet*. This material has been available for decades; its repetition adds little to Lidz's book.

[1] Reviewed in This QUARTERLY, XXXIX, 1970, pp. 483-485.

Yet perhaps these retellings have another function, the same function that Lidz assumes they serve in a culture. That is, Lidz understands myth and drama to provide superego warnings to members of a group (culture, society, family)—warnings of the dangers and penalties that follow any violation of "the basic rules" (p. 6, p. 224). Tragedy teaches us a lesson by repeating the unhappy fate of those who violate taboos, break rules, or succumb to basic impulses which Lidz sees as very base indeed (rebellion, murder, incest). Because modern society is again threatened by similar baseness—values collapsing, parents ignored, social constraints questioned—"it may be time," Lidz suggests, "to listen to myths again" (p. 191). So he retells them for us. As Murray Schwartz has pointed out in a previous review,[2] Lidz uses *Hamlet* and similar stories as cautionary tales, superego warnings of the results of imbalance and fragmentation within family or society: "Marriage declines, divorce increases . . .; the society totters" (p. 225).

Here is what seems to me to be the real motive and subject of Lidz's book. He is much less concerned with analyzing Hamlet or *Hamlet* or madness or myth than he is with insisting on the need for contemporary psychoanalysis to pay strict attention to present intrafamilial relationships in individual therapy. *Hamlet* is an occasion, an excuse for an ideological polemic. Part Three is entitled "Hamlet's Implications for Psychoanalytic Psychology," and it seems the focal point of the book. Yet the polemic is strangely anachronistic. Lidz argues with psychoanalytic theory as though Freud stopped writing in 1920 and no later theorists followed. There are practically no references to post-Freudian theory or to recent psychoanalytic readings of *Hamlet,* with the minimal exceptions of a bare nod in K. R. Eissler's direction (p. 232) and a quick glance at Erikson (p. 23). (Significantly, Lidz's edition of *Hamlet* was published in 1877, and his scholarly information comes almost entirely from the footnotes to that edition.) Lidz's avowed theoretical intent is "to release psychoanalysis from its rigid focus on instinctual patterns" (p. 211). In theory, such a release was effected long ago. Evidently, Lidz sees the problem remaining in contemporary practice. Perhaps he's right: many practicing analysts may be unwilling or unable to incorporate recent theoretical developments in their work.

Yet while Lidz complains about psychoanalysis and its "rigid focus

[2] *Cf.*, review in Contemporary Psychology, XXI, 1976, pp. 491-492.

on instinctual patterns," I find the remark more applicable to his book than to modern theory. One dominant style of Lidz's writing and thought is precisely a "rigid focus on patterns." His favorite analogies are geometric: triangles, the classical style in art, baroque music and its "fugue-like intertwinings." To describe the movement of theme and countertheme in the play, Lidz stresses the metaphor of the scale or seesaw: "The structure of *Hamlet* balances on the fulcrum of the death of Polonius" (p. 18). *Balance* is the key word for Lidz. His continual emphasis is on equipoise, structured orders of proper relationships—an emphasis which underlies his fundamental idea of the family as a *unit* in which *stability, order,* and *harmony* are essential goals. Structure, not readiness, is all. Such an idea supports Lidz's occasional moralistic and prescriptive tone, as when he lists threats to social order, or claims that "the child properly needs two parents" (p. 213), or argues that Ophelia's imbalance proceeds from her inability to make "the essential transition from daughter to wife to mother" in order "to find fulfillment in marriage" (pp. 216-217).

In brief, Lidz's book on *Hamlet* is an occasion for an anachronistic conservative polemic. The social superego—that benign, wise, moral counselor (pp. 225-226)—needs once again to be heard. (Imagine Hamlet, listening to the Ghost's chilling commandment to homicidal revenge, agreeing with such a benign image of the superego!) To rephrase Freud, it seems that Lidz's motto is, "Where id was, there shall superego be." Shelley once made the astonishing claim that "poets are the unacknowledged legislators of the world" (*A Defence of Poetry,* 1821). Are psychoanalysts the unacknowledged superegos of the culture?

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ABSTRACTS

Psyche. XXXI, 1977.

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

Identify and Self-Understanding of the Psychoanalyst. Helmut Thomä. Pp. 1-42.

Scientific, historical, sociopsychological, professional, and political factors have raised the question of identity within psychoanalysis. This subject is traced back by Thomä to certain essential aspects of the revolutionary scientific paradigm (in Kuhn's sense) that Freud created: the introduction of the subject as participant observer and the "personal equation," elaborated as allegiance to psychoanalytic schools. The identity theory of E. H. Erikson and its conceptual dimensions explain why disciplinary problems have been linked with the concept of identity in psychoanalysis. By reference to current controversies surrounding theories of narcissism and of the self, the author outlines how "group identities" have come into being. Because of their emotional rootedness, these complicate rational clarification and a psychoanalytic "normal science."

The Analyst Dreams about His Patient: Are There Typical Countertransference Dreams? Ralf Zwiebel. Pp. 43-59.

The author describes two typical countertransference dreams and their diagnostic-therapeutic function. The first dream ever to be systematically analyzed by Freud—the dream about Irma's injection—was a countertransference dream. Nevertheless, these rare and intense dreams of the doctor about the patient, which occur during difficult phases of the analytic process, have been totally ignored in the psychoanalytic literature.

Psychoanalytic Observations on Franz Kafka. Margarete Mitscherlich-Nielsen. Pp. 60-83.

The author investigates the effect of typical traumata upon the development of Kafka's talent. The early death of his two brothers and the ensuing depressive reaction of his mother marked the beginning of his neurotic development. He experienced lifelong anxiety and loneliness, inner emptiness, and sadomasochistic fantasies. His efforts to sustain lasting relationships with women failed because he was engaged in a utopian quest for a mother who would understand everything, admire, and protect him. He found relief and satisfaction only in his writing, in the literary formulation of his anxieties and desires, in the creation of communication with potential readers.

The Psychoanalytic Theory of Infatuation and Plato. Ernst-Konrad Specht. Pp. 101-141.

Freud's theory of infatuation, which is closely tied to the assumption of "primary narcissism," is compared with Plato's mythological interpretations of Eros (in *Symposium* and *Phaedrus*). In line with M. Balint and others, the author develops a concept of narcissism which differs from Freud's and Ferenczi's theory in that it avoids the solipsistic approach as well as the myth of paradise. (Narcissism presupposes the subject-object separation; the yearning of infatuation is not for the return to a condition of unity of subject-object already experienced, but for the realization of a wishful fantasy generated by the experience of separation.) Psychologically, the subject comes into being (at the same time as the object) on an experiential matrix in which this separation already exists "objectively," but not as yet for the experience of the subject about to be constituted.

On the Theory of Countertransference. Michael Lukas Moeller. Pp. 142-166.

Extending the work of H. Deutsch, H. Racker, and A. Green, the author pursues the interactional implications of the theory of transference and countertransference. The patient's representation of a relationship, reflecting the specific relation between self- and object representations, is actualized in the psychoanalytic treatment. If a therapeutic relationship is to be established, the therapist must make a twofold trial identification with the self- and object representations which the patient conveys. In the psychoanalytic literature, discussions of countertransference emphasize the object, that is, parent reactions induced in the therapist in response to patient (=child) transference. Moeller accounts for this distribution of roles as serving a relief function.

The Two Dimensions of the Psychoanalytic Approach to Structurally Ego-Defective Patients. Peter Fürstenau. Pp. 197-207.

Fürstenau distinguishes two therapeutic traditions: (a) the classical treatment technique for neurotic disturbances, in which the ego is more or less intact, and (b) the more active, supportive procedure, beyond confrontation and interpretation, which is appropriate to structural ego defects and in which the analyst functions as contact agent and auxiliary ego for the patient. The author believes that, in treating patients with structural ego defects, a "praxeological" integration of these two attitudes is optimal for the development of the psychoanalytic process.

Discussion of Peter Fürstenau's Paper, "The Two Dimensions of the Psychoanalytic Approach to Structurally Ego-Defective Patients." Hermann Argelander. Pp. 208-215.

In reaction to Fürstenau's plea for a broadening of psychoanalytic "praxeology," Argelander comments critically that the supportive dimension of therapy, which concentrates on the real relationship, cannot be separated from the

"classical" one, and that the two-dimensional scheme is not commensurate with the complexity of clinical experience.

Comments on the Subject of Ego Transformation, Ego Defects, and Psychoanalytic Technique. Wolfgang Loch. Pp. 216-227.

After introductory remarks on the concept of the ego, the author discusses specific procedures which psychoanalysts must employ if they wish to deal therapeutically with ontogenetically very early ego defects and with the dimension of the primary unconscious. Since these techniques do not represent a contrast to the classical ones, but rather deepen them, the author advocates a uniform technique in reference to the contributions by Fürstenau and Argelander.

Problems of Competency in Psychoanalytically Oriented Student Counseling. Rainer Argelander. Pp. 246-262.

Experiences in the field of psychotherapeutic student counseling have led the author to question psychoanalytic competency in this field. In dealing with the psychosocial problems (experiences of alienation, work disturbances, interpersonal difficulties), to which students react with denial, apathy, or protest, the analyst feels the need to try out appropriate methods of therapy (self-analytic groups; workshops; noninterpretive therapeutic interventions as described by Main; Balint-groups, etc.) and, beyond these, to acquire a quasi-political action competency which is partially incompatible with analysis.

Psychoanalysis and Psychotherapy in Japan. Akira Kawada. Pp. 272-285.

The author sketches the reception of psychoanalysis in Japan before and after World War II with special regard to the accomplishments of the "pioneers," the medical group surrounding the psychiatrist Marui and the nonmedical group around Otsuki. With some exceptions, psychoanalytic therapy has not taken hold despite the Americanization of Japan of the last thirty years. The nonindividualistic culture, shaped by Japanese Buddhism, has developed the ideal of the harmonious integration of the person into the group, society, and nature. This culture is alien to psychoanalysis which is oriented toward individual autonomy and thus characteristically occidental. This view is supported by the typically Japanese *morita* and *naiken* therapies as well as by the "Buddhist school" of psychoanalysis.

Is the "Psychosomatic Structure" of the French School Syndrome-Specific? Johannes Cremerius. Pp. 293-317.

Following a period of lively psychoanalytic interest in psychosomatic illnesses, a phase of skepticism has taken over. Beginning about 1960, a group of French authors (David, Fain, Marty, and de M'Uzan) has postulated a specific personality structure for the psychosomatically ill without consideration of the problem of etiology. Cremerius asserts that this "psychosomatic structure" is not syndrome-specific and that it is not "primary." On the basis of his own experience, illus-

trated with case outlines, he argues that the French authors' patient selection and the examination situation arranged by them largely determine the phenomenon of the "psychosomatic structure."

On the Psychology of the Psychosomatically Ill. Michel de M'Uzan. Pp. 318-332.

The author describes a certain type of psychosomatic patient who is conspicuous because of his incapacity for free fantasy. M'Uzan and his co-workers have designated the peculiarities of this type with the term "operative thinking," namely, a neutralized relationship to the therapist as well as to other people in the environment (*"relation blanche"*), schematic thinking, definitive victory of the reality principle, dreamless concretism. "Operative thinking" frequently precedes and heralds the appearance of somatic disturbances.

Psychic Deficiency or Generative Ego Achievement. Gerd Overbeck. Pp. 333-354.

Addressing himself to methodological and phenomenological-substantive issues, Overbeck argues against the tendency to identify psychosomatic illnesses with the *"pensée operatoire"* of "alexithymia," that is, with physiopathological, meaningless reactions occurring on the basis of defective ego organization. With K. Brede and other authors, Overbeck advocates the counterthesis that psychosomatic symptoms are the products of meaningful and original ego achievements in the medium of a differentiated body and organ language.

Obsessive-Compulsive Neurosis: The Significance of Object Distance in Treatment. Menachem Amitai. Pp. 385-398.

In agreement with M. Bouvet, the author believes that the main problem in the psychoanalytic treatment of obsessive-compulsive neurotics is their compulsive guarding of distance to the object in reaction to any intensification of social contact. These patients' enormous need for distance largely precludes direct interpretations in the first stage of treatment. At this time, the therapist can merely respect the patient's qualities, demonstrate freer modes of behavior, and reflect the patient's projective defense. After the reduction of the defense symptomatology there follows a usually brief phase of transference neurosis.

The Case of Anna M.: Report on a Therapeutic Attempt. Lo Gerber. Pp. 417-449.

This report concerning a psychologist's work with a patient who had been hospitalized for many years shows that the rigid mask of the so-called "schizophrenic defect" is a psychic deficiency syndrome and that the patient's individuality is revived by care and devotion. Early abandonment played a decisive role in the history of the patient, Anna. Unfortunately, not all of the psychoses can be cured by tender loving care.

Regressus ad Superos: A Twenty-Year Follow-Up of an Analytically Treated Case of Schizophrenia. K. W. Bash. Pp. 450-456.

In 1957, the author reported on a psychoanalytically treated case of schizophrenia in this journal. He has succeeded in regaining contact with the patient after two decades, during which time she had remained well, thus creating a rare opportunity for a follow-up. Bash points out the indubitable significance of the analysis for the favorable course of the illness. He also discusses the astonishing phenomenon of the patient's having "forgotten" the themes of dreams which occupied the center of the analysis.

The Ego and the Mechanisms of Adaptation. Paul Parin. Pp. 481-515.

The "ethnopsychoanalytic" study of personalities belonging to different cultural areas and the attentive analysis of socially relevant attitudes in the classical psychoanalytic setting in Europe gave way to a renewed approach to ego psychology. Under the impact of social influences, mechanisms if adaptation are established which function automatically and unconsciously and provide a relative stability to the ego structure. The description of three different mechanisms—called group-ego, clan-conscience and identification with the (social) role—is mainly based on genetic and dynamic considerations. The vicissitudes, the functions, and the deteriorations of these mechanisms are discussed. The spread of narcissistic disorders in today's industrial society may be derived from an increment of identifications with the role and a resulting overemphasis of narcissistic needs.

Journal of Nervous and Mental Disease. CLXV, 1977.

Psychoanalysis as Science. Its Boundary Problems, Special Status, Relations to Other Sciences, and Formalization. Marshall Edelson. Pp. 1-28.

In this critique of psychoanalytic theory and the impact upon it of other scientific disciplines, Edelson calls for the formalization of psychoanalytic theory. He is convinced that we do not need more data at the present time; that mere collections of more data will not be productive. Formalization is required to extricate the theory from scientific stagnation. Among the suggestions for such formalization is the view that psychoanalysis is not a theory of interpersonal or object relations. The author anticipates strong disagreement with his proposals.

Freud and Hypnosis: An Epistemological Appraisal. Léon Chertok. Pp. 99-109.

In spite of Freud's successive theories of hypnosis, the essence of the phenomenon remains elusive, in much the same fashion as we remain in relative ignorance of the relationship between mind and body in such situations as conversion and psychosomatic reactions in general. We can perhaps detail *why* such symptoms come about, but not *how* they are realized. While the historical details of various stages of Freud's explanations of hypnosis are familiar to most analysts, Chertok provides a service in closely relating them to the development of psychoanalytic

thought—for example, the concepts of sexuality, transference, the role of the primal father and his sons, and the mind-body problem.

Neuropsychiatry and Neuropsychology. Karl H. Pribram. Pp. 375-380.

This paper is essentially a summary of the contents of the 1976 book by Pribram and Merton Gill dealing with their evaluation of Freud's *Project for a Scientific Psychology*. The author is interested in establishing a neuropsychiatry in which an intimate knowledge of brain function is relevant to the concerns of the practitioner in psychological and behavioral disorders. The bulk of the summary is concerned with providing neurological definitions for concepts of psychoanalytic theory, such as psychic energy, primary and secondary processes, affects, and defensive functions. Pribram views the *Project* as a "Rosetta Stone" that allows operational neuropsychological definitions of many of the concepts that have guided psychosocial psychiatry. How closely this goal is realized, however, is impossible to judge from this necessarily much abridged presentation.

Book Review: The Mind-Body Problem Revisited—Commentaries on "Freud's 'Project' Re-assessed" by Karl H. Pribram and Merton Gill. Pp. 427-441.

This is an interesting compendium of critical essays to be read in conjunction with Pribram's paper. It includes comments by a psychoanalyst (Charles Brenner), two psychobiologists (Robert G. Grenell and Enoch Callaway), and a philosopher (Judith Farr Tormey). Brenner points out that the authors have approached the *Project* as a relevant scientific contribution rather than as a document of historical interest. Their view is that Freud attempted to explain his recent discoveries by applying established findings from neurophysiology to psychic phenomena. Brenner feels that Freud's attempt went in exactly the opposite direction, and that the facts in the *Project* were the psychological ones.

Grenell discusses the author's attempts to reconcile certain psychological and biological issues and applauds their efforts, but feels that conceptual problems interfere with their success. Dr. Calloway points out the differing aims and conclusions of each of the two authors: Gill wishes psychoanalysis to be freed of attachment to natural science, while Pribram feels that the two can be made compatible. Tormey deals with the mind-body issue, giving an interesting brief history of the problems in differentiating the mental from the physical. She strongly suggests that the book does not deal satisfactorily with the large, over-all conceptual issues, but is rather rich in suggestions of certain points of connection.

HAROLD R. GALEF

American Imago. XXIV, 1977.

King Kong: A Myth for Moderns. Mark Rubinstein. Pp. 1-11.

Rubinstein explains the enduring appeal of *King Kong* on the basis that it is a myth containing universal themes from our individual and collective heritages. He contends that Kong is a totem animal symbolic of the primal father.

James Jackson Putnam: Philosophy and Psychoanalysis. David S. Werman. Pp. 72-85.

Putnam played a significant role in establishing psychoanalysis in the United States through his courageous advocacy in medical circles. However, his efforts to attach his ethical and religious ideas to analysis were, of course, not accepted by his fellow analysts.

Albert Camus: Revolt against the Mother. Arthur Sherr. Pp. 170-178.

Camus's father was killed in a battle a few months after his birth, and his mother was an illiterate rendered deaf and almost mute by a childhood illness. While she worked as a charwoman, Camus was raised by a harsh and domineering grandmother. Sherr contends that Camus was conflicted over his feelings of rebellion against and hatred for these women. Further, he finds this conflict expressed in *The Stranger:* Meursault's crime is understood as a liberating matricide for which he is willing to accept the punishment of death.

Marcel Duchamp: Fantasies and Symbolism. Eleanor Jagoda. Pp. 205-223.

Jagoda, with some success, seeks to show that the fantasies underlying Duchamp's work are organized around two themes: looking and not seeing and images of a man and woman fused. These themes arise from castration anxiety precipitated by the sight of the female genitalia. The *Large Glass* and the *Étant Donnés* are considered in detail while some of his lesser works receive passing attention.

Arthur Schnitzler's "The Last Letter of a Litterateur": The Artist as Destroyer. Ursula Mahlendorf. Pp. 238-276.

Mahlendorf studies the artist hero who cannot feel and consequently cannot achieve his creative potential, a frequent character in Austrian, German, and Swiss fiction between 1890 and 1960. Taking Schnitzler's novella as her example she seeks to show that at the heart of these works there is an oedipal drama. The youthful artist protagonist whose creative failure connotes impotence is the son; his mistress is the mother; her older male protector is the paternal antagonist.

Yeats and the Steinach Operation. Virginia D. Pruitt. Pp. 287-296.

In 1934, sixty-nine years old and depressed over his physical and creative decline, Yeats submitted to the Steinach operation (vasectomy), widely heralded at the time as a procedure which would significantly increase sexual vitality and general well-being. Following the operation Yeats experienced improved disposition, increased physical vigor, and a return of his creative powers. Pruitt, addressing the psychogenic effect of the procedure, points out that throughout his life Yeats had been drawn to occult, magical movements, such as theosophy, the Hermetic Students of the Golden Dawn, and astrology.

Proust's Draft Copy-Books: Sketches of his Dreams. Claude Gandelman. Pp. 297-312.

Gandelman explores the bisexual themes suggested by the sketches of dreams which appear among the doodles scattered in the draft copy-books of *La Recherche*. The article contains reproductions of eleven of the drawings.

Faulkner's "The Sound and the Fury": Object Relations and Narrative Structure. M. D. Faber. Pp. 327-350.

Faber presents a detailed study of Quentin's dynamics. He finds evidence of early oral trauma with consequent fixation at that level. There is a desperate attachment to the mother which, in spite of displacement to the sister, prevents successful resolution of phallic-oedipal conflicts. Quentin's suicide is multiply determined, at the same time a punishment of and reunion with the mother, an atonement for incestuous impulses, and a flight from homoerotism.

JOSEPH W. SLAP

Revista de la Sociedad Colombiana de Psicoanálisis. II, 1977.

The Eye of the Mother as Part Object. Guillermo Ballesteros Rotter. Pp. 27-52.

A fantasy of one of his patients, in which a breast was transformed into an observing eye, awoke Rotter's interest in the meaning of the visual function, the origin of its pathological vicissitudes, and the role that visual representations play in psychic functioning. He quotes different writers on this subject, particularly Fenichel who stated clearly that the eye is unconsciously equated with the mouth. The eye may also represent the penis, with its penetrating characteristic, and the vagina in the sense of being penetrated. In looking, both the libidinal and destructive impulses of an oral nature may be expressed.

Rebeca Grinburg has indicated other meanings of the act of looking, such as to dominate, control, criticize, tease, separate, defecate, and urinate. Spitz, Ribble, and Gough described the constant visual relationship between the baby and the mother which is related to the breast-feeding process. From the perspective of this theoretical background and his clinical data, Rotter hypothesizes that at some point during the development of the child, the eyes of the mother acquire the meaning of part object in the Kleinian sense, being invested with oral drives displaced from the mouth-nipple equation. Her eyes become a sort of intermediate object of the displacement from the primitive part object breast to, ultimately, the penis. The author also follows Melanie Klein's formulations in his understanding of the role of vision in ego and superego development.

JORGE STEINBERG

American Journal of Psychiatry. CXXXIV, 1977.

The Neurobiological Origins of Psychoanalytic Dream Theory. Robert W. McCarley and J. Allan Hobson. Pp. 1211-1221.

The Brain as a Dream State Generator: An Activation-Synthesis Hypothesis of the Dream Process. J. Allan Hobson and Robert W. McCarley. Pp. 1335-1348.

In the first of these two highly complex articles, the authors differentiate modern neurophysiologic concepts from the concepts in Freud's *Project for Scientific Psychology* and discuss the implications of the differences for psychoanalytic dream theory. They group these differences into four categories: (1) neurons serving for energy storage versus neurons serving for information transmission; (2) neurons as conduits for energy transmission from outside the CNS versus sensory receptor neurons as transducers; (3) neurons as passive acceptors and donors of energy versus neurons as spontaneously active; and (4) neurons as exclusively excitatory elements versus neurons that also serve as inhibitory elements. The most salient difficulty in Freud's model is an energy economy based on a false conception of neurons and synapses. In Freud's model, energy can only be diverted or stored, but it retains its power forever—a threat to the organism's comfort, even though restrained for the moment. This derives mainly from Freud's lack of knowledge of inhibitory neuron systems and his conception of the CNS as a "large signal" nervous system as compared to a "small signal" system requiring small amounts of electrical energy to stimulate potentials. There is no experimental support whatsoever for Freud's theory of dream generation; modern investigation points to autochthonous periodic and motivationally neutral activation of pontine generator neurons as a cause of the D-state. Day residue material or motivationally important themes may enter dream content; neither is a causal factor in the dream process. The driving force for D-sleep is a biologically determined and motivationally neutral activation of cells in the pons, rather than a repressed wish.

In the second article, the authors discuss dream physiology (D-state sleep) and characterize it by the following properties: activation of the brain, relative exclusion of external input, generation of some internal input which the activated forebrain then processes as information, and blocking of motor output except for the ocular motor pathway. The implications of their findings include dreaming as an automatically preprogrammed brain event and not a response to exogenous (day residue) or endogenous (visceral) stimuli: the dream state generator mechanism is periodic and can be visualized as a neurobiological clock. The pontine brainstem is the generator zone for the D-sleep state. The primary motivating force for dreaming is not psychological, but physiological, since time of occurrence and duration of dreaming sleep are constant, suggesting a preprogrammed neurally determined genesis. Specific stimuli for the dream imagery appear to arise intracerebrally, but from the pontine brainstem and not in cognitive areas of the cerebrum. The dream process is seen as having its origin in sensory motor systems, with little or no primary ideational, volitional, or emotional concepts. They are viewed as possibly "providing a frame into which ideational, volitional

or emotional content may be projected to form the integrated dream image, but this frame is itself conflict-free."

These articles are informative, provocative, and certain to stimulate controversy.

WILLIAM ROSENTHAL

British Journal of Medical Psychology. L, 1977.

The Differential Diagnosis of Homosexuality. A. Limentani. Pp. 209-216.

Three major groups of homosexuals are delineated. The first group consists of latent heterosexuals, often anxious, hysterical, or obsessional personalities who are likely to respond well to psychotherapy. The second group consists of true homosexuals, for whom homosexuality serves as a defense mechanism for warding off overwhelming separation and psychotic anxieties, including mutilation and disintegration. Subcategories of this second definition include: (a) narcissistic disorders, (b) homosexuality as a defense against severe depression, and (c) homosexuality as a defense against paranoid anxieties and related states. The homosexuality of this second group is unlikely to respond to psychotherapy and, in fact, may be necessary in the psychic economy to prevent psychosis. The third group consists of bisexuals. The author urges cautious differential diagnosis before any attempt is made to remove the homosexual orientation.

Homosexuality in Adolescence. Mervin Glasser. Pp. 217-225.

Homosexuality in the adolescent should not be regarded as it would be in the adult; it should be understood in the context of adolescence as a period of psychosocial development, characterized by change and flux. Various psychodynamic conditions in adolescence, especially the changing relationship to the parents, may make an important contribution to the establishment and nature of an individual's homosexuality in adulthood. In early adolescence, from puberty to about fifteen, overt homosexual activities are common, often narcissistically colored, and may make a progressive contribution to the adolescent's development.

One of the features that may distingiush "normal" from "pathological" homosexual activities in early adolescent boys is the strong heterosexual interest in "normal" homosexual activity. In addition, normal homosexuality of early adolescence never includes acts with adult men. During the middle stage of adolescence, from fifteen to eighteen, castration anxiety may drive the adolescent to homosexuality. The homosexual activity of middle adolescence may be temporary if anxieties and guilt feelings are resolved. Late adolescence, from age eighteen to twenty-one, is a period of integration and consolidation. While homosexuality in early and middle adolescence may be temporary, homosexuality in late adolescence may be regarded as an established, permanent way of relating and functioning sexually. An *identificatory facility* is a normal aspect of adolescence which the individual usually outgrows, while in the homosexual this facility is retained.

JOAN TOLCHIN

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Meetings of the Psychoanalytic Association of New York

Howard S. Rudominer & Charles Goodstein

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NOTES

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

February 28, 1977. THE ANALYST AND TRANSIENCE. Norman Atkins, M.D.

Defining transience as the sense of the inevitability of personal death and the nonexistence of the self, Dr. Atkins discussed the analyst's difficulty in facing and dealing with ubiquitous derivatives of the fear and denial of death. This contrasts with the ability to generally listen to and analyze patients' anxieties and conflicts pertaining to ideas of annihilation, the cessation of relationships to others, and the unprepared-for finiteness of life. Countertransference tensions in dealing with patients such as the aged, the dying, or regressed individuals with psychosomatic complaints, who struggle with primitive or unneutralized aggression, have been noted in the literature. The unavailability of denial and isolation as defenses contrasts the analyst's approach to that of other physicians. This decreased defense combined with increased sensitivity and empathy inevitably results in cumulative traumatic strains in such analytic work.

Analytic patients regularly have recurrent concerns with the subjects of time, death, and transience, especially after midlife. Dr. Atkins made reference to some clinical vignettes and to several of Freud's classical papers in which aspects of this set of problems were illustrated. In addition, he emphasized certain other features of development and of the structure of the analytic situation which tended to focus attention on the rigidity and meaningfulness of the time dimension. However, he felt that a total acceptance of the idea of one's transience was never fully possible. The problem is further complicated by the difficulty in separating realistic anxiety about age-specific, normative crises about time and death from neurotic fears derived from instinctual conflicts. After noting the import of such difficulties on analytic practice, Dr. Atkins expressed the conviction that these problems could be productively explored in every analysis.

HOWARD S. RUDOMINER

April 18, 1977. THE PROBLEM OF SOUL MURDER. Leonard Shengold, M.D.

Soul murder is the deliberate act of depriving an individual of his/her individuality, capacity to feel, and basic reason to live. It involves the confrontation between the all-powerful, hostile, cruel, psychotic, or psychopathic parent or authorities and the helpless in their charge. The victim is subjected to such brutalities as torture, hatred, seduction, and rape, or even indifference or lack of

love and care. Primarily imposed from the world outside the mind, the afflictions are chronic and repetitive and are so overwhelming that the mental apparatus is flooded with terrifying states of overstimulation that require massive and mind-distorting defensive operations for the survival of the individual.

The child who is tormented by a parent must frequently call on that very parent for help and rescue, since the other parent is often weak, unavailable, or an unconscious abettor of the tormentor. The parent who is experienced as bad must be turned to and then must be seen as good by the child, who must identify with such parents and view them as good in order to deal with the intensity of the rage felt. The alternative of complete abandonment means annihilation. The bad registered as good is a mind-splitting, mind-fragmenting operation. Contradictory images of self and of the parents are never permitted to coalesce. Thinking is compromised, registration of past and present is compartmentalized and therefore inadequate (as in Orwellian "doublethink"). What is happening is so terrible that it may not be registered, and hypnotic living-deadness may result. The distortion of the ego's power to remember and to test reality results in children's feeling that they must indeed be bad and perhaps in their taking on guilt for what the parents do.

Dr. Shengold offered several clinical examples to illustrate the degree to which delusional maneuvers were needed by an extremely abused child to cope with unacceptable judgments about the parents and with untenable rage. Zombie-like indifference, displacement, and turning against the self were often encountered in the struggle to avoid guilt-laden rage. Separation from a cruel and powerful mother was difficult to accomplish and precariously maintained when the patient alternately submitted to and identified with her as an oppressor. Rudyard Kipling's experience with a sadistic, religiously obsessed foster mother and the sequelae of depression, hatred of women, and emotional identifications with both oppressors and the oppressed were traced in his life and writings.

Notice was also taken of the remarkable capacity of some victims of such soul murder to survive scarred but to some degree intact. Healthy or even superhealthy areas of functioning can exist alongside the devastated or delusional areas of the soul. Completely successful soul murder is probably rare. Factors which prevent this include a loving parent surrogate or a relatively healthy parent-child relationship, at least in the earliest years. This forms the basis for some possible therapeutic success, despite the fact that these patients are full of hatred and have the worst (well-founded) expectations. The most difficult task is dealing with the patient's transference and projection, the delusional expectations and cannibalistic rage. The rage must be recognized, tolerated, and used to enable the false identity to give way to authenticity, the robot to the human being. The therapist has the privilege of assisting in the psychological rebirth of a soul.

DISCUSSION: Drs. Curtis Kendrick, Melvin Scharfman, and Austin Silber added clinical illustrations confirming many of the author's observations and highlighting technical problems in handling such traumatized patients.

CHARLES GOODSTEIN

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

November 12, 1977. IN MEMORIAM: RUDOLPH M. LOEWENSTEIN, 1898-1976.

The New York Psychoanalytic Institute and Society jointly convened a special meeting at the New York Academy of Medicine to honor the memory of an esteemed member and former President, Dr. Rudolph M. Loewenstein. Dr. Charles Brenner offered a memorial presentation which reviewed Dr. Loewenstein's life and work and portrayed something of what he meant to his colleagues and to psychoanalysis as a whole. (An Appreciation of Dr. Loewenstein's contributions was published in This Quarterly, Vol. XLII, 1973, as well as a memorial tribute to him in Vol. XLV, 1976. This report will be limited to the four papers presented in the scientific part of the program.)

METAPHOR AND THE PSYCHOANALYTIC SITUATION. Jacob A. Arlow, M.D.

Quoting a number of linguistic, anthropological, literary, and psychoanalytic sources, Dr. Arlow spoke of the inherently ambiguous and metaphorical nature of language and speech. The word "metaphor" derives from the Greek "to carry over" and refers to the figurative reference to one object as if aspects of another were transferred to it. The achievement of a wider or special meaning can thus be used in human thought to integrate experience and organize reality. In the essentially aesthetic communication between analyst and patient, metaphor is involved in the transmission of those aspects of meaning and emotion which are the basic components of empathy.

In the psychoanalytic situation, the analyst and analysand engage in mutual metaphoric stimulation. The analyst moves from free-floating attention to the dissolution of verbal statements and the resynthesis of their imaginal fragments that disclose unconscious meaning. When the analyst finds that he entertains in his imagination persistent structures, he can consider them to be indications of the patient's unconscious thought processes. Then, he can supply the appropriate metaphors upon which the essential reconstructions and insights may be built.

Several clinical vignettes were cited to demonstrate the place of metaphorical usages or understandings in analytic work. A patient, in conflict over homosexual transference wishes, misinterpreted a man trying to effect a delivery to a store which had not yet been opened in terms of "he is attempting forced entry." The attendant associations, together with accompanying anal sensations, demonstrated the relationship between the persistent unconscious fantasy and the metaphorical misinterpretation of the perceptual experience. A second example concerned an inappropriate response of shame, embarrassment, and anger on the part of a patient to the sight of an older professor putting on a pair of galoshes. In context in the analysis, this constituted a metaphorical comment on a primal scene experience.

The role of metaphorical re-ordering of experience in enabling the analyst to identify and empathize with his patient was demonstrated in a final clinical vignette. A woman complained bitterly to her analyst about a number of dissatisfactions, including the wretched, smelly job her beautician had done, the

sloppy, inadequate job the air conditioner repairman had done, the messy, dirty job her housepainter had done. All of these led the analyst to realize that she had just begun to have her menstrual period. The type of images the patient used were metaphorical ways of expressing her sense of dissatisfaction with what she felt to be her castrated, dirty self.

LATENCY AND THE RESOLUTION OF THE OEDIPUS COMPLEX. Martin S. Willick, M.D.

Dr. Willick stressed that in attempting to understand neurosogenesis, the entire childhood development must be considered. The preoedipal years influence the shape, configuration, intensity, and outcome of phallic and oedipal conflicts, as later experiences reverberate with earlier ones. Since the wishes associated with the oedipus complex always succumb to repression and not to destruction as Freud thought, experiences after the so-called resolution of the oedipus complex play a significant role in influencing this very resolution. The repressed oedipal wishes continue to exist in the unconscious without necessarily leading to pathology, and the child entering latency is still struggling against them. This occurs at the same time that profound changes are taking place in the organization of the personality through the consolidation of character traits, identifications, ego functions (including defenses), and the structure of the superego. There is a delicate balance between the drives and the defenses which is constantly being altered, at times leading to a transient outbreak of symptoms or to an excessive use of certain defenses. A continuous struggle occurs during latency over masturbation and oedipal conflicts. Our most accurate judgment about the stability of the resolution of the oedipus complex can be made only after the individual has passed through adolescence.

Two analytic cases illustrated some of these points. One patient, as a child of eight, was propelled into a new, close, and erotically gratifying relationship with her father when her mother had a mastectomy and withdrew from her husband. The child's ensuing guilty feelings contributed to her sexual inhibition after puberty and to her poor relationship with men. She also showed work inhibition and depression connected with success. The hurtful experience of the oedipal period was reawakened by the latency closeness, and the subsequent rejections of her deepest oedipal longings led to her hostility toward men, her harsh superego, and greater difficulty in resolving her oedipal conflicts than would have occurred if not for her mother's mastectomy.

The second patient had become very close to her father after her parents were divorced when she was five. When she was nine her mother removed her from the father in a way which made him reject the child as a deceptive betrayer. Her subsequent vows of independence from men covered her unconscious feelings of vengeance, but she continued to suffer from guilt feelings whenever she disappointed a man or displayed her anger toward any man she loved. A guilty, homosexually tinged attachment to her mother, which was gratified when her father left, contributed to her guilt feelings and renunciation of men. Although at first the loss of the father at five was considered the crucial trauma and the events at nine considered a screen for the earlier reactions, the latter latency

developments were eventually understood in the analysis as also responsible for pathological solutions to the conflicts.

THE WISHED-FOR SELF IMAGE. David Milrod, M.D.

Following Jacobson, who first used the term "wished-for self image," Dr. Milrod defined it as a relatively stable substructure within the ego, made up of valued and admired qualities and attributes associated with important others, which individuals recognize they do not possess but which they long to make their own. The wished-for self image and the ego ideal are both concerned with values and both play a role in the regulation of self-esteem. The ego ideal is one of the functions of the superego and is formed with the resolution of the oedipus complex, whereas the wished-for self image develops earlier than the ego ideal and is one of its precursors. The values built in to the wished-for self image have instinctual attributes related to the phasic development of the drives. Values built in to the ego ideal are limited to moral and ethical values. The wished-for self image is highly personified while the ego ideal is depersonified. Behavior guided by the wished-for self image is self-interested and is aimed at strengthening the self-representation. Behavior guided by the ego ideal, as the bearer of moral and ethical standards, is less self-interested and is oriented more toward protecting object relationships. Over a long period of time, the wished-for self image comes more and more into relation with reality and is moderated and modified by it, whereas the ego ideal never loses its magical, idealized, grandiose quality and is not moderated by reality. Both produce a form of narcissistic gratification. Failure to live up to either produces a narcissistic mortification. In the case of the wished-for self image, it is accompanied by feelings of shame, inferiority, or humiliation. In the case of the ego ideal, it is accompanied by guilt feelings.

Dr. Milrod referred to imitation as an identificatory process which begins in Mahler's practicing subphase and is followed by selective identifications in the rapprochement period. The latter have the task of trying to achieve likeness to the already formed wished-for self image. Imitations, on the other hand, occur before the formation of the wished-for self image by trying to achieve a magical total likeness to the object representation. Under optimal conditions the gulf between the self-representation and the wished-for self image arouses ambition and motivates work. Self-esteem rises when the gulf is narrowed and falls when it is widened, even causing one important form of depression, which does not involve the superego and is not accompanied by guilt feelings, but rather by shame, humiliation, or feelings of inferiority.

Dr. Milrod closed with some cases illustrating patients who could not tolerate the gulf and who tried to treat the self-representation and the wished-for self image as if they were one, transforming a shameful deficiency into a virtue and a source of pride.

SIBLING LOVE AND OBJECT CHOICE. Sander M. Abend, M.D.

Dr. Abend observed that analysts routinely encounter material indicating conscious or unconscious erotic interest in siblings, but this is usually regarded, and

correctly so, as a preliminary layer, a more easily accessible derivative of incestuous wishes and fantasies. It may be that analysts have generally viewed this material as *only* defensive, *only* secondary in nature, and presumably producing no lasting impact on the psychic life of the individual distinguishable from the effects of the oedipal conflicts. Dr. Abend stated that, while this may usually be true, his observations suggest that it is not *always* so. He described two of his analyzed patients, each of whose preference in love partners in adult life was very much influenced by an unconscious incestuous attachment to a sibling.

The first, a man of twenty, was depressed and unable to pursue any relationship with a woman to a point of emotional or physical intimacy. The patient's conscious attitudes toward his mother, who had been seductively flirtatious as well as hostile and belittling to him, were those of fear, revulsion, and hatred. He had a sister, three years his senior, who was unusually warm, loving, and sensitive and whom he idolized. During his adolescence, they would visit each other's rooms, sometimes in nightclothes, to have long talks, at times accompanied by affectionate caresses or massages, which avoided becoming frankly sexual by only a narrow margin. It was possible to observe a distinct pattern in his choice of love partners after his sister married. They were all three to five years older than he and bore certain significant resemblances to his sister, especially in the ways they behaved toward him.

The second case was that of a young woman whose father had been stricken with a chronic, slowly progressive, ultimately fatal neuromuscular ailment, as a consequence of which he had grown gradually more self-centered and regressed in personality throughout her childhood. The patient was unable to continue to admire and idolize him. She had a brother, four years her senior, who was exhibitionistic and sexually precocious and with whom she had a lot of stimulating physical play throughout her childhood. Analysis revealed her interest in two kinds of men. She imagined falling in love with an older man, stable, kind, and understanding, who would gently initiate her into sexuality, and whom she would eventually marry. This was derived from her childhood image of her father. However, the men who commonly attracted and stimulated her sexually were youthful, handsome, athletic, impulsive, and self-centered, and resembled her brother.

Accordingly, citing his series of two, Dr. Abend noted the following features which they had in common: 1) each was a younger sibling attracted to an opposite-sex sibling who was three to four years older; 2) in each case, the older sibling was somewhat exhibitionistic, seductive, and unusually interested in the patient during early childhood and adolescence; and 3) there was some aspect of the parent of the opposite sex which rendered that parent especially difficult and/or dangerous to admire.

RICHARD G. KOPFF, JR.

The 11th INTERNATIONAL CONGRESS OF PSYCHOTHERAPY will be held August 27-September 1, 1979, in Amsterdam, the Netherlands. For further information,

write: The Secretariat of the XIth International Congress of Psychotherapy, C/o Holland Organizing Centre, 16, Lange Voorhout, 2514 EE The Hague, The Netherlands.

The 10th INTERNATIONAL CONGRESS FOR SUICIDE PREVENTION AND CRISIS INTERVENTION will be held June 17-20, 1979, in Ottawa, Ontario, Canada. For further information, write: Secretariat, IASP Congress '79, Suite 700, 71 Bank Street, Ottawa, Ontario, Canada K1P 5N2.

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