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DEPRESSIVE AFFECT, ANXIETY, AND PSYCHIC CONFLICT IN THE PHALLIC-OEDIPAL PHASE

BY CHARLES BRENNER, M.D.

The author's recent contributions to affect theory and its relation to psychic conflict are applied to the understanding of the nature, genesis, and consequences of psychic conflict in the phallic-oedipal phase. These contributions lead to a better understanding of 1) the importance of depressive affect in phallic-oedipal conflicts, 2) similarities and differences between such conflicts in boys and girls, 3) depression as a symptom in adult life, and 4) some aspects of narcissism.

The conflicts of the phallic-oedipal phase (two and a half to five years of age) are inevitably severe ones. Their effects on psychic development are great, and they are of major, often of crucial importance to later character structure and to mental health or illness in adult life. To take note of their intensity and importance is but to repeat what has been generally accepted and regularly confirmed by generations of analysts since Freud's original observations and conclusions on the subject.

It is equally noteworthy and as widely accepted that many factors play important roles in the vicissitudes of the conflicts that characterize this time of life. Among them are the child's relation to his or her parents, the parents' relation to one another, the presence or absence of siblings, intercurrent illness, physical injuries, the effects of earlier (preoedipal) experiences, and, as influential as any if not the most influential of all, the child's own constitutional endowment. In the discussion to follow I shall attempt to take into account the multiplicity of factors involved, although their number and complexity ensure that it will be impossible even to mention all of them, to say nothing of doing justice to each.

Psychoanalytic understanding of psychic conflicts in the phal-

lic phase has been based on two fundamental generalizations, both of which Freud advanced in 1925 in *Inhibitions, Symptoms and Anxiety*. The first concerns the role of anxiety in psychic conflict; the second, the nature of the danger situations in early childhood. Both are so familiar that they require no extensive discussion in the present context. (For a fuller discussion, see Brenner [1975]). Briefly, the first states that in psychic conflict associated with derivatives of the instinctual drives, defense has the purpose of avoiding or minimizing anxiety; in other words, that danger initiates defense. The second states that in every case of such conflict during the early years of childhood, before the consolidation of the superego, the calamity that threatens—the danger—is either object loss, loss of love, or castration.

In the paper just referred to (Brenner, 1975) I proposed to revise these generalizations on the basis of both psychoanalytic data and developmental considerations as well as on the basis of a theory of affects advanced in a previous paper (Brenner, 1974). The revision is as follows. Psychic conflict associated with derivatives of the instinctual drives has the purpose of avoiding *unpleasure*, not of avoiding anxiety alone. The unpleasure to be avoided is, in fact, of two kinds: anxiety and what I propose to call depressive affect. The first has to do with danger, that is, with a calamity that is anticipated; the second, with a calamity that has already occurred. In some cases, the two unpleasurable affects coincide or overlap. When they do, they need not be specially distinguished from one another. In other cases, however, it is necessary and useful to make the distinction. For this reason one should not think of loss of love, object loss, and castration simply as the typical *dangers* that are associated with instinctual conflicts in childhood, but rather as the typical *calamities* of childhood, calamities that are experienced either as threatening or as having already happened, whether in reality, fantasy, or a mixture of the two.

The following quotation is likewise pertinent and should be kept in mind during the discussion that follows: ". . . depressive affect is defined as unpleasure associated with an idea that

something bad has happened. Both the unpleasure and the idea(s) may be conscious, unconscious, or both. This definition includes a wide range of affects which cover a spectrum from sadness to despair. For example, if the 'something bad' that has happened is a variety of object loss, the affect is likely to be called loneliness. If it is a public defeat or failure, it may be called shame. If the unpleasure associated with the failure is mild, the affect is likely to be called embarrassment or discomfort; if it is intense, humiliation. 'Despair' implies the idea, conscious or unconscious, that the 'something bad' that has happened will never change. When the same idea is present, but with a milder degree of unpleasure, the affect may be called pessimism. Many more examples could be offered but these should suffice to indicate what is meant by the range or spectrum of depressive affect" (Brenner, 1975, p. 11).

This revision and broadening of psychoanalytic formulations about psychic conflict has important practical consequences for clinical analytic work. For example, if depressive affect is an important element in the symptomatic picture of a patient, then an appreciation of the role it plays in psychic conflict offers a different, a more accurate, and a more clinically useful understanding of the psychodynamics of the patient's illness than has been previously available. For another example, it sheds new light on many aspects of superego function that are of importance in clinical work with patients, in particular on what is subsumed under the headings of penance and remorse. I have discussed these two consequences of revising the psychoanalytic theory of conflict in some detail elsewhere (Brenner, 1975, 1976).

A third consequence or application has to do with the role of depressive affect in the psychic conflicts of the phallic-oedipal phase. The role of anxiety in the initiation of these conflicts is well understood and familiar to every analyst. The role of depressive affect has been, until now, essentially unexplored.

In attempting to assess, at least to some extent, the relative importance of depressive affect and anxiety in the phallic-oedipal phase, there are certain more general considerations that must

be kept clearly in mind. The first is that object loss and loss of love continue to be major factors in a child's mental life during the years two and a half to five. The second is that all three calamities—object loss, loss of love, and castration—are intimately interrelated.

As to the first of these considerations, it is a serious mistake to suppose that the importance of object loss or loss of love as sources of unpleasure in connection with instinctual derivatives is limited to the first two and a half years of life, that is, to the prephallic or preoedipal stage of development. Nothing is further from the truth. Both play a major role throughout the phallic-oedipal phase. To take but the most obvious examples as illustration, every analyst knows what a catastrophe it is for a child in the phallic-oedipal phase to lose a parent by death or by separation for whatever reason, or for either parent to become truly unloving—to become emotionally withdrawn, inaccessible, or hostile.

As to the second consideration, it is something to which attention has been directed before (Brenner, 1959, p. 214), but to which due importance is rarely given, especially in theoretical discussions to which it is relevant, despite the fact that it is readily substantiated by everyday clinical experience. It is no novelty to discover that a boy in the phallic-oedipal phase fears the loss of his father's love for the reason that to lose that love means to him that the danger of castration is made greater and more immediate. In such cases it is apparent that loss of love and castration are inseparable. Equally commonplace is the discovery that a boy's depressive affect over the small size of his penis relative to his father's is intensified by the conviction that because of it, there is no hope that his mother will ever love him best. Perhaps most common of all is the conviction of girls in the phallic-oedipal phase that their lack of a penis is a proof that their mothers do not or did not love them. In short, analytic experience makes it quite clear that in the great majority of individuals, if not in every case, the three calamities of childhood are so interwoven that they form but a single fabric of

which it is only the proportion of each constituent thread that can be seen to vary. Each forms part of an indivisible whole, in other words, so that to discuss each separately necessarily does some injustice to the true state of affairs by offering a somewhat artificial scheme of the place of each in a child's mental life.

In reading the discussion to follow, therefore, one must keep in mind that some sacrifice of verisimilitude is necessarily involved in discussing individually each of the three typical calamities of the phallic-oedipal phase in order to assess the relative importance of anxiety and depressive affect in each case. It is to be hoped that the sacrifice is made worthwhile by the gain in comprehensibility that will result from the artificial separation. At the same time one must also keep in mind that object loss and loss of love do not disappear as factors of significance in children's mental life upon their entry into the phallic-oedipal phase. Both may be overshadowed in importance by castration, but both retain great importance nevertheless, and there are doubtless many cases in which one or the other assumes a leading role.

I shall begin my discussion of the nature of the unpleasure in phallic-oedipal conflicts with a consideration of the calamity of castration. It is castration that is specific to the phallic-oedipal phase and which we believe to be typically of greatest importance. For most children in that stage of development it is castration that is chiefly responsible for unpleasure in connection with wishes of instinctual origin, that is, with derivatives of the instinctual drives. In most cases it is the principal initiator of conflict, though never the sole one. It is, after all, in the phallic-oedipal phase that genital sensations become so important in the mental life of every child. It is then that the genitals themselves acquire their unique and overriding significance. It is then that nearly every drive derivative, whatever its origin, is woven into the pattern of the wishes, fears, and fantasies that are characteristic of that time of life. As far as we can judge from all of the available evidence—from the psychoanalysis of adults, from the

psychoanalysis of children with neurotic disturbances, and from psychoanalytically informed observation of the behavior of normal children during the phallic-oedipal phase—children of that age are very concerned with the question of who does and who does not have a penis and, if one does have a penis, with the question of its size—with whether it is a small child's penis or a large adult's. Boys feel inferior to older boys and to men because their penises are so much larger than their own. Girls feel inferior to boys and men because they have penises while girls do not.

The evidence for these statements is clear and indisputable. Why the facts should be as they are is by no means so clear, however, and there has been much dispute on this score, particularly in recent years. Whether anatomy is destiny, as Freud (1925a) put it, or whether sociocultural factors are decisive, as many others maintain, is a question that cannot be finally settled by the available evidence. All that can be said with assurance is that, on the one hand, children reared in our culture are intensely interested in sexual anatomy and profoundly affected by it and that, on the other hand, sociocultural factors as represented by the attitudes and behavior of parents and siblings concerning sexual differences are of profound importance to the severity and consequences of the instinctual conflicts of the phallic-oedipal phase. Whether anatomy is primary and cultural influences secondary, or whether the reverse is the case, is a question no one can answer at this time. More than that, the answer to it is, in fact, unimportant for our present purposes. What is to the point as regards the population with whom we are concerned and the findings—psychoanalytic data—on which our understanding of the phallic-oedipal phase is chiefly based, is that anatomy and cultural influences are both important, that neither can safely be neglected or overemphasized at the expense of the other, and that each interacts with the other in the course of development of every child in ways so manifold and so complex as to make them inextricable from one another for practical purposes.

Having abjured any intention of attempting to answer questions that are at present unanswerable, however hotly they may be debated, we may turn to those on which some new light can be shed. For example, what role does depressive affect play in the instinctual conflicts of boys in the phallic-oedipal phase? Is its role of substantial importance as compared with the role of anxiety?

The most familiar example of phallic instinctual conflicts in which depressive affect plays a major role is what Freud (1916) called "the exception." The illustration he chose was a fictional character—Shakespeare's hunchbacked king, Richard III—who was depicted as filled with rage and with a determination to be revenged on the world for having been born with a physical deformity. The cases one meets in analytic practice are, as one would expect, both more complex and less dramatic. A child who feels himself physically deformed or inferior to other children usually blames his parents for his physical defects: he is deformed or defective because they do not love him and/or because he is being punished for his "bad" instinctual wishes. In either case his primary reaction is some variety of depressive affect. He does not anticipate a calamity. He reacts to one that has occurred with more or less intense depressive affect. One frequent defense used to alleviate his intense unpleasure is identification with the (real or fantasied) aggressor. Like Shakespeare's Richard, he rages against the world and wishes to make it suffer at his hands what he feels it has made him suffer. The anxiety (fear of retribution) and, at a somewhat later age, the guilt aroused by such vengeful wishes are too familiar as clinical data to require comment here. But rage and identification with the aggressor are by no means the only defenses that are commonly used. Another is to seek to placate and ingratiate, to woo rather than to take revenge, to become more submissive and passive rather than to turn from passivity to activity. Still another defense is denial. This is dramatically evident in the rare patient who, as an adult, seems to be oblivious to an obvious physical defect, or who even consciously regards his defect as a

special gift (Milrod, 1977). Denial is no less important, even though more common and less dramatic, in adult patients who remember only that they felt specially loved and indulged in childhood in connection with some illness or physical handicap.

I wish to emphasize that these defenses by no means exhaust the list of possibilities. They are merely illustrative and among the most familiar. I also wish to emphasize that combinations of defenses, as opposed to a single type of defense, are common as well. Indeed they are probably the rule rather than the exception.

The role of depressive affect is of especial importance in connection with instances of a strong feminine identification in boys during the phallic-oedipal phase. Here the relation between depressive affect and anxiety is apt to be extremely intimate and difficult to disentangle. Often, in an individual case, one can see only that both are involved and that neither can be seen in isolation from the other. The most important reason for this seems to lie in the fact that in such cases the fantasy of being a girl or woman typically serves an important defensive function. That is to say, a boy may ward off the anxiety associated with his jealous, murderous, and incestuous wishes by the fantasy that he is a girl or woman. To the extent that this defense is successful, then to that extent is he vulnerable to the conviction that the very calamity—castration—he so feared has actually befallen him; to that extent is his unpleasure depressive affect rather than anxiety. The psychological situation is then complicated by the fact that this depressive affect may be warded off in turn by violent sadistic wishes that emphasize phallic intactness and potency, the result being that feminine wishes and fantasies are used to defend against masculine wishes that rouse anxiety while masculine ones defend against feminine wishes expressed as a feminine identification. To put the matter more succinctly, feminine wishes and masculine ones are used to defend against one another. If both give rise to intense unpleasure, the rapid fluctuations of gratification and defense that result can only be called chaotic. Less severe consequences with

less disastrous effects on psychic stability are also encountered. In analytic practice one sees such mechanisms very clearly in many male homosexuals, for example.

If one surveys the several examples that have just been given to illustrate the importance of the role that depressive affect may play in the castration conflicts of boys in the phallic-oedipal phase, one realizes how many instances there are in which its role is indeed a significant one. To put the matter in somewhat different words, one realizes that anxiety is not the only trigger for defense against instinctual derivatives among boys in the phallic-oedipal phase, even though that is a time when castration is, psychologically speaking, such a real and imminent danger (Hartmann and Kris, 1945). There are instances when reality and fantasy combine to convince a little boy that castration has actually happened, that it is a fact, not a danger—instances when a substantial share of the unpleasure that motivates defense is depressive affect. However, if one attempts to assess the relative importance for boys in the phallic-oedipal phase of castration anxiety and depressive affect related to castration, the fairest estimate one can make on the basis of the available psychoanalytic data is that anxiety is the more important of the two in most cases, but not in all, and that both anxiety and depressive affect play significant roles in every case.

So far we have talked only of the castration conflicts of boys in the phallic-oedipal phase. What can be said about the role of depressive affect in the castration conflicts of girls at the same time of life? To what extent are their psychic conflicts in this area similar to those of boys and to what extent are they different from them?

One can reach an answer to these questions most directly by returning to the psychology of "the exception" and following a suggestion that Freud (1916) made at the end of his paper to the effect that, unconsciously, women consider themselves exceptions in his sense of the word. That is to say, little girls consider themselves to have been unfairly discriminated against by having been denied that part of the body that boys and men have and

that they do not. To this they react with depressive affect with all of the many possible consequences noted above: rage, submissiveness, denial, etc., reactions which persist unconsciously into adult life. The familiar aspects of the psychology of women that are subsumed under such headings as penis envy, castrative impulses, masculine identification, frigidity, to mention but the most obvious examples, are readily traceable to the psychic conflicts engendered during the phallic-oedipal phase by the depressive affect that is associated with every little girl's conviction that to be without a penis is a calamity, a calamity, moreover, that has been unjustly visited upon her.

Thus depressive affect plays a major role in the castration complex of girls in the phallic-oedipal phase. One can add, on the basis of the available psychoanalytic data, that it plays the major role in most cases, just as anxiety plays the major role in the case of most boys. Yet psychoanalytic data leave no room for doubting that, in girls as in boys, anxiety also plays an important role in connection with castration during the phase of development we are considering.

The question that immediately arises is, "How can this be so? How is it possible for a girl, to whom it is obvious that she is without a penis, to fear castration?"

Indeed Freud (1925a, 1931, 1933) was persuaded that it is not possible and that castration anxiety is not a significant factor in the conflicts of girls in the phallic-oedipal phase. He suggested that it is fear of loss of love that plays the role in girls that is comparable to that of fear of castration in boys. (For an excellent summary of Freud's views, see Strachey, [1961].)

The logic of this position seems incontrovertible. One cannot lose what one does not have. Yet it is contradicted by abundant clinical experience. There are women who show every sign of intense castration anxiety, as witness their reaction to bodily injury, to mutilation, to defloration, to menses, and to parturition. Indeed, all women show evidence of a considerable degree of castration anxiety, even though it is far more intense in some than in others. What is involved, as Rado (1933) was the first to

point out, is the fear of losing a fantasied penis, not a real one. Just as a boy in the phallic-oedipal phase may imagine himself to be a girl, with the result that castration is, in his mind, not a danger but a calamity that has actually occurred, so may a girl imagine herself to be a boy, with the result that she fears losing the penis she imagines herself to have. So real is her fantasy that anything that symbolizes the idea that her "penis" may be lost or injured arouses anxiety that is equivalent to the castration anxiety of a boy, both with respect to its intensity and to its ideational content.

To sum up, then, one may say, speaking very generally and allowing for many exceptions, that depressive affect plays the role in girls that anxiety does in boys with respect to conflicts over castration (loss or absence of the penis) in the phallic-oedipal phase. Both anxiety and depressive affect are important factors in the castration conflicts of every child, but for the majority of girls it is depressive affect that is more important, whereas for most boys the reverse is the case. Moreover, it is also worth emphasizing that any attempt to assess the relative importance of anxiety and depressive affect in a particular case is complicated by the fact that depressive affect so often gives rise to anxiety and, one must add, vice versa. Each often leads to the other and back again. Matters are far from simple even in cases in which the one affect greatly overshadows the other in importance. For example, the jealousy and rage that are so often a consequence of depressive affect give rise in turn to anxiety—anxiety that appears as fear of retribution, of loss of love, and/or of object loss. Or, as another example, when the need to minimize castration anxiety results in a strong feminine identification, the latter, as we have already noted, will result in more or less intense depressive affect. One must not imagine, therefore, that in any individual case there is a simple relationship between castration anxiety and depressive affect related to castration. The generalization that the one plays a more important role in most boys and the other in most girls is, to be sure, simply stated, but it does not refer to a simple state of affairs. On the

contrary, simple though the statement is, it refers to a relationship and to a mutual interaction that are highly complex in every child, boys and girls alike.

We turn now from the subject of castration to a consideration of the other typical calamities of the phallic-oedipal phase, object loss and loss of love. What can be said with respect to each concerning the relative importance of anxiety and of depressive affect?

The intensity of a child's normal, jealous rivalry at the height of the phallic-oedipal phase has special consequences with respect to object loss, as psychoanalysts have long recognized. It is nearly universal at this stage of development for a child to wish both parents dead and gone, though at different times and for different reasons. Typically, boys wish their fathers dead and gone and girls, their mothers, so they can replace them in a sexual union with their mothers and fathers respectively. Just as typically, boys turn on their faithless mothers and girls on their fathers for betraying or scorning their love, as witness their continued sexual union with the child's adult rival. That such death wishes are often intensified by primal scene exposure or by the birth of a sibling is also well known. The relation of homosexual incestuous wishes to death wishes directed at rival and at love object is equally familiar. All of this means that the passionate sexual wishes characteristic of the phallic-oedipal phase are most intimately bound up in every child's mind with object loss, that is, with the disappearance of one or both parents, to say nothing of whichever siblings are seen as rivals for parental love.

The purpose of repeating facts as familiar as these is to call attention to the role that depressive affect often plays in a child's reaction to real or fantasied object loss in the phallic-oedipal phase. Until now analysts have paid principal attention to the role of anxiety and the conflicts engendered by it in connection with oedipal death wishes. In many cases, however, it is important to recognize the role of depressive affect as well. One can be sure, for example, that when the principal love object of a

phallic-oedipal child disappears from home for an extended period of time, the unpleasure that develops and that must be warded off by whatever defenses can be mobilized is depressive affect in large measure. If a small boy's mother is consistently away from home for business or pleasure, if she is in the hospital for several weeks, or worst of all, if she dies or never returns for some other reason, the child's reaction is not merely one of anxiety. He is not merely terrified by the possibility of retribution for his death wishes. His reaction is, in large part, depressive affect—intense unpleasure at a calamity that he perceives not as a danger but as having happened. We have noted earlier that depressive affect is often warded off (defended against) more or less successfully by identification with the aggressor, as evidenced by rage and a wish for retributive (talion) revenge. When this is the case in connection with real or fantasied object loss during the phallic-oedipal phase, the child's angry, vengeful wishes themselves generate anxiety which must in turn be warded off. As a result, depressive affect and anxiety and the defenses designed to eliminate or minimize both become intimately entwined in the mental life of the child and, later, the adult. The conflicts that ensue must be viewed in terms that include both varieties of unpleasure, not merely the one or the other, if they are to be correctly understood and usefully interpreted.

It should be obvious that, although we have been speaking, for the purpose of illustration, of a boy losing his mother, the same considerations apply to children of either sex who have, whether in reality or in fantasy, lost a beloved parent, be it father or mother. The point is that when phallic-oedipal children are convinced they have lost an important love object, their unpleasure is depressive affect and their defenses are, in the first instance, directed at eliminating or minimizing depressive affect. The knowledge that this is the case is as important for understanding the nature and origins of the conflicts, and of the symptoms and character traits or abnormalities that may result, as is the knowledge of the role of anxiety in the conflicts triggered by it.

All that has been said about the importance of object loss in the phallic-oedipal stage can be applied, with suitable changes, to loss of love. The latter plays a major role in the mental life of every child of this age, although in some children its role is greater than it is in others. However great its role may be, though, it is never a solitary one. On the contrary, loss of love is invariably associated with the two other calamities of this time of life: castration and object loss. Depending on the circumstances, moreover, loss of love may appear either as a danger or as a calamity that has happened. In the first instance it gives rise to anxiety, in the second, to depressive affect, though never exclusively to one or the other. Finally, there is no evidence that depressive affect associated with loss of love is more or less important in girls than in boys of the phallic phase. In this last respect loss of love resembles object loss, while both differ from castration, since, as we have seen, in boys castration anxiety is usually more important than depressive affect related to castration, while in girls the reverse is the case.

The remainder of the paper will be concerned with two topics: first, depressive affect as a symptom of various syndromes of mental illness; and, second, the importance of narcissism in the phallic-oedipal phase. In the case of both topics there are significant considerations, clinical as well as theoretical, that follow from what has been said so far. The recognition that there are two kinds of unpleasure—depressive affect as well as anxiety—that play significant roles in psychic conflicts associated with the instinctual drives makes possible a fuller understanding of the two topics we are about to consider.

First, regarding depressive affect as a symptom, as a part of a syndrome, there are three points I wish to make here. (As noted above, I have discussed this in previous papers [Brenner, 1975, 1976].) The first is the most general of the three and can best be presented by comparing depressive affect and anxiety as symptoms of mental illness.

When anxiety appears as one of the symptoms of a patient's illness, its place in mental life is clear. We understand that, how-

ever it may be rationalized by the patient, its true origin is an instinctual derivative, usually an unconscious one. Whatever the symptoms may be, whether they are hysterical, phobic, obsessional, or of any other sort, our approach is the same. By applying the analytic method, we attempt to discover the patient's unconscious instinctual wishes, the infantile fears to which they give rise, and the defenses used to prevent or eliminate the anxiety thus aroused. We know from experience with many patients that symptomatic anxiety is always infantile anxiety that arises from an infantile instinctual wish and that is present in the symptom complex because the patient's defenses are less than adequate. In other cases, even though the wishes are just as frightening, the defenses are more adequate to their task, and the resulting compromise formation—in this case, a neurotic syndrome or symptom—is not accompanied by anxiety. In other words, when the defenses are adequate, anxiety is not part of the syndrome that results, although we know that anxiety plays a role in every psychic conflict and compromise formation, whether or not it is a part of the patient's conscious experience as a symptom.

Precisely the same considerations apply to depressive affect as a symptom. However patients may rationalize the reason for their feeling sad, depressed, miserable, hopeless, or shamefully inadequate, that is not its true source. The true source of depressive affect as a symptom is some calamity that is unconsciously fantasied and/or remembered as having happened in connection with instinctual wishes. It is to this calamity that patients react with depressive affect, and it is because their defenses are inadequate to the task of eliminating it that it appears in consciousness as part of the syndrome from which they suffer.

The knowledge that this is so can be of considerable practical importance. Take as an example a patient who is filled with shame and despair at having failed to pass an examination. When his reaction of depressive affect (in this case, shame and despair) is out of proportion to the current practical significance of his failure, one has no hesitation in attributing the reaction

to its true, unconscious source. "It is not failing this examination that troubles him so," we say, "it's what this examination symbolizes. It's what it means to him unconsciously."

Even when a failure is of great current importance, we try to understand its unconscious meaning to the patient and to help him to understand its connection with important events in his early life. That is to say, we recognize that it is what a present event means in terms of one's childhood instinctual wishes that determines one's affective response to it, whether that response is classified as normal or as pathological.

But what of a case in which it is clear that a patient feels shame or despair because he has failed an examination that he could easily have passed—one that he unconsciously arranged to fail? In such a case it is important to keep in mind that the patient's failure was a compromise formation. His depressive affect does not arise from his failure. It arises from unconscious sources and persists despite the defensive efforts to eliminate it that have contributed to his failing to pass. The situation is entirely analogous to one in which a patient attributes his conscious anxiety to a hysterical (conversion) or obsessional symptom. The symptom does not *cause* his anxiety. His anxiety has persisted as part of his symptom despite the defensive efforts that were triggered by it and that contributed to the final compromise formation. In such cases—and they are common—it is essential to analytic understanding and to correct interpretation to distinguish between the rationalized source of depressive affect or anxiety and its actual source—between what a patient attributes his unpleasure to and what is really causing it.

The second point I want to make is that depression as a symptom in an adult neurosis is often automatically assumed to be preoedipal in origin. Is it always so? I believe not. We have seen that phallic-oedipal conflicts can be triggered by depressive affect. It is not only preoedipal conflicts that are associated with this form of unpleasure. When children in the phallic-oedipal phase of development believe themselves castrated, abandoned (object loss) and/or unloved, they experience intense unpleasure in the form of depressive affect and react with various defenses

aimed at eliminating or reducing the unpleasure. It is not just that something has happened at age two and a half to five that has recapitulated an earlier traumatic experience. In most instances the events of the phallic-oedipal phase have a far more complex relation than that to the events of the preoedipal phase of development (see Shapiro, 1977). It is, with rare exceptions, much more accurate to say that the psychic events of the preoedipal phase influence those of the oedipal phase than to say that they determine them. Too much that is new is added to the sexual and psychological life of children as they leave the preoedipal phase and pass into and through the phallic-oedipal phase for one to view the latter merely as a repetition of the former. In other words, depressive affect that appears as a symptom of mental illness in later life may be genetically related to calamities and conflicts of the phallic-oedipal phase. One must not attribute it a priori to preoedipal trauma. One must reconstruct its psychogenesis in the usual way—on the basis of each patient's analytic material.

My third point has to do with the relation between object loss and depression as a symptom in neuroses of adult life. We have seen that in the phallic-oedipal phase depressive affect is not necessarily a reaction to object loss. Any of the calamities characteristic of that time of life can be responsible for it. One obvious consequence of this is that depression as a symptom in later life may have its genesis in any of the calamities of the phallic-oedipal phase. In some instances, to be sure, it is a consequence of object loss, but in others it is more importantly related to loss of love than it is to object loss and in still others, to castration. As a rule, as I have emphasized, all three calamities are complexly interrelated so that all contribute, at least to some extent, to the unpleasure of depressive affect when it appears. In addition, as I have also emphasized, neither depressive affect nor anxiety is ever the only form of unpleasure involved in an instinctual conflict that plays a major role in a patient's mental life and development. The two are always intermingled, although their relative importance varies.

I shall turn now to a brief consideration of the relation of

anxiety and depressive affect to narcissism in the phallic-oedipal phase. It is interesting to note that although narcissism has been extensively discussed by analysts in recent years (see, especially, Kohut [1971, 1977]), the discussion has been almost exclusively in terms of the events of the first two years of life, that is, of the preoedipal phase of development. Little has appeared about its relation to the events of the phallic-oedipal phase. The following remarks may to some extent repair this omission.

Any discussion of narcissism must begin with a definition, since the word has been given different meanings by different authors at different times in the psychoanalytic literature (Brenner, 1955, p. 107). For my present purpose I shall use the word, narcissism, to refer to issues of self-esteem: to feelings of satisfaction or dissatisfaction with oneself—to pride, competence, worth, and equality or superiority on the one hand and to humiliation, inadequacy, worthlessness, and inferiority on the other. The former are part of, or point to, a narcissistic gratification; the latter, to a narcissistic injury or trauma. In the phallic-oedipal phase, at least, narcissistic gratification and injury are a part of a child's instinctual life: they are indissolubly bound to libidinal and aggressive wishes. For this reason, when the unpleasure of a narcissistic injury is great enough it gives rise to defense and conflict. If the narcissistic injury is anticipated, if it is a danger, the unpleasure is anxiety; if it is felt to have happened already, if it is a calamity that has already occurred, the unpleasure is depressive affect.

Narcissistic injuries in the phallic-oedipal phase are of many kinds. They have, as it were, many roots. For example, the gross difference in size, strength, skill, and experience between a child and an adult must be among the reasons why children envy adults and attribute to adults the omniscience and omnipotence that children wish they had themselves. Even more significant are sexual differences between children and adults. Women have breasts and can bear and feed babies. Men have large external genitalia, and both men and women have a sexual life that children envy and long for but cannot have. Adults are seductive,

rejecting, and even punishing toward children, as they choose. They are physically intrusive with medicine, thermometers, needles, and enemas, to say nothing of commands to eat and to abstain from eating. They can "do whatever they want," while a child can "do nothing" without their permission. They can show love or withhold it. They can bestow favors on a rival. They can come or go at will, no matter what a child may wish them to do. The list is endless and infinitely varied from child to child. However, the factors mentioned are enough to show that narcissistic injury is inevitable in the phallic-oedipal phase. It is an inescapable part of every child's experience at that time of life. Moreover, each of the calamities characteristic of the phallic-oedipal phase is a possible source of narcissistic injury. Every child who feels loved and wanted is narcissistically gratified by feeling so. Every one who feels unloved or deserted suffers a narcissistic injury, and no child in the phallic-oedipal phase is ever loved and wanted as much as he or she desires to be. Some degree of rejection and abandonment is inescapable and with it some degree of narcissistic injury. Children cannot, in fact, marry mother or father and get rid of rivals. Moreover, the reason why they cannot do so is intimately associated, both in the child's mind and in reality, with the third calamity that is typical of the phallic-oedipal phase—castration. Boys feel themselves to be inadequate and inferior, rejected and unloved, because they have too small a penis; girls, because they have none, and no breasts or pubic hair, either. The variations and intricacies of childish beliefs and fantasies on this subject are too well known to require any detailed discussion. They have been mentioned only to emphasize the relation between narcissistic injury in the phallic-oedipal phase and the calamity of castration, whether experienced as a danger or as an accomplished fact. Indeed, the importance of narcissism in the phallic-oedipal phase is attested by the role it plays in bringing that phase to a close and in establishing the superego, a fact to which I first called attention many years ago (Brenner, 1955, pp. 126, ff.).

SUMMARY

Psychic conflicts associated with derivatives of the instinctual drives are triggered by unpleasure. This unpleasure is of two kinds: anxiety (unpleasure plus ideas of an impending calamity) and depressive affect (unpleasure plus ideas of a calamity that has already happened). The present paper assesses the relative roles of anxiety and depressive affect in conflicts of the phallic-oedipal phase.

The three calamities of psychic life in the phallic-oedipal phase are object loss, loss of love, and castration. All three are current at that age, all are important, and all are intimately interrelated. Both depressive affect and anxiety play important roles in triggering psychic conflict related to all three calamities, although their relative importance varies from individual to individual. The two play an approximately equal role in girls and boys with respect to object loss and loss of love. With respect to castration, depressive affect tends to be more significant than anxiety in phallic-oedipal girls. The reverse is true in phallic-oedipal boys.

When depressive affect appears as a symptom in an adult patient, it does so because the patient's defenses are inadequate to the task of eliminating it. Depressive affect as a symptom, like anxiety as a symptom, is the consequence of a failure of defense. Since depressive affect can trigger phallic-oedipal conflicts, depression as an adult symptom can have its origin in the instinctual life of the phallic-oedipal phase. Only by reconstruction based on psychoanalytic data can one decide in any individual case whether the origins of such a symptom were principally oedipal or principally preoedipal. As a symptom in adult life, depressive affect that has its origins in phallic-oedipal conflicts is not invariably and necessarily related to object loss. It may equally well be related to loss of love or castration. Since all three are intimately interrelated it is usually related in some measure to all three.

A brief discussion of some aspects of narcissism is offered to underline its importance to the psychic events of the phallic-oedipal phase.

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An Approach to the Study of Analyzability and Analyses: The Course of Forty Consecutive Cases Selected for Supervised Analysis

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AN APPROACH TO THE STUDY OF ANALYZABILITY AND ANALYSES: THE COURSE OF FORTY CONSECUTIVE CASES SELECTED FOR SUPERVISED ANALYSIS

BY JOAN B. ERLE, M.D.

The cases of 40 consecutive patients, accepted for supervised psychoanalysis at the Treatment Center of The New York Psychoanalytic Institute, are reviewed. The process of the initial evaluation is examined as well as the nature of the patient group, the characteristics of the treatment, outcome, and follow-up data. A survey of a group of 42 patients from the private practice of a group of graduate analysts during the same period of time is also reported. Both studies are discussed in relation to methodological issues, and an approach is suggested for the study of assessment of analyzability and analyses through a systematic prospective study of analytic treatments conducted by experienced analysts.

This paper reports a study of the entire course of the treatments of 40 consecutive patients selected by a group of experienced analysts as a first or second supervised analytic case. The study arose from my interest in following the patients who had been discussed at meetings of the Intake Committee of the Treatment Center of The New York Psychoanalytic Institute over a two-and-a-half-year period. How often had the choice been a suitable

I wish to thank the many colleagues whose cooperation made this study possible. The members of the Intake Committee, the analysts who treated the patients and the supervisors were very generous with time and information during the study. Some of them and a number of other colleagues were very helpful in discussing the complex issues that arose in evaluating the results. In addition, I wish to thank the members of one group of the Center for Advanced Psychoanalytic Studies, seven of whom made available the data reported here from private practice. I am also grateful to Mrs. Helen Riethof, Executive Secretary of the Treatment Center of The New York Psychoanalytic Institute, who was extremely helpful at all stages of the study.

one? What could be learned from a retrospective study? Could a careful review of these cases provide some hypotheses about successful selection that would be useful in improving this process and designing a prospective study?

In organizing the report of this study I have had to deal with some of the same problems that became evident in the study itself. There are a large number of categories. Some are of obvious relevance and simple to define and record: for example, the demographic data and the frequency and length of treatment. Others are difficult to define and classify, especially in retrospect: for example, psychoanalytic process, therapeutic benefit, and suitability. Questions about the criteria and their application arose immediately. When the work was completed, there was a good deal of interesting information on record. More important, however, this study was useful in identifying the problems that had to be addressed in planning such work and understanding the information obtained.

For the purposes of this discussion the statistical reports have been limited to certain relevant factors.[1] The remainder of the paper has been organized in a way that follows the sequence of the work and the process of evaluation during the study. The initial purposes have been described. Methods are presented in the next section. Three groups of data are then reported:

1. The characteristics of the Treatment Center patients and the course of their treatment.
2. The work of the Intake Committee.
3. A brief study of a group of 42 cases from the practice of seven graduate analysts, reviewed for purposes of comparison.

The discussion that follows first considers the consequences of the use of retrospective material and supervised first and second treatment center cases. Next, specific aspects of the methods and findings in both patient groups are discussed and compared. The Intake Committee evaluations are examined both in relation

[1] Further statistical details are on file in the library of The New York Psychoanalytic Institute.

to prediction of suitability in this series and as a method of assessment.

Finally, in the conclusion, a method is presented for further systematic prospective study of analyses with graduate analysts.

METHODS

From January 1967 to June 1969, 870 patients filled out applications to the Treatment Center of The New York Psychoanalytic Institute. 389 of these patients were seen for further evaluation. 12 patients were accepted after interviews by the Medical Director and Associate Medical Director, and 13 patients were accepted after one further interview (usually by a member of the Intake Committee). 71 others had a third interview by a member of the Intake Committee before being seen briefly and discussed by the entire committee. 50 of the 71 were recommended for acceptance, and 40 patients ultimately began a supervised analysis.

Those 40 cases are the subject of this study. In each case the application, reports of intake interviews, record of the Intake Committee meeting, and reports of the analyst in the Treatment Center charts were reviewed. I also discussed the course of each case with the analyst and supervisor.

Follow-up began in 1971. Thus some cases were reviewed for the first time a year after treatment began, others after more than three years, and some, who had discontinued after a shorter interval, after termination. Many supervisions were ongoing, but a number ended before the completion of the analytic treatment. In cases of long duration I discussed the treatment process with the analyst several times at 18- to 24-month intervals. Data collection continued until December 1977. In 1975 a brief questionnaire was sent to all of the patients in the study, as well as to the patients who had not started an analysis after they had been accepted by the Treatment Center. Those still in treatment at that time received the questionnaire after termination of treatment.

The data available from all of these sources provided information which seemed of variable quality and usefulness. It is very difficult to find a way to categorize such unique and complex situations as individual analyses. Any category does some violence to that uniqueness, but in order to do this kind of clinical assessment it is necessary. Certain categories were selected for systematic review in both the Treatment Center and private practice groups:

1. General characteristics of the patient group at intake.
2. Observations related to the course and outcome of treatment.

Two further categories were used in the study of the Treatment Center group:

3. Responses to the follow-up questionnaire.
4. Aspects of the selection process in the Intake Committee.

When the work was first planned, these categories seemed relevant to the questions to be studied. The items rated seemed likely to permit sufficiently clear understanding and common definition for this purpose. Since it was a retrospective study, each respondent would be using his or her own criteria. It was recognized that problems introduced by the variability of standards for judgment would have to be considered in the subsequent interpretation of the findings. The importance which such questions assumed as the work progressed will be discussed below.

Since the focus of this study was to be the suitability of the cases selected, the choice of criteria of suitability was a key problem. All supervisors would have regarded a patient with a psychoneurosis in a classical psychoanalysis as the optimal learning situation. More difficult or questionable cases might be acceptable with such qualifications as "good pedagogic experience with such types of patients," "worthwhile, in need of treatment," "very interesting," "student has clearly observed development of transference, working of 'the unconscious'." Ratings were also influenced at times by the competence of the student or particular viewpoints of the supervisor.

In order to have some uniformity a rather general rating scale was used. The analyst and supervisor chose the category most closely reflecting their final evaluation of the case. The ratings, expressed in terms of *suitability for a first or second supervised case,* were:

A. Good psychoanalytic experience.
B. Analyzable but very difficult.
C. Worthwhile pedagogical experience but not "classic" evolution—difficult for student.
D. Unanalyzable.
E. Unanalyzable in this situation; might have worked with another student.
F. Not a good student case.

The group was divided according to three broad categories: suitable (A and B), unsuitable (C, D, and F), and not analyzable in this situation but so much question about the analyst's ability that the patient's suitability could not be evaluated (E).

FINDINGS

For the purposes of this report, the general characteristics at intake and observations related to course and outcome will be summarized. The findings will then be examined in categories based on duration of treatment, therapeutic benefit, nature of termination, final diagnosis, and suitability.

1. General Characteristics

Of the 40 patients in this group 35 (87.5%) were between the ages of 21 and 28, 29 (72.5%) were women, and 30 (75%) were single. There were 13 (32.5%) students, 9 (22.5%) health professionals, 7 (17.5%) in business, and 6 (15%) teachers. The remaining 5 patients were in various fields. Initial diagnoses were mainly character disorders: mixed neurotic character (37.5%), hysterical character (27.5%), and obsessional character (15%) were the largest categories.

2. Observations Related to Course and Outcome

a. Duration of treatment: All patients were seen 5 times a week for 50-minute sessions except for a few who were seen 4 times a week for the last year or so of treatments lasting longer than 5 years. Of the 40 patients:

4 patients remained in treatment less than 1 year.
5 patients remained in treatment between 1 and 2 years.
10 patients remained in treatment between 2 and 3 years.
4 patients remained in treatment between 3 and 4 years.
7 patients remained in treatment between 4 and 5 years.
1 patient remained in treatment between 5 and 6 years.
3 patients remained in treatment between 6 and 7 years.
3 patients remained in treatment between 7 and 8 years.
3 patients remained in treatment between 8 and 9 years.

Thus 31 (77.5%) patients remained in treatment more than 2 years; of these 31 patients, 10 (25% of the total) remained in treatment more than 5 years.

b. Nature of termination: Termination was rated according to the analyst's impression of 1) whether or not the termination seemed mutually satisfactory; and 2) the extent of the work accomplished. Of the 25 cases in which the patient and analyst agreed on the termination, 11 (27.5%) were rated as complete and 14 (35%) incomplete. Where the work was incomplete:

3 patients left New York.
2 analysts left New York.
2 analysts discontinued training.
1 patient had substantial unresolved problems.
6 patients' treatment was interrupted because continuation was not thought advisable.

In the remaining 15 cases the patient terminated treatment prematurely.

c. Therapeutic benefit: Analysts evaluated patients according to their own criteria, which might include symptom relief, changes in adequacy of functioning in such areas as relationships, work, sexuality. They also assessed aspects of psychological

structure, such as changes in defense, mobility of affects, ability to tolerate frustration. The study group fell into the following categories:

3 (7.5%) patients were thought to have very good result.
21 (52.5%) patients were thought to have substantial benefit, but there were significant unresolved issues.
7 (17.5%) patients were thought to have made little change during treatment.
9 (22.5%) were regarded as having established no significant treatment process.

Thus 60% of the entire patient group was thought to have benefited substantially.

d. Final diagnosis: The final diagnosis differed from the initial diagnosis in 19 cases. The greatest difference is reflected in the final diagnosis of 7 patients with borderline personality and 5 patients with narcissistic character disorders. Only 1 patient (narcissistic character) was initially diagnosed in these categories. In the remaining cases the analyst reported that further information allowed more specific identification of the nature of the character disorder or predominant pathology.

e. Suitability: When these cases were rated according to their suitability as training cases:

17 (42.5%) were rated by the analyst as developing an analytic process (A and B).
2 (5%) were rated worthwhile but not classical (C).
15 (37.5%) were rated unanalyzable (D).
3 (7.5%) were rated unanalyzable in this situation (E).
3 (7.5%) remained in treatment but were rated not good cases for a student (F).

The patients rated as suitable were described as having developed an analytic process during their treatment. The patients considered unsuitable included some who had first been regarded as involved in a psychoanalytic process, with subsequent difficulties such as a "transference psychosis" developing after four years of analysis in one case and severe regression in another. There were also changes in the direction of certain pa-

tients' being more suitable than the early work had suggested. It was noted that the 17 suitable cases included 14 of the 29 women in the group and 3 of the 11 men.

f. Correlation of data: The categories above are largely in the form of overall results for the entire group. The group was then divided into categories based on duration of treatment. Patients who were rated "unsuitable" (i.e., unanalyzable) tended to discontinue treatment earlier (mean length of treatment 2 to 3 years) than suitable patients (mean length of treatment 4 to 5 years). 8 of the 9 patients who discontinued treatment in less than two years were regarded as unsuitable and as having obtained no substantial benefit from the treatment. When the group is further divided according to length of treatment, we can see a gradual increase in the proportion of patients with substantial benefit:

Of 9 patients in treatment less than 2 years, 12% had substantial benefit.
Of 31 patients in treatment more than 2 years, 71% had substantial benefit.
Of 21 patients in treatment more than 3 years, 76% had substantial benefit.
Of 17 patients in treatment more than 4 years, 82% had substantial benefit.
Of 10 patients in treatment more than 5 years, 100% had substantial benefit.
Of 40 patients (the entire group), 60% had substantial benefit.

There is a similar gradual increase in the proportion of satisfactory terminations as patients remain longer in treatment. There were no cases classified as "satisfactory and complete termination" in less than four years:

Of 17 patients more than 4 years in treatment, 65% had a satisfactory termination.
Of 10 patients more than 5 years in treatment, 90% had a satisfactory termination.
Of 9 patients more than 6 years in treatment, 100% had a satisfactory termination.

With a finding of 100%, skepticism seems justified. The element of circularity and the possibility of the tendency of the analyst to regard the work as successful when it has continued for so long has to be examined. That issue will be further discussed below.

When the same 9 patients (those in treatment more than 6 years) are evaluated in terms of suitability—that is, had an analytic process develop and treatment proceed to a satisfactory conclusion—3 patients were rated unanalyzable. In other words, those 3 patients were thought to have remained for a satisfactory course of intensive psychotherapy, to have benefited substantially, but not to have been analyzed. All were diagnosed as having borderline character disorders.

Diagnoses had not been systematically defined and were divided into small groups in so many categories that only one observation seemed noteworthy: 6 out of 7 of the patients with borderline character disorders remained in treatment more than 4 years—a higher proportion than any other group. In the discussions of the outcome of treatment in this group it became clear that two separate issues always came up. One had to do with whether or not an analytic process had developed; the other involved therapeutic benefit. It was not uncommon for an analyst to report that the patient seemed substantially improved but had not been analyzable, or the work had been incomplete. I found it essential to make that distinction between analyzability and therapeutic benefit.

If we divide the group according to suitability-unsuitability and compare the ratings of each group for therapeutic benefit, we find:

15 of the 17 suitable patients were rated as having substantial benefit.[2]

9 of the 23 unsuitable patients were rated as having substantial benefit.

[2] The 2 "suitable" patients who did not have substantial benefit interrupted treatment after a brief period for "external reasons." Since the analysis could not proceed, it might be preferable to call such cases "indeterminate."

3. Follow-up Questionnaire

A one-page questionnaire was sent to all of the 71 patients seen by the Intake Committee during the study period—those who were not accepted as well as those who were in the study. The form asked about changes in symptoms or problems, therapeutic benefit, any experience with treatment whether at the Treatment Center or elsewhere, any subsequent treatment or further interest in treatment. 37 letters were undeliverable, including 15 of the 40 in the study group. The returns came from 17 of the patients in the study group; 4 from the patients not accepted; and 1 from a patient recommended who did not begin an analysis. The 8 patients who presumably received the letter and did not respond fell largely into the group rated unanalyzable and with little or no benefit. The small sample did not permit any useful statistical study of the returns. The attitude of the patients toward their treatment and the therapeutic benefit seemed consistent with the ratings made by their analysts at the end of the treatment.

4. Work of the Intake Committee

The Intake Committee of the Treatment Center at that time was a permanent group of eight training analysts, including the Director and Associate Director, and one additional member. At the Intake Committee meetings, members generally discussed their clinical impressions of a patient from the point of view of suitability as a first or second supervised case. The vote of each Intake Committee member, as recorded after the discussion, was regarded as that member's opinion of the patient's suitability.

Since the entire group of patients in the study had been recommended by the Committee, the overall rating of the success of the Committee in making suitable choices was the same as the proportion of suitable cases noted in the previous section: 42.5%. The voting pattern of the Committee as a whole was also considered:

Of the 14 cases recommended unanimously, 8 were rated unsuitable in the follow-up.

Of the 11 cases where one member dissented, 4 were rated unsuitable in the follow-up.

A positive vote might be cast even if a Committee member had expressed substantial reservations about the treatment process that might be established. In this respect a Committee vote did not register a representative prediction, but an opinion that this was a reasonably suitable case for a student.

Votes of individual members were also analyzed. The frequency with which each member's vote had agreed with the rating of suitability in the follow-up study—suitable or unsuitable—was calculated. The frequency ranged from 40% to 57%; that is, from one member who was in agreement on 16 cases to another who was in agreement on 23 cases. Each member's "correct" predictions were divided into two groups: how often a member was in agreement on a case rated "suitable" at termination, and how often in agreement in predicting a case rated "unsuitable" at termination, i.e., one in which the member voted against acceptance. Some members made all their correct predictions for suitable cases; they never correctly predicted an unsuitable case, i.e., had not voted against acceptance of any of these 40 cases. No member voted against more than 4 of the 18 unsuitable cases (22%). Of course, these results reflect the fact that only accepted cases are studied; all members cast negative votes in some of the cases not recommended for acceptance.

PRIVATE PRACTICE GROUP

For purposes of comparison, data were collected from a group of 7 graduate analysts on all analytic cases in their practices started during the same calendar period as the Treatment Center Study.[3] There were 42 such cases. When the term "suitable" is used in the tabulations in the graduate group, it refers to ratings of analyzability not connected, of course, to "suitability for a student." The data were collected in 1973; ratings were

[3] The 7 analysts were members of a study group meeting as part of the Center for Advanced Psychoanalytic Studies in Princeton, New Jersey. They practice in different parts of the United States.

made by each analyst for his or her own cases. The reports were made once; information on the subsequent course of these cases was not obtained.

The findings will be presented in categories paralleling, where possible, those used in reporting the Treatment Center group.

1. General Characteristics

The patients were older (47% above 29 years of age), predominantly married (64%), included more men (43%), and had a different range of occupations. Diagnostic categories were also predominantly character disorders with a somewhat different distribution of types. There had been substantial question about the suitability of six of these patients (D and E) at the time of initial evaluations.

2. Observations Related to Course and Outcome

a. Duration of treatment:

3 patients remained in treatment less than 1 year.
4 patients remained in treatment between 1 and 2 years.
5 patients remained in treatment between 2 and 3 years.
5 patients remained in treatment between 3 and 4 years.
3 patients remained in treatment between 4 and 5 years.
2 patients remained in treatment between 5 and 6 years.

In addition, 17 patients were still in treatment:

8 in the fifth year
5 in the sixth year
3 in the seventh year
1 had resumed after an interruption.

b. Nature of termination: Of the 25 patients whose treatment had ended, 6 were thought to have had a satisfactory termination; 19 were premature.

c. Therapeutic benefit: 23 patients were thought to have had substantial benefit.

d. Final diagnosis: Reclassification of diagnosis occurred in

18 cases. All except 3 were in the direction of more severe pathology than initially noted.

e. Suitability: When these cases were rated, 17 were still in treatment.[4]

25 (60%) were rated as developing an analytic process (A and B).
11 were rated unanalyzable (D).
5 were rated unanalyzable in this situation (E).
1 had no rating recorded.

f. Correlation of data: Since data were less complete and collected when 40% of the patients (17) were still in treatment, no extensive correlations were attempted. All of the 10 cases rated as "classical" (A) and 8 of the 15 cases rated as "difficult but analyzable" (B) are reported as having substantial therapeutic benefit. Of 17 cases not considered suitable, 3 were reported as having substantial benefit.

DISCUSSION

At the time this study was planned, there was very little discussion in the literature of the experience with Treatment Center cases chosen for first and second supervised analyses (Feldman, 1968; Knapp, et al., 1960). In many Institutes the evaluation of these patients is regarded as an interesting opportunity for clinical discussion and one of the few settings (others being the Admissions Committee and special study groups) in which a group of analysts share their impressions of a series of cases seen from the perspective of predicting their suitability for analysis.

It seemed worthwhile and feasible to review a group of such cases to their termination, so that a number of issues could be clarified. These included the suitability of the cases chosen: What kind of analytic training experience had the students had? Where cases were unsuccessful, how often had that happened? Could this have been better predicted from the data at initial

[4] 5 of the 6 patients about whom there was substantial question at the initial evaluation remained doubtful or discontinued shortly after treatment began.

evaluation? Did the difficulty lie elsewhere—e.g., in the absence of data the patient could not make available, in the method of evaluation, or in the ability of the student analyst? In terms of further refining methods of assessing analyzability, such a study also seemed an opportunity to find out whether some experienced analysts might be especially skillful. If so, could the methods they used be identified and provide some basis for improving the process? These questions seemed relevant beyond the task of choosing cases for supervised analysis. The limitations of initial evaluations are of concern whenever patients are considered for psychoanalysis and in the selection of candidates for analytic training as well. The limitations have been regarded by some as inevitable in such a complex field and by others as substantially reducible.

There is an extensive discussion of the methodological problems in an earlier paper, "Problems in the Assessment of Analyzability" (Erle and Goldberg, 1979). That work was closely related to the problems that had evolved as this study proceeded. The present discussion will start with two general considerations related to the overall design: the study is retrospective, and it is based on Treatment Center cases. The data will then be considered from two points of view. 1) What can or cannot be learned about these two groups of patients from such a study? 2) How does this experience illuminate the methodological problems of the study of assessment of analyzability and analyses? In the section which follows, a more satisfactory approach will be outlined.

Since this was a retrospective study, each one of the 40 cases involved reports from up to 9 Intake Committee members, 1 analyst and 1 supervisor, each of whom had done this work and formed opinions before the study was designed. Even in the group whose members were accustomed to working together, the Intake Committee, it was clear that definitions of terms were significantly varied and perspective or goals in accepting a particular case quite different. This was even more complex with the student analysts and the supervisors. It was not possible to

compare ratings made by different individuals in a meaningful way, even if they could report in detail their own understanding of a case. The retrospective nature of this study made the need for common criteria based on specific observable factors particularly clear. Without such definition one could study only such overall impressions as "suitable" or "unsuitable" (or "cannot be determined") or "useful as a pedagogical experience" or "not useful."

The choice of a Treatment Center population also imposes certain conditions. With these patients we have introduced many issues extraneous to the usual elements of indication and suitability. Among them are: selection according to financial need; the various effects of the intake process; the requirement of an early decision about suitability; analysis by inexperienced analysts; the impact of the supervisory process; the issues related to the importance of the case for the student's advancement; the impact upon the patient of being a Treatment Center case, a student case, and a supervised case. None of these problems are unresolvable in principle, but the effects are difficult to assess. This may explain in part why there are so few discussions of the impact of being a Treatment Center analysand in the literature (Lorand, 1958; Mayer, 1972). The impact of supervision on the student analyst and the analysis is often noted (Arlow, 1963; De Bell, 1963; Symposium on Psychoanalytic Supervision, 1971).

Demographic Data

The demographic data provide more simple and direct bases for observation and comparison. The Treatment Center group is predominantly female, young, and single. It is a different population from the private practice group in virtually all respects: age, ratio of male to female patients, marital status, profession, prior treatment, and financial resources. This is consistent with the widespread clinical impression that Treatment Center applicants are not representative of the total analytic group. In the preliminary report of the study made by The American Psychoanalytic Association (Shapiro, 1977), for exam-

ple, the patient population was 60% male, 40% female. Any group of analytic patients is likely to be a very select group; it may not be possible to find two comparable groups. The one element all such groups have in common is that they are patients with whom an analytic treatment is undertaken. Particularly at the present time when so many treatment alternatives are available to patients, this would seem to represent some significant combination of self-selection and selection by the analyst.

Diagnosis

There are three observations related to diagnosis which warrant discussion: 1) the diagnostic categories used; 2) the lack of correlation between diagnosis and suitability; and 3) the difference between initial and final diagnosis in almost half the cases in both groups. In both study groups most cases were classified as some variety of "character disorder." The term gives no clear indication of the symptoms, the severity, or the complexity of a particular individual's personality structure.

The small numbers and wide scatter of diagnostic categories did not suggest any clear correlation between diagnosis and suitability in these groups. Some studies have reported similar experience; others have not. What are the implications of this? Is there a difference in definition of the diagnostic category? Is there a different mix of subgroups—for example, Zetzel's (1968) four types of hysterical character—in the populations being compared? Is the treatment process or the method of evaluating outcome substantially different?

The problems of definition and criteria for judgment also come up in relation to the observation that many final diagnoses were substantially different from the initial diagnosis. Is this a result of terms being used differently, or of further, more accurate data being available? In these cases it is generally related to the increasing information about the patient's history and behavior in the treatment.

Classification according to diagnostic categories is complicated by several factors. Foremost is the lack of clear, generally ac-

cepted definitions. Diagnostic categories are frequently used for different and not compatible purposes: for example, administrative classifications as compared to clinical usages. At present, no single conceptual scheme has been adopted and applied in a uniform and consistent manner. For some purposes, using descriptive terms, we speak of neurotic or borderline or psychotic. At other times discussions rely on a framework of ego psychology or structural theory or developmental considerations, using what are called metapsychological approaches. Even within these there is variability in usage and definition or a tendency to assume general understanding and omit specifications. The problems in identifying and validating observable items to rate such functions as reality testing, affects, and object relations were discussed in greater detail in the earlier paper (Erle and Goldberg, 1979).

Some very experienced, respected clinicians put little emphasis on questions of diagnosis in their day-to-day work. It may be that the capacity to do the work required in undertaking an analysis depends on such factors as motivation, frustration tolerance, and the development of certain kinds of object relations, which are not clearly related to such diagnostic categories, or depend on very subtle kinds of judgments not reflected in the usual approach to diagnosis. However, for purposes of study and the development of understanding and theory in the whole field, issues of diagnosis cannot be ignored or treated as if there is already agreement and mutual understanding. Such classifications might be useful in indicating variations in the types of problems evaluated and treated: for example, the recent discussions of the suitability or limitations of analysis for borderline and narcissistic individuals. If some question of technique or result is at issue, the nature of the pathology in the patients being discussed may be crucial.

Course of Treatment

As we go on to consider data about treatment, it might be helpful to state at the outset that there are few definitive con-

clusions that can be drawn from the data—in terms of how well predictions were made, how often the cases were suitable, how this can be done better, how much valid information was gathered about the more complex issues. But the work has been valuable in terms of systematically identifying the problems in doing such a study. In addition, some of the criteria that are used in assessing suitability for analysis and for the study of other aspects of treatment—for example, "successful outcome"—can be evaluated in relation to these findings.

To begin again with the most important general methodological issue: in the Treatment Center study, despite interested cooperation from almost all of the analysts and supervisors, it was very difficult to judge the nature of the treatment process reliably from Treatment Center records and narrative reports. A pre-established definition of analytic process, as well as a method of collecting adequate data and evaluating it, is essential. Development of such a method is probably among the most difficult and challenging research problems in this area, as has been noted by many investigators (Dahl, 1972; Knapp, et al., 1975; Schlesinger, 1974). It is quite clear that such studies require some agreed-upon specific criteria which can be operationally defined. "Outcome," for example, discussed in terms of "successfully completed" (Oremland, et al., 1975), or "satisfactory termination" (Sashin, et al., 1975) is variable and subjective without a common framework. These cautions and observations are so familiar it seems redundant to repeat them; yet recent papers and everyday clinical discussions continue to confront us with the persistence of unacknowledged ambiguity.

Suitability for Analysis

Suitability for analysis is a crucial term. It would be best defined only in terms of the analytic process established; such issues as therapeutic benefit must be clearly separated. A method for structuring the analyst's evaluation of therapeutic benefit as a separate but relevant factor is also required. It is a particularly formidable problem of psychoanalysis, in which access to the

data cannot be direct or the treatment replicated, that some judgment must also be made of the consistency with which the reporting analyst applies the criteria. This might be measured against indirect evaluations by other judges. It is essential to establish criteria which avoid circularity.

Duration of Treatment

As noted, some of the criteria used in other studies could be tested in relation to these data. A patient remaining in treatment more than two years has been used as a criterion of a suitable choice by others. This study indicates there is no necessary correlation between duration of treatment and suitability for analysis. In this study a patient who continued in treatment and appeared to be involved in an ongoing analytic process was sometimes regarded as unsuitable only after a period of several years. This did not preclude therapeutic benefit, but marked some limitation of treatment due to such factors as severe regression, intractable resistance, or negative therapeutic reaction. There were also cases in the group where suitability was in doubt for several years until some resistance was analyzed or some amnesia or repression lifted. These cases would have been incorrectly judged in an earlier phase. Another group remained in treatment for periods of up to eight years, but were not regarded as analyzable. In other words, the entire course and nature of the treatment would have to be studied to adequately determine suitability and judge the validity of the criteria being tested.

Therapeutic Benefit

Therapeutic benefit is also used as a measure of a "successful analysis" or "satisfactory outcome" (Oremland, et al., 1975; Sashin, et al., 1975). In this study both analyst and patient report improvement in an increasingly higher proportion of cases as the duration increases. In each of 10 cases treated longer than five years, the analyst reports substantial benefit. How are we to

understand and evaluate these ratings? Criteria would have to be developed that clearly demonstrated improvement related to the treatment. The continuation of the treatment because a useful analytic process—or other appropriate treatment process—is ongoing, would have to be discriminated from other situations that prolong a particular treatment and influence the evaluation of results. These may include an increasing investment by the patient and analyst in believing the treatment to be helpful as it continues.

The limitations of this study make it impossible to evaluate rigorously the element of circularity. That the distinction between benefit and suitability was attempted by the analysts in the study group seems particularly clear in relation to the four borderline patients remaining more than five years in treatment. Some analytic methods were used either at times or throughout treatment: the couch, frequency of visits, interpretation of transference and resistance. However, each analyst reported that some limitation or modification of what he would consider analytic technique seemed required; thus the treatment process was not regarded as an analysis. The treatment appropriate to the case was an intensive psychotherapy. In the private practice group it is even harder to determine how evaluations of suitability and benefit influenced each other.

Follow-up Questionnaire

An additional source of information was explored in this study: the brief follow-up questionnaire. The small percentage of replies (17 of the 40 cases) is an important limitation. As might be expected, the replies were largely from patients who remained longer and had greater benefit. The problems of assessing the patients' reports of the analysis are even greater than assessing the analysts' reports; the frame of reference is even less clearly defined.

Such reports by the patient must be distinguished from analytic data proper, since the context in the patient's associations and life are not available in the same manner as during an analy-

sis. One patient, for example, whose analyst had described termination shortly after a psychotic transference episode, reported: "My years in analysis were of great help to me at the time." Both appear to be accurate statements from an entirely different frame of reference.

Moreover, the question arises whether follow-up studies based on such material can yield sufficient understanding to justify the intrusion on the patient. Concerns for the patient's privacy, confidentiality, and independence are fundamental to the development of an analytic situation. That concern continues after the end of an analysis.

Study of Private Patients

By 1972 all of the intake data had been collected and all of the cases reviewed at least once. The figures up to that point were interesting, but it was very difficult to know how to evaluate them without any comparable data from another group. There are no studies in the literature based on observations of the entire course of the analyses of a large group of patients. Some of the difficulties are familiar: the length of treatment, the large volume of material, the intrinsic nature of the procedure which precludes direct observation, the requirement of confidentiality, and the problems of defining observables and validating their use as criteria.

When this study was reported in a preliminary form to the Intake Committee, the responses were varied. Some members thought that having half of the recommendations turn out to be suitable cases was consistent with their experience; others thought that it was startlingly low and some that it was a little better than general experience. A survey of data collected from the private practice of a group of graduate analysts would serve two purposes: 1) the collection of the data for some perspective on the Treatment Center group; 2) the exploration of the problems in applying this method to a group of private patients. The study of 42 private patients described earlier was initiated at this time.

The data have been briefly compared with those of the Treatment Center study group. The problems are interesting and difficult. It was noted that almost half of the graduate analysts who had agreed to participate did not do so. There may be many reasons for this, but nonparticipation cannot simply be dismissed as "resistance" or intellectually suspect "secretiveness." In some instances hesitation appeared to reflect the analyst's concern about intrusion on the patient's privacy and a concern about distortion of the treatment process. The availability of analysts willing to attempt such a complex evaluation is obviously a prerequisite. If their cooperation is to be enlisted, analysts must be convinced of the value and legitimacy of properly designed studies and the adequacy of safeguards of privacy and confidentiality.

Study of the Intake Committee

One aim of the study was to review the process of assessment by the Intake Committee. The review of the minutes of Intake Committee meetings provides some information about the manner in which the individual analysts made their evaluations, as well as some aspects of the committee method of assessment. Some of the findings can be categorized statistically according to the final vote. Those votes have already been reported. The decision reflected in that vote merits further examination.

Individual members evaluated factors in different, characteristic ways in making their judgments. Several members, for example, tended to discuss patients in terms of the nature and level of drive derivatives in the conflicts related to the presenting complaints. While ego functions were not ignored, "classical" hysterical or obsessional symptoms in patients with oedipal conflicts would be regarded as criteria of suitability for analysis. Another group, noting the same oedipal conflicts—for example, heterosexual object choice difficulties—focused on the nature of defenses, the quality and nature of object relationships, and other aspects of life functioning, regarding themselves as more inclined to consider ego function. An individual committee

member was sometimes regarded as particularly perceptive or acute in his understanding of one area or type of problem, while the opinion of another would be attentively listened to about another type of pathology or symptom.

Other contrasts are seen in the way discussants expressed their recommendations. Some tended toward a methodical formulation of personality structure; others toward an "intuitive" type of discussion. There might be a quite definite statement of prediction, or the point of view that the reliability of prediction and evaluation was less certain. The latter group might be inclined to recommend acceptance in more doubtful or unclear situations. This is reflected in the patterns of individual voting, in which some members are found to have voted in favor of the acceptance of all of these cases. Thus, to understand the final vote, three elements of the working process of the committee must be noted: the individual's original evaluation of the data, the impact of the discussion at the meeting, and the final recommendation of the committee, which reflects both. In some instances there was a wide range of opinion with strong impressions for and against acceptance of a case. It might then be agreed unanimously to accept the case to determine its potential as a student case. The final vote (individual and committee recommendation) would be reported as in favor; the questions and reservations were in the report of the discussion. This was the situation in several of the unsuitable cases in which all or all but one voted to accept. Each patient turned out to have pathology that precluded working productively in the analysis that was attempted. The final diagnosis in the 13 unsuitable cases which were recommended unanimously or with one dissent were: 4 cases with severe narcissistic character disorder, 5 cases regarded as borderline with ego defects, 3 cases with uncontrollable acting out, and 1 patient with an obsessional character disorder who fled after five weeks.

Systematic investigation of factors contributing to these errors was beyond the scope of this study. Elements that could be clearly identified included information that was not available

due to withholding by the patient, repression or denial, or some omission in the interviewing. In some instances problems seen clearly in retrospect had not been properly identified or evaluated at intake. This seemed to be unavoidable in some cases.

Committees are used in making such evaluations for many reasons, including the widespread belief that more satisfactory conclusions can be reached if a number of people participate. In this study, the decisions of individual members of the Intake Committee were compared with the decisions of the committee as a whole: 42.5% of cases recommended by the committee as a whole were rated suitable in the study. The average of individual committee members, voting after the discussion, was 47%. 6 of the 9 committee members had a higher percentage of correct ratings (44%-57%) than the committee as a whole; 3 members were lower (40%-42%) than the committee. This could be studied with more accurately defined criteria. One would have to ask members to register opinions before and after discussion. It would be interesting then to compare the individual function with the committee.[5]

Committee decisions are not limited to evaluation of student cases; they are also made in admission for training and included as part of some plans being developed or currently used in insurance and peer review procedures. We might also note the time and expense involved in these methods of assessment. Committees are useful or necessary in the functioning of organizations. Their usefulness in clinical matters should not be assumed or taken for granted. It requires careful study.

Conclusions

This paper reports an attempt to use a model which has been successful in other clinical areas: an investigation of diagnosis,

[5] This was informally investigated when I gave protocols to students in the fourth-year course on assessment. They were asked to record their recommendation before class and, following discussion, opinions were often changed. When we discussed the outcome, we could see that the original opinion—before group discussion—had frequently been more accurate.

treatment, results, and follow-up. It has significant limitations when applied to the assessment of analytic treatments, particularly in retrospect. Some of the reasons have been discussed.

A number of researchers (Dahl, 1974; Graff and Luborsky, 1977; Knapp, et al., 1975; Schlessinger and Robbins, 1975) have attempted to develop other models or methods to investigate aspects of psychoanalysis, including tape recording, experimental situations, and direct observation. Some of these may have the advantage of fidelity in documenting some parts of the analytic situation, but each is different from or alters the treatment process in some way. That is also the case when such arrangements as length and frequency of sessions are changed. This is not necessarily bad or good, but each change requires the accumulation of a whole new body of experience before it can be evaluated or its relevance to the psychoanalytic situation established. Some consequences of these variations have been discussed at length in a paper on problems of research in psychoanalysis by Schlesinger (1974). Even more subtle pressures, such as the particular research interests of the analyst, have frequently been recognized as altering the analytic process. Whatever the shortcomings of the classical analytic situation, there is a large body of experience that has accumulated over many years. With so many variables that cannot be controlled, it is advantageous to keep the factors that can be controlled stable—e.g., length and frequency of sessions. This allows focus on as clear and narrow a field as is productive and avoids unnecessary complications.

In a discussion of the futility of attempts to investigate problems in science that are too complex, Kornberg (1976) wrote:

> It is the essence of scientific discipline to ask small, humble and answerable questions. Instead of reaching for the whole truth, the scientist examines small, defined and clearly separable phenomena. The pattern of science is a step-wise extension of what came before. Whereas the doctor must treat the whole patient, and at once, the scientist can isolate the smallest facet that intrigues him and grapple with it for as long as it takes (p. 1214).

It is particularly difficult to isolate small, answerable questions in psychoanalysis. The analytic literature is replete with references to the extraordinary difficulty and complexity of designing satisfactory research methods (Luborsky and Spence, 1971): how to obtain data in a complete and reliable form; how to decide what is of significance and likely to be both manageable and productive. Frequent mention is also made of the time required to do such studies, which may limit participation to those devoting a substantial proportion of their time to research.

In a previous paper (Erle and Goldberg, 1979), the importance of an operational definition of psychoanalysis was discussed. This included the need for criteria and specific observable factors which would allow inter-observer verification. Since direct observation and replication is not possible, indirect measures have to be developed, such as the criterion of internal consistency. It is not only necessary to specify what is being observed, but the location from which it is being observed. In this study there are data from "outside" the analysis—e.g., the data of intake and the supervisor's reports and follow-up—as well as data from "inside" the analysis—about the development of the transference neurosis, for example. These observations need to be clearly distinguished.

We have considered what could be understood from this study and some of the methodological problems from a practical and theoretical point of view. What might be proposed as a more adequate design? Two lines of approach may be required. The first has to do with further development of methods for obtaining data of the ongoing analytic treatment with minimal intrusion and distortions; to look from the "inside," so to speak. The second approach would be through a prospective study of the entire course of a number of analytic treatments, with a substantial part of the data from the "outside," for example, demographic data, reports of duration, and outcome. They would provide quite different perspectives, but each might permit clearer understanding of the other and could be related to the other. Each would have as prerequisites an operational defini-

tion of psychoanalysis and criteria for recognizing that process through specified observables. Each approach would have to address the problems of confidentiality, intrusions which significantly alter the treatment, and the limitations of understanding such a complex process. (These are issues which have been discussed at length in the earlier paper cited above [Erle and Goldberg, 1979].)

To begin with the more challenging problem, how can analysts make data available that will allow others to understand and evaluate what is occurring in any given part of a psychoanalysis? The criteria would have to rest on such observables as the regular recurrence of certain ideas or objects or words or affects in association with each other. This, of course, is only to formulate in the simplest terms of criteria of contiguity what analysts constantly depend on in their work. Very complex efforts at analyzing such links have been attempted with a recorded analysis (Dahl, 1974) but, however informative, the additional variables which are introduced make for significant differences in the treatment situation. Another approach attempts a record of an analysis through detailed notes which permit the reader to check his or her own understanding with that of the analyst or other readers (Dewald, 1972). Detailed reports of the analytic material, most important for a study, allow several observers to rate the material independently and compare their ratings. Intrusions might be minimized if the analytic material were made available to raters without the participation of the treating analyst, perhaps optimally after the treatment has ended. Such methods have been used in certain pedagogical situations, in study groups, and in attempts at ongoing assessments, but are difficult, very complex, and of limited value without clearly stated definitions and detailed process material. The demands in time and complexity limit this approach to a small number of cases, but that may be sufficient to investigate such methods. Certainly all analysts have experienced the difficulty of presenting and reaching agreement on the subtle issues any case may pose, but the potential of such efforts, systematically applied, has not yet been established.

The second approach would be a prospective study of the entire treatment of patients with whom an analysis is begun. A prospective study would permit the systematic collection of data according to criteria which were defined in terms of specific observable items. It is essential to document what *can* be clearly evaluated. It is equally necessary, in a situation which is so complex, to delineate areas of uncertainty and ambiguity and the processes through which they may eventually be resolved. It is clear from this Treatment Center study group, from the private practice group, and from many references in the literature that certain data may not be available or are not in a context that allows adequate interpretation at initial evaluation. As noted above and as commonly observed in clinical practice, it may be possible to resolve such ambiguities or uncertainties rather rapidly or only after a very long period.

Psychoanalysis is a procedure suited to the understanding of certain problems in certain patients; this must be demonstrated reliably. The method proceeds through allowing the patient's psychological functioning to unfold in a manner that is influenced as little as possible by the analyst. This entails the protracted tolerance by both the analyst and the patient of uncertainty, contradiction, and ambiguity which may obscure issues of diagnosis and prognosis for long periods during the treatment. That does not preclude the possibility of exploring those issues.

Here an analogy taken from physical illness might be helpful: when a diagnosis is made and the appropriate treatment undertaken, the prognosis can be stated only in statistical terms. Outcome has been carefully studied in groups of similar cases and some specific, sometimes quite complex, prognostic factors identified. The outcome in a particular individual remains uncertain, although the subsequent course may allow increasingly more accurate prediction. It is extremely useful to have the statistical prognosis, especially if it can be correlated with certain specific factors, even though both patient and physician may have to deal with considerable uncertainty about the individual process. Similarly, both perspectives are necessary to an under-

standing of issues of assessment of analyzability: the statistical prediction and the understanding of uncertainty in an individual case.

The investigative procedure established would have to minimize intrusion and might require that the study of the data would not begin until after the treatment was completed. In the present study the impact of the research on ongoing cases did not seem appreciable but, as noted, there is no way to judge this. It might be quite a different issue in a prospective study but the advantages of more prompt, ongoing reports or delay until termination could be investigated. During the study the analyst would record the data from the patient at consultation, his own evaluation according to the criteria to be rated, and the data of the ensuing treatment. Investigators could then apply the criteria developed to rate the prognosis, course of the treatment, suitability of the patient, therapeutic benefit, outcome, and diagnosis. The participation of a small group of graduate analysts in a pilot study would allow evaluation of the method and its suitability for wider use. One way in which the validity of criteria and observable factors could be checked would be to review their consistency with the observations and conclusions of the first approach, the examination from "the inside."

SUMMARY

This study has provided information about the natural course of the analyses of 40 patients by analytic candidates. This kind of information is necessary if we are to begin to evaluate the usefulness of certain criteria in investigating analyses. The study demonstrates the importance of examining other groups both for comparison and to develop the method further.

In this group 42% were thought to be involved in a psychoanalytic process; 60% were rated as having therapeutic benefit. It is quite clear that standing alone such figures mean little: it requires careful attention to method, a study of the complete treatment, and the cooperation of many individuals to give them

significance. The data also need to be organized in a way that allows meaningful comparison with other groups.

A method is proposed which seems useful and feasible: a systematic prospective study of analytic treatments which have been conducted by experienced analysts. This will include the process of initial evaluation so that assessment of analyzability could be studied in relation to the entire treatment.

Clearly, the uncertainty which is inherent in analytic work cannot be eliminated. However, it may be useful to know what the boundaries of that uncertainty are: which areas are known, which unknown, and which unknowable.

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FORM CREATION IN ART: AN EGO-PSYCHOLOGICAL APPROACH TO CREATIVITY

BY PINCHAS NOY, M.D.

The recent ego-psychological approach to form in art is utilized to understand the significance of form creation to artistic creativity in general. Two kinds of form in art are discussed—"good form" and "perfect form." The first is explained as the means used by the artist's ego to facilitate the expression and communication of latent meanings; the second, as the means used by the artist's ego to order disparate mental elements and to reconcile those opposite wishes, ideas, and emotions, whose opposite valences may endanger the integrity and cohesion of the self. In line with the assumptions presented in the paper, creativity and neurosis are described as two different methods used by the ego to solve the same underlying problems.

The psychoanalytic theory of artistic creativity has repeatedly been blamed for its one-sidedness—for the fact that it places all its emphasis on the attempt to uncover latent meaning, thereby overlooking almost all the central issues necessary for understanding the way in which art is actually created. Susanne Langer (1942) criticized psychoanalytic theory as follows:

> . . . I do not think this theory (though probably valid) throws any real light on those issues which confront artists and critics and constitute the philosophical problem of art. For the Freudian interpretation, no matter how far it be carried, never offers even the rudest criterion of artistic excellence. It may explain why a poem was written, why it is popular, what human features it hides under its fanciful imagery; what secret ideas a picture combines, and why Leonardo's women smile mysteriously. But *it makes no distinction between good and bad art* . . . . it can look only to a hidden *content* of the work, and not to what every artist knows as the real problem—*the perfection of form,* which makes this form "significant" in the artistic sense (pp. 207-208).

And Hacker (1953) has stated:

> . . . it is equally undeniable that psychoanalysis, while eliciting many details of artistic production, and answering many peripheral questions of art, has missed or avoided the central problem. . . . In short, our science has clarified everything concerning art but art itself (p. 129).

It would be unfair to blame Freud for this one-sidedness, as he purposely abstained from proposing any theory regarding artistic creativity. In his *Autobiographical Study* (1924), he wrote about the psychoanalytic theory of art: "It can do nothing towards elucidating the nature of the artistic gift, nor can it explain the means by which the artist works—artistic technique" (p. 65). And a little later, he admitted: "Before the problem of the creative artist analysis must, alas, lay down its arms" (1927, p. 177).

In his studies Freud approached art as a medium through which the artists succeed in expressing, in a sublimatory manner, their hidden wishes and conflicts. Freud therefore used art as another "royal road to a knowledge of the unconscious activities of the mind" (1900, p. 608), alongside the dream and the joke. Thus, he was more interested in utilizing the intuitive knowledge of the creative artist to understand the depths of the human mind than in applying his knowledge of depth psychology to understanding the phenomenon of artistic creativity. As a matter of fact, most of his classic papers on art, such as those on Leonardo da Vinci (1910) and Dostoevsky (1927), are studies on "psychosexuality," "parricide," etc., more than they are studies on art.

The psychoanalytic study of the creative process proper began only with the development of ego psychology. This development shifted the focus of interest from the latent content of the mind to the mechanisms which process these contents, thereby allowing psychoanalysis gradually to begin tackling the crucial problems of artistic creativity: the process of creativity, the structure of the creative personality, creativity and psychopathology, and the artist's most pressing problem—the perfection of form.

The aim of the present paper is to examine artistic creativity from the point of view of form, to attain an understanding of the process of form creation, the function of "good form," the search for the "perfect form," and the difference between neurosis and creativity insofar as they are revealed in the study of form.

Aestheticians in the eighteenth and nineteenth centuries spent their time discussing "content versus form." On one side was the group of philosophers who, basing their work on the tradition of Plato, Plotinus, and Longinus, regarded form as the mere outer mask of the content, of an "idea" that by its verity shines through even the roughest form (*splendor veri*)—Hegel, for instance, who stated that form is only the manifestation of the idea. On the other side were those who, basing their concepts on the tradition of Augustine (*splendor ordinis*) and Thomas Aquinas (*splendor formae*), regarded form as the dominant element for determining the aesthetic value of art—for example, Herbart, the creator of *Formenwissenschaft,* who believed that beauty in art is only to be found in form, or Schiller, who regarded form as so dominant that it is able by its very charm to demolish content.

While psychoanalysis has never taken an explicit stand in the debate about content versus form, it does seem to suit implicitly the approach expressed by those who regard form as the decisive element in determining the aesthetic value of art. Freud's main contribution to the study of art was in showing that the analysis of *any* work of art always reveals that it contains a latent meaning which is reducible to the basic motives and conflicts common to all human beings: the oedipal conflict, homosexual problems, etc. The difference between Freud and those among his pupils who developed their own independent theories on art is found mainly in the basic conflicts to which they connected artistic activity, as in the case of Rank (1909), who related artistic activity to the infantile struggle for independence, or Klein (1929), who related it to the striving to overcome the depressive position.

According to this approach, every art is merely a sublimated expression of the same limited number of basic human themes,

and the difference between the thousands and thousands of works of art is to be found only in the way these themes are handled by the artist. Therefore, there is nothing creative in the content of art, but only in the form, in the endless ways that these redundant themes are elaborated and represented in the various artistic media.

But before discussing the psychoanalytic approach to "form," we have to define the terms, content and form. The classical definition of content and form, as used in philosophy from the days of the ancient Greeks, cannot be adapted to the psychoanalytic conceptualization. Freud showed in his dream studies that the latent content of a dream may be represented in a form as well as in the manifest content—for example, a triangle which may represent the oedipal conflict in a dream. While stressing the fact that the manifest dream is only a façade which has almost no significance as an organized form in itself, Freud (1915-1917) reminded us: "There are other occasions when this façade of the dream *has* its meaning, and reproduces an important component of the latent dream-thoughts with little or no distortion" (p. 181). In his studies of Leonardo da Vinci (1910) and Michelangelo (1914), Freud showed that meanings may be expressed by elements of form, not only in the dream, but also in art.

Some modern schools of aesthetics hold a similar opinion, in that they regard form as one of the ways to express content, especially in the case of the "contentless" arts, such as architecture, ornamentation, and particularly music. Both C. C. Pratt, whose concepts stem from Gestalt psychology, and Susanne Langer, whose work is based on symbolic logic, arrived independently at the assumption that form can be a direct expression of emotion because of the similarity between the formal patterns in music and the patterns of human emotion. Langer (1953) wrote: "The tonal structure we call 'music' bears a close logical similarity to the forms of human feeling. . . . Music is a total analogue of emotive life" (p. 27). Pratt (1952) stated that "music sounds the way emotions feel" (p. 24) and explained (1954) that "only in music is the meaning of the form identical

with the form itself. Here content and form are one—whatever that phrase means" (p. 289).

These modern objections to the classical distinction between content and form require us to reformulate the two concepts. For the present study I would define form as *the means used to express, represent, or organize meanings.* The creativity of the artist manifests itself mainly in the *form* of his art, in his ability to search out and find the best means to convey the meanings he is interested in expressing and, if no such means already exist, to create them. As Pepita Haezrahi (1965), the late lecturer in aesthetics at the Hebrew University, has written:

> From the viewpoint of the artist everything is content or material or mental aesthetic elements: the subject of his creation; the medium in which he works; the technique he uses; the genre he chooses; his talent, style, inspiration—everything *except the creative activity itself.* On the other hand, for the artist form is nothing more than the solution of the problem, or, more exactly, the problem-solving activity itself. If the solution of the problem is efficient, elegant and economical, it will appear successful and endowed with that aesthetic charm which is called beauty (pp. 120-121).

In spite of the similarity in formulation between the approach of the aesthetician and the psychoanalyst, there is an essential difference. For the aesthetician "content or material or mental . . . element" consists of all the manifest material at the disposal of artists when they begin to shape their creations, while for the psychoanalyst "content" also includes the unconscious material pressing for expression, about which artists rarely have any knowledge before they begin and, very often, even after they have completed their work. Therefore, while for the aesthetician the activity of form creation is mainly a technique, an expression of the artist's craftsmanship and problem-solving ability, for the psychoanalyst form creation encompasses the entire gamut of mental functions involved in the control and the discharge of unconscious wishes and motives, in the regulation and adaptation of inner needs to the requirements of reality, in mastering

emotions and experience—in short, in all the functions which we call ego functions. This is the reason why most modern students of form, such as Bush (1967), Moses (1968), Niederland (1976), Slochower (1974), and Waelder (1965), have approached form and form creation from the viewpoint of ego psychology. To quote Bush (1967): "The psychoanalysis of form seems to eventually reduce itself to the psychology of the ego. . . . Almost every function of the ego (defense, discharge, neutralization and binding of energy; mastering reality; etc.) has been attributed to form in a work of art. The basic paradigm is that form stands to content as the ego stands to the id, the superego and reality" (pp. 27-28). And Moses (1968) thinks that art and ego psychology may cross-fertilize one another; that not only can we use the knowledge of ego psychology to understand the formal aspect of creation, but also the study of form ". . . can be expected to deepen our understanding of the practical implications of ego psychology and to expand its theoretical basis" (p. 220).

The approach that regards form creation in art as an expression of the ego functions will be adopted in the present study. An attempt will be made to explain:

1. "Good form" as the means used by the ego to facilitate the expression and communication of latent meanings.
2. "Perfect form" as the means used by the ego to order disparate mental elements and to reconcile opposing wishes, ideas, and emotions as a part of the ego's efforts to maintain the integration and cohesion of the self.
3. The difference between creativity and neurosis as two different ways for the ego to solve the same underlying problems.

THE FUNCTION OF "GOOD FORM"

It is common for psychoanalysts to cite a dream as "creative" in their case presentations and discussions. From the strict definition such a citation would be erroneous because dreams are generally not communicable. Common to all modern definitions of creativity is the condition that creative products must, to some

extent, be communicable to or sharable with others; for example, the definition of Kahn and Piorkowski (1974) who wrote: "Creativity denotes the ability to produce unique syntheses in reality-oriented, communicable forms" (p. 233).

But even if we disregard this reservation, what do psychoanalysts mean when they speak about a "creative dream"? Certainly they cannot consider the content itself to be creative, since they know that the latent meanings of a dream always represent the same limited number of universal themes and conflicts. They do not even regard the form of most dreams as creative, since they regard the transformational devices of condensation, displacement, symbolization, etc., to be regular activities of the dream work. When they do find themselves impressed by the "creativity" of the dream work, it is usually because a particular dream uses outstandingly clever or elegant tactics to deceive the censor by finding an extraordinarily intricate way to express its meanings as blatantly as possible, despite the various defenses and controls that endeavor to prevent this. The dream is seen in psychoanalysis as the product of a dynamic interplay between the latent content pressing for expression (or at least for representation on the inner mental screen) and the opposing forces of defenses, shame, guilt, and reality considerations attempting to prevent such expression. In this "catch-as-catch-can" interplay, anything is considered fair, and the dream work may use any trick possible to enable it to represent its latent meanings on the manifest dream screen as faithfully as possible. These tactics are not limited to the dream proper, but to everything surrounding it, such as the general atmosphere in which the dream occurs (boredom, interest, enlightenment, etc.), the manner in which it is remembered, and all the various comments made by the dreamer when he or she is relating the dream ("what a funny dream"). A common example of one such tactic, presented by Freud, is the dream inside the dream, which enables the dreamer to express contents which would not otherwise be allowed to enter the manifest dream, because they are perceived by the dream itself as "only a dream."

A patient, a professional woman who speaks four languages

fluently (Hebrew, Rumanian, English and German) presented a dream in which the analyst appeared as "Dr. Tief." "I could immediately understand the reason why the dream changed your name to Dr. Tief," she explained. "I felt that your interpretation of the last session penetrated *tief* into me [*tief* in German means "deep"], and this gave me a good feeling." After additional associations, all of which led in the direction of sex, she came to understand that *"tief"* might have the additional meaning of expressing her wish to be penetrated "deeply" sexually. At the beginning of the next session she declared: "I couldn't stop marveling at how elegantly the dream succeeded in concealing my sexual wishes with an ordinary and legitimate meaning, in using the double meaning of the word "fit." It was now the analyst's turn to be taken aback, because he had no idea of what double meaning might be concealed in the word "fit." Without being aware of the fact that she inverted the word *tief,* she continued to explain: "Fit describes your interpretation, which was so right and exactly *fit* my problems, and *fut* which means 'to screw' in Rumanian."

We may assume that the inverted second version of the next session was the one which originally appeared in the dream. The dream used the double meaning of the word "fit" to conceal a prohibited sexual wish by emphasizing the seemingly innocent meaning. But even in this innocuous form, the word "fit," alluding to a vulgar word like *"fut,"* could not be allowed access to conscious memory. Therefore, the patient's unconscious arrived at the creative idea of inverting the word to *tief,* an inversion which keeps the same double meaning but presents it in a more acceptable manner. Only after these meanings were legitimized by the analyst could she return in her memory to the original word and express her wish openly.

We could say that the dream work is always confronted with the problem of how to enable the dream to fulfill its functions in the best way, in opposition to the various forces that strive to repress its contents, to distort its meanings, and to eradicate its images from waking memory. When the dream work succeeds in

expressing its meaning by finding an especially intricate form, we are so impressed by the solution that we feel called upon to label it creative.

Creative artists are faced with the same problem. They must find the best form with which to express, as faithfully as possible, their contents. But the problem is far more complicated than that of the dreamer in that artists strive to create a communicable message that will have some significance for others. Not only must they overcome the resistance of their own censor, they must also attract the attention of others, stir their imagination, arouse their emotions, satisfy their wishes, and provide them with a stimulating experience.

Freud described the problem of the creative artist as that of how to make daydreams communicable. In his *Introductory Lectures on Psycho-Analysis* (1915-1917) he outlined the task of the artist:

> In the first place, he understands how to work over his day-dreams in such a way as to make them lose what is too personal about them and repels strangers, and to make it possible for others to share in the enjoyment of them. He understands, too, how to tone them down so that they do not easily betray their origin from proscribed sources. Furthermore, he possesses the mysterious power of shaping some material until it has become a faithful image of his phantasy; and he knows, moreover, how to link so large a yield of pleasure to this representation of his unconscious phantasy that, for the time being at least, repressions are outweighed and lifted by it (p. 376).

Many psychoanalytic studies of art inspired by this approach have tried to analyze works of art that are characterized by an extraordinarily unusual form, in order to show that these forms hide a device that enables their creators to express their hidden wishes and conflicts with the least possible disguise. A good example of this is provided by the studies of Kligerman (1962) and Wangh (1976) on Pirandello's *Six Characters in Search of an Author*. Both studies showed that Pirandello created a "dream within a dream" by creating an inverted dramatic structure in

which the main characters in his play search for their author, rather than the usual situation in which the author is the one who presents his characters. By ensuring that ". . . no event is allowed to unfold uninterrupted, no feeling to be expressed, no thought pursued to its conclusion" (Wangh, 1976, p. 325), an emotional distance is created which allows the author to express his innermost conflicts almost completely without disguise.

The problem of the creative artist is how to find the best form to transmit the meaning inherent in the work of art from its origin in the deepest layer of the artist's mind to its final destiny, the deepest layer of the mind of the consumer. Along this route there are three censor stations that the artist must cross: his own inner defenses and controls; the surface protective barrier of the perceptual apparatus of the consumer; and the inner defenses and controls of the consumer. What is called "good form" in art is that form which succeeds in getting the artist's message across these three censor stations with minimal resistance and minimal distortion of the original meanings. The first and the third of these three censors are the same as those active in the dream, and the tactics used to overcome them are similar to those used by the dream work. The second censor is the only one exclusive to art. The crucial problem of any art creation is how to cross the superficial defenses of the perceptual apparatus, a precondition for its message being admitted into the deeper levels of the mind.

The surface layer of the perceptual apparatus, which operates according to the logical secondary processes, tends to organize all the perceptual input in terms of the pre-established categories of logical thought and language and the rules of "Gestalt" (see also, Ehrenzweig, 1953). The activity of these preset programs enables the perceptual apparatus to organize, in the shortest time and in a semi-automatic manner, all the scattered elements of input into meaningful information and at the same time to act as a filter to exclude all elements of input that do not fit into its network. Almost all words that cannot be structured into grammatical sentences, ideas that do not submit to the rules of logic,

images that cannot be organized into established Gestalts, are automatically rejected as being "chaotic" or "nonsense," without any examination by our surface perception. In the case of art, a book will simply be put down, music on a radio shut off, or a picture by-passed.

One of the major concerns of the creative artist is how to prevent his work from being ignored, how to pass the filter of the perceptual apparatus in order to convey the latent symbolic meanings and to arouse a response in the deeper layers of the mind.This protective barrier, the same as any defenses of the ego, cannot simply be by-passed or penetrated, but can yield when its cooperation is ensured in some way. To my mind, most of the creative endeavors of the artist are manifested in the way he shapes his artistic material into a form that will be seized upon by the protective barrier and allowed to enter into the deeper layers. Artistic style and technique can be perceived as means of attracting, deceiving, circumventing or outmaneuvering the structural defenses inherent in the protective barrier, in order to be allowed access into the deep mind without arousing resistance and rejection.

The first one to analyze artistic style from this viewpoint was Ehrenzweig (1953). He pointed out that the arts of painting and sculpture had been subordinated for hundreds of years to the law of realistic representation; that is, an image portrayed on canvas had to fit, in a reasonable way, its appearance in reality. But, as he went on to show, deeper symbolic meanings are conveyed not in realistic representation but in distortion, discoloration, and other deviations from it. Therefore, the problem of the painter is to find a way of distorting a figure or any part thereof without violating the law of realistic representation—in other words, to represent the irrational in a seemingly rational manner. Ehrenzweig showed that the discovery, in the *quattrocento,* of perspective and the later discovery of chiaroscuro were good examples of how painters found creative solutions to this problem. To quote Ehrenzweig (1953): ". . . the discovery of perspective was not a coolly rational achievement but, like all

creative efforts, served in the first place to express an irrational symbolism" (p. 181). By using perspective, the painter may distort any part of the image, change any proportion or sizes, and always find a logical excuse, such as: "You are correct when you claim that I have portrayed this man with a big head and small body, but if you view a man from above you will see that this is exactly the way he appears." The same is true for chiaroscuro, in which the painter may discolor any part of a figure in the most fantastic way and always use the excuse: "It appears that way due to the play of light and shadow." And Ehrenzweig explained: "The discovery of perspective is hailed as a rational achievement of art enriching our knowledge of nature. Psychologically, it is nothing of the sort. It allowed the full ambiguity prevailing in the depth-mind to intrude into the well-ordered and rational world of thing-constancies" (p. 182).

The same problem, that of how to cross the protective barrier, also pertains to music. Taylor and Paperte (1958), in their survey of the various theories explaining the effects of music on human behavior, presented the psychoanalytic theory: ". . . music because of its abstract nature detours the ego and intellectual controls and, contacting the lower centers directly, stirs up latent conflicts and emotions which may then be expressed and reactivated through music. Music produces in us a state that operates somewhat like a dream . . . [The] main weakness [of this formulation] is its failure to indicate how music accomplishes this aim" (p. 252).

Without dwelling here on the various theories of how music "stirs up latent conflicts and emotions," it is my opinion that it successfully "detours the ego and intellectual controls" (the protective barrier) not only "because of its abstract nature," but because of the use of a variety of formal means to deceive or bribe these controls and defenses.

According to Ehrenzweig (1953), music, like any other art, is based on Gestalt-bound structures amenable to the rational requirements of "surface perception." In music most of the means used to pass the protective barrier are based on an attempt to

deceive the defenses by presenting a seemingly ordinary Gestalt organization, while the latent symbolic meanings are smuggled into the depth mind by the formless Gestalt-free elements lurking beneath the surface Gestalt forms. To my mind, the latent meanings are conveyed not in Ehrenzweig's "formless elements," but in the "good form," which is itself structured so as to deceive the censor.

The best example of this can be found in the form of the fugue. The fugue, with its extremely complicated, multivoiced arrangement, forces the ear to abandon its attempts to organize the tones into recognizable Gestalts (except for the few specially trained musicians who are able to organize even the most complicated fugues) and thereby thrusts the listener back into a kind of primary, chaotic, unorganized mode of experience. But, if we examine how this goal (which is in some degree the goal of all art) is achieved, we see that it is only due to the ability of the fugue form to deceive the defenses, which otherwise would never allow us to enjoy unorganized and chaotic music. At first a melody—which, according to the rules of the fugue, must always be a simple and "Gestalt-bound" form—is presented to the perceptual censor and is of course permitted to pass without any resistance. Then a second voice appears, which by its contrapuntal placement begins to disturb the "good Gestalt" organization. However, when the censor endeavors to interfere, it is evaded by something like: "What's bothering you? This is nothing but exactly the same simple melody that has already been approved." Then the melody appears a third and a fourth time, and, in many fugues, even eight times; each time the censor is forced to yield because it is clear that "it is exactly the same simple melody." But the trick in the fugue is in the placement of the melody each time it enters the composition. Because every entrance occurs in the middle of the course of the former entrance, the contrapuntal structure becomes more complicated with each new entrance, so that finally, the average musical ear can no longer organize this music into recognizable, rational Gestalts. Every sensitive music lover listening to a fugue has had

the marvelous experience whereby, after succeeding for a time to organize the tones into recognizable structure, he or she suddenly, without any warning, seems to be swept away by a huge wave that flings the listener back into a kind of "oceanic" experience in which structure and order cease to exist. It is at this point that the censor, which has up to this time been deceived by the Gestalt-form, finally yields and allows the mind to enjoy freely the activity of its primary processes.

The above example demonstrates the thesis presented in this section: the creative aspect of form in art, the striving for "good form," is found in the efforts to use or to invent the best means for transmitting the meanings inherent in the work of art, from its origin in the depth mind of the creator to its destination, the depth mind of the art consumer. What is called "good form" in art is the form that succeeds in dissolving the resistance of all three censor stations outlined above, and in establishing a direct channel of communication between the depth mind of both of the parties involved in the artistic experience.

The problem of how to overcome the resistance of the censors is common to artists in all the fields of art. Therefore, if one artist succeeds in finding a new creative solution, it is certain to be taken over and used by all other artists coping with the same problem and to become a permanent technique or style of that particular art and of the culture at large.

Gombrich (1972) explained how Cezanne became "the father of modern painting." He described the problem Cezanne managed to cope with for many years and the creative solution he finally arrived at as follows:

> We know that he was interested in the achievement of a balanced design. . . . In his tremendous effort to achieve a sense of depth without sacrificing the brightness of colours, to achieve an orderly arrangement without sacrificing the sense of depth—in all the struggles and gropings there was one thing he was prepared to sacrifice if need be: the conventional "correctness" of outline. He was not out to distort nature; but he did not mind very much if it became distorted in some minor detail

> provided this helped him to obtain the desired effect. . . . He hardly realized that this example of indifference to "correct drawing" would start a landslide in art (pp. 432-433).

Cezanne never thought that by his withdrawing, however hesitantly, from the rule of "realistic representation" he solved a formal problem that had occupied the visual arts for hundreds of years and, with this, opened the new era in art which is today called "modern painting."

The course of development in art is such that every creative invention that results in a new form in one of the arts paves the way for a whole generation of artists to convey their message to the depth mind of their public. However, as Ehrenzweig (1953) showed, with time the defenses, having adapted themselves to the new revolutionary form, once against exert their control, so that the new form becomes "the classic style," and the artist must renew his efforts to invent new and creative formal solutions to achieve the same effect—and so on. Not only do the defenses that keep the message of the artist from reaching the public change from time to time, but also the psychological needs of the public that the artist has to satisfy, which change from one historical period to the other and from one culture to the other. In addition to the basic universal needs that are satisfied by art, every period and culture is characterized by its specific needs and patterns of defenses. This requires that the creative artists continually renew their tactics and keep searching for new means to fulfill their main function, that of addressing themselves to the depth mind of the public and satisfying their psychological needs.

Thus the search for creative forms becomes a never-ending endeavor which will continue as long as human beings continue to create art.

THE FUNCTION OF "PERFECT FORM"

The aim of all art is to find the "perfect form," and the true artist, the genius in his field, invests much of his time and energy

in the never-ending search for the kind of form which, by its supreme inner order, harmony, and balance, will allow him to feel a union with eternity. "Perfect form" is regarded as the essence of aesthetic beauty, and for many schools of aesthetics, beauty is nothing more than perfect form. What are the psychological functions of perfect form? What psychological needs does it fulfill?

It is my thesis that in the realm of the ego functions, perfect form is mainly related to the organizing and ordering functions of the ego vis-à-vis the self, that is, the inner efforts to maintain the integrity and cohesion of the self.[1] The self is always divided into many dimensions ("actual self," "ideal self," "social self"); into levels of maturation ("infantile self," "mature self"); and into foci of identification (object representations). The amazing thing is how, in spite of the many dimensions, levels, and foci of identification of the self, and in spite of the fact that ever-changing reality requires us to react differently all the time and to continually change our attitudes, each one of us generally succeeds, as Erikson (1968) put it, in perceiving our "selves as continuous in time and uniform in substance" (p. 218).

There is no doubt that an enormous and constant inner organizational effort is needed in order to maintain the cohesion and integrity of the self against all the forces that pull it in various directions, threatening to tear it apart. Normally we pay little attention to these efforts, whose complexity can be appreciated only when we are confronted in clinical practice with the many psychopathological syndromes that stem from the failure of such ego efforts.

The search for "perfect form" in art, including its elements of order, symmetry, harmony, and balance, is a part of the organizational effort, and it reflects the activities of the ego in ordering

[1] The relationship between the ego and the self is still unsettled in psychoanalytic metapsychology. I tend to agree with the approach formulated by Frances, Sacks, and Aronoff (1977): "We regard the self as an intrapsychic structure and the ego as a group of functions that differentiates and integrates the self. . ." (p. 330).

the disparate parts of the self, in reconciling the opposites that may threaten to tear the self apart, and in enabling the maintenance of a stable self-image.

In several of my earlier papers (Noy, 1969, 1973, 1978) I advanced the theory that the maintenance of the self, the assimilation of experience into the self, the accommodation of the self to changing experience, and the safeguarding of the self's cohesion and integrity are all functions of the primary processes. These activities are carried out in dream, contemplation, fantasy, and artistic activity, as well as in the constant stream of unconscious organizational activity that goes on alongside the reality-oriented waking activity (*cf.*, Arlow, 1969; Kubie, 1966).

Here, we must stress the differences between artistic activity and all other primary-process dominated mental activities: while the latter are mostly carried out between the self and itself, art is an activity which is based on the communication of experience between the self and others. Because of its communicable nature, art (the same as many other "quasi-artistic" productions such as jokes, puns, etc.) cannot be limited to the primary-process activity alone, as are the other self-centered activities, but must always be based on an operational *synthesis* between the primary and secondary processes (Arieti, 1976; Noy, 1978). This synthesis between the self-centered primary process and the reality-oriented secondary process reflects the special function of art as a bridge between the self and reality. The two factors—communicable form and synthesis between the primary and secondary processes—are the reasons why artistic activity holds a special place among all the self-centered ego activities: art serves the needs of the self for self-definition vis-à-vis the object, for adapting reality to the self and the self to reality, and for communicating and sharing self-experiences with other selves.

Let us begin with a short developmental survey of the self, to see how art, through its formal elements, reflects the central developmental tasks of the self in each successive state. The most basic core of the self-image is the "body-self," the image everyone has of his or her own body. This image, which develops in

the first years of life, requires that children master the principles of symmetry. They must learn that all their main body parts are doubly arranged and that each part of one side of the body is reflected inversely on the other side. Later, when they begin to differentiate the body-self from that of an object, they must learn that an object is also structured symmetrically, but that its symmetry is inverse in relation to their own: that what is on the right side of their bodies is on the left side in that of the object, and vice versa. Then, in a third phase, when they begin to perceive themselves as an object among other objects, they have to discover their mirror-image and learn that, although it is opposite to that of their own image, it is inverted as well in relation to that of other objects standing opposite.

We can see that one or more of these three elements of symmetry—simple, inverted, and mirror symmetry—form the basis of every "perfect form" in art. To my mind, they reflect the never-ending effort of the ego to cope with its body-self image (simple symmetry), its relation to the object (inverted symmetry), and to its social-self, the reflection of the self in the eyes of others (mirror symmetry). In the highest forms of art, such as the great architectonic musical creations of Bach, Mozart, and Beethoven, all three forms of symmetry are integrated into a unified contrapuntal structure, an achievement which reflects the successful integration of the various dimensions of the self into one cohesive self.

Beginning in the second year of life, with the development of symbolic processes, imagery, reflective thought, and the ability to define and articulate emotions and experiences, the rudimentary "body-self" widens gradually to encompass the wishes, feelings, experiences, images, and object representations that make up the inner mental world of the child. The organization of the memory provides the sense of "continuity in time" and the differentiation between the self and the object, the sense of "sameness" and "uniformity in substance" (Erikson, 1956, 1968).

With the passage of time the ever-broadening self becomes a more and more complicated structure, subdivided into many

dimensions, role identifications, etc. This brings about the continuous efforts, which will occupy the ego throughout its life, to organize the disparate parts of the self and to reconcile opposing motivations and contradictory feelings and emotions that may endanger the wholeness of the self. The stubborn search of creative artists to find the "perfect form" is part of their ego-organizing efforts, the search for a formula which will enable them to arrange the parts of themselves into perfect order and to unite the opposites within themselves into one integrated structure.

"Perfect form" in art is always a *dialectical form* which represents opposing ideas or feelings and reconciles them into a unity in the most simple and economical manner. "Perfect form" always conveys a sense of inevitability, as it gives one the feeling that it is the only possible way in which any particular parts could be combined, and that no word, tone, line, or color could be changed or displaced without destroying the whole. Storr (1972), who calls the form of art "symbols of integration," quoted Harrison Gough's dictum: "Somehow, a creative product must give a sense of reconciliation, of having resolved in an aesthetic and harmonious way the discords and disharmonies present in the original situation." Storr added that "by identifying ourselves, however fleetingly, with the creator, we can participate in the integrating process which he has carried out for himself" (p. 236).

Although every art is bound to its specific medium, means of representation, and rules of composition, the endeavor to create the perfect form, which will enable the reconciliation of all opposites into one unity, is common to all of them.

Hopper (1965) wrote about *poetry:* "The poem occurs at the point of intersection where the dynamic opposites contained in the chosen scope of cosmos of the poem's postulation meet and choir or orchestrate together" (p. 17).

And Storr (1972) wrote about *music:* "Music . . . provides bridges between the external and the internal, and by making a whole out of apparently disparate elements, provides a para-

digm of that substantive unity of experience towards which we all aim, but from which we are so often and so inevitably deflected" (p. 239).

A good *drama* presents a group of characters who in their deeds, thoughts, hopes, and interactions, represent the gamut of human wishes, emotions, ideas, and conflicts. "Perfect form" in drama resides in the plot, which provides the frame within which the contradictory motives and actions of the characters are organized into a unity in which every character moves toward his inevitable destiny as though he were being directed by a supreme power. Each of the characters in a drama represents a personification of one part of the creator's own self- and inner object representations. The "perfect form" serves the artist as well as the public as a means of restoring inner order and of consolidating his split-off parts into one whole and cohesive self.

To demonstrate how "perfect form" reconciles opposites, let us take two examples from music, the art that is regarded by most psychoanalysts as "the purest expression of art" (Coriat, 1945, p. 410).

Example 1

Two of the forms of music—the fugue and the unisono—may be regarded as antithetical in terms of what they express. While the fugue is the most elaborated, complicated, and sophisticated form developed in music, unisono is used when a simple, forceful, and univalent message is required (as in the "Chorus of the Slaves" in Verdi's *Nabucco*). In the finale of the second act of Mozart's *Magic Flute* we can see an extraordinary example of how these opposing forms can be combined: two singers, a tenor and a bass (the "two men in armor"), sing in unisono, while the orchestra accompanies them with a classically constructed fugue, its theme based on a chorale by Luther. The contrapuntal combination of these polar musical forms is experienced as a magnificent aesthetic accomplishment, achieved by reconciling these opposites into a single harmonious structure.

It is interesting to examine the text of the libretto for which Mozart composed this piece of music. As part of his trial, Tamino, the hero of the story, must pass between two mountains, one of which contains a raging waterfall and the other a fiery furnace. Mozart, with his inimitable genius, combined the fugue and the unisono to express in the language of music the opposition between water and fire.

Example 2

The principal theme of the first movement in Mozart's *Symphony No. 40* is regarded as one of the most beautiful themes ever written. An examination of various popular "guides to the listener" shows that there are some critics who describe this theme as cheerful and happy, while others describe it as gloomy and tragic. It seems to me that the greatness of this simple theme lies exactly in the fact that it conveys both feelings at the same time. If one compares this theme and that of the aria *"Non piu andrai"* in *The Marriage of Figaro,* it is clear that their rhythmical frames are almost identical, except for some minor differences in emphasis. In the *Symphony No. 40,* Mozart used the rhythmic frame of his lively aria, but invested it with a minor, nearly chromatic, melody which sounds almost like a cry. These two extremes, the exhilarating and happy rhythm and the sad and tragic melody, are combined in such an ingenuous and seemingly simple manner that it is impossible to imagine anything being changed in the structure of these themes, or its components being divided again.

Although both the piece from *The Magic Flute* and the theme from the *Symphony No. 40* represent characteristics of "perfect form," and, in both, two musical forms representive of opposing emotions are reconciled in a highly felicitous manner, only in the *Symphony No. 40* does the form convey the sense of inevitability. In Example 1, while in *The Magic Flute* the two opposites are combined in a perfect way, they can be separated, that is, the unisono melody and the orchestral fugue are entities in

themselves and each can be played and understood separately;[2] in the *Symphony No. 40* the opposites are reconciled in such a perfect way that they can never be separated again. A second difference between the two pieces is that while the first is complicated and can be appreciated only by educated music lovers, the second is so simple that anyone can whistle it.

Students of aesthetics have struggled for hundreds of years with the problem of *quality* in form and have attempted to establish criteria to rank various expositions of form to distinguish between those that are mediocre, good, or excellent. Psychoanalytic ego psychology has helped to alleviate this problem by approaching form creation as an ego activity of problem-solving. Waelder (1965), in his book, *Psychoanalytic Avenues to Art,* wrote:

> The "ego," in the later psychoanalytic model, is a problem-solving agent. . . . Quality of performance lies, first, in the fact that a solution has been found when the task had seemed unsolvable, or would have been unsolvable by ordinary human efforts; second, in the perfection of a solution; and finally in the elegance, the economy of means. . . . We consider it a "beautiful" solution of a problem if everything has been achieved that we had set out to achieve and, in particular, if this has been done with a minimum of efforts (p. 44).

The *problem* that confronts the ego of the creative artist is how to find the best form through which he can order the independent and often disparate wishes, ideas, and emotions he expresses in his artistic medium. The quality of the *solution*—which is, for the art critic, the indicator of the aesthetic value of the creative product, and, for the psychoanalyst, the indicator of the efficiency of the ordering processes of the creative ego—is dependent on the following three characteristics, as outlined by Waelder:

1. The ability to solve successfully a problem which would seem unsolvable to the ordinary mind.

[2] Ferrucio Busoni (1866-1924) wrote a piano piece (in *Six Pieces for the Study of the Polyphonic Style*) which is based on the accompanying fugue alone.

2. "The perfection of solution," that is, the degree to which the form created really succeeds in ordering and harmonizing all the components of the original problem, and the degree to which this solution convinces us that it is the best possible one.
3. "The economy of means," which is the degree to which the creator succeeds in solving the problem in the most simple way, using the minimum of necessary artistic means.

The more the form created as a solution arouses in us the feeling that the solution achieved is beyond our capabilities, the more it convinces us of its inner necessity; and the more it seems simple and economical, the closer it approaches the artistic ideal of "perfect form." According to these criteria, Mozart's *Symphony No. 40,* by accomplishing the seemingly unachievable task of reconciling two opposite emotions in one theme, by its seeming inevitability, and by its simplicity of theme enabling it to be sung by any child, must be regarded as closer to "perfect form" than the complicated and sophisticated example from *The Magic Flute.*

The never-ending efforts of the ego to arrange its disparate and contradictory motives, ideas, and emotions into some pattern of order and inner harmony is the prerequisite for safeguarding its self-identity and maintaining the integration of the self vis-à-vis the object and outer reality. The search for the best formulae to accomplish this task is therefore a universal human endeavor common to all people.

The creative artist belongs to the small group of human beings, which also includes creative scientists, philosophers, and originators of religions and ideologies, who are endowed with the talent to supply the needed formulae. While all the members of this group cope with the same human problems, they are able to supply only those parts of the solutions which fit their own particular frames of reference and personal talents. Creative artists can offer only the formulae confined to their specific artistic medium, and only those "consumers" who are sensitive to the particular art, perceptive to its latent meanings, and able to

respond emotionally to its message can benefit by using these formulae to help solve their own inner problems. Although the nature of "perfect form" differs from one art to another, according to the medium involved, the contents handled, the kind of symbols used, and the technical problems specific to that art, the essential attributes of "perfect form" are always the same.

Each of the attributes of "perfect form," such as harmony, balance, symmetry, and the reconciliation of opposites, represents one of the ego functions vital to the maintenance and maturation of the self through its various developmental states. "Perfect form" itself serves these ego functions as a formula for ordering the disparate parts of the self into an integrated unity and for securing the contact between the self, its objects, and reality.

CREATIVITY AND NEUROSIS

One of the long-standing issues in the psychology of creativity is the relationship between creativity and neurosis. The views expressed in the scientific literature vary from those that tend to equate creativity with neurosis and to explain creativity as an expression of deep psychopathology to those that view creativity as the supreme expression of mental health and of the human endeavor for self-realization and actualization (Maslow, 1962; Rogers, 1954). The many and disparate approaches to this subject stem partly from the variety of basic approaches taken by students of the phenomenon of creativity. While the psychoanalyst—who is interested mainly in the latent motives for creativity and in the developmental background of the creative personality—is impressed by the deep psychopathology revealed, the academic psychologist—who focuses on the creative processes themselves—is convinced, by the flexibility, fluency, independence, and productivity of the creative mind's thought processes, that creativity is the expression of ego strength and integrity.

Most psychoanalysts today tend to combine the above two approaches and regard the creative personality as being charac-

terized by a deep basic psychopathology, overlaid by a strong and efficient ego. Storr (1972) gave expression to this view:

> . . . we are all divided selves, and . . . this is part of the human condition. Neurotics, because of a deficiency in the controlling apparatus (a weak ego), suffer from neurotic symptoms, as all may do at times. Creative people may be more divided than most of us, but, unlike neurotics, have a strong ego; and, although they may periodically suffer from neurotic symptoms, have an especial power of organizing and integrating opposites within themselves without recourse to displacement, denial, repression and the other mechanisms of defence (p. 229).

This view is basically in line with that of Freud, who thought that neurotics and creative artists differ not in their basic psychopathology, but rather in the way they succeed in coping with it. In 1924 he wrote: "The artist, like the neurotic, [has] withdrawn from an unsatisfactory reality into [the] world of imagination; but, unlike the neurotic, he [knows] how to find a way back from it and once more to get a firm foothold in reality" (p. 64).

CONCLUSION

The recent development of ego psychology has enabled us to go into more detail regarding the mechanisms common to neurosis and creativity, as well as to define their differences. Form in art is a means for: 1) overcoming the resistances and defenses of the artist and the public, in order to enable the expression and facilitate the communication of the latent wishes, emotions, and experiences of both parties; and 2) aiding the ego in its efforts to order its disparate motives and emotions in order to maintain the integration and cohesion of the self.

The creative aspect of form creation in art resides in artists' continuous efforts to find new and original ways to attain their goals: more efficient means of expression, better ways of communication, and higher levels of integration.

The solution found by creative artists is the exact dynamic opposite of the neurotic solution. Neurosis is an attempt to

restore inner order and equilibrium at the cost of preventing the free expression of dangerous wishes, splitting, and the "active maintaining apart of identification systems with opposite valences" (Kernberg, 1966, p. 248).

Neurosis is characterized by redundancy and repetition, by the tendency to freeze the situation and to resist change, while creativity is characterized by never-ending attempts to renew and reorganize its forms, to search constantly for new solutions to old problems. Neurosis is a regressive solution, an attempt to restore inner equilibrium and adjust to reality by regressing to the infantile patterns of adaptation that have proved successful in the past, while creativity is a progressive solution, an attempt to create new and daring patterns of adaptation which have never before been tried out.

This does not mean that creativity *is* mental health, nor that a creative artist may not be neurotic, borderline, or even psychotic, but rather that neurosis and creativity represent two antipodal *attempts* to solve the same underlying problems. And, as in any attempt to solve an inner mental problem, the creative solution may also require a compromise, that is, a suboptimal solution at the cost of using defenses, producing symptoms, etc.

In actuality the creative solutions are never perfect solutions. Thus the creative ego may succeed, through a new form created, in solving a problem in one of its mental spheres while repressing, isolating, or dissociating the problems in other spheres. There may also be a dynamic fluctuation between the neurotic and creative states, so that a problem solved in a creative way at one time, may be handled by neurotic mechanisms at another. However, the creative solution, contrary to the neurotic solution, is a step in the *direction* of mental health. When the artists create new forms, they always strive to find new means that will keep them from being forced to deny, repress, distort, or compartmentalize, and that will enable them to be free to express, feel, and communicate without endangering their inner unity and integrity.

And when artists succeed in creating a new form that fulfills

all their aims, that form ceases to be the possession of its creator alone and becomes the property of all those who wish to partake in the enjoyment of it, a formula to be used by all those who can allow themselves to choose the direction toward mental health.

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THE ANALYTIC SPACE: MEANING AND PROBLEMS

BY SERGE VIDERMAN

In this paper, the author synthesizes the ideas set forth in two of his previous works (Viderman, 1970, 1974).

When we reflect upon the vicissitudes of the discovery of psychoanalysis, we note that Freud was continually changing and revising his concepts and that he was often in doubt about the validity of his ideas as he was articulating them. Within the psychoanalytic movement, as reflected in the literature, we can discern two contrasting trends: one involves the belief that the basic concepts of psychoanalysis were firmly established by Freud and need no fundamental revision; the other combines some fidelity to Freud's concepts with varying degrees of criticism of psychoanalytic theory, criticism which is sometimes so extreme that it tends toward radicalism.

The history of the psychoanalytic movement and of psychoanalytic thought is, in fact, replete with examples of intense conflict and bitter polemic. To be sure, neither schisms nor polemics are lacking in the history of other sciences. But in the evolution of most scientific theories, when a new paradigm prevails by virtue of its more satisfactory synthesis of a body of phenomena which an older paradigm is unable to accommodate, the old paradigm disappears completely, and the struggle between ideas ends (for a time) with the total triumph of the new para-

Editors' note: Because the contributions of French psychoanalysts have been underrepresented in American psychoanalytic journals, The Psychoanalytic Quarterly has undertaken to publish a number of papers reflecting current trends in French psychoanalytic thought. (See, for example, J. Chasseguet-Smirgel: *Some Thoughts on the Ego Ideal: A Contribution to the Study of the 'Illness of Ideality,'* XLV, 1976, pp. 345-373.) The present paper is a further one in this series.

Translated by Paula Gross.

digm (*cf.*, Kuhn, 1962). It is possible, therefore, that the persistence of severe conflicts within the psychoanalytic movement is the consequence of a theory that is as yet insecurely founded. Can we be certain that Freud's metapsychology has technical corollaries which function adequately when applied to the field of therapy? It seems to me that it is at this juncture of theory and practice that we begin to perceive defects in the adjustment of parts of the "theoretical machine."

With these observations in mind, I have attempted in my work to encompass in the technical precepts of psychoanalytic treatment the contradictions that distance it from the rationality of its original postulate, which Freud formulated in his theory of repression as the cause of neurosis and its reversibility by interpretation.

The Metapsychological Partition

Early on, Freud's (1915) metapsychological description of the mental apparatus provided a reason for concern and raised possible doubts about whether the contract that Freud proposed in his primary postulate could be fulfilled. Indeed, the existence of two types of repression, secondary and primary, introduced into the metapsychological schema a topical and dynamic differentiation between the two structural levels of the unconscious: an original instinctual nucleus related to the existence of primary repression and a chronologically later instinctual system constituted by repression proper (secondary, or after the fact). Thus we are obliged from the beginning to introduce a parallel differentiation, linked to the two models of repression, between the two levels of certainty to which our interpretations and reconstructions can lay claim. Even if these constructions are plausible and endowed with an acceptable degree of probability, they still retain a high coefficient of uncertainty. The primary repressed reaches consciousness by way of drive representations so basically distorted and disguised that it is not possible to identify it with any degree of certainty.

I want to emphasize in this way the questionable character of

the primary repressed. It is something that comes to us only in broken lines, in occult language, in strange expressions altered so profoundly by defensive encoding that we must think about the distance that separates the drive from its representation and the representation from the language which gives form to it, a form that lacks any common denominator with the "reality" it is supposed to impart to us.

In like fashion, symptoms are a kind of subverted memory, inserting themselves into a mnemonic net torn as a result of defensive operations, for the purpose of restoring the continuity of broken links. The spoken interpretation aims at retying, reweaving the net, by substituting the repressed memory for the symptom. The whole problem consists in properly appreciating the gap separating the spoken words that try to recreate the history and the event as it really occurs. How did it really happen?

Transference and Countertransference

When we look into the specific conditions under which absence of recall occurs, we find not only the uncertainty I stressed above but also the impact of the analytic situation itself. For, if one thinks about it, psychoanalytic technique has undergone a curious and rather instructive adventure in the course of its brief evolution. We have perfected a series of remarkably precise and firm technical rules that have progressively, if haltingly, become almost intangible. This series corresponds to a sound and rational strategic plan; it is an increasingly codified body of rules rigorously set forth in a system which aims at setting up an ideal situation designed to facilitate search into and reconstruction of the patient's history. If we examine the technical rules of therapy, we notice that the psychoanalytic situation was conceived as an experimental situation on the model of the methods of natural science and having the same goals.

It will be recalled how the discovery of transference was at first felt to be an obstacle to the unalloyed search for meaning. Transference added a distracting disorder to the already considerable difficulties of analysis. It forced one to reckon with the

unforeseeable, and it disturbed the clarity with which one would have wished to view the truth of the patient's emerging memories.

To this unfortunate intrusion of the transference was added the further burden of countertransference. Countertransference colors the fundamental activity of the analyst—his interpretations and constructions—and serves to blur the analytic space, interfering with the uncovering of the patient's unconscious thought processes. Accordingly, I raise the question of whether, in the analytic space, taking into account its specific features, a rational method can remain uncontaminated since it is being applied to an irrational object.

It seems to me that our goals have altered under our very eyes, acquiring more and more the semblance of illusions. Our feeling of nostalgia should not prevent us, however, from seeing how the framework we have set up disengages itself from the role originally assigned to it and develops in a dimension of its own that coincides only partially with the purpose for which we had set it up. We had wanted a rigid framework, a pure reflection, an exact mirror, but we must admit that in the very progress of therapy and through its specific dynamics, there has arisen a system of distorting mirrors whose reflective index we must try to gauge. We must endeavor to imagine the corrective steps necessary for dealing with a distortion that is not the outcome of some accidental defect of the instrument, but the outcome of an objective necessity resulting from the very choice of method and the technical regulations it imposes.

Instinctual Drive and Language

In all my writings I have dwelt at some length on the role of language in the analytic field, because I perceived that speech, the sole carrier of messages exchanged, is characterized by opacity, ambiguity, and uncertainty. Is it possible, therefore, that the two parallel discourses heard in the analytic space might have points of coincidence assuring us of the objective truths which the interpretive speech reconstructs? Because of the opacity and

ambiguity of language, the instinctual nature of the unconscious is obscured, deflected, and refracted; it can never be the object of direct observation, but must always be inferred, adjusted, and always subject to new distortions; it is constructed by means of speech, which adds its own ambiguities to the uncertainties of a history whose deepest strata have never been accessible to the individual's memory.

The nature of the instinctual drive remains fundamentally unknowable. It is, said Freud (1932, p. 95), our mythology and can only be the object of a mediatory grasp by means of a secondary reality which is its representation. In order to be perceived mentally, the drive, a borderline concept between soma and psyche, must undergo a conversion which renders it homogeneous with that which can represent it; that is to say, with speech, without which we can find no intelligible access to it.

We immediately notice two consequences. The first is that an interpretation which consists of speech (a fact of culture) has to express an unknowable reality heterogeneous to it, the drive (a fact of nature). We catch a glimpse here of the distance which must separate these two categories of facts and the inevitable ambiguities that will ensue. The second consequence I have drawn is that, if we find meaning in the unconscious, it is through language that it is brought to our consciousness. The existence of the drive in its most archaic representation, which is also the least structured, the vaguest, and the most obscure, is linked to the speech of the analyst who, by giving a name and form to it, is not so much discovering it as he is creating it.

The drives of the unconscious, then, cannot be understood without the medium of language that structures and modifies them in the very process. A drive put into words is no longer the same as its experienced reality, for its specificity cannot find expression in any language. Once it is expressed, the drive is *spoken of* and thus modified by speech.

What about affect? How would it reach consciousness, how would it become an object of interpretation, without passing through linguistic reduction? What about gestures, mimicry, the

mute expression of emotions? What are they but other systems of communication which, albeit nonlinguistic, are nonetheless systems of code which entail even more numerous chance functions and increase the degree of uncertainty of the decoding process?

That constructions of the most archaic experiences are fraught with a high coefficient of uncertainty is self-evident. The archaic experiences have no structure, no figurable shape. Only interpretive speech can shape them and endow them with a new representation of what no longer exists except in a splintered, fragmented, unrecognizable form. Speech provides a denomination that unifies and concretizes them in a totally original way and in a form that exists nowhere in the unconscious of the patient, or anywhere else but in the analytic space through the language that provides it with form.

Illustrations

I shall draw my first illustration from the work by Bolland and Sandler (1965) on the psychoanalysis of a two-year-old child. From the second page on, we are invited to witness the child's inventing the following game. He surrounds a horse with a barrier. At the child's command, the horse is supposed to clear the barrier in a single jump, but it becomes entangled, and the child anxiously asks for the analyst's help. At the same moment, the noise of a distant typewriter catches the child's attention. The game is interpreted as a primal scene in which the child wishes to participate. The horse, which represents him, becomes entangled as he himself fears becoming entangled in a game that frightens him. The noise of the typewriter represents the noises of the primal scene. I shall not question the validity of the interpretation, but let us think of the distance between the manifest game of the child and the construct of the interpretive speech. In this sense the interpretive activity is an original creation, inasmuch as the gap between the drive and the speech remains unbridgeable and the heterogeneity of the two unamenable.

Let us recall one of Dora's symptoms, her cough (Freud, 1901).

It might have had innumerable causes, which we need not go into. The cough is certainly not a sign in the linguistic sense, that is to say, a phono-semantic complex whose sonorous quality could point back to the significance that Freud ascribed to it, namely, fellatio. Moreover, fellatio can be understood as a linguistic-cultural complex, that is, an adultomorphous projection, for when we speak of fellatio fantasy in very young children, such as those we believe to have witnessed the primal scene, we translate a wish no longer adequate to the word it expresses into a highly elaborate language. It is in this sense that the formulation of an original drive through language is equivalent to an original creation.

A simple example, this time from Melanie Klein (1932) and with a different bias, will show the imaginative, but by no means imaginary, character of the interpretation. A little girl draws a goblet containing marbles and covered with a lid. Asked about the purpose of the lid, the child replies that it is "to prevent the marbles from rolling out." The analyst's interpretation suggested that the marbles represented children in the belly of the little girl's mother and that the lid was intended to keep them there and prevent them from coming into the world. This is a perfectly likely interpretation, but it calls for two remarks: it conforms to a model that is only one among other possible interpretations, a model chosen according to the Kleinian system of interpretation for tactical reasons; and it cannot lay claim to any other truth than the one created for it in the analytic space by the speech which formulates it.

Let us consider the scene with Grusha in the case of the Wolf Man (Freud, 1914). Here we have a screen memory which emerged late in the analysis. Grusha is on her knees scrubbing the floor, a bucket of water and a broom made of twigs at her side. This is a historical scene in the sense that it deals with a real event. It is an image preserved in mute immobility. For this scene to come to life and to speak to us, it is first necessary for Freud himself to speak. *Freud's* associations lead from the broom of twigs to the stake of Jan Hus. This is the point of

reference that provided Freud with the link between fire and micturition. From then on it is Freud who imagines (and thus creates) what the event cannot supply: that the child had urinated during the episode. This is the point that enables him to imagine the consequence: that Grusha had threatened the boy with castration. In this example, one cannot fail to note the role played by Freud's countertransferential identification with his patient. And one is reminded of the Count Thun dream (Freud, 1900, pp. 208, ff.) and the incident involving Freud's micturition in childhood.

This does not imply that I think a "reading" is possible from one person's unconscious to another's. Reading obviously presupposes that there be a text, that is to say, something committed to language which another language tries to decode. If one wishes to be at all precise, one cannot speak of "reading from unconscious to unconscious." Strictly speaking, there can be no "reading" except of an unconscious text structured by a language which the interpretation can read only when it is converted into another language, without the risk of increasing the chance functions and fortuitous characteristics of interpretation—an undesirable effect.

The term "communication" from unconscious to unconscious evidently connotes congruity of the message exchanged between the sender and the receiver, in spite of the negative entropy which affects the transmission and which redundancy seeks to limit. We must fear that this increased negative entropy detracts from the credibility of the "communication" from unconscious to unconscious. The image I have used of two beacons rotating in opposite directions was intended to convey, metaphorically, the greatest clarities we can expect from the transference-countertransference exchanges. This area is still so obscure that we must content ourselves with hypotheses, recognize them as such, and not deceive ourselves with statements which we cannot substantiate.

Here I would like to refer briefly to a personal example reported in my book (Viderman, 1970), the better to define my position on a point that might lend itself to ambiguity.

A patient reported the following dream: "My father and I are in a garden. I pick some flowers and offer him a bouquet of six roses."

For all sorts of reasons set forth in detail in my book, the patient stressed the positive nature of the gift of roses with respect to his father. It would have been perfectly possible, legitimate, and undoubtedly also *truthful* if I had been content with this interpretation of the dream. I did not think so, however, for reasons which cannot all be enumerated here; nor were they all rational, that is, based on an infallible appraisal of the situation, the moment, or the clinical and technical requirements. Let us admit—and there is no choice but to admit (a fact which also demonstrates the solitude in which analyst and analysand are enclosed in the analytic space)—that, having appraised the relationship of drives versus defensive forces prevailing at the moment and *wanting* to illuminate the thorns hidden in the gift of roses, I said to my patient, "Six roses or cirrhosis?"[1] (To make my interpretation understandable, I may remark that my patient's father had died as a result of his alcoholic excesses.)

I hope one can clearly see here how useless it would be to ask who was right and what was the true meaning of the dream. I consider the connection established by my interpretation neither inexact nor arbitrary. I simply believe, without any remorse, that it was *invented* by phonetic similarity and was more in the mind of the analyst than in that of the patient. In the instant before it was uttered, it was nowhere. After it was uttered, several possible perspectives were opened up, according to the variable and mobile aspects of the transference-countertransference relationship. If, on the one hand, the appraisal of the unconscious proximity of negative feelings was correct and if, on the other hand, the quality of the transference cathexis allowed the interpretation to be accepted and integrated, it *became true* through a dynamic process which created it; it is not as if it were true per se, that is, outside the situation in which it was uttered. The interpretation has brought forth a

[1] Translator's note: In French, *"six roses ou cirrhose"* is a play on words that are phonetically close enough to pass for homonyms.

new representation aiming to condense—around a representative vector represented by a word—the dispersed drive, broken up by the impact of defense and having become unrecognizable, to which a word (cirrhosis) gives a recognizable form and a meaning related to the space in which it is uttered.

One certainly cannot say that this interpretation is *either* true *or* false, for it cannot be contained in an alternative binary proposition of truth or untruth. If one wishes to elevate it to the rank of immutable truth, it can derive this quality only from the existence of negative oedipal feelings in general. Such an interpretation cannot be regarded as truly independent of the moment or the situation in which it was uttered. In such instances the interpretive speech resembles grain which one cannot sow in just any way or at any time. Scattered at the wrong time, it will disappear without a trace, just like the interpretation. The seed will not become what nature intended it to become; it has no future unless it is sown at the right time. The interpretation is valid and capable of being integrated only if a whole complex of conditions is present; otherwise it will come to nothing and leave no trace. Nor should one imagine that, even though given at an improper time, it is true all the same and can merely be stored until later. Given this type of situation and interpretation, no catching up is possible. If we try, for example, out of obvious countertransference reasons (for which we will always find a hundred good excuses), to use a similar interpretation in a different situation, we will become aware that its truth was founded solely on a specific and fugitive moment in the treatment.

It might be objected that even in the absence of this dream, sooner or later in the analysis the patient would of necessity be led to experience oedipal feelings and to deal somehow with the memory of what he had been told about his father's intemperance. There is no doubt about it, and I myself would not have thought of this interpretation had I not already known from the patient's reports how things stood with regard to the father's taste for liquor. But in taking this position, one has simply had

recourse to the existence of negative oedipal feelings; one has brought back an original and possibly fruitful moment of a typical kind and, in depriving it of its proper impact, has drowned it without benefit of that unexpected element which surprises in order to circumvent the defenses. To base the pertinence of interpretations on the universality of negative oedipal feelings is to make the interpretive work easy for oneself by resorting to models that are already at hand, pre-established by the bodyof theory. This approach precisely renounces the inventiveness of interpretation; instead, the analyst relies on a theory that protects him for better or worse.

In deciding to give this interpretation, I was deliberately running the double risk of going against the patient's interpretation and of being mistaken. What is it, then, that leads the patient to accept the interpretation? How can the patient find credible what his defenses must hold to be false? What, in this particular case, made the patient's own interpretation, which pointed in the direction of a positive homosexual relationship, less intolerable to his defenses? No doubt it was the long work that had preceded it. The patient had established an interpretation of his own, to which his neopsychoanalytic narcissism must have attached itself and to the integration of which the erosive work of the defenses had contributed considerably. Surprised by something that suddenly introduced the negative element of the oedipal death wish, why did he not push away this new "truth"? Could the patient have refused it? Indeed he could have, for we see it happen every day. But for how long, since for every shot missed, ten will hit the mark? The two valences of the oedipus complex constitute the canvas on which the analysis will unfold itself, unable to depart from the pattern that the analytic situation is designed to *contain*—in both senses of the word. It is only in our conceptual framework that it can be separated; the dual interpretation becomes a function of the moment when it is formulated, of speech which gives it form, or of the situation in which it is revealed, and of him who takes it up again so that, in the end, analyst and analysand may share the benefits and

avoid objections like those formulated by Wittgenstein: that man is an animal perpetually in search of meanings—and always finding them.

The concepts linked to the manifold inventiveness of the interpretation, and the construction of the analytic space which provides a specific sound box for it, may shelter us from the temptation to resort to an all-purpose grid in which the interpretation—always the same—can lodge without risk and without misery, as though controlled by some preordained harmony.

History and Fantasy

Among all the reasons for our uncertainties that I have tried to catalogue, there is one that deserves special mention, because it is the foundation on which rests the whole system of theory and technique elaborated by Freud. This is the conception that I would call "historicist," and it is the postulate of determinism which underlies it. For Freud, neurosis was a disorder of memory. Recovery of the subject's history, the re-establishment of the continuity of a historic web broken as a result of the defenses, followed by the reintegration into consciousness of guilty desires or of traumatic memories by means of interpretation or of construction, were regarded as proof that access to the entire significant history was within the scope of psychoanalytic technique; and that once this task has been accomplished, we have achieved the *restitutio ad integrum* which is the essential aim of analytic technique.

A remark by Rank (1924) may preface my next point. Replying to critics of psychoanalysis who regarded Freud's discoveries as merely a product of his "corrupt" (Rank's word) imagination, he gave the answer—which he described as "simple but decisive"—that no human brain could have conceived such facts and connections without having observed them in reality. We know, however, that these "observable facts" and realities can be looked at indefinitely and remain mute indefinitely. It was not Freud who observed the facts from which psychoanalysis took its departure; it was Breuer whose eyes first fell on the "reality" of

his case. But it was Freud whose intuition allowed him to grasp the meaning of the observed facts. Freud invented neither the facts nor the connections but rather the model which tied them coherently into a creative system and succeeded in making them visible. The effort of scientific activity is not aimed at *describing* the inexhaustible complexity of visible facts but at turning the complicated and visible into something simple and invisible.

Thus Freud could not infer the existence of the primal scene of the Wolf Man from the manifest content of the dream or from its associations. In order to discover it in the dream, he first had to imagine it: that he invented it and the term for it should not startle us if I have been sufficiently clear in my explanations. He imagined it, then, as pre-existing both the dream and the associations.

To perform all the reversals by which Freud had to proceed, which I have described in detail in my chapter on the analysis of the Wolf Man (Viderman, 1970), one must already have a very clear idea of the direction in which one is going, if the result is not to become absurd. Nobody could "discover" the primal scene from the manifest content of the dream by means of all these reversals of meaning unless the end of the operation had been established—and anticipated—from its beginning. How could one think that the number of six or seven wolves in the dream pointed to the number two of the primal scene without a model to guide the reversals and prevent them from collapsing into absurdity? What saves the interpretation from being absurd is that as soon as we recognize the fragility of the hypothesis of a real, historical event experienced by the patient and understand its fantastic nature, we shall be at liberty to imagine any other number without affecting the pertinence of the interpretation, since the interpretation is no longer obliged to respect the manifest content. This is one of the advantages of the coherence we regain when we no longer feel so strictly bound to retrace, stroke by stroke, a history nowhere to be found. Whatever the number may have been, without the model that organized the meaning of the scene a priori, it is out of the question that it

could have emerged from the ambiguous and contradictory material; *hence it could not be discovered but only imagined.* We may assume that other numbers received equally pertinent explanations but could retain their pertinence only if they confirmed the existence of the primal scene fantasy, a fantasy unshackled by a determination resting on a historical reality, continuously fabricated but conceived as an a priori organizing element of the psyche.

Freud's error with respect to the fantasy of Leonardo makes it possible to grasp the nature of fantasy better and leads to a greater mistrust of a realism whose pretensions were demolished by the error of the identity of the bird. In the same way, the vicissitudes and contradictions in the case of the Wolf Man provide us with an excellent opportunity to become aware that we must consider the primal scene an original fantasy independent of any reference to an experienced historical event; it is the only way to escape the inevitable contradictions in the search for an elusive reality to which it is imprudent to cling and which imposes inconsistencies prejudicial to the coherence of our theoretical formulations.

Melanie Klein (1932), who, incidentally, evades such discomfitures most often, used the play of a child who aligned his toy cars, sometimes one behind the other, sometimes side by side, to reconstruct a primal scene in which the paternal penis had been perceived magnified and engaged in repeated, uninterrupted coitus. It is obvious that such an interpretation or construction can only refer to a fantasy outside any actually experienced historical event. When we have to admit our inability to reconstruct a patient's history, especially in its most archaic layers, from the elements at our disposal, we must imagine organizing schemata which the particulars of the patient's history will reinforce.

The procedure adopted by Freud (1910) in analyzing the fantasy of Leonardo deserves a brief discussion, because it not only appears to be characteristic of Freud's historical method but also shows at the same time, by the error which demolished it, the

irreducible difficulties of historical reconstruction. It gives us a chance to gain greater insight into the nature of fantasy and puts us on guard against the intellectual inconvenience we incur in setting goals for ourselves that are beyond our reach.

Freud's entire demonstration was based on the identity of the bird in Leonardo's fantasy: it was a vulture. He deployed a marvelous knowledge of Egyptology and of the Fathers of the Church to demonstrate that Leonardo had the same knowledge: ". . . the extent of [Leonardo's] reading can hardly be overestimated," said Freud (1910, p. 89). The vulture and all the meanings that Freud attributed to it represented, in Leonardo's fundamental fantasy, the deepest and earliest tie to a phallic mother. This explained why, at a clearly definable point in Leonardo's life, the libidinal destiny of homosexual object choice had been established.

Today we know that Freud's entire demonstration rested on an error in translation in the German texts that he used in his research. There was no vulture in Leonardo's fantasy: unfortunately, the Italian word *nibbio* (kite) was translated into the German word *Geier* (vulture). As soon as this grave error became clear and there was no vulture, the entire theory threatened to collapse. But before accepting its downfall too quickly, we should look at it more closely. The really weak point in Freud's reasoning is not a trifling error of translation, but his attempt to base the construction of the fantasy on uncertain elements of reality. He thought that somewhere irrefutable evidence had to be preserved, evidence of a rationality around which the fantasy had to be organized and which deserved to be taken seriously. The weak point in Freud's demonstration, then, did not derive from a substantive error but rather from seeking, in his very approach to fantasy, to preserve all the demands of logic and of rational intelligibility. His analysis of Leonardo's manifest fantasy connected it—he was sure—to the original model of fantasy: a real unconscious model, of which the conscious fantasy is but a distorted replica that is, however, perfectly and totally reducible to its latent model.

Nevertheless, we should not regret this disappointment about "the most beautiful thing" Freud had ever written, as he was to confide in a letter to Lou Andreas-Salomé, for this banal error sheds a bright light on the true nature of fantasy. Had Freud not been mistaken, the faultless perfection of his demonstration would have prevented us from seeing the purely imaginary nature of fantasy, beyond its realistic interpretation and outside the rationality which Freud could not relinquish because explicit positivism was rooted in his soul. He could not free himself so easily from the positivist prejudices he had inherited from Brückner.

Some would like to show, as Eissler (1961) has attempted to do, that the coherence of historical connections which constituted Leonardo's personality suffers no damage if one transforms the good mother-vulture into the bad mother-kite. This reminds one of the reproaches expressed by certain critics of psychoanalytic technique, which Freud (1937b) mentioned at the beginning of *Constructions in Analysis*. If one persists in playing "heads I win, tails you lose," one not only loses all credibility but ends up by bending reality (instead of safeguarding it) to insure the omnipotence of a system which, like the sword of Monsieur Prudhomme, may serve both to defend people and to cut their throats.

The Analytic Space

From the very beginning, the phenomenon of transference presented theoretical and technical difficulties for Freud. There were many reasons for this. The most important is that the massive irruption of affects involved made research into its meaning more difficult. The appearance of transference in the sphere of the treatment added an undesirable disturbance to the already considerable difficulties of analysis by introducing affective ties between patient and analyst. Transference forced the analyst to reckon with spurious feelings directed at himself, which were displaced and obscured by their displacement. Often too intense, they become unforeseeable and ungovernable. Like

all phenomena that threatened to disturb the analytic situation, to affect its transparency and augment its diffractive effects, transference was rather unwelcome and held in suspicion. Freud had intended to put together progressively a system of precise and coherent technical rules designed to encompass a well-founded and rational strategic plan. A corpus of more and more structured rules served as the framework to allow the discovery of the patient's history and the precipitants of his neurosis. It was Freud's ambition to construct technical rules that would regulate the analytic situation according to a strictly objective scientific model, like an experimental situation. If it became evident, however, that the unavoidable appearance of transference made this ideally experimental situation more difficult to handle and caused the meanings it disclosed to become more obscure and less certain, the purely spontaneous character of the phenomenon had to be proved.

The analyst has done nothing to enhance the formation of the transference unless, like any objective experimenter, he has imagined the situation best designed for the observation of the genetic processes of neurosis and has equipped himself with the best tools for effective action. If one wanted the help of transference in proving the sexual origin of the neuroses, it was necessary to make of it a purely spontaneous manifestation, independent of the analyst's procedure and of the rules he laid down. It was also important that psychoanalytic technique be totally distinct from the practices of suggestion and hypnosis, which had been discredited and recently abandoned. These discredited methods had used the direct influence of the therapist without discretion. The psychoanalyst, by contrast, was enjoined to display extreme self-effacement. Thus the spontaneity of the transference established the originality of the method and the innocence of the psychoanalyst. He said nothing but what he saw emerge in an objectively experimental situation: he *analyzed,* and this gave rise to affects historically linked to the patient's primary object and defensively displaced in the treatment.

We have seen why, once the transference was perceived, one

was tempted to forget it. We have also seen why it was regarded as a grave inconvenience when it asserted itself with the force and insistence peculiar to it. It remains to be proved that the analyst has no part in the constitution of a phenomenon which is but the most cogent manifestation of the exact coincidence between the patient's personality and the image reflected by the transferential screen.

This is our declared intention when we wish to justify our theory of technique. Let us now examine more closely the part that illusion plays in this affirmation of truth.

An initial confusion threatens to arise from an inaccurate use of terms. We fall more and more into the habit of speaking of *transference* and less often of *transference neurosis*. It is the transference neurosis that constitutes the psychic neoformation that is the essential event of the treatment and is specific to it. If the transference neurosis is included in the domain of the concept of transference, the fact remains that it connotes a unique behavior which is encountered in such intensity only in analytic treatment—a function of the underlying neurosis, to be sure, but brought into focus and specifically structured by the technique.

Transference (or better, the disposition to transference) can be considered a spontaneous phenomenon. It is everywhere, since, in its broadest sense, it involves repetition of past experiences in present behavior. In this sense, every unspecific encounter with an object is in some way also a manifestation of transference activity. From this first, very broad theoretical definition, we must pass through a certain number of intermediate stages in order to arrive at the constitution of the transference neurosis. For there is an essential difference between the innumerable situations in which transferential relationships (necessarily regressive) are established in nonspecific ways and the entirely original phenomenon of the transference neurosis, which is not encountered in any other relationship and depends upon the totality of technical rules that bring it about.

The first stage thus might be described as a state of *pretrans-*

ference. There are signs, often slight but unmistakable, which are the precursors of the attraction that the analytic situation will exercise more strongly every day upon the whole emotional life of the patient. These signs can be discerned early in the rapport that is established even before the treatment has really begun. As soon as the patient contemplates entering analytic treatment, the person of the analyst—already known or still unknown—becomes consciously or unconsciously the object of thoughts, of vague and imprecise wishes, and frequently of dreams. The first interviews give rise to the work of the pre-transference which initiates affective changes and directs libidinal energies toward this object which is already unlike any other. This process will accelerate, and the relationship will structure itself along a second line: that of *scattered transference reactions*. We are already in the presence of true transference manifestations, but they are still superficial, weak, and unstable. Once a real analytic situation and the beginnings of an analytic process have been established, two attitudes will prevail and will progressively appear quite divergent: the patient's and the analyst's.

The patient will try to establish his relationship with the analyst according to his habitual model of social object relations. Thus, whether his transference reactions are positive or negative at the outset, he will seek to avoid the deepening of the relationship and the acceleration of regression which will lead to the development of the transference neurosis. For example, we may find that the patient greets the analyst with a big friendly smile and a warm handshake and often, having stepped through the office door, will make some socially correct remarks about the weather or some such topic. The analyst returns the friendly smile slightly, reacting to the warmth of the handshake with reservation and to the opening remarks not at all.

Generally, the patient is not easily discouraged. After one or more sessions in which he has often talked with ease, even rather freely, has done what he was asked to do, and has followed the basic rules as well as he could and reported his dreams, he will

try once more to modify the situation which he senses to be deliberately imposed by the analyst. Indeed, after standing up, the patient often makes another attempt at conversation and asks one or several questions designed to link up the discourse on the couch with his habitual topics. What the patient wants to achieve by this behavior is to attenuate the uneasiness—expressive of his resistance to the deepening of the analytic process—which he feels during the session, owing to his specific isolation on the couch and to the rest of the rules. To these attempts to break up the analytic situation and to obstruct the development of the process, the analyst will respond with increasing emphasis upon the peculiarities of the situation and with ever more rigorous application of the technical rules. Faced with the analyst's determination to maintain the relationship strictly within the frame of a situation whose conditions and arrangements he has laid down, the patient will rarely fail to grasp his intentions; he will be led to resign himself to his resistances, on the one hand, and to the analyst's demands, on the other, provided the latter are conveyed with an appropriate mixture of strictness and flexibility.

From then on, we see the analysis enter into its third phase, that of transference proper, which makes its appearance in an analytic situation sufficiently developed for it to manifest itself and give new impetus to the development of the analytic process. Only during the third phase do we have a situation relatively close to the one pertaining in the experimental sciences, where moderated positive or negative affects permit the optimal reconstruction of the history of the patient's object relations.

The duration of this third phase is variable. In the typical treatment it may unfold without notable difficulties. The patient comes regularly to his sessions; the fundamental rule is—apparently—observed. The associations unroll easily, or so it seems; in any case, they may be copious. Dreams and memories are reported with a certain eagerness, or at least willingly. Even the analyst's silence and the scarcity or brevity of his interventions are accepted by the patient without showing—as yet—

signs of the increasing uneasiness he feels in tolerating this situation required by the analyst.

The transference will fluctuate during this third period; it will progressively center about the analyst, discreetly at first, and will end up by structuring itself more and more narrowly around his person. Thus we come to the end of the third phase of the analytic situation. A certain euphoria, the stage which Freud called the analytic "honeymoon," or in other cases the stage of moderate manifestation of negative affects, is drawing to a close.

Slowly but inexorably, the analytic situation will become modified, and the course of the treatment will change pace. The fundamental rule is infringed more often; the flow of material, associations, memories, seems to dry up, and talking becomes more difficult. Pauses and silences occur more frequently. The analyst has the feeling that something has come to impede the associative mechanism and to block the process he has set in motion; that links in the chain of associations are being left out; that thoughts, feelings, wishes, are more and more frequently passed over in silence, short-circuited by the mechanisms of defense. We are rapidly approaching the beginning of an essential change in the treatment with the emergence of the specific effects that will confront us throughout the duration of the analysis. Their repeated interpretation will constitute the backdrop, and their judicious though difficult handling will condition the result.

For the first time, the treatment has encountered its major resistance. We are henceforth in the fourth phase of the transference whose first signs, still discreet and isolated, manifest themselves only in dispersive fashion, soon to become the most formidable assemblage of resistances organized into the hard core we describe as the *transference neurosis.*

The first two phases described above could still be regarded as displaying a purely spontaneous disposition of the transference. The third phase, with an already better structured transference, could still legitimately be considered an analytic situa-

tion close to an experimental situation, being best designed for observations and discoveries that no other situation would allow. With the appearance of the transference neurosis, however, we are confronted with an entirely new phenomenon which will not fail to raise difficult theoretical and technical problems.

The transference neurosis can no longer be considered only a spontaneous manifestation; nor can it be regarded purely from the experimental perspective as a phenomenon demonstrating the dynamics of the basic neurosis in a merely repetitive fashion. The analysand cannot be held solely responsible for what he may do in a situation in which all the rules have been decreed by the analyst. The analyst has firmly and tenaciously countered the patient's smiles, sometimes his cordiality, his idle remarks, with a peculiar, specific attitude. He has invariably maintained the necessary distance and insisted upon a stereotyped solemnity in their encounters. He has met most of the patient's utterances with silence or with a parsimony of response and the calculated tone of interpretation. In establishing ever stricter procedures by means of ever more codified rules, we pass progressively from an analytic situation, designed to discover the history of the patient's neurosis with a minimum of distortion, to an *analytic space.* Let us examine the conditions of its construction, then its advantages and drawbacks.

To begin with, in its most banal sense the analytic space is a place in the physical world: a place surrounded by four walls, with material objects that have form and weight, a couch and an armchair. This is not yet an analytic space, which is both a place in the physical world and an imaginary one which will take shape only gradually, i.e., a specific space in which the analytic process will acquire its full strength and deploy all its possibilities.

The transference neurosis, which is the major manifestation in the genesis of the analytic space, would not be conceivable unless the analysand were lying on the couch under conditions that have been strictly defined in the agreement imposed by the analyst. The transference neurosis is specifically connected to a formal, rigid, and unalterable situation with fixed, not inter-

changeable, respective positions in physical space, with a division of roles which demands that each remain strictly within his range from beginning to end. Therefore, we can no longer speak of a *fundamental rule* without tying it in with all the component rules of the space in which the analysis unfolds. We cannot speak of the fundamental rule as the one by which we designate the patient's free associations without showing that it is part of a series of equally important rules and that the entire field defined by the imperative rules we have issued will become the *fundamental space* outside which, we fear, no true analysis is possible.

Perhaps it is now time to draw up the list of rules which define the analytic field.

1. The fixed and noninterchangeable positions in the *physical space* of analysis.
2. The *two* fundamental rules:
   a. On the side of the couch: free association.
   b. On the side of the armchair: free-floating attention.
3. Neutrality.
4. Benevolence.
5. The specificity of the encounter.
6. The speech demanded from one.
7. The habitual silence of the other.
8. The analyst's passivity, amended only by interpretation.

This set of rules is mutually binding and constitutes the specific foundation of what we believe to be the only conditions under which an analytic space can develop and an authentic psychoanalytic process unfold. Otherwise, we may have all kinds of psychotherapeutic procedures, but no true psychoanalysis.

When we state the technical rules of analysis in this way, we notice immediately that their continuous and strict application is essential for the analytic space to become formed and circumscribed in a close and faultless unity. But to describe this space as I have just done raises the immediate question of what will emerge in it. The answer is the transference neurosis and the connections that will be forged between the patient's historical past and its repetition in the treatment.

Before proceeding further in this direction, a last cardinal

element in the constitution of the analytic space remains to be discussed: the phenomenon of countertransference.

We have noted that the transference alters the transparency of an environment which we hoped would be faultless so that meanings could emerge in it without distortion or with the least possible distortion. It took time before the transference, even once it was understood, could be integrated into the technique and before its advantages and positive role in the analytic process were perceived, besides its inconveniences. One would, in the beginning at least, gladly have done without it. Since this proved decidedly impracticable, one had to make a virtue of necessity and convert it from an obstacle to the progress of treatment into the level of the analytic process.

If the transference, to start with, and later on the transference neurosis (even more so) were held in such great mistrust that we may ask whether Freud ever overcame it completely, we can understand to what degree the countertransference phenomena, appearing symmetrically, were regarded as an even graver threat to the establishment of an analytic situation whose essential aim is to decipher the meanings of unconscious content. It was rather late in the development of ideas and technical procedure that this threat was clearly perceived and countermeasures were considered. The dangers of countertransference are now being proclaimed, and the analyst's attention is ceaselessly called to the distortions resulting from it. It was to eliminate these dangers that the analyst's own analysis became obligatory. This is a fundamental measure and has such consequences for the technical conduct of analysis that its general application marked the beginning of a new period in the practice of psychoanalysis.

All this being clearly understood, it is important that the misdeeds of countertransference, consisting in projections originating at one point of the analytic space, crossing and altering the projections coming from a second point of the same space, be exactly weighed so that the error is not repeated which, for too long a time, made the transference neurosis an undesirable phenomenon. Analysis of the countertransference, first and mainly

performed in the analyst's own analysis but pursued constantly with respect to each patient, is a requirement from which no psychoanalyst is exempt. Now that I have stated the obvious, which no one will call into question, a certain number of indispensable remarks remain to be made.

The analyzed countertransference can represent only a part of the affects linked to the analyst's history and to the vicissitudes of his own instinctual past. At best, the analyzed sector of the countertransference will be important, but its extent or depth cannot be measured. Like the transference, the countertransference can be analyzed, made conscious, and overcome only to a degree that is difficult to evaluate precisely. It is a counter-resistance, just as the transference neurosis is a resistance that blocks access to the patient's memory. Because of the analyst's own projections, some of those coming from the patient may remain unnoticed or be too greatly distorted; still it is impossible for the analyst to obtain total mastery over the countertransference.

Like the transference neurosis, the countertransference has a positive side. Due to the emotional phenomena stemming from it, a deep understanding may come about between the analyst's unconscious and that of the analysand, joined together in an unparalleled affective experience. Even if it were possible to eliminate countertransference affects, one should not wish to do so, for a true analytic process can no more develop in the absence of countertransference than in the absence of the transference neurosis. The prevailing mistrust with respect to countertransference is not unjustified; when countertransference goes unnoticed, it can engulf and distort the analytic field. Confronted with the transference neurosis, the countertransference may take the form of a countertransference neurosis which would condemn the analysis to be no more than the narrow field for a reciprocal exchange of unruly and irreducible affects and counteraffects that would make any pertinent interpretation of the transference impossible. Nevertheless, an excessive mistrust of emotional movements that are necessarily involved in the ana-

lytic process threatens to imprison the analyst in a uselessly and dangerously defensive attitude.

Countertransference can be injurious, it is true, and so can the transference neurosis. But the ideal does not lie in such total self-effacement of the analyst that nothing is left to subsist in his place but a mirror reflecting the patient's image. It was hoped that as a counterpart of the analyst's self-effacement, the patient's transference projections would reproduce the original forms of the drives without the least alteration due to the analytic situation. One came to believe that the purity of the transference was in inverse proportion to the analyst's presence. Had it been possible to eliminate the latter altogether, we should have seen the patient's past preserved in unalterable signs upon a perfectly transparent screen of transference.

In reality, the affects operative in the transference neurosis, on the one hand, and those due to countertransference, on the other, although differing in their intensity and their degree of consciousness, both contribute toward defining the analytic space; they give it refractive properties which we must take into account when seeking to correct their deviant effects—or at least we must be aware of the distortions inherent in the structure. The transference neurosis does not develop in a space devoid of affects; it can only develop in a space saturated with affects. The analytic space also represents a distortion of what it contains and a resistance, but it is due to this distortion and this resistance that something becomes perceptible in it. The dialectic process of analysis develops through these resistances.

The analytic process is possible only in a specific environment created by the technical rules in which the affects and counter-affects of the two organizers of the analytic space interact. The analytic space is an imaginary space which reveals and at the same time distorts whatever takes place in it. Like the transference and countertransference which contribute to its structure, it is ambiguous: the processes unfolding in it are linked to its use as a resistance, yet essential to the uncovering of truths.

The Interplay of Force and Meaning

The relation between force and meaning (i.e., between economics and meaning) and the transference as fundamental manifestation of the analytic treatment—also as the point at which the conjoint effects of meaning and force can best be comprehended—occupy a central position in my conception of the analytic space. This is also the position that has met with the largest number of objections. But the evolution of psychoanalysis is the history of the vicissitudes of force and meaning. These two factors have never ceased to play their parts in psychoanalysis, and this division of the field has been obvious since the beginning. I have tried to describe and understand how the infrastructure formed by the proclaimed rules has progressively given birth to this formidable superstructure of the analytic space and the consequences of the intermingling of force and meaning which sustain and pervade the field of analysis.

I wish that I myself could see more sharply into my study of this sensitive and even painful point, so as to clarify the issues. I shall go further back in order to show that force and meaning have interacted in the psychotherapeutic relationship all along. It will be easy not only to demonstrate this constant division, but also, as we go along, to emphasize that force has invariably retreated when meaning became consolidated and better able to take its place.

At the very beginning, force dominated the relationship. It began with the *Studies on Hysteria* (Breuer and Freud, 1893-1895). Frau Emmy von N suffered from gastric disorders. She ate very little and claimed that she could not tolerate mineral water; that eating the complete meals and drinking the mineral water prescribed by Freud would ruin her digestion. Said Freud: "I assured her that . . . her pains were only due to the anxiety over eating and drinking. . . . I announced that I would give her twenty-four hours to think things over and accept the view that her gastric pains came only from her fear. At the end of this time I would ask her whether she was still of the opinion that

her digestion could be ruined for a week by drinking a glass of mineral water and eating a modest meal; if she said yes, I would ask her to leave" (pp. 81-82). Terms had been set, and a threat had been uttered. The threat worked, and force carried the day: Emmy von N gave in. Later she wrote to Freud "I have already drunk forty bottles of mineral water. Do you think I should go on with it?" (p. 83).

Also, there is this declaration of faith (the word is justified) in *Studies on Hysteria:* "[The analyst] works . . . as a teacher . . . as a father confessor who gives absolution . . . after the confession has been made" (p. 282).

These first babbles of a technique still in search of itself are well known. Let us see what followed. In 1918, at the International Psycho-Analytical Congress in Budapest, Freud (1918) recommended that phobic patients be compelled to confront the phobic situation. *Compelled* by what, if not by force? Ferenczi's (1919a, 1919b, 1921) active technique found its source here—and its force. It is nothing else but force invading the analytic field and threatening to reduce meaning to a ridiculous and illusory appendix.

The Wolf Man, for the first three and a half years of his analysis, said Freud (1914), had been content to listen and agree politely with what Freud told him, without being otherwise affected. The considerable analytic work already accomplished had not had any effect whatever or led to any noticeable change in this patient. This was the decisive moment when Freud used a "heroic measure": setting the date for termination. Whatever the result of the analysis, it was to end on that date: "Under the inexorable pressure of this fixed limit, his resistance and his fixation to the illness gave way, and now in a disproportionately short time the analysis produced all the material which made it possible to clear up his inhibitions and remove his symptoms" (p. 11). The terms Freud used stem from military vocabulary, and the following metaphors do so even more clearly: "The situation is the same as when to-day an enemy army needs weeks and months to make its way across a stretch of country which in times of peace was traversed by an express train in a few hours

and which only a short time before had been passed over by the defending army in a few days" (p. 12).

Over twenty years later, Freud (1937a) referred back to this case in *Analysis Terminable and Interminable.* Setting a date for termination had been not only a "heroic measure," but also a "blackmailing device" (p. 218). The Wolf Man had not placed faith in Freud's words, but had given way before his *unverbrüchlichem Ernst* or, as Strachey translated it, his *deadly earnest* (p. 217): indeed, he was forestalling an analytic death. Is the force sufficiently obvious here? Freud drove his frankness to the extreme. Once a decision has been taken and made known to the patient, the analyst has to abide by it or lose all authority, for "the lion only springs once" (p. 219). Comparing the analyst to the lion, who does not need to jump again because his first jump never misses, is surely to enthrone force: Is not the lion the king of animals? Is not the psychoanalyst the king of therapists?

In *Civilization and Its Discontents,* Freud (1929) drew a possible parallel between individual neurosis and collective neurosis. To the idea of a similar origin he added the recommendation of similar therapies which need be neither absurd nor necessarily condemned to failure. Nevertheless, he called for prudence concerning a possible practical application of psychoanalytic knowledge to the healing of all mankind, rendered neurotic under the influence of civilization. For, Freud wrote, ". . . what would be the use of the most correct analysis of social neurosis, since *no one possesses the authority to impose such a therapy upon the group*?" (p. 144, italics added).

One dare not imagine the political profile of one who would have the temerity to undertake the treatment of the civilized societies—or the social forces from which such authority would draw concrete support. At any rate, let us remember—and this is self-evident—that if the necessary authority to impose the desired therapy is indispensable but lacking on the collective level, it is certainly not lacking on the level of individual treatment.

By stressing the fact that all the provisions in the analytic field are devised, enacted, and *imposed* by the analyst, I have empha-

sized the analyst's *responsibility*. It is he who decides the indication for analysis, as well as all the coordinates of the situation into which he puts the patient. Neutrality and benevolence and imperviousness are predetermined technical modalities which he must assume fully and not as a pretext to evade his responsibility. It is the engineer who draws up the plans for the bridge he will build from one shore to the other, and it is also he who calculates the strength of the materials. Whatever becomes of his work, he must take full responsibility for it.

A few questions might be in order here. When the psychoanalyst decides, for example, to take off for an extended weekend, does he ask the patient's permission or at least his opinion? Conversely, when the patient decides to do the same but at a different time, will he have to pay for the missed sessions or not? When the analyst decides to increase his fee, does he discuss it with his patient, giving his reasons? The patient can refuse, of course, but does this often happen? These measures have to do with technique: they are rational, defensible measures, and what the analyst does is always in the patient's best interest. I agree. But try to convince the patient who is in the state of transference neurosis. And he will always be in this state, either too much so or not enough, depending upon whether a positive or a negative sign dominates his regression in the transference. It is the problem of who is in charge.

One of my female patients expressed this feeling very well:

> From time to time my associations start to roam. You often let me go along as I please, but there comes a moment when I feel that your interventions pull me up short in order to bring me back to what you no doubt must consider the right way of the analysis. I have the impression that my associations make me toss about like a boat battered by waves and that from time to time you correct the course by tapping on the tiller, sometimes lightly and sometimes more firmly or roughly. But I am docile. After all, *you are the one who knows best.*

Docility in the face of such "knowledge power," experienced

as beneficial, is a sign of positive transference. The sign need merely be reversed for the helpful "tap on the tiller" to be experienced as a deadly blow. In any case, the patient does not doubt who is steering, even if the psychoanalyst pretends to act like a mere spectator.

It should also be noted that the metaphor of "translation" is only an approximation of what happens in interpretation. We translate from an unknown language into another one which is better known to the patient and which the patient can instantly recognize as his own. But we translate the drive derivatives arising from primary repression into a language so foreign—so strange—to the patient that he is struck with fright.

How does this nonrecognition of one's wishes arise? How is it that wishes assume such strange and frightening forms that the patient can no longer recognize them as his own? This arises, of course, from resistances that prevent the drive from being experienced and recognized, allowing it instead to proliferate in obscurity where it takes on these frightening forms—from resistance, which is to say, from *psychic forces*. No intellectual means of persuasion or rational demonstration can cope with them. A counterforce must be brought into play to oppose the forces of resistance: the analyst has to be clothed in "authority" (Freud, 1916-1917, p. 445). Without the transference, the analysand "would never even give a hearing to the doctor and his arguments" (p. 445). It is the patient's faith which turns the words of the analyst into a miracle: "In this his belief is repeating the story of its own development; it is a derivative of love and, to start with, needed no arguments. . . . Thus it becomes possible for us to derive an entirely fresh advantage from the power of suggestion; we get it into our hands. The patient does not suggest to himself whatever he pleases; we guide his suggestion so far as he is in any way accessible to its influence" (pp. 445, 451-452).

How could the patient overcome the strangeness and the fright without the strength derived from the intensity of the positive transference?

What enabled the Wolf Man to produce all the material needed for the understanding of the determinants of his neurosis and for the relief of his symptoms in a time disproportionately short in comparison to the duration of the preceding treatment? It was under the "inexorable pressure" of having a date fixed for the termination of analysis, the pressure of this "blackmailing device," that finally "his resistance and his fixation to the illness gave way"—which is to say, because of his powerful transference attachment. "His shrinking from a self-sufficient existence was so great as to outweigh all the vexations of his illness. Only one way was to be found of overcoming it. I was obliged to wait until his attachment to myself had become strong enough to counterbalance this shrinking, and then *played off* this one factor against the other" (Freud, 1914, p. 11, italics added).

What was this play, unless that of force in search of meaning? How can one fail to be on the alert in view of Freud's statement about "this last period of work, during which resistance temporarily disappeared and the patient gave an impression of lucidity which is usually attainable only in hypnosis" (p. 11)? Suggestion, as Freud knew and did not hesitate to say, is one of the avatars of transference. Rather than close our eyes, let us face reality so that we can better understand what it is, exactly, that we are doing. We will then avoid misusing a force which, if unrecognized, can both subvert and submerge meaning. What caused the Wolf Man, when he "entered more deeply into the situation of the primal scene," to bring to light "pieces of self-observation" (p. 45), unless the "inexorable pressure" of the termination date—a result of the interplay of force and meaning—exerted its full effects just then?

What remains fundamental, in my opinion, is that whatever may happen within the frame, whether the reconstruction be wrought by the analysand, by the analyst, or (most often) by both, the frame itself is set up by the analyst alone. All the parameters are created by the analyst; all the rules are dictated by him. Being established in this way, the frame cannot fail to

influence what will emerge in it. The analysand cannot maintain a purely rational communication within a structure into which *he is placed* by the analyst. It matters very little whether the analysand knows the reasons that justify this structure and is convinced by them. Reasons carry little weight in the transference relationship that will become established and then reinforced until it creates and pervades the entire analytic space. The analytic rules start out as the analyst's rules and, as such, are transgressed or obeyed, which is all one. They mark the conflict that dominates the therapeutic process, repeating the conflicts with those who, in the past, frustrated the patient and taught him to respect rules—or tried to do so.

In a situation in which the disparity of forces is inherent in its very structure, the exertion of force rests always with the analyst. This is also the most delicate point of technique. It is most difficult to draw a sure and just line between what is legitimate and what is less so. To refer the analyst back to his own analysis, to self-analysis, to supplementary analysis, to analysis of the countertransference, etc., can only provide partly valid answers. To a large extent, such measures constitute evasions, for no analysis can really protect the analyst against some slight exertions of additional force held to be necessary and rational, and which may indeed be so. No one can be completely sure of this: it is a wager. As in any wager, one wins or loses; often it is a toss-up. We are confronted here with an uncertain element in the handling of the analytic situation which appears to be unavoidable. It would be very surprising if the analyst, who exercises justified vigilance and suspicion with respect to the patient's motivations in concealing his unconscious emotional impulses, were not to hold himself under a similar and no less fruitful suspicion.

The conviction that the rules themselves constitute a structural disparity of forces in psychoanalysis leads to a technical imperative which I regard as vital: not to do anything that might increase the imbalance of forces; to guard against everything that would risk tipping the balance of force even further

in the analyst's favor, at the expense of meaning. It is clear that my conception of the disparity in the distribution of force in psychoanalytic treatment disposes me toward strictness rather than laxness in the matter of technique. This is also the reason why I believe that the analytic "contract," which is imposed upon the analysand and constitutes the basis for the proportionate inequality of force, is the maximum of what can be accepted and regarded as rational; hence the necessity for scrupulous observance of the classical rules which alone can give us some assurance against surreptitious adulteration through countertransference. Hence, also, my reservations with respect to technical variants and variations, which I hold in great mistrust: I never apply them without remembering that they are sometimes dangerous, often chancy, and never completely safe.

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IMAGINARY COMPANIONS IN CHILDHOOD AND ADULT CREATIVITY

BY WAYNE A. MYERS, M.D.

Case material is presented to illustrate the thesis that the ability to create an imaginary companion during childhood is an early expression of the special ego aptitudes found in creative individuals in adult life. Such "companions" allow these children to attempt to master creatively a variety of narcissistic mortifications suffered in reality and to displace unacceptable affects. In creative adults who had imaginary companions in childhood, the early fantasies serve as an organizing schema in memory for the childhood traumata. Stimuli in adult life which evoke the earlier traumata may revive the original imaginary companion fantasies. These then serve as nodal bases for the creation of specific adult works of art.

In a previous publication (Myers, 1976), I described four women who had imaginary companions and/or fantasy twins in childhood and mirror dreams and depersonalization in adolescence and adult life. A point not emphasized in the earlier communication was that all four of these women pursued artistic careers in their adult lives. Two of the four became creative writers, a third was a successful painter and the fourth was a photographer. In addition, I have also worked with two other patients who had childhood imaginary companions and split self-representation phenomena. As adults both of these individuals became deeply engaged in creative avocations (writing and painting).

In all six of these patients there were links between the fantasies underlying the formation of the childhood imaginary companions and the fantasies which gave rise to specific creative acts in their adult lives. The connections were most apparent in the works of the patients who were creative writers, although they could also be discerned in the paintings and photographs of the others. In the material to follow I hope to present convincing

evidence that an imaginary companion in childhood may be an expression of the special ego aptitudes found in creative adults.

CLINICAL MATERIAL

Case A

Ms. A suffered intensely from parental deprivation during her childhood. During the first six years of Ms. A's life, her mother was hospitalized for psychotic episodes on several occasions, and then when the patient was between seven and nine years old, her mother underwent a two-year psychiatric hospitalization. During the mother's absences, the patient was cared for by her maternal grandmother, who suffered from recurrent psychotic depressive episodes, and by her father, a rather profligate man given to compulsive gambling and frequent sexual affairs. On a number of occasions, between the patient's seventh and ninth years, she witnessed sexual scenes involving her father and one or another of his paramours.

While her mother was away on the long hospitalization, the patient was without friends and felt very lonely. At that time she developed an imaginary brother. She wove many "good stories" about her relationship with him. He was small and sickly and almost totally dependent on her for nurturing. She would make him grow "big and healthy." She loved the brother deeply and felt proud of the affection lavished on him by her parents and grandmother, as if he were some highly prized extension of herself. One repetitive feature of the childhood stories was the sharing of a "small but remarkable" bedroom with her twin. In this room the two would lie together for long hours at a time in blissful communication, often without having to utter a word. Periodically, the patient would recognize (feel) a need or longing in her brother, and she would then proceed to feed him spaghetti, hot dogs, eclairs, and milk shakes through a long hoselike tube which seemed magically to "spring out somehow" from within her own body.

She used these fantasies to change the painful relationship

with her mother into an active and positive one. At the same time the fantasies contained oedipal wishes which were associated with her delight in cooking treats for her father during the period of the mother's absence, thereby hoping to win over his love and attention.

During the era of the "good stories" about the twin, there were also "bad dreams" involving him, which led to frequent insomnia. In these nightmares the patient would imagine her body becoming "bloated" and "leaden" or "swollen beyond recognition" and she would gradually become aware of occupying the entire space in the small bedroom she was sharing with the twin. Just before awakening she would have the inexorable feeling that she must be "crushing the life" out of her precious brother and "squeezing it up right into me."

On entering analysis at age twenty-eight at a time when her husband was confessing to her his affair with another woman, Ms. A had no conscious recall of any events before the age of nine, the time of her mother's return from the last psychiatric hospitalization. She had repressed all knowledge of the imaginary companion brother and the accompanying stories and dreams.

Although it was not her vocation, the patient had been intensely involved with creative writing since adolescence. She wrote stories and poems about heroines and, occasionally, heroes who were involved in epic quests for lost objects of great value that had been stolen by villains long ago. Unless these objects could be returned to their original sites, individuals with whom the heroines were involved or entire civilizations would be doomed. Inevitably, the quest would be successful, but the heroine would be killed or sacrificed in the process. In the early phase of the treatment her associations about these productions led to her wishes to have sacrificed herself by taking her mother's place in the hospital. She wanted to ward off her mother's illness and the difficulties between her parents. Accompanying these ideas were fantasies that her parents would then have been

happy and would have adored her spirit (ghost twin) in heaven forever. The phallic connotations of the stolen objects were also perceived; she wished to undo her profound sense of castration.

As the treatment progressed, the patient's transference fantasies became incorporated into her literary productions. In most of these stories and poems she was saving me in some manner or other—often by feeding me to revive my ebbing life. In one poem, for example, I was seen as a river, polluted by the wastes of an industrial society. (This was her anal rage toward me for having other patients.) She pictured herself as a cornucopial canopy of clean, ripe fruit trees through which I would pass and be filtered. My weakening wastes would be washed away in her nourishing lushness and I would be made whole and clean. The multiple determinants of this fantasy are apparent, and while the patient felt aroused at this time by sexual feelings toward me, she spoke of feeling "troubled" by them or by "something I can't understand or remember" in the poem. She had the fantasy that her literary productions were stripping her womb of fertility and that unless she crossed her legs on the couch and "crushed this threatening output," she would be barren and depressed forever.

In the third year of the analysis, when her son had to undergo surgery for an undescended testicle, she had a dream of eating nuts and of getting very fat. She awoke with feelings of depersonalization, in which her body felt "leaden," "bloated" and "swollen," like the feelings from the early "bad dreams," and spoke of her ever-present concern about her weight. When I connected the nuts in the dream with her son's testicle operation, she began to cry and to shake with rage, and the feelings of depersonalization began to abate. She finally calmed sufficiently to speak and began to verbalize angry desires to emasculate men (her son, husband, father, and me) because they made her feel so rejected and lacking. Her guilt over her wishes to harm her son was profound; she wept with great racking sobs and then plaintively said that if only her son's testicle could

remain safely in his abdomen, he would be all right and his fertility would be unimpaired. I mentioned to her that this was contrary to what she knew to be the reality of the situation, and I likened her comment to her earlier wish to cross her legs in order to hold in her literary productions and thereby maintain her own fertility. "I used to imagine I had a twin brother," she announced then. "He was part of me, too, and I wanted so to hold onto him. I haven't thought of him for so many years." With this startling pronouncement, recollections began to pour out about the "good stories" and the "bad dreams" involving the imaginary brother.

This pronouncement was followed shortly by a second unexpected revelation. During analysis the patient had frequently commented that her parents were repulsed by her son and by his cryptorchism. Initially, she had felt hurt by their attitude, and then she had become enraged. When she finally confronted them with their behavior, she was horrified by her mother's angry response: her mother informed her (as she had done before when the patient was a young child) that she had actually been born a twin and that the desired boy had been "crushed to death" by her in utero because she had been such a "fat, bloated" baby. During this dramatic encounter with her mother, she remembered that the mother had indeed told her all of this during her childhood. The patient then recalled a guilty childhood fantasy that her supernumerary nipples and other birth marks were really evidence of her having devoured the hated male rival in utero (*cf.*, Arlow, 1972).

The clinical ramifications of this material will not be discussed here. Suffice it to say that the patient's latency fantasies and her later literary productions had much in common. In both she attempted to deal with her rage and guilt concerning the objects of her childhood—including the devoured twin of her intra-uterine days. In her stories she tried to undo the incapacitating sense of being castrated. In this childhood network of fantasies we can see a clearcut harbinger, an early expression, of her later adult creative talents.

Case B

Ms. B suffered severe deprivation and abuse from her psychotic mother throughout her childhood and adolescent years. The minimal attention she received from her father diminished markedly after the birth of her brother when she was three years old. At six years of age following an exposure to the primal scene, she was rudely ushered from the parents' bedroom by her angry father. In the same year she witnessed a violent knife fight involving her parents. She then turned to the family's black maid for love and comfort. In addition, she created three imaginary companions her own age: twin black girls and her own twin, a white girl.

During latency and the preadolescent years, she spent endless hours daydreaming about her adventures with her imaginary companions as she gazed longingly into the mirror in her father's dressing room and silently conversed with them. In these childhood musings (which she did not recall until their re-emergence in the adult analysis while associating to her adult writings) she expended considerable effort in reconciling the differences, as well as the similarities, which she perceived as existing between her various imaginary companions and herself. In her fantasied dealings with her companions mutual respect and admiration were the orders of the day. Whether in terms of intellectual ability, phallic athletic prowess, or with regard to particular imagined acts of naughtiness and defiance, the patient, the three girls, and the black maid-good mother all showed an immense degree of tolerance for, and admiration of, individual similarities and differences. Thus the patient could feel both attached to and separate from the companions at the same time. She could also experience one area where she would feel free of her overriding feelings of sadness, jealousy, and anger and her associated tormenting feelings of guilt and shame. The tolerance of differences also helped her to undo the feelings of rejection she had experienced at the hands of her father after the birth of her brother. The idea of similarities also bespoke her wishes to merge with the good maid-mother.

Through the attachment with the three imaginary companions, the patient imagined that she had attained the desired genitals of the favored brother and had thereby regained the lost admiration of the adored father. The mirror play and mutual respect and admiration reflected the patient's wished-for relationship with the psychotic mother. Thus a whole series of parental rejections and losses, with the attendant separation and castration anxieties and narcissistic mortifications, were being dealt with by means of the adaptive creation of the early imaginary companions.

At puberty her fantasies about the companions ceased. From that period and continuing well into the time of the adult analysis, the patient had a number of idealized women friends who seemed an obvious continuation in reality of the admired companions of her earlier years. As she grew older and became a writer, the idealized women in her life were invariably successful writers. She would become intensely involved in their personal lives and often imagined sharing in their professional and social successes, as she had shared in the earlier exploits of the imaginary companions.

In a number of the story and novel ideas she related to me during the analysis the idea of a younger woman attached to an older, idealized female was a prominent theme. In one version, the younger woman gradually and inexorably assumed the wished-for identity of the older idealized woman. In her initial description of this story the patient saw her desire to fuse with the older woman as a global wish to merge with an idealized mother image. Subtle distinctions in clothing, makeup, etc., between the two women were maintained, however; and her associations to color differences (especially black and white) led us once more back to the early imaginary companion fantasies. In addition, the color distinctions led to further associations about the pubic areas of the parents, as observed or fantasied in the early primal scene exposure. Feelings of rage were also attached to the colors, as they had been earlier in life (the anal rage attached to the color of the black twin girls during her childhood).

In this particular fantasy creation and in other similar works she was able to undo a variety of narcissistic affronts. The intense loneliness she experienced during her fallow periods was somewhat mitigated by bursts of creativity which enhanced her sense of herself as a person (especially one with a phallus) and made her more acceptable to her rejecting parents. Many of these bursts of creativity involved literary productions which stemmed from, and included derivatives of, the early imaginary companion fantasies. She was thus no longer alone and could share with her literary characters the guilt over rage toward family members. Thus the imaginary companions of latency could be seen to be precursors of her creative work of adulthood.

REVIEW OF THE LITERATURE AND DISCUSSION

In my earlier paper in this area (Myers, 1976), I concluded that imaginary companions and/or fantasy twins "were created in response to a variety of narcissistic blows—abandonment by one or both parents, the birth of a male sibling, and profound oedipal disappointments which led to intense feelings of castration. The companion serves both to displace unacceptable impulses and feelings (primarily rage) and as an idealized phallic self-representation" (p. 513). These findings have been borne out by my work with the two additional patients, especially Case A above.

The subject of imaginary companions is one that has been studied only to a moderate extent in the psychological and psychiatric literature. Most of these studies have been limited to this phenomenon in children, without follow-up studies in adult life. However, a number of interesting observations have been recorded. Green (1922), Hurlock and Burstein (1932), and Svendsen (1934) have noted that many of the children with such companions were either only children or very lonely ones. This has been the case with my own patients as well. Jersild, et al. (1933) noted the very interesting point that some children had imaginary companions which they shared with actual friends.

Bender and Vogel (1941), in their article on imaginary companions, saw such phenomena as "a psychological mechanism used by the child to supplement deficient environmental experiences and emotional inadequacies, especially unsatisfactory parent-child relationships, and depriving or distorting experiences with reality. . . . The imaginary companion is the representation of varied psychological mechanisms including personification of the id-impulse, ego-ideal, super-ego, aggressive and guilt trends, feelings of rejection and inferiority. . ." (pp. 64-65). The creation of an imaginary companion by the child is a "positive and healthful mechanism" (p. 65). They further noted that there are a number of instances in which childhood imaginary companions have been utilized by famous authors in the texts of specific stories and poems in their own adult lives. They cited, among others, Hervey Allen, Robert Louis Stevenson, A. A. Milne, Una Hunt, E. A. Poe, de Musset and Lord Dunsany.

Harriman (1937), in a nonanalytic survey on imaginary companions, described a young woman whose companions were utilized in her later fictional stories. He tentatively suggested then that there might be a correlation between the presence of imaginary companion fantasies and later creative writing ability.

In the psychoanalytic literature the articles by Anna Freud (1937), Fraiberg (1959), Murphy, et al. (1962), and Sperling (1954) on animal and human imaginary companions, and even Burlingham's (1952) work on the fantasy of having a twin dealt with the phenomenon in question. Unfortunately, there was no follow-up work dealing with the subject of adult creativity in such children. These authors emphasized the use of denial in fantasy (A. Freud, 1937) of painful realities and the projection of unacceptable feelings (mostly rage) onto the companions (Fraiberg, 1959; Murphy, et al., 1962). Sperling (1954) saw the fantasy companion serving as a prototype for early ego ideal formation. Burlingham (1952) suggested that the twin, an idealized self-representation, may be used as a defense against oedipal castration anxiety. Two are able to do what one cannot accomplish

alone. This is similar to the fantasy of duplication of body parts. My own observations are consistent with many of the above findings.

Eisnitz (1961), in a paper on mirror dreams, described a case of a young physician who had an imaginary companion as a child. The companion (and the mirror dreams) were seen as defenses against "narcissistic mortification from the superego . . . the analyst . . . or reality. . ." (p. 477). There was no mention made in the article about whether the young man in question was endowed with any special creativity.

Nagera (1969), in an informal survey of analysts of adults in London, observed that, once having played a developmental role in superego formation, the hypothesized need for the imaginary companion seemed obviated and memories of it were rarely recovered in adult analyses. This has not been consistent with my own experience. In a personal communication Nagera (1977) mentioned that he had no specific information on any connections between childhood imaginary companions and later adult creativity.

Bach (1971) described two adult females who had imaginary companions in childhood: "In both cases the imaginary companion came to represent an envied and idealized [introjected paternal] phallus, and was used defensively to perpetuate a regressive, narcissistic solution of the oedipus conflict" (p. 160). Bach's idea of the companion as an idealized phallic self-representation is similar to my own findings, as is his concept of the creation of the companion in response to a narcissistic blow in order to contain aggressive impulses. In a personal communication Bach (1977) noted that one patient in his original study is currently involved in a creative field as an adult and a second is "creative" in her particular line of work. A third adult patient with a childhood imaginary companion, whom he has worked with but who was not included in the original study, is also directly involved in a creative field. Although being creative in one's work may be a hard phrase to validate, the thrust of Bach's findings are consistent with my views.

Schwartz (1974), in a paper on narcissistic personality disorders, discussed the analysis of an adult male who, as a child, developed an imaginary companion after the birth of a sibling. In a personal communication Schwartz (1977) mentioned that the individual in question was not directly involved in a creative activity but he considered him to be creative in his field of work.

In a recent paper entitled "The Myth of Peter Pan," Meisel (1976) conceptualized Peter as an opposite sex fantasy twin, created by Wendy as a developmental response to earlier narcissistic mortifications suffered in the preoedipal and oedipal periods. In my discussion of the paper at that meeting, I noted that James Barrie himself had had a fantasy twin, M'Connachie, to whom he ascribed great importance with respect to his artistic creativity. His twin was apparently conceived by him sometime after the tragic death of a favored older brother when James was aged six. As M. and R. Karpel (1957) noted in their fascinating article on the meaning of Barrie's play *Mary Rose,* this brother's death had a profound effect on young James because of the intense depressive episode his mother suffered following it. Barrie strove with every ounce of creativity in his young mind to snap his beloved mother out of her depression, employing every variety of antic and story he could imagine, as well as using the therapeutic technique of having his mother tell him stories about her own past life. The illusion of having a satisfactory relationship with his mother, which he struggled so hard to maintain for his entire life, was, however, essentially a false one. In his play *Mary Rose* the dissatisfaction he really felt was expressed by the hero to the ghost of his own infantile mother. She returns after a long absence and wishes to be treated by him as a daughter and not as a mother. Barrie's mother obviously still preferred the dead David.

Alston (1972), in an article on Barrie's fantasy twin, saw the double motif in Barrie's works as stemming from his guilt feelings over the loss of the favored older brother, with the guilt being split off and projected onto the double. He also saw the double as affording Barrie a protection against his prominent

fears of aging and death. Barrie (1926) himself, in his rectoral address before the red gowns of St. Andrew's, referred to his fantasy twin, M'Connachie, and said: "[It] is the name I give to the unruly half of myself: the writing half. We are complement and supplement. I am the half that is dour and practical and canny, he is the fanciful half; my desire is to be the family solicitor . . . while he prefers to fly around on one wing" (pp. 3-4). The attributes of Barrie's fantasied twin and those of Peter Pan are quite similar. What is more important here, however, is the obvious link between the fantasy twin aspect and the creative aspect of the author himself. Whether M'Connachie also encompassed some of the attributes of the favored older brother is something I cannot be certain of, but which I would imagine to be true. In this sense, the companion may have also been utilized by Barrie as an attempt to undo the narcissistic mortifications suffered at the hands of his mother after the brother's death and the consequent oedipal triumph he achieved over this brother and over his ineffectual father, pyrrhic victory though it was.

Turning now to artistic, especially literary, creativity, the analytic articles are too varied and too numerous to discuss in any detail in this paper. A number of authors have related early psychic trauma to later artistic creativity (Greenacre, 1957; Kris, 1952; Lowenfeld, 1941; Niederland, 1965, 1976). In addition, Glenn (1974) and Meyer (*cf.*, Kligerman, 1972) described experiences of object loss and fantasied or real losses of aspects of the self as serving as a stimulus for specific instances of artistic creativity. Such traumata were of considerable importance for both the formation of my own patients' early imaginary companion fantasies and for their childhood and adult creative works.

Sachs (1942), in his classic paper "The Community of Daydreams," described the phenomenon of "mutual daydreams [which are] elaborated by the joint efforts of two individuals" (p. 24). He cited case material in which two boys formulated a joint fantasy of flight from home and mutual suicide. He said

this "could only originate with boys who felt unhappy and neglected at home" (p. 27). In the adult analysis of one of the boys, Sachs was able to relate the early shared fantasy to the rejection by the mother that the child experienced after the birth of a sibling. Again, this is similar to the circumstances I have observed in the genesis of my patients' companion fantasies. Sachs saw such mutual daydreams as being produced "only when two individuals are for a time brought together by a strong, suppressed, preferably unconscious wish which they have in common" (p. 30). He also mentioned two sisters with a joint daydream of revenge toward a common love object. He pointed out that their collaboration allowed them to share the guilt over their angry rivalry with each other. "Under these extraordinary circumstances the conscious personality could accept what otherwise would have remained repressed and might have become a source of anxiety" (p. 33).

A number of the thoughts I am expressing in this paper are extensions and elaborations of Sachs's ideas. The shared daydreams he described made it possible for the co-conspirators to dilute their guilt over unacceptable sexual and aggressive wishes. Also, the mutual daydreams allowed for the undoing of narcissistic mortifications suffered in reality. I have found the same motivations to be operating in the genesis of imaginary companion fantasies. However, my patients, being only or lonely children, generally had no real companions with whom to elaborate their daydreams. Instead, they created their missing companions and then proceeded to weave the joint daydreams with them. The creation of something out of nothing in my female patients (and I suspect in males exhibiting this phenomenon as well) was indicative of oedipal birth fantasies and wishes for the missing phallus, in addition to the wishes to erect a satisfying relationship with the parents.

Jersild, et al. (1933) observed children with imaginary companions who shared them with actual friends. These fantasies may represent an attempt by these children to find an audience

with whom to share their "narcissistic triumphs" and to help ameliorate their unacceptable guilts and anxieties—much in the manner of adult artists. In creating for an audience, artists are also striving to alleviate their unacceptable guilts and to undo their former narcissistic mortifications. Sachs (1942) clearly noted this when he said: "The two main unconscious aims of the poet—the relief of his guilt feeling and the replacement of his narcissism—are inseparate" (p. 51). Kris (1952), too, observed that the response of the public, even if this is only one person or an imaginary person, helps to alleviate the artist's sense of guilt (p. 60).

CONCLUSION

All children, to a greater or less extent, tend to create castles in the air in their imaginations. The child who utilizes this capacity by creating imaginary companions to master severe early narcissistic mortifications and to mitigate unacceptable affects, is the child who is more likely to become a creative individual as an adult. It is self-evident that not all children who fantasize about imaginary companions will become creative adults and not all creative adults need to have had imaginary companion fantasies as children. Through the case material in this paper, however, I have attempted to show that in the subgroup of children with imaginary companion fantasies who do proceed to become creative adults, the imaginary companion fantasies seem to serve as an organizing schema in memory in which the earlier traumata are subsumed. (This is analogous to Freud's [1900, pp. 495-497] example of the utilization of preformed fantasies in Maury's dream of the guillotine.) Stimuli in adult life which call to mind the earlier traumatic narcissistic injuries, anxieties, and unacceptable guilts, are likely to evoke the original fantasies, which then serve as the nodal points for the adult creative acts. In analyzing such adults, therefore, we should be aware of the connection between the child's creation of imaginary companion fantasies and the adult's creative work.

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Hysterical Personality. Edited by Mardi J. Horowitz, M.D. New York: Jason Aronson, Inc., 1977. 441 pp.

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BOOK REVIEWS

HYSTERICAL PERSONALITY. Edited by Mardi J. Horowitz, M.D. New York: Jason Aronson, Inc., 1977. 441 pp.

This volume is a collection of perceptive essays which trace the development of the concept of hysterical personality, delineate its clinical features, and elaborate the psychic mechanisms underlying its manifestation. I. Veith's "Four Thousand Years of Hysteria" and L. Temoshok and C. Attkisson's scholarly epidemiological review of hysterical phenomena emphasize the significance of historical and cultural contexts as they influence the nebulous condition called "hysteria," but the other contributors, D. Allen, K. Blacker, A. Metcalf, J. Tupin, and M. Horowitz, the editor of the volume, highlight more the psychoanalytic concepts of character formation for understanding the genesis of this syndrome.

These latter authors agree that the core determinants of the difficulty are both early maternal deprivation and, later, a distorted resolution of the oedipal situation and of the emergent sexual role identification. They assert that the hysterical cognitive style or cognitive structure, as elaborated by David Shapiro, represents the hysterical personality's special mode of adapting to deprived and conflictual childhood situations. The hysterical personality's limited ability to process inner and outer events and to ascribe meaning to experience is largely responsible for the patient's various traits and behavioral manifestations. The more severe the early maternal deprivation, the more flagrant will be the disturbance in cognitive structure, the more difficult it will be to treat, and the more the patient will appear to be a "bad hysteric." Nonetheless, all types of hysterical personalities, whether "neurotic" or closer to "borderline," have in common these special features of their cognitive structure.

Horowitz's own contribution is a discussion of the changes that occurred in a young woman with a relatively "good" hysterical personality whom he psychoanalyzed over a four-year period. His presentation is thoughtful and is a valuable addition both to the understanding of hysterical personality and to issues of technique. He gives a clear description, first of the features in her background that influenced the development of her hysterical style, and then of the

course of her analysis, which helped her resolve her oedipal conflicts and mitigate her pregenital ambivalence toward her mother.

Horowitz presents an elaboration of Shapiro's description of the hysterical cognitive style and delineates four "segments" of it: impressionistic perceptual attention, the tendency to represent events in images and bodily activities rather than in verbal language, the limited ability to appraise the significance of input, and the problem in resolving incongruities between new information and already developed schemata. These various interrelated difficulties or developmental defects represent the hysterical personality's unique mode of attempting to adapt to stressful childhood situations—in the case of Horowitz's patient, to an unusually exhibitionistic father and to a rigid and moralistic mother. It is important to note that these features of the hysterical cognitive style reflect detrimental aspects of the early environment beyond the unhealthy presence of caretakers who, like this patient's parents, overwhelm the child with too much and contradictory "input." In addition, the unfortunate absence of caretakers who might empathize with and understand what the child is experiencing forces him or her to utilize extensive avoidance and mechanisms of repression and denial rather than to develop more realistic measures for appraising the nature of events. Finally, there is the influence of the family's style of coping with stressful events, especially their avoidance of discussion and of attempting to work out the disagreements that arise among its various members.

Horowitz, in his interpretative activity, explicitly called to his patient's attention the "cognitive maneuvers" by which she was avoiding the recognition of the meaning of her experience. For example, he pointed out to her that she said "I don't know" rather than let herself know that she was sexually excited during the analytic hour. He then told her, "You are afraid to know that in words," identifying what he calls the cognitive maneuver of "nontranslation." These and similar types of interventions were made in conjunction with other, perhaps more typical, interpretative activity that labeled the content of her experience as "you are feeling excited in your body," called attention to her motives for the warding-off maneuvers, and linked the current constellation to associated developmental memories, etc.

Horowitz is aware that his interventions had effects beyond his intention of identifying the cognitive maneuver. Nonetheless, he

believes that specific efforts need to be directed toward modifying the hysterical personality's cognitive structure to make the psychoanalytic process effective. He considers the modification of the hysterical personality's cognitive structure through explicit clarification of the limitations it imposes upon the recognition of the meaning of experience to be a necessary condition for a successful outcome of a psychoanalysis.

The hysterical personality's difficulty in appraising the meaning of experience is responsible for the instability of the self and object schemata, leaving the person to shift rapidly from one ineffectual role to another and continually to misperceive the real characteristics of the past and of the individuals with whom he or she is currently relating. Horowitz's patient would attempt at times to act as if she were a sexually free "swinger," but her inability to anticipate that she herself would experience guilt or to evaluate adequately situations in which she was rejected led her to assume the role of a passive, ineffective, childlike waif, hoping to be rescued but expecting to be abused. Horowitz offers a penetrating analysis of how his patient's various relationships with the several members of her family created for her a series of unstable self and object schemata. His technique of "cognitive processing" allowed him to review with her the nature of her unstable schemata and to compare them with the "realities of the therapeutic process and relationships," leading eventually to a new integration of stable constructs about herself and other people.

Horowitz is making a significant statement, I believe, about the "self" in psychoanalysis, especially about the therapeutic measures which are essential to increase its cohesiveness or integration. The hysterical personality is impressionable and prone to misinterpret inner and outer experiences. Accordingly, patients who have hysterical personalities will have considerable difficulty in expressing what they are experiencing and in listening to and understanding what the analyst is attempting to say to them about the nature of their experiences. They will also lack a sense of stability—will lack stable self "schemata"— essential for expressing their conflicted desires toward the analyst in a context in which these desires can be successfully interpreted. Because of various detrimental "presences" and unfortunate "absences" in their early environment, they have defensively developed measures for, in effect, "processing out" of their

awareness the kind of information that is essential for sustaining a stable and cohesive sense of themselves. Horowitz is suggesting that the analyst needs to be present in a special way to make up for the caretakers who did not help such patients develop the ability to appraise adequately the input from inner and outer reality. This "presence" is a prerequisite, Horowitz believes, if patients with hysterical personalities are to become cohesive or integrated enough to experience their conflicts and ambivalences and to work them through in a meaningful way in the context of their transference neurosis.

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ÉCRITS. A SELECTION. By Jacques Lacan. Translated by Alan Sheridan. New York: W. W. Norton & Co., Inc., 1977. 338 pp.

In discussing Lacan it is essential to be as frank about how his ideas are presented to us as about the ideas themselves, for it is his style that goes a long way toward blocking our comprehension of him. His claim that it is a deliberate style, intended to blind the philistines among us, rings true occasionally, when we come upon passages that for their clarity might have been written by the least tendentious. All the same it must strike most readers, as it did an earlier translator, Anthony Wilden, that Lacan has become the prisoner of his own style. If he once struck this pose for a purpose, that was a long time ago, and the habit has become fixed in perpetuity.

There are two opposing reasons to lament Lacan's style. The more weighty one is that it drives away almost everyone schooled outside his own *École freudienne*. His rebarbative personality might be enough to do that even if he had the tone, or pen, of angels, but the task of extracting his meaning, so that it can be stated in logical terms and rationally applied, is overwhelming. I call this a weighty reason for sorrow, because, as I hope to make clear in this review, I think that what Lacan has to offer is of immense value, and that it will grow more valuable as it is made available as part of the mainstream of psychoanalytic thought, even if it is a part that follows a new river bed. The more pity, then, to consider the second reason: that for his immediate followers and some others, the style is the indispensable vehicle of his thought,

even deserving of imitation. We can take comfort in learning that there already exist papers from his school, soon to appear in English, that are written in a more or less standard prose.

It would be worthwhile to comment a bit on just what this famous style amounts to. Even a glance at a page of Lacan, any page, instantly reveals to the reader that this author does not discuss, he proclaims. He states things in an oracular fashion, not only with respect to the apodictic quality of his statements, but also to their ambiguity. He alludes in various ways: sometimes to previous statements of the present position, sometimes with veiled references to other writers, sometimes with "in" comments or jokes recognizable only to the faithful. Words—for Lacan the sole bearers of meaning in psychoanalysis—are employed with shifting meaning without explanation, so that it is left to the ingenuity of the reader to determine from the context which of the possible meanings is intended. I do not think that Lacan would contest these complaints; he would, if I understand him, merely agree that this is what he intends, because this is the way things are. Lucidity, he seems to imply, is symptomatic of compromise, of smoothing over differences. In short, Lacan's style reflects free-associative style, if there is such a thing, in that logical sequence, the progressive unfolding of meaning hoped for in ordinary scientific and critical discourse, is replaced by a timeless and diffuse flow, in which the reader must sink or swim.

The present translation, apparently authorized by Lacan, includes less than half of the writings gathered together in the French edition of *Écrits*.[1] It contains some of the more readily accessible papers (none can be called easy), such as, "The Mirror Stage as Formative of the Function of the I," "The Signification of the Phallus," and also "The Function and Field of Speech and Language in Psychoanalysis," which perhaps remains the most comprehensive, if not the most comprehensible, of Lacan's works. It should be observed, however, that the last-named work appeared in English in 1968 as part of the remarkable exegetical study by Anthony Wilden, *The Language of the Self,* which, whatever its presumable defects as a translation, remains the best introduction to Lacan available at

[1] Lacan, J.: *Écrits. Le champ freudien. Collection dirigée par Jacques Lacan.* Paris: Éditions du Seuil, 1966.

present in English. In addition, the contents of the volume under review cover the whole period 1936-1960, during which the main elements of Lacan's thought evolved. Important and useful papers have been omitted, no doubt to appear in English at a later time; a translation of one volume of Lacan's tape-recorded seminars has recently appeared.[2]

The present translation, like the original, is not accompanied by much editorial guidance. The translator's note is a too brief glossary of some of Lacan's special terminology, and the relevant portions of J.-A. Miller's *index raisonné* have been extracted from the original. The latter may be very helpful, although not necessarily in a first reading, in tracking principal concepts in their appearances in different contexts.

"The Mirror Stage," here presented in its 1949 form (it was originally read at Marienbad in 1936), is a brief paper which introduced Lacan's concept of the "imaginary." The "I," or experiencing subject, comes into being as a reflection. Taken literally, as it appears to be in this paper, this is the reflection seen by the infant in a mirror. Less literally, as Lacan implies later on, it means that the sense of the subject as a whole being, rather than as an imperfect collection of members, is derived from his recognition by another person. One of Lacan's fundamental ideas, the otherness of the self, starts here and will appear in many permutations subsequently.

Questions of the fragmentation and the integration of the image of the self are further elaborated in the paper that follows, "Aggressivity in Psychoanalysis," which is also of interest in connection with Kleinian views of splitting. "The Function of Speech and Language in Psychoanalysis" is by far the longest of the included papers and, as already noted, probably the most important. It would be an understatement to say that this paper is difficult to summarize, but one can extract indices of the directions it takes. Lacan defines the position of the patient in psychoanalysis as one of nearly hopeless entanglement in the distortions that inevitably result from two intrasubjective processes: the imaginary construction of the world of the preverbal period, and the symbolic formations dependent on

[2] *Cf.*, Lacan, J.: *The Four Fundamental Concepts of Psychoanalysis* (1964). Edited by Jacques-Alain Miller. Translated by Alan Sheridan. New York: W. W. Norton & Co., 1978.

the structure of language. The patient discovers that these distortions exist, since they are alien to his or her own desire as it is unconsciously disclosed. Lacan's description of the unconscious as "structured like a language" and as "the discourse of the Other" reveals at once that the unconscious is not merely private but also a function of the exchanges between persons in which individuality is rooted. Correspondingly, it is a part of the subject that first has to be discovered in another subject, via the transference. Analyzing, then, consists of discovering in and through the concrete language of association the combinations that conceal the meaning of the symptom.[3]

The foregoing is only a suggestion of the intricate network of what might be considered well-worn themes that suddenly strike the reader—some readers at any rate—as new conceptions. Old ideas of Freud's that may or may not have been dealt with by anyone else come in for close scrutiny and new application. For example, in "The Function and Field of Speech and Language in Psychoanalysis" (and elsewhere), Lacan makes very much indeed of Freud's notes in *Beyond the Pleasure Principle* concerning his little grandson's game with a spool. In Lacan's reading, this minor incident assumes grand proportions, much as a detail in a dream might conceal important latent thoughts. For Lacan, the child's sounds, which Freud had himself concretized as the words "*fort*" and "*da*," represent the origins of the whole symbolic world, in which the word appears as the "presence of an absence."

A later paper, "The Direction of the Treatment and the Principles of Its Power," takes up some of the same themes, as well as others. Again, it is the analyst's task to provide the setting in which the desire of the patient, hitherto hidden, makes itself known through the signifying function of the word. Here Lacan's repeated criticisms of ego psychology, as he understands—and misunderstands—it, become clearer: for example, he says that an interpretation may "be received as coming from the person that the transference imputes him (the analyst) to be" (p. 231). That is, there can be no successful appeal to an autonomous ego, on which the analysis of the defenses seems to depend, simply because there *is* no

[3] For a more detailed discussion of these and related matters, see my paper, *The Significance of Jacques Lacan,* This QUARTERLY, XLVI, 1977, pp. 201-219.

autonomous ego. Lacan is far from denying the existence and effectiveness of the defenses and is even quite ungrudgingly admiring (in the early "mirror stage" paper, to be sure) of Anna Freud's work.

The direction of the treatment is only one relatively minor aspect of the paper by that name. Its net is cast widely, and different readers will be struck by different insights. I would like to point particularly to the analysis of desire as a central preoccupation of the paper. Pursuant to his strictly philosophical-psychological intention, Lacan does not have recourse to our familiar metapsychological postulates derived from libido theory. Desire is subjective, and any theory that respects its subjectivity must contemplate desire within the field in which it appears, that is, within the discourse, real or imaginary, in which desire comes to awareness and expression. Consequently, the analysis of desire is simultaneously a consideration of the position, or positions, taken by the desired and desiring "Other" within the experience of the subject, as well as a consideration of the subject's experience of desiring and being desired.

This theme comes up again in the title and content of the final paper of this volume, "The Subversion of the Subject and the Dialectic of Desire in the Freudian Unconscious." The difficulties of this paper might be mitigated for some readers (not for this reader) by Lacan's use of complex diagrams to illustrate the mental structures he discusses. It is, however, also one of the papers in which Lacan's application of structural theory is most fully developed. Rooted in the linguistics of Saussure and Jakobson, it carries what may be Lacan's most succinct statement of his relations with structuralism:

> . . . the mechanisms described by Freud as those of the "primary process," in which the unconscious assumes its role, correspond exactly to the functions that this [structuralist] school believes determines the most radical aspects of the effects of language, namely metaphor and metonymy—in other words, the signifier's effects of substitution and combination on the respectively synchronic and diachronic dimensions as they appear in the discourse (p. 298).

But structuralism, while essential to Lacan's thought, has never been a sufficient underpinning. His concern for the totality of the situation of the subject, rather than for the artificial isolation in which the individual may be abstractly conceived, demands an analysis that takes into account the presence, and absence, of the other and

others with whom the subject is constantly in dialogue. Here Lacan takes his bearings within the horizons of phenomenology.

One turns with relief from these heavy pages (but not without the appetite to return to them) to a relatively accessible shorter work, "The Signification of the Phallus." Here Lacan first briefly reviews the literature on the castration complex and then states his own version of it. The essence of his doctrine (for which he gives some evidence) is that the phallus, as the differentiating factor between the sexes, is neither the organ (penis or clitoris) nor even any fantasy about the organ, but the primary signifier. That is, the anatomical distinction between the sexes is psychologically important because of the subtle array of values attributed to it. The phallus is a means of exchange, a representation of power, a presence and an absence. It is not anatomy but signification that is "destiny." I believe it to be merely facile to dismiss this focus on symbolization as only a culturalist position, insofar as culturalism is an empirical relativism. For Lacan, culture itself is a symbol: that is, from his phenomenological point of view, human experience is comprehensible only as it is known through the symbolic process of language.

The troubling epistemological problem in psychoanalysis of the relation of the signifier ("word") to the signified ("concept"), which first appeared in French linguistics in the work of Saussure (it was taken up earlier and in different terms by the American philosopher, C. S. Peirce), is given fuller treatment by Lacan in the paper "The Agency of the Letter in the Unconscious, or Reason Since Freud." Here Lacan compares aspects of meaning in a variety of instances: in poetical expression, in banal usages, and in the interpretation of dreams. The commonsense notion that a word signifies "something" is quite unacceptable. A word signifies an idea or concept. But there are no bare ideas or concepts, no rockbottom signifieds, which are not themselves significative of some other ideas attainable through speaking. Through the processes of metaphor and metonymy, substitutions and displacements of meaning are limitless. The analysis of dreams, according to Lacan, is proof positive that "the unconscious is structured like a language."

I have left unexamined in this review several papers of no less importance, nor of greater difficulty. As I have already said, the *Écrits* in translation are not the best first approach to Lacan in English. But those whose interest in this formidable writer has survived after they have worked first with Wilden's book will do well

to approach the *Écrits* much as Wilden approached the work he studied in *The Language of the Self,* that is, exegetically: taking hold of reasonably clear passages, extracting their meaning to the best of one's ability, and using every bit of ground so gained as a foothold for sallies into new territory. There is an enormous amount of repetition because Lacan, like other major thinkers, has only a few basic ideas which he deploys—sometimes under outlandish disguises—in a wide range of contexts.

It is too soon to ask whether this intellectual trip is really necessary. There are those who believe that all that is good in Lacan is old. I think they fail to recognize the revolutionary quality of Lacan's contribution, which transforms the meaning of psychoanalysis without deviation from Freud's fundamental insights. It is psychoanalysis "in a new key," that of structural linguistics and phenomenology. But the real value of Lacan's work will be measured by its expressibility in a more rational language, to which all the rest of us are expected to submit our thought.

STANLEY A. LEAVY (NEW HAVEN)

FREUD IN GERMANY. REVOLUTION AND REACTION IN SCIENCE, 1893-1907. By Hannah S. Decker. Psychological Issues, Monograph 41. New York: International Universities Press, Inc., 1977. 360 pp.

In this interesting and valuable monograph, Hannah S. Decker has concentrated on a single historical issue and has persuasively resolved the problems that this issue raises. As all students of Sigmund Freud know, and as Decker reminds us throughout her book, Freud felt very much alone, especially during the years of his epoch-making discoveries and his first major publications—the years roughly covered by this book: 1893 to 1907. The reasons for this isolation have seemed too obvious to require much documentation: the shocking nature of Freud's theories and his radical departure from current psychological theories and dominant ethical values, exacerbated by Freud's being Jewish. "Be assured," Freud wrote to Karl Abraham in 1908, in a famous letter, "if my name were Oberhuber, my innovations would have encountered far less resistance, despite everything"[1]—"everything" being, of course, Freud's insistence on the

[1] *Cf.,* Abraham, H. C. and Freud, E. L., Editors: *Sigmund Freud-Karl Abraham Briefe, 1907-1926.* Frankfurt am Main: Fischer Verlag, 1965, p. 57.

realm of the unconscious, on the ubiquity of infantile sexuality, and on such equally obnoxious psychological notions as repression and bisexuality. Yet, as Decker shows, even an Oberhuber would have had his difficulties and, as she shows, too, these would have been less serious than Freud supposed.

Decker's views are by no means wholly surprising, although she firmly buttresses them with long, sometimes overlong, historical accounts of German psychiatry and with intelligently chosen quotations from Freud's reviewers. In recent years, some writers, such as L. L. Whyte and Henri F. Ellenberger, have searched out philosophers, poets, and psychologists who had been aware of an unconscious before Freud made it famous; in the process of finding suitable passages they have, to my mind, grossly underestimated Freud's originality. Shrewdly confining herself to a short span of years and to one country, Decker now seeks to set the record straight: correcting Freud's "dour" appraisal of his situation without therefore reducing his titanic achievement. Her tone is judicious, and her choice of terrain—Germany in a dozen or so crucial years—is sound: Freud, after all, was the heir of German culture, both literary and scientific, and during most of the years covered by Decker's study it was a German, Wilhelm Fliess, to whom alone Freud confided his exciting hypotheses, his hesitations and false starts, all the bold leaps of his scientific imagination. And Germany in those years, as this study makes plain, saw a great deal of activity by psychologists: clinical work, theoretical controversy, application of ideas drawn from psychology to culture.

All the great names parade through Decker's pages: psychologists like J. P. Moebius and Emil Kraepelin, sexologists like Iwan Bloch, cultural critics like Willy Hellpach, and dozens of others whom she has culled from reviews in the medical journals, from contemporary textbooks in psychiatry, and from polemics in the periodical press. The picture that emerges is that Freud had something of a hearing, even in the years just following the publication of his *Interpretation of Dreams,* and that the tone of rejection—for the most part, his best-informed readers would only accept portions of Freud's presumed "pan-sexualist" doctrines or reject them altogether—was thoughtful, generally reasonable, more in sorrow than in contempt or disgust. Even journals of general circulation published some articles on Freud's views and treated them, on the whole, with a distant

kind of respect: Freud was clever; his theory of dreams seemed—to some—even plausible. In short, we must revise the general portrait of silence and disdain, a portrait to which Freud's own letters and autobiographical statements have made their contribution. Before World War I, Freud was fairly well known in Germany, not wholly rejected, very little understood, and almost completely without influence. The correction that Decker offers is of considerable importance to the historian of psychoanalysis and to the general cultural historian as well.

I have only a few caveats to offer. In view of her own documentation, Decker's insistence on the overwhelming "hypocrisy" of the German "Victorian" age is more convenient than penetrating. Hypocrisy is an almost useless diagnostic term for the cultural historian, and the historian versed in the psychoanalytic literature is better equipped than his colleagues to seek for the reasons why a culture insists on glossing over functions of the body, or denying the glaring gap between public profession and private performance. Again, while historians commonly believe that positivism and materialism were in retreat toward the end of the nineteenth century, it is time that we reinvestigate this notion, which has hardened into conviction. True enough; certain types of positivism and materialism—primitive, simpleminded—were under attack; but the long and ultimately triumphant career of Freud's ideas is a tribute to the tenacity of both the positivist and the materialist view of the world. Finally—though this cannot be laid to the author's door—the portraits of some of the leading characters in Decker's monograph are printed on paper in no way designed to reproduce photographs in any but the most unpleasant way. It is a shame, for it compromises the appearance of an excellent work.

PETER GAY (NEW HAVEN)

MY ANALYSIS WITH FREUD. REMINISCENCES. By A. Kardiner, M.D. New York: W. W. Norton & Co., Inc., 1977. 123 pp.

Sigmund Freud died almost forty years ago, and the number of those who knew him personally, studied under him, or were analyzed by him grows smaller and smaller. Abram Kardiner is one of the few who form a living bridge to those days and can describe at first hand Freud's influence on American psychoanalysis and psychiatry, in-

cluding his impact on the first American psychoanalytic institute in New York City. This publication of Kardiner's reminiscences is part of a larger autobiography which has been compiled from tapes. It is expected that this oral history will soon be made generally available.

I found Kardiner's memories of his analysis in the early 'twenties, combined with his recent perspectives on psychoanalysis, particularly worthwhile. We become aware of Freud's powerful impact on his students at that time, an impact limited to some degree by Freud's choice of confining his analyses of students, the forerunners of later training analyses, to six months. The book also gives us insight into the kind of disciples who moved from America to Europe in order to become acquainted with Freud's teachings and to dedicate themselves to psychoanalysis. They were indeed pioneers, many of them highly individualistic people, newcomers to a social scene who struggled a long time to become a part of an organized group. When they first became students of Freud, they were really blind followers. Later they frequently rebelled against the "orthodoxy" of their earlier unqualified adherence and made important contributions of their own. In later life, as Kardiner's book demonstrates in a personal way, many returned to these early roots and resumed the inner contact with Freud that had become weakened in their younger years. Usually, when we think of Kardiner's contributions, we think of his books, *The Individual and His Society* and *The Traumatic Neurosis of War,* of his emphasis on societal pressure, cultural differences, and of his struggle against "psychoanalytic orthodoxy." This book, the contribution of the older Kardiner, while it does not renounce his basic views, expresses a renewed belief in the future of psychoanalysis "as a scientific discipline based on empiric and verifiable observations" and asserts its usefulness as "a very essential tool in social as well as human survival."

RUDOLF EKSTEIN (LOS ANGELES)

A HISTORY OF AGGRESSION IN FREUD. By Paul E. Stepansky. Psychological Issues, Vol. X, No. 3, Monograph 39. New York: International Universities Press, Inc., 1977. 201 pp.

This poorly titled book aims to present the history of Freud's views on the role of aggression in the neuroses and to explore his succeed-

ing formulations in terms of his own personal and clinical experience. The first chapter begins at the point in the metapsychological history of the aggressive drive at which Freud related the drive to Thanatos or the death instinct. Subsequent chapters review the steps that led up to this point.

The opening chapter seems to me to be the least thoughtful one in the book. The author's recurrent fault of making impressive statements that do not bear close scrutiny is evident right from the start. In the preface, for example, Menninger is quoted as stating that man's chief fears do not involve the immensity of the universe but the malignity of his own aggressive instincts. The quotation sounds impressive, but it does not take into account the role of primitive aggression in promoting separation anxiety, let alone other adaptive uses of aggression in all phases of development. This failure to go beneath the surface, already evident in the preface, is also characteristic of the first chapter. Little effort is made to understand Freud's intent. His efforts are dismissed with quotations from his critics. For example, Stepansky writes a paragraph in which he states that "modern theoretical biology has dismissed Haeckel's biogenetic law, which Freud appropriated to illustrate the repetition compulsion, as an 'outworn theory'—speculative, logically inconsistent, and misleading. . ." (p. 10).

The author's confusion of levels of theoretical abstraction is apparent in this statement: "It is highly questionable that any clinical implications at all can be posited from a biological death instinct" (p. 14). My understanding is that no such implication was ever intended. A more thorough understanding of Freud's purposes than the author seems to have will increase the reader's understanding of the criticisms made in this first chapter. Stepansky seems to be pointing out that the death instinct cannot, through externalization, become the source of the aggressive drive. Thanatos has as its aim an organic reduction of tension. I should like to see the argument and criticism developed in a more detailed way since there are merits in Freud's 1920 work which should not be dismissed. At present I feel that the biological origins may undergo a variety of vicissitudes. One such vicissitude may, for example, be aging as a biological remnant, while another may include the turning of aggression against the self, as exemplified in masochism, in the unconscious sense of guilt, and in the act of suicide. The instinct of aggression then

becomes a developmental vicissitude of a more fundamental nature which continues to influence the drive. Does this not conform to the basic idea in *Beyond the Pleasure Principle*?

Repetition compulsion can be viewed, the author states, as a special case of the general phenomenon of the repetition of unconscious desires. Hartmann, however, made a distinction between the repetition compulsion and the conservative tendencies of the ego, a distinction which is lost here. Stepansky characterizes Freud's efforts as "careless reductionism," without doing the hard work of presenting the problems with which Freud was grappling. Freud could be magnificently wrong, but "careless" hardly seems correct. This chapter has a breezy quality but does not offer much original thought.

In the second chapter, the seduction hypothesis is reviewed and the point made that the passive (feminine) experience of seduction leads to hysteria, whereas the active response leads to obsessional illness. The author equates the active with the aggressive and sees in this early formulation an implicit statement about the aggressive drive which he makes explicit. Here the author's understanding and elaboration of Freud's writings add to the theory. The reader is grateful for a thoughtful, informative review of this material.

The third chapter reviews the role of aggression in dreams, as exemplified in the Irma dream and the *Non Vixit* dream, as well as some references to Count Thun and Emma. The chapter is titled "The Intruding Insight of Self-Analysis," a catchy and dramatic phrase but not very meaningful, unless it implies merely that Freud was constantly learning.

The role of aggression, then termed "sadism," is reviewed in the next chapter in a somewhat similar fashion. Primarily dealing with material presented in the *Three Essays,* the author calls the term *genital primacy* a "sad misnomer," since we all retain our pregenital infantile heritage. Of course, this is a truism, but it is also true that some retain more than others. For me, the concept of genital primacy suggests that developmental progress reduces pregenital factors to token amounts. As a developmental concept, genital primacy is essential and complementary to the concepts of fixation and regression.

The remainder of the book deals with Freud's reaction to World War I and attempts to relate the effects of this cataclysm to his writings during and immediately following the war.

The book is not easy to read, and its tone tends to put one off. However, there are rewards worth searching for in its content, both

because it offers a systematic review of Freud's ideas in a new format and because it forces a rethinking of the issues he raised in his metapsychological formulations on aggression.

WALTER A. STEWART (NEW YORK)

BORDERLINE PERSONALITY DISORDERS. THE CONCEPT, THE SYNDROME, THE PATIENT. Edited by Peter Hartocollis, M.D., Ph.D. New York: International Universities Press, Inc., 1977. 535 pp.

INTENSIVE PSYCHOTHERAPY OF THE BORDERLINE PATIENT. By Richard D. Chessick. New York: Jason Aronson, Inc., 1977. 300 pp.

Two recent books on the "borderline state" offer some interesting contrasts. *Borderline Personality Disorders,* skillfully edited by Peter Hartocollis, contains the papers from the 1976 Topeka conference. The papers are grouped according to several themes. There are sections on research, on the patient, on the family, on group approaches, and so on. Several points of view on these themes are well represented.

Of particular interest to the psychoanalyst are three clinical papers: M. Furer reports the treatment of a disturbed child with illuminating detail that lets the reader share in the therapeutic struggle; G. Adler presents some marvelous vignettes around the countertransference issues related to the hospitalization of several borderline cases; and O. Kernberg, in the second of two papers, describes some of the therapeutic stalemates on which he has been consulted.

Several discursive papers present both drug and psychotherapeutic interventions as essentially trial and error methods, and there is material in the book on group and family approaches to the management of these problems. Since group and family approaches may offer the best hope at the moment for individuals who lack capacity for autonomous functioning, more studies in this area might have been helpful.

The research section contains reports of several diagnostic studies which are attempting to define some subgroups in this mixed bag of disorders. J. Gunderson and W. Carpenter's paper looks especially promising as a report preliminary to outcome studies. Everyone with an interest in this area is aware of the need for better diagnostic methods which might allow us to compare various treatment approaches. In the same section in this book the paper by R. Grinker,

Jr., while interesting, is marred by his grouchy dismissal of the possible contribution of intuitive methods. In sum, *Borderline Personality Disorders* shares the fault of unevenness that plagues many collections, but there is much in it that is worth reading.

Chessick's book, *Intensive Psychotherapy of the Borderline Patient,* is the work of one man reporting on a vast experience with extremely difficult cases. Unfortunately, it comes off badly. Only one of a dozen chapters contains any clinical material—and that is poorly presented, consisting of one-paragraph case reports which give very little sense of the clinical issues (even the patients' ages are omitted). The other chapters are a jumble of theories and opinions leading to a rather obscure business called "metapsychiatry," an all-encompassing general philosophy of human activity, through which the author expresses a series of personal opinions on a wide range of issues.

One should be skeptical of those who have worked with "borderline" patients and do not seem humbled by the experience. The state of the art in 1979 is such that global and definitive theoretical statements are premature. We lack, as yet, a clear definition of the kind of disorder we are talking about. Common elements in the borderline group lie in the stormy relationship these individuals make with their therapists—a relationship that seems to suggest a developmental failure to form a cohesive sense of self, a poor capacity for trust in others, the use of "splitting" as a defense, and inadequate impulse control. Transient psychotic episodes are variable manifestations and may be differentially distributed in yet-to-be-defined subgroups. Detailed reports of cases and the patients' responses to a variety of clinical interventions, along with further efforts to refine diagnoses, seem to offer the best hope of progress in this area.

LEON N. SHAPIRO (BOSTON)

THE PIGGLE. AN ACCOUNT OF THE PSYCHOANALYTIC TREATMENT OF A LITTLE GIRL. By D. W. Winnicott. Edited by Ishak Ramzy. New York: International Universities Press, Inc., 1977. 201 pp.

It is a special privilege to immerse oneself in Winnicott's writings, to attune oneself to his thinking, to share in the world between inner and outer reality, between subject and object—the rich yet vaguely circumscribed world of the transitional object of imagination and

creativity—which he so well understood and so beautifully described. We owe a debt to those who made this posthumous volume available to us: Winnicott's wife, Ishak Ramzy as sympathetic editor and, last but not least, his child patient, "The Piggle," and her parents.

Those readers who approach Winnicott's work from the perspective of the rational ego are likely to consider it nonsense at best. Others, viewing it from the side of the id, are apt to complain about the superficiality or even the absence of emphasis on instinctual drives and their interpretation. Between these extremes, however, and within the uncertain confines of Winnicott's own approach, different readers may focus fruitfully on different aspects of the multifaceted psychic sphere in which Winnicott moves.

My own inclination at present is to focus on Winnicott's role in assisting a mother and her little girl at a stressful point in their individual growth and mutual relationship. The mother noted with alarm that her beloved firstborn, nicknamed "The Piggle," suffered a change of personality following the birth of a sister when she was twenty-one months of age. In a spurt of precocious defensive ego and superego development the little girl distanced herself unduly from her impulses and feelings and could no longer integrate them within herself or vis-à-vis her environment. Her inner disharmony found expression in listless boredom and withdrawal, in exaggerated reaction-formations, in frightening fantasies which preoccupied her during the day and interfered with her sleep at night. Plagued by early guilt and loss of self-love, she refused to act like "herself"; she isolated her breakthroughs of destructiveness and found no comfort in masturbation or renewed oral stimulation. The mother recognized with dismay that a barrier had grown between The Piggle and herself and felt that her own difficulty as a mother, which she related to her childhood experiences, interfered with her ability to help her child master the stress, and had, perhaps, contributed to the pathological development in the first place. She turned to Winnicott as the trusted person who would understand and contain their distress and assist them in regaining harmony and continuity.

Winnicott explicitly appreciated all aspects of this task and succeeded in it to a considerable extent. Through letters and phone calls he especially included the mother in his work with the child, who in turn brought her mother's trust to him. Of importance, too, was Piggle's fondness for her father who brought his daughter to her sixteen sessions over a period of two and a half years. In this and in

some other respects, he made himself available to his child in lieu of the mother.

Like Winnicott, most analysts would attempt to help the young child with her brittle defenses, her unfused aggression toward her loved ones, and her difficulty in accepting fully the sad new realities in her life. And they would also make it their goal to work with, rather than against, the stressed mother-child relationship. Most analysts, however, would work very differently. I myself would have chosen to assist the mother in treating her child herself (treatment-via-the-parent) and to help her also in adapting some educational measures to the needs of the child's overtaxed ego. But the important thing in this case was that Winnicott's way was also this mother's preferred way and was therefore especially suitable in this case.

Was it a psychoanalytic treatment? By Winnicott's own definition ("How little need be done?") it must be called a psychotherapy. I would view it as a special form of utilizing analytic understanding to help a mother and child in a critical developmental impasse, preferable by far, I believe, to an analysis of the child on a daily basis.

Much remains vague in this therapeutic account, by intent as well as by omission, and one wonders at some confusions. For example, Winnicott's own introduction, written with a view toward later publication and meticulously dated "November 22, 1965," states that he had seen The Piggle in fourteen sessions from two years four months of age until she was five years old. Why, then, is the fourteenth consultation dated March 18, 1966? And how could The Piggle have been five years old in November 1965 when she was two years old in February 1964? Other aspects, too, are puzzling, especially since Winnicott deemed the details so important that he wrote them down during each session. Alas, we are left to ponder many questions on our own, although—thanks to his work—in his welcome presence.

ERNA FURMAN (CLEVELAND)

PLAY—ITS ROLE IN DEVELOPMENT AND EVOLUTION. Edited by Jerome S. Bruner, Alison Jolly, and Kathy Sylva. New York: Basic Books, Inc., 1976. 716 pp.

The editors have brought together a body of literature in this large book to explore the emergence of evolutionary trends in play. These

are studied in the primate order and compared and contrasted with qualities found in human play. Each section of the book therefore contains articles demonstrating phylogenetic continuities together with articles highlighting the striking discontinuities consequent to the emergence of symbolic and linguistic behavior. Psychoanalytic articles are excluded with the rationale that these would be well-known to the reader of this volume!

In a key article, Bruner, one of the editors, suggests that a lessening of instinctive patterns along strict social lines in the great apes combined with the long period of dependence of the young on the mother is the matrix in which a developmentally early period characterized by playful activities emerges, ultimately serving "learning." K. Lorenz, going further in "Psychology and Phylogeny" (p. 85), points out that one crucial factor in the emergence of play in both animals and human beings is the capacity to function independent of momentary physiological needs; play requires the hypothesis of an "objectivating function" (p. 88). Lorenz, like P. C. Reynolds (p. 621), attributes this capacity to the evolution of "foetalisation," that is, the "persistence of juvenile characteristics" (neoteny). Reynolds calls this phylogenetic trend toward delayed maturation in primates the "flexibility complex" and stresses that it allows for the emergence of object use and of observational-imitative and conceptual learning. In another article, G. Bateson hypothesizes that "play marks a step forward in the evolution of communication" (p. 119). The presence of play requires the assumption of a "communicated, paradoxical, psychological frame," characterized by a special interpenetration of "primary and higher secondary conscious mental processes." Signals are exchanged and denoted which are in a certain sense "untrue" and "non-existent."

A whole series of articles deals with nonverbal—for example, facial-expressive, locomotoric, tool- or object-using, and what could be called "protocultural"—aspects of primate behavior. Several articles (J. Watson, Bruner, P. Levenstein, pp. 262-297) demonstrate that the experience of pleasure is of fundamental importance in play. This allows for crucial developmental issues to be dealt with in play: social responsiveness (for example cueing, smiling); the learning of fundamental concepts of "life," like the "schema" of reappearance-disappearance in the peek-a-boo game; the organizing influence of the introduction of rules, allowing for the exploration of the boundary between "real" and "make-believe," the bonding of child

and parent through playing together; the stimulation of cognitive growth in the child. This last advance is demonstrated by the fact that encouraging verbal play in socially deprived children through a "home program" raises their cognitive abilities. An important section of the book concerns particular games which help deal with developmental issues. For example, in the "chasing game" (I. and P. Opie, p. 394), the child may become acquainted with the "uncertainty of adventure" and the experience of concomitant excitement and learn to "reconcile himself to not getting his own way." In "The Rules of the Game of Marbles," Piaget shows that the child plays the game with a "mystical" attitude until about age ten, submitting to unalterable lawful rules which in the last analysis have their roots in the child's position of collectively participating in the powerful authority of his or her parents. After this age, a new type of attitude toward rules is manifest: they are not sacred any more, experimental acting becomes valued, the necessity of practical "reciprocity" (cooperation) in the game is recognized; a kind of "moral universality and generosity in . . . relations with . . . playmates" is established at this stage. Several articles deal with "factors disrupting play": S. Suomi and H. Harlow (p. 491) summarize some experimental studies of the disruptive influence on play and social development by social deprivation in monkeys. In "Play and Language," articles by C. B. Cazden and R. Weir (pp. 603 and 609) stress the importance of spontaneous joy in the play of words and in pleasing sounds for the development of children. It hardly needs to be mentioned that this sensuous aspect of the utilization of words is familiar to the skilled child therapist.

In connection with play and culture E. Erikson (p. 688) emphasizes that in play creative forces are at work to master situations, experiences, conflicts. Like Winnicott he emphasizes that school, work, peers, and cultural environment derive from or substitute for the early mother. It is the interplay of these factors that actuates creative potential in the individual. Without it, or if it is disturbed, crucial psychological functions become seriously impaired. In cultural life as in individual development, "mutual fusion" of the participants—that is, "interpenetration of reality" with the "actual" person in the cognitive, affective, instinctual, and moral sense—is required to "gain distinctiveness" and a growth-promoting coexistence. The health or psychopathology of the individual or the culture depends on the transactions in these areas.

This book contains seventy-one articles collected from various disciplines. The selection expresses several, mostly poorly specified biases. One of these is more clearly stated than the others and refers to an extreme doctrine of "ontogeny recapitulates phylogeny." Furthermore, I see in this book an attempt to present a highly complex topic in a superficially coherent but simplistic manner, which is demonstrated, for example, in the fact that complex psychoanalytic notions of play are excluded. Also, the "working through" of the material is completely left up to the reader. A tighter structure and more rigid selection of material might have added to the overall quality. But unquestionably the book is helpful as an introduction to its wide subject and can be utilized as a reference for deeper study. To a certain extent it may enhance the child therapist's understanding of some seldom-considered aspects of play in children.

JACQUES LEVY (NEW ROCHELLE, N.Y.)

EMOTIONAL EXPRESSION IN INFANCY. A BIOBEHAVIORAL STUDY. By Robert N. Emde, Theodore J. Gainsbauer, and Robert J. Harmon. Psychological Issues, Monograph 37. New York: International Universities Press, Inc., 1976. 198 pp.

The research reported here is a longitudinal study designed with the purpose of discovering the physiological determinants of periods of rapid changes in maturation and development in the first year of life. René Spitz first described such changes in his book, *Genetic Field Theory of Ego Formation*. In analogy with the use of the term "organizer" in embryology, he called periods of rapid change "organizers of the psyche" and named as "indicators" of such changes the "smiling response" at approximately two and a half months and the "eight-month anxiety." Although Spitz's orientation was primarily psychoanalytic and his interest lay in the emotional and social implications of the affective changes in the infant, his awareness of other factors was expressed in his description of the "organizer": ". . . a theoretical construct which designates a state of coordination and integration of a number of functions, both somatic and psychological."[1]

[1] Spitz, R. A.: *A Genetic Field Theory of Ego Formation. Its Implications for Pathology*. New York: International Universities Press, Inc., 1959, p. 83.

Now, nearly twenty years later, Emde and his co-workers, using Spitz's work as their point of departure, search for the biological and physiological antecedents of the rapid changes. They design and carry out research which combines simple observations of infants with the use of electronic devices. In selecting the fourteen normal infants to be observed, Apgar ratings as well as other factors are used: interviews with mothers are taped; observations, developmental testing, and reactions to strangers are filmed.

Electroencephalographs of sleeping infants enabled the researchers to discover certain central nervous system changes that occur with growth and maturation, as well as the interesting fact that a shift in the pattern of sleep onset takes place. In the newborn, sleep onset is "active" with rapid eye-movements (REM), then changes to quiet (NREM) sleep. At approximately two to three months there is a shift to the subsequent childhood and adult pattern which commences with quiet (NREM) sleep. But "not only does sleep change dramatically in amounts and form during infancy, its EEG characteristics also change" (p. 34). Through a study of these changes, the authors hoped to determine whether or not there might be a relationship between such changes and the onset of social smiling and stranger distress. Although the EEG studies did show a clustering of maturational changes during the period of the affective changes, no invariant sequence of cause and effect was found. The authors suggest that instead of thinking in terms of linear sequences in development, it is necessary to consider biobehavioral field shifts. "It is not just that developmental lines are shifted; there is an active process going on, during which new modes of being emerge" (p. 165).

Emde and his co-workers describe their findings in great detail, comparing them with data provided by other researchers, and explaining the reasoning behind their own conclusions. The chief areas of study include: the proportional influences of maturation versus experience in the determination of behavior (the influence of experience gradually increasing): the existence of uneven rates of behavioral and physiological development in infancy; the fact that affective behaviors are prominent indicators of times of rapid change; and that each time of rapid change will reflect a major developmental shift to a new level of organization. They arrive at a timetable of normal development that shows rapid changes alternating with plateaux.

In basic agreement with Spitz's theory, the authors have contributed some important additions. They found that the onset of the social smile and the onset of stranger distress

> generally occurred at the end of times of increasing wakefulness, at two-and-a-half to three months, and at seven to nine months respectively. [Moreover] each of the affect expressions had developmental antecedents. Early endogenous smiling and early exogenous smiling preceded social smiling; sobering preceded stranger distress. One might speculate that the affect behaviors of social smiling and stranger distress tend to mark the culmination of other underlying changes . . . (p. 148).

Seeking an explanation for *stranger distress,* the authors discard the often cited idea that it is related to fear of loss of the mother, since the infants showed no distress when the mothers left the room before the appearance of the stranger. Moreover, stranger distress occurred with high frequency in the mothers' presence. This last fact also led to the conclusion that separation from the mother was not in itself the cause of stranger distress. *Separation distress* was found to have a different developmental course. It was not consistent in its appearance, occurred erratically, and depended on the context of the separation: the relative strangeness of the environment and the presence of exacerbating circumstances such as fatigue, illness, and previous experience with separation. It was found to be increasing in intensity by twelve months, but because four infants showed no separation distress during the first year, and in four others it was found only in the twelfth month, it was considered to be on the rise and expected to peak during the second year.

An additional maturational factor was postulated to explain stranger distress, namely, the *onset of a capacity for "fearfulness."* "Fearfulness itself reflects . . . a shift to a new level of organization, one that is apparent not only in the emotional sector but in the physiological and social sectors" (pp. 122-123). In support of a bio-behavioral shift during this age period, the authors describe a "dramatic shift from cardiac deceleration at five months to acceleration at nine months in response to the approach of a stranger" (p. 129). A behavioral shift accompanied this cardiac shift. "A typical five-month-old response was an expression of delighted curiosity. A nine-month-old response, on the other hand, was often one of sobriety which evolved to frowning and then crying with gaze aversion" (p. 130).

It is in the context of their discussion of "fearfulness" that the authors offer an explanation of their previous use of the term "distress." "We used 'distress' as a descriptive term for the infant's behavior: namely his negative response to an approaching stranger. We wished to avoid assumptions about the infant's subjective state" (p. 127). The concept of "fearfulness" was introduced because there has been evidence of a "qualitative shift to a higher level of complexity and . . . 'fearfulness' describes this new level, better than does 'distress' " (p. 127). Before the achievement of this new level,

> distress has been of a nonspecific nature, associated with physical discomfort, such as pain, changes in body temperature . . . or hunger. Now there is distress in response to *specific* patterned environmental stimuli . . . producing behavioral responses which the observer naturally associates with fear, that is, *distress* and *physical attempts at avoidance* (pp. 127-128).

With one exception, the authors deliberately limit themselves to describing the expressions of affect which can be related to *levels of organization*. They discuss three levels of "reorganizations of behavior" and postulate an innate basis for the affective expressions involved, which serve as "a built-in message system geared to arouse a caretaker about urgent needs" (p. 142). The affect behaviors of all three levels serve also to facilitate attachment bonds in the mother. At the first level (the first two months of life) the infant expresses clear affect only in crying. At the second level, "smiling is added to the crying-quiescence system" (p. 144). The third level involves fearfulness, as stranger distress is added to crying-quiescence and smiling.

The one other affect behavior is described as "early unexplained fussiness." This consists of periods of crying unrelated to hunger or any other discernible discomfort. It occurred in all infants observed and therefore could not be related to environmental factors such as variations in mothering or changes in the surround. This early fussiness commenced in the first month, waning at three months, on average not reaching a negligible point until six months. The authors conjecture that an inborn readiness for "prolonged non-hunger fussiness" may, through evolution, have been "built into the human infant to ensure survival by promoting closeness with a caretaker at times *not* necessarily taken up with feeding" (p. 85).

As intricate and detailed as this study is, and while it supplies information necessary and basic to the understanding of the relationship between physical maturation and important affect behaviors, it

leaves the reader with the impression of having looked through a microscope, gaining knowledge of one small area of an organism, with no understanding of how that area is related to the whole. Many affect behaviors are never mentioned. Anger and rage, for example, are known to be accompanied by physiological reaction later in life. Are there no *Anlagen* for them to be found in infancy? As for affective expressions of pleasure, there is no mention of them at all except for noting the infant's "delighted curiosity" in welcoming a stranger at five months of age and the "smiling response." Besides its importance as an indicator of rapid change, the smiling response gradually evolves into happy excitement often involving movements of the whole body. There are also accompanying vocalizations—cooing, gurgling and even laughter. Has the development of these expressions of pleasure no measurable physiological antecedents? These omissions leave one with the feeling that the infant, with all his or her changing moods and expressiveness, has been lost among the instruments of measurement.

Since Emde is a psychoanalyst, it seems surprising that no attempt is made to relate the findings of this study to any psychoanalytic concepts, not even those discussed in the work by Spitz: the differentiation of the ego and object relations. The deliberate avoidance of psychoanalytic terminology is also striking, especially the omission of the term "anxiety," in view of the fact that what the authors call "stranger distress" is widely known as either "eight-month *anxiety*" or "stranger anxiety." The authors explain:

> We have tried to maintain a conservative stance in drawing inferences about the infant's private experiential world. Our intention has been to keep our descriptive terms and concepts operational, anchored in behavior and physiology (p. 159).

From a scientific point of view, this stance undoubtedly has advantages: the findings of this research do lead to a new and clear understanding of the interrelationship between physiological changes and the specific affect behaviors considered. But, in the interest of arriving at a more rounded picture during the first year of life, I hope the further research of this team will include the study of other affect behaviors as well as a consideration of the emergence of psychic structures.

MARJORIE R. LEONARD (POUND RIDGE, N.Y.)

THE FIRST ENCOUNTER. THE BEGINNINGS IN PSYCHOTHERAPY. By William A. Console, M.D., Richard C. Simons, M.D., and Mark Rubinstein, M.D. New York: Jason Aronson, Inc., 1977. 378 pp.

In this book Simons and Rubinstein, two former students of the late William Console, give the reader the most unusual opportunity of observing a gifted teacher with a class of residents, as if through a one-way screen. The instructor is using videotapes of his initial interviews with five different patients. This method provides a pedagogical challenge and a clinical conference of the highest order. A delightful feature that permeates the book is the total lack of self-consciousness at being observed on the part of the participants.

In each session Console showed part of a tape and then discussed the material with the residents before proceeding to the next episode. As presented in the book, the method has the appeal of a suspense story: from the beginning of the interview to its conclusion, the reader attends to clues—the patient's slips of the tongue, hesitations, pauses, etc.—and is drawn unwittingly into trying to solve the diagnostic mystery.

Console maintained that it is best for the psychiatrist and the patient to be seen together on a single video screen in order to portray how an experienced therapist reacts during an interview. If separate screens were used, some subtle exchanges between the patient and the psychiatrist could be missed or neglected, or an occasional embarrassing moment for the teacher could even be erased from the tape, reducing the students' credence. Console insisted that this technique of using unedited tapes is of particular importance for the teaching of psychiatric residents.

After thirty years of teaching residents and medical students, Console offered the opinion that psychiatric residents are the least confident and the least equipped of all resident physicians. In other branches of medicine, students have the opportunity to observe a senior physician examine a patient, go through a differential diagnosis, and prescribe therapy. But the psychiatrist examines and treats a patient in privacy. The resident hears only a report of how the seasoned psychiatrist performs with a patient. Unfortunately, such a report is often inaccurate and, despite the honesty of the reporter, may create the impression of infallibility. In fact, Console's use of videotapes derived from the insight that residents frequently hold

the fantasy that the mature therapist is all-knowing, never caught off balance, always prepared with the correct thing to say. Demonstrating his own human fallibility on tapes became for Console a means of destroying this fantasy which blunts the residents' skill and self-confidence. It also underscored the fact that psychotherapists must be prepared to be puzzled by their patients, to struggle for understanding, and finally to accept their own limitations. In addition, a videotape recording that the interviewer knows will be observed by residents creates a special self-awareness in the interviewer that affects the teaching and learning situation in a positive way.

It was Console's belief that detailed information could be elicited for both diagnostic purposes and for establishing a rapport with the patient during the first interview. He disagreed with those who consider early persistent probing detrimental. And, of course, he stressed that this must be done with respect for the patients' anxieties and defenses.

Within the context of Console's premise that it is possible to develop a therapeutically active relationship with a patient at the very first meeting, he utilized a unique technique. He demonstrated to the residents the usefulness of paying attention to the patient's every word and noting pauses in speech, unusual emphasis on a syllable, gestures, and facial expressions, as well as listening to complete sentences. Repeatedly he uncovered the multiple determinants hidden behind a single phrase used by a patient. By the end of the tape the patient would confirm inferences to the satisfaction of the residents. More often than not the patient was happy that a doctor had finally uncovered his or her actual complaint.

This method of teaching residents derived from Console's years of conducting notably successful seminars with psychoanalytic candidates, in which the class studied verbatim reports of a single psychoanalytic hour. His students repeatedly made the gratifying discovery that the first sentence of the patient can harbor clinical riches; that one can predict the course of the analytic hour and, by its end, initial impressions can frequently be confirmed. This book shows how Console brilliantly adapted this method to the problem of teaching clinical skills to psychiatric residents.

Although the five patients had widely divergent conditions, Console's persistent but empathic questioning and confrontations helped all of them to communicate an astonishing amount of infor-

mation, information not previously in their conscious awareness. It is equally striking to see the patients' positive engagement in the process of self-discovery. Almost without deliberate intent, they report events from the past that help clarify their problems. Readers soon forget they are observing a diagnostic interview and, through some magic, begin to believe they are seeing a psychotherapeutic session. All this occurs without inappropriate efforts to expose unconscious resistances or the use of symbolic interpretations. The book shows us a talented teacher, an experienced clinical psychiatrist, a sensitive psychoanalyst, applying the full richness of his background to what seems so simple a problem: how to begin talking with a psychiatric patient.

If a resident is to learn to accept a patient's criticism with equanimity, his teacher must retain a scientific calm when confronted by the doubts, disbeliefs, and skeptical comments from students as well as from patients. These reports bring into clear focus that Console maintained the same thoughtful understanding, the same therapeutic resilience, with the residents that he did with his patients. He never intruded "wild" interpretations to the residents in any elucidation of an interaction between a resident and a patient. At no time did he speculate about a resident's psychological problem, beyond indicating that the resident's reaction was not conducive to the course of the therapy. He rigorously insisted that the discussions be limited to what could be shown in the patients' communications, and he brushed aside attempts to introduce glib psychoanalytic interpretations. While the book shows that he could exhibit great skill in using an apparently innocuous remark to reveal underlying meanings and to hypothesize tentative formulations about the patient, he remained adamant in his insistence that only the patient's actual personal history can either confirm the generalization or make it irrelevant.

Throughout the book there are gems of clinical insight or of pedagogical perspicacity. A disparaging criticism is never uttered; instead there is a pervasive, persistent adherence to a principle of educating residents to expand their insight into their patients' minds. When a resident used the expression "squaring for battle" to describe his perception of a scene with Console and a patient on the video screen, the response was simply and quietly that an adversary position

renders psychotherapy impossible since it gratifies the patient's masochism and not his need for understanding.

Some would dismiss Console's approach as unteachable, unsuitable, for anyone without his special skill and therefore fraught with the danger of patient abuse. Many doubt the wisdom of delving deeply into a patient's history during a first contact and consider it traumatic. They argue that the information gained for an immediate diagnostic and dynamic construction will be outweighed by its deleterious effects. Some will be shocked to read that Console obtained a psychosexual history during some of these first sessions. Undoubtedly, in the hands of a less adept physician and a less empathic human being, the intrusive quality would be felt as hostile interrogation and could indeed compromise any efforts at psychotherapy. But these tapes and his discussions of them instruct a resident on how to conduct a searching psychiatric diagnostic interview without being abrasive and are models of skillful psychiatric interviews.

At one point the authors emphasize that, although some modalities of psychotherapy place a premium on symptom relief, this book is devoted to teaching residents to seek for psychological causes and understanding of the human being. The reader learns that to dismiss an opportunity to broaden a patient's awareness of the rich and mysterious inner self is to do him an injustice. Thus this book and this technique of teaching are particularly suitable for residents who are not knowledgeable about psychoanalytically derived principles and clinical approaches, or who are skeptical about the reality of the unconscious.

To read this book is to gain a personal rapport with a clinician and teacher who unhesitatingly presented himself and his technique for dissection by the observer. If anyone should wonder at his putting himself "on the line" in this way, he would undoubtedly say, with a slightly amused look and a shrug, "Why not?"—one of his favorite postures. The book makes no pretension of carrying the weight of theoretical constructions. It is a rare example of the work of a master psychoanalyst-teacher who devoted many years to teaching generations of psychiatric residents that "nothing is happenstance in human functioning."

SYLVAN KEISER (SACRAMENTO, CALIF.)

THE ART AND TECHNIQUE OF ANALYTIC GROUP THERAPY. By Martin Grotjahn, M.D. New York: Jason Aronson, Inc., 1977. 276 pp.

Analytic group therapy occupies the position of a bastard child of psychoanalysis—not fully recognized, rarely talked of within the family, but living an active and energetic life in the outside world and often the object of interested, ambivalent, and critical attention on the part of the legitimate members of the clan. Martin Grotjahn is one of the relatively few insiders who have fully embraced this questionable offspring; he has, indeed, become its ardent spokesman and advocate in recent years. The present book is his personal statement about it—less a treatise than a testimonial, less scientific than chiliastic in tone.

Certainly there is little of theory here to burden the reader, but then Grotjahn is explicit in his preference for clinical rather than theoretical teaching in psychoanalytic training as well. The bulk of the book consists of annotated vignettes drawn from his extensive experience with what he calls "slow-open" groups, i.e., those that meet over long periods of time, aiming at "free communication." Grotjahn is unequivocal in his view that "group therapy is the basic model of treatment, the primary therapy"; that in the future, "therapy of the individual will mostly take place in groups." His style is clearly a freewheeling one, although, equally clearly, it is based on the profound understanding of psychoanalytic principles that befits his eminent analytic credentials. He is careful to define and explicate the ways in which he sees group therapy deviating from individual analysis: for example, "systematic analysis of the transference is neither possible in groups nor necessary"; group therapy is a "corrective family experience." It is perhaps for the latter reason that he appears to play, apparently quite consciously, the role of benign *paterfamilias* to his patients.

Grotjahn's personalized account is often quite touching, most particularly in his discussion of the situation of the older analyst as he seeks to come to terms with aging and the anticipation of death. Indeed, one has the impression that he is himself one of those aging analysts of whom he speaks, "who feel isolated, alienated, bored, skeptical, disappointed, almost cynical" about their experience with individual patients. He appears to have turned to group analysis with the fervor, passion, and utopian expectations with which, like

many of his colleagues, he approached his primary field many years ago. His enthusiasm is certainly engaging and doubtless inspiring to his patients and students. The more dispassionate reader may have serious doubts about the messianic claims Grotjahn makes for his method, particularly if that reader is familiar with Malan's recent rather negative report of follow-up studies on similar work.[1]

Read, then, as an *apologia pro vita sua* rather than as a text, this book may prove enlightening and informative. Its quality is, however, signaled by its lack of an index and by the many typographical errors that seem characteristic of the publisher's product. The serious student in search of a balanced and systematic rationale for the use of group therapy will, I suspect, do well to look elsewhere.

AARON H. ESMAN (NEW YORK)

PSYCHOANALYSIS AND BEHAVIOR THERAPY. TOWARD AN INTEGRATION. By Paul L. Wachtel. New York: Basic Books, Inc., 1977. 315 pp.

This book explains the workings and the basis of behavior therapy lucidly and with scholarly dedication. In addition, it explores the possibility of integrating behavior therapy with a form of dynamic psychotherapy which the author delineates in historical perspective vis-à-vis the theories and practices of Freud and his followers. While representing himself as a psychoanalyst and indeed as a spokesman for psychoanalysis, Wachtel loses no time in establishing his position. He notes that "the heirs of Freud are many" and that "not all of those whose thinking has been nourished by Freud have swallowed him whole." He then goes on to criticize "classical" analysis and its practitioners, Freudians who, in Wachtel's view, continue to err right up to the present time. J. Arlow and C. Brenner, for instance, like most of their predecessors, doggedly persist in seeing the source of the patient's suffering in the repressed conflicts of childhood. R. Greenson and L. Stone join the list of the benighted: they "eschew a wide range of therapeutic interventions." Among the best known figures in the history of psychoanalysis, F. Alexander and E. Erikson are among the few exempted from criticism. Wachtel's stated aim is "not simply to purge our thinking of earlier ways of viewing things." That is, he says, only one of the major obstacles

[1] *Cf.*, Malan, D. H., et al.: *Group Psychotherapy*. Arch. Gen. Psychiat., XXXVII, 1976, pp. 1303-1315.

to the use of "important developments." His purge is intended to cleanse analysis of "an emphasis on understanding by means of a search of the person's past." It may be relevant that, despite his initial position, the terms psychoanalysis, psychodynamic therapy, and psychotherapy tend to lose all boundaries in this volume, as does his own identity among these.

In addition to its emphasis on the past, the principal deficits of psychoanalysis are, in his opinion, a mystical view of the transference and a degradation of the analysand. This is his account of the fate allegedly in store for the victim of the classical analyst:

> Not surprisingly, meeting with little reward for his first efforts, the patient resorts to others lower on his hierarchy of responses for that situation, until he has displayed his most desperately irrational efforts at trying to get some response from the person he has turned to for help (p. 70).

I think it likely that Wachtel's criticism here is not of the degree of frustration or of the withholding of gratification which characterizes proper analytic technique, but rather that he does not acknowledge the danger of transference complications inherent in efforts to be helpful. For the psychoanalytic process to develop properly, such activity must be avoided. It is precisely this point which seems lost on Wachtel, and he himself distinguishes his own therapeutic technique from that of the correct psychoanalytic stance:

> . . . efforts by the therapist to direct and structure a set of experiences for the patient to approach are perfectly consistent with the aim of major personality change. . . . What is crucial is not whether the therapist provides help and support along the way, but whether he establishes a relationship that aims toward its own dissolution (p. 288).

In order to evaluate the perfect consistency and the aim toward dissolution which he alleges, one may turn to a clinical example. While the sexual problem of an adult may have begun at age four, he states, "it persists because sexual activity continues to be a source of painful reactions from others." It is therefore necessary "in some cases of this sort" to assist the patient to acquire the requisite social skills. The naïveté of the actual technique as well as the shallowness of the understanding of the therapeutic challenge is illustrated in the following case, described on pages 226-228. Very briefly stated, Mr. Jones, age thirty-eight, is divorced, lonely, depressed, and at a loss as to how to meet women. With encouragement from the therapist, he discovers the sort of singles bar suitable to a man of his socioeconomic and ethnic background, but he feels anxious about

attempting a pick-up. The analyst suggests a series of "incremental steps." For example, on about the third visit to the bar, Mr. Jones just says hello to a prospective partner; on a later visit he engages in conversation, but only for a few minutes, etc. Soon Mr. Jones thinks he will "have this thing licked in no time." He is cautioned not to go too fast. Unhappily, he does. To protect the patient from disappointment and humiliation, yet provide encouragement, Wachtel admonishes, the therapist must walk a thin line. One can readily see how such a "demystification" of the transference can work wonders in building a bridge to behavior therapy. It also makes clear how helpful it is toward that end to ignore the past and, along with it, the patient's repressed wishes and conflicts.

As the author correctly explains, he and his patient become involved in an active collaboration in which the role and influence of the therapist is that of "an expert (Sullivan)" or "rational authority (Fromm)." What is not explained is why Wachtel purports to be writing about improvements in psychoanalysis. In the days of Sullivan's and Fromm's prime, it was highly fashionable to consider oneself a psychoanalyst. That is no longer the case. Since Wachtel is writing about learning and teaching, and about being helpful, why call it psychoanalysis?

Gerald C. Davison and Hans H. Strupp, who praise this book on the jacket and in two forewords, are outstanding professors of psychology. Merton Gill, while not convinced by the author's thesis, expresses the wish that psychoanalysts would read the book so that they would be forced to consider the clinical errors they often make. This review is therefore not a mere cavil at Wachtel's opinions. Rather it focuses on the issue of the training of analysts outside the classical framework. Wachtel describes how his analytic training began with a "firm foundation" at Yale. He then proceeded to Downstate. Training in "psychoanalysis proper" occurred at the New York University Postdoctoral Program. Therefore, Wachtel may represent a view of psychoanalysis shared to some extent by a large group of people who have been trained and indoctrinated to regard themselves as specialists and authorities in that field. Those who hold such opinions as Wachtel's might reconsider Freud's modest request that the name of his method be dropped by those who abandon its fundamental tenets.

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ABSTRACTS

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

The following abstracts appeared in the Journal of the American Academy of Child Psychiatry and are reprinted with the permission of the publisher, Yale University Press.

Personality Development in Children with Growth Hormone Deficiency. Diane Rotnem, et al. Pp. 412-426.

Personality and social development of fourteen children with hypopituitary short stature and of age- and sex-matched controls were assessed by interview, observation, and projective testing. Children with growth hormone deficiency suffer from pervasive disturbances in identity formation, distorted body image, difficulties in the expression of aggression, and feelings of incompetence. The children's depression, emotional immaturity, and general personality difficulties are related to the way in which short stature elicits behavior appropriate to younger children; the child's sense of guilt for the short stature; parental overprotectiveness; increasing disparity in size from peers; and perhaps to basic endocrinological effects on central nervous system maturation.

The Treatment of Encopretic Children. Werner I. Halpern. Pp. 478-499.

A review of the literature on encopresis in children turns up a plethora of conceptualizations which can be categorized along physiological, interpersonal, intrapsychic, and behavioral lines as well as on combinations thereof. None of the various treatment methods derived from these theoretical viewpoints has been consistently effective. This paper, in describing an eclectic approach, stresses the trial use of a quick-acting suppository (Dulcolax) in combination with supportive measures and positive reinforcement before considering extensive psychological therapies. Data are examined about the treatment of twenty children, half of whom were offered the suppository method. Disappearance of soiling, more prompt in the experimental group, is associated with improvement in the parent-child relationship. A rationale for multilevel intervention is proposed which takes individual and familial differences into account.

Psychological Reactions to Physical Illness and Hospitalization in Adolescence. A Survey. John E. Schowalter. Pp. 500-516.

This paper surveys some of the psychoanalytic and psychosomatic literature which comments on the developmental aspects of adolescence and on the impact of bodily illness. Special attention is paid to the influence of debilitation on an adolescent patient's self-esteem and ego-ideal formation. It is suggested that the encouragement of self-care, the facilitation of the appropriate use of signal anxiety, anticipatory mourning and/or denial, as well as education in adaptive skills, are specific measures which are psychologically felicitous for the care of physically ill adolescents.

The Quest for a Linguistic Model to Study the Speech of Autistic Children. Studies on Echoing. Theodore Shapiro. Pp. 608-619.

Normal linguistic development is dependent upon a highly organized psychic apparatus. Innate potentials for development may go awry at varying stages. In childhood autism, linguistic competence becomes fixated at early stages of language development because of underlying disturbances in mental structures. Speech-act analysis of language usefully clarifies certain aspects of autistic children's language and social difficulties. Focus on one aspect of autistic children's language—the tendency to echo when confronted by incomprehensible language demands—can illuminate the cognitive and social impairments of autistic children, one form of adaptation to their impairments, and fundamental differences in the emergence of language competence between autistic and normal children. Measures of autistic children's speech (latency of response and length of utterance) can increase our understanding of ego development by suggesting appropriate new models.

Cognitive Structures, Language, and Emerging Social Competence in Autistic and Aphasic Children. Barbara K. Caparulo and Donald J. Cohen. Pp. 620-645.

The autistic child's attentional, motivational, and cognitive impairments, evident during the earliest periods of sensorimotor development, may later become masked by more striking peculiarities in language and social attachment, and by contrasting talents in specific, isolated areas. In primary childhood aphasia, the cognitive structures necessary for social attachment and early symbolization are relatively intact, but conceptual development is limited by linguistic handicaps and may eventually resemble the thought disturbance of childhood psychosis. When a child's spontaneous, socialized language is impoverished, he may make use of fixed verbal codes which are tied, loosely or closely, to the immediate social and affective context. Analysis of such language features and their relation to other types of performances reveals the distinction between reactive language use and normal imitation, on the one hand, and the adaptive mechanisms of autistic children, on the other. Since language is enriched in parallel with the formation of representations of oneself and others, central language disorder blocks the path toward the normal regulation of anxiety and appreciation of feelings. Meticulous observation of language-deviant children over long periods of time, guided by theory of normal linguistic and cognitive development, can reveal underlying competencies and patterns of dysfunction, and help clarify the structural basis and functional significance of symptomatic behavior.

Language, Cognitive Development, and Personality. A Synthesis. Melvin Lewis. Pp. 646-661.

Prerequisites for language development include genetic factors, an intact central nervous system, adequate psychological care, specific linguistic stimulation, and cognitive-developmental structures. Deficits in any of these areas may lead to impairment in language development and are sometimes etiologically specific. A dismaturation between nonlinguistic representation and symbolic language development may also occur. "Affective conservation" in particular may be

delayed, leading to anxiety. Misunderstanding may result from a failure to recognize the differential rates of development of specific cognitive functions, including affective conservation and language. Certain peculiarities in language usage and specific speech patterns reflect neurotic conflicts. Maturation of language development, associated with maturation of cognitive development, enables the child to deal with anxiety more effectively than previously when the child's ability to comprehend and conceptualize experiences was still limited. Attention to cognitive functions, particularly symbolic language development, may enhance treatment.

Psychological Stress of Young Black Children as a Result of School Desegregation. Irving M. Allen, et al. Pp. 739-747.

Selected clinical material concerning two young black children who were affected by Boston's school desegregation crisis is reported. The stressful aspects of the school environment are also underlined through accounts of the authors' direct experiences with school personnel. The article explores the interrelationship of environmental stress and intrapsychic conflicts and suggests diagnostic and treatment considerations based on an awareness of situational stress factors.

Journal of the American Academy of Child Psychiatry. XVII, 1978.

The Early Natural History of Childhood Psychosis. Ten Cases Studied by Analysis of Family Home Movies of the Infancies of the Children. Henry M. Nassie. Pp. 29-45.

Family-made home movies of the infancies of ten children suffering from an early childhood psychosis were studied as a kind of prospective documentation of their earliest months of life. Brief case histories are given along with the findings from the detailed analysis of the infancy movies. The movies provide data about the constitutional qualities of the children, neuro-muscular pathology, initial signs of psychosis, and mother-infant interaction. The focus is on the patterns and presence or absence of the infant's attachment to the mother and the mother's to the infant via eye gaze, holding, touching, feeding, and smiling from the first weeks of life. The finding of disturbances in attachment—sometimes on the infant's part and sometimes on the parent's part—suggests a connection with subsequent psychopathology.

Depression in Hospitalized Child Psychiatry Patients. Approaches to Measuring Depression. Theodore A. Petti. Pp. 49-59.

Depression in childhood remains a controversial issue in psychiatry. This paper reviews the present heterogeneous approach to defining depression in children and attempts a critical discussion of scales that have been proposed to diagnose depression and measure changes in its course. Scales which have statistically significant agreement with each other and/or with the clinicians' impression of depression are detailed, and those measuring related phenomena are presented. Directions for future research are also provided.

The Plasticity of Human Development. Alternative Pathways. Stella Chess. Pp. 80-91.

Timing and sequencing of acquisition of developmental capabilities are important issues in view of the growing interest in early developmental evaluations and interventions. Background factors are (1) continuity versus discontinuity of development; (2) the extensive variability of normal individual development; (3) prognostic significance of suboptimal test performance; (4) alternative pathways of mental development demonstrated by physically handicapped children. This last point is explored in detail by means of data from a study of children with defects due to congenital rubella.

Psychopathology of Abused Children. Arthur H. Green. Pp. 92-103.

The major types of psychopathology and behavioral deviancy observed in physically abused children during their participation in clinical research and treatment programs are described. Some of the more prominent areas of disturbance were: overall impairment of ego functioning associated with intellectual and cognitive defects; traumatic reactions with acute anxiety states; pathological object relationships characterized by the failure to develop "basic trust"; excessive use of primitive defenses such as denial, projection, introjection, and splitting; impaired impulse control; impaired self-concept; masochistic and self-destructive behavior; difficulties with separation and problems in school adjustment.

Child Custody Decision Making. The Search for Improvement. John F. McDermott, Jr., et al. Pp. 104-116.

There is currently a great demand for child psychiatrists to be involved in child custody decision making. Lack of adequate training and limited criteria which deal with measurable psychological factors have made this a difficult problem for our field to meet. This paper describes a new assessment method, called the Parent-Child Interaction Test, for use by the child psychiatrist involved in child custody decisions. Experiences in its use by a family court are described. The historical development of custody criteria and an analysis of the working philosophy of a typical family court in custody cases is described, including criteria customarily considered and problems encountered in the decision-making process.

Parental Psychiatric Illness, Broken Homes, and Delinquency. David R. Offord; Nancy Allen; Nola Abrams. Pp. 224-238.

Seventy-three families each with a delinquent boy were compared with seventy-three families of the same socioeconomic class who had a boy of the same age who was not delinquent. The rate of broken homes, parental disabilities such as psychiatric illness, sibship size, and other variables were examined in these two groups. A number of parental disabilities including broken homes, mental illness, criminality, and welfare history were significantly more common in the delinquent families. The data support the idea that factors which can result in insufficient parenting are strongly associated with delinquency, and the absence

of these factors drastically lessens the chances of a boy's becoming delinquent even when the family belongs to the lower socioeconomic classes. Boys unable and/or unwilling to participate in athletic activities are also more likely than their athletic peers to become delinquent.

Imaginary Companions of Two Children. Eric A. Baum. Pp. 324-330.

This paper presents the cases of a four-year-old girl and a seven-and-a-half-year-old boy who had imaginary companions for nine months and five months, respectively. In prelatency children these companions are rooted in the transformation of narcissism involved with object relations and pregenital drive derivatives. In latency children they usually represent superego prestages in the form of auxiliaries, adjuncts, or scapegoats. Betsy's companions provided a defense against fear of maternal abandonment and disappeared when no longer needed. Tom's companions made concrete his wish/fears of peering at his nude mother and disappeared with the introduction of a third companion. Imaginary companions are often defensive, progressive phenomena.

Psychiatric Treatment of Abused Children. Arthur H. Green. Pp. 356-371.

A technique of psychotherapeutic intervention with physically abused children based on their typical ego deficits and psychopathology is described. A crucial ingredient of the treatment process is the modification of the pathological inner world of the abused child. Effective treatment interrupts the vicious cycle in which the child re-creates the original sadomasochistic relationship derived from interaction with parents. If unchecked, this can lead to further rejection and traumatization. Psychotherapy of the abused child is best carried out in the context of a multidisciplinary treatment of the family.

Women at Fault: Societal Stereotypes and Clinical Conclusions. Jeanne Spurlock and Karen Rembold. Pp. 383-386.

When the theories related to mother-generated pathology, the nuclear family, separation and attachment, and sex roles are examined, it becomes clear that many mental health concepts and practices concerning women reflect societal beliefs, whether or not these beliefs may be biased. Although the mother-child relationship has traditionally been viewed as the most crucial relationship in the life of the child, recent research has emphasized the importance of the father-child relationship and the ability (perhaps even desirability) of the child to form successful attachments with persons other than the mother, or in addition to her. Rigid sex-role stereotypes and the nuclear family style, which have permitted the exclusive mother-child bond to thrive in the past, are increasingly viewed as legitimate options among a myriad of other equally viable sex-role patterns and family styles.

American Journal of Psychiatry. CXXXV, 1978.

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

Discriminating Features of Borderline Patients. John G. Gunderson and Jonathan E. Kolb. Pp. 792-796.

Borderline patients were compared with schizophrenic patients, neurotic depressed patients, and a group of patients with differing diagnoses. The purpose of this comparison was to find out whether borderline patients could be discriminated from other psychopathological groups and whether a discrete list of recognizable characteristics discriminating borderline patients could be isolated. According to the results of the comparison, borderline patients can be discriminated with high accuracy from matched comparison groups with whom diagnostic confusion is common. Seven criteria provided a clinically sensible and practical means of approaching the diagnosis of borderline disorder.

Personality and the Prediction of Long-Term Outcome of Depression. Myrna M. Weissman; Brigitte A. Prusoff; Gerald I. Klerman. Pp. 797-800.

In a follow-up study of one hundred fifty women who had undergone treatment on an outpatient basis for acute depression, it was found that the most important predictor of their long-term clinical outcome (eight, twenty and forty-eight months after the acute episode) was personality as measured by the Neuroticism Scale of the Maudsley Personality Inventory (MPI-N). Age, race, social class, marital status, religion, number of previous depressions or suicide attempts, diagnosis, history of early deaths of or separations from significant others, history of neurotic traits as a child, amount and type of stress in the six months before onset, and severity and pattern of pretreatment symptoms were not predictive of outcome.

Side Effects in the Neonate from Psychotropic Agents Excreted through Breast-Feeding. Jambur Ananth. Pp. 801-805.

Neuroleptics, antidepressants, lithium, anxiolytics, and hypnotics may be excreted in breast milk. Because of the danger to the neonate, drugs such as diazepam, lithium, bromides, reserpine, and opium alkaloids should not be given to lactating women, and barbiturates, haloperidol, and penfluridol should be administered with caution. The side effects produced as a result of breast-feeding of the infant by mothers consuming psychotropic drugs are reviewed and possible preventive measures are discussed.

Imipramine Response in Deluded Depressive Patients. Frederic Quitkin; Arthur Rifkin; Donald F. Klein. Pp. 806-811.

The authors examined how delusions and other psychotic features influenced treatment outcome with imipramine in patients with primary depression. Global improvement scores indicated that delusions or other evidence of psychosis do not contraindicate imipramine treatment. This finding does not support a recent report suggesting that deluded depressive patients should not be treated with imipramine. Possible explanations of the discrepancy between these two studies are discussed.

Parent Assessment in Research on the Vulnerability of Children and Families to Mental Disorder. John Romano and Robert H. Geertsma. Pp. 812-815.

The research methodology for a current study of the assessment of family factors as they relate to the development of psychopathology in high-risk children is described. Factor analysis of preliminary data from eighty-three families led to the construction of six rating scales on the emotional health of the patient, spouse, and child; the family; and the marriage. These should prove valuable in predicting the outcome of the index child and his family.

Causes for the Premature Interruption of Psychotherapy by Private Practice Patients. Peritz Levinson, et al. Pp. 826-830.

Thirty patients who discontinued private psychotherapy prematurely were evaluated. Factors stemming from the dynamic interaction between the patient and the treatment process were the most common reasons for dropping out, followed by chronic character traits such as impulsivity and masochism. It is hoped that this assessment of variables in the premature termination of therapy will serve to alert the therapist to the probability that treatment will be aborted, suggest which mechanisms will cause interruption, and enable the therapist to use preventive measures sooner.

Father-Son Incest: Underreported Psychiatric Problem? Katharine N. Dixon; L. Eugene Arnold; Kenneth Calestro. Pp. 835-838.

Six families are described in which ten sons were involved incestuously with a natural father (N=4) or step-father (N=2). Father-son incest as a part of the spectrum of child abuse appears to be a more frequent clinical entity than was thought previously.

Psychiatric and Neurologic Sequelae of Infectious Mononucleosis. Nelson Hendler and William Leahy. Pp. 842-844.

Infectious mononucleosis is usually thought to be a benign disease with occasional neurologic sequelae. Depression, incoordination, a reduction in intellectual ability, and altered EEG patterns were found in two patients; one recovered and the other seemed to have permanent residual effects. The possibility of tranylcypromine as a treatment for the depression and appropriate counseling of patient and family are discussed.

The Poor Rich: The Children of the Super-Rich. Roy R. Grinker, Jr. Pp. 913-916.

Because they have little parental contact, many children of the very rich lack self-esteem and clear role models, resulting in shallow values and pathological narcissism. Low self-awareness and the absence of great suffering work against therapeutic progress, as do the efforts of the parents, who may feel threatened, and countertransference feelings of envy or anger by middle-class therapists. A supportive psychotherapeutic relationship is the most likely means of developing trust and self-discipline in these patients.

Cross-Sex Supervision for Cross-Sex Therapy. Anne Alonso and J. Scott Rutan. Pp. 928-931.

The female supervisor can help the male therapist in training to overcome problems in cross-sex therapy by presenting herself as a role model, providing relevant literature, and sharing her own experiences as a woman and as a professional. By enabling the male trainee to identify safely with a woman in a position of relative power, she can help him to deal with the intrinsic limitations of empathy and other problems, such as "countertransference deafness," that may block his work with female patients.

Psychological Treatment of Obesity with Phentermine Resin as an Adjunct. Charles R. Roberts. Pp. 936-939.

The author treated twelve patients who had demonstrated only a minimal response to psychiatric treatment alone for their obesity with a combination of psychotherapy and an anorectic, phentermine resin. Psychotherapy was directed toward developing an awareness of the underlying anxiety related to the problem of obesity and fostering the subsequent ability to change the pattern of overeating. All twelve patients were treated successfully, and nine reached ideal weight. Weight loss was maintained or additional weight was lost when the medication was discontinued.

The Prevalence of Schizophrenia: A Reassessment Using Modern Diagnostic Criteria. Michael Alan Taylor and Richard Abrams. Pp. 945-948.

Using strict research diagnosis criteria, the authors found a hospital admission prevalence of schizophrenia of about six per cent. Other recent studies yielded similar figures, with correspondingly low figures for the morbid risk of schizophrenia in the general population and in the relatives of schizophrenic probands. In view of the data supporting the validity of this "narrow" concept of schizophrenia, the authors suggest that the true prevalence of schizophrenia is much lower than generally accepted.

Anxiety and Depression Associated with Caffeinism Among Psychiatric Inpatients. John F. Greden, et al. Pp. 963-966.

Among eighty-three hospitalized adult psychiatric patients, 22% reported being high caffeine consumers (750 mg or more per day); these patients scored significantly greater on the State-Trait Anxiety Index and the Beck Depression Scale than moderate and low consumers. High consumers described significantly more clinical symptoms, felt that their physical health was not as good, and reported greater use of sedative-hypnotics and minor tranquilizers. Since caffeine modifies catecholamine levels, inhibits phosphodiesterase breakdown of cyclic AMP, and sensitizes receptor sites, association of caffeinism with both anxiety and depressive symptoms is possible.

Tardive Dyskinesia in an Adolescent. Paul McLean and Daniel E. Casey. Pp. 969-971.

The frequent use of neuroleptic drugs in the treatment of disturbed children and adolescents demands that clinicians be aware of the danger of tardive

dyskinesia in this age group. A case history of a fifteen-year-old boy who developed incapacitating tardive dyskinesia that resolved during treatment with deanol is presented. The recognition, differential diagnosis, and management of this syndrome in children are discussed. Lithium carbonate was a useful alternative to neuroleptics in managing the adolescent's disturbed behavior.

The Medical-Student Spouse Syndrome: Grief Reactions to the Clinical Years. David Owen Robinson. Pp. 972-974.

Medical students beginning the clinical years experience a change in routine that results in their spouses suffering the partial loss of a loved one. The author describes the way in which the spouses react to this loss as a grieving process with three stages—protest, despair, and detachment.

Current Medication Use and Symptoms of Depression in a General Population. Thomas J. Craig and Pearl A. Van Natta. Pp. 1036-1039.

In a community survey, 41.8% of seven hundred seventy-one men and 60.2% of one thousand fifty-nine women reported having used one or more medications in the forty-eight hours before the interview. The use of medications and the number of medications used increased progressively with age among both men and women. Respondents who used four or more medications included significantly more high scorers on a depression checklist than those who used fewer medications. The group of women who used minor tranquilizers and sedatives included significantly more high depression scorers than those who did not. Among both sexes, those scoring in the depressed range who were receiving psychotropic medication tended to be taking minor tranquilizers or sedatives.

The Military Family Syndrome. Don M. Lagrone. Pp. 1040-1043.

The author reviewed the case records of seven hundred ninety-two children and adolescents seen in a military clinic over a two-year period. His data suggest that the incidence of behavioral disorders was higher in this clinic than in a civilian mental health center. Seven problem areas common to records in which a behavioral disorder was diagnosed were found. The author suggests that the behavioral problems of the group studied represent a process of acting out in the rigid, autocratic system of the military. He also suggests that an approach using systems theory and modified goals may be more helpful in dealing with problems of military families than the traditional individual approach.

Developmental Issues in the Psychiatric Hospitalization of Children. Irving N. Berlin. Pp. 1044-1048.

Rather than becoming repositories for the community's seriously disturbed children, children's psychiatric hospitals need to develop milieu programs that involve trained child care staff and developmentally oriented child mental health professionals. Treatment programs should address the developmental needs and abilities of the various age groups, as well as the particular developmental deficits reflected in their psychopathologies, and should include a variety of treatment elements.

When the Psychotherapist Is Black. Jesse O. Cavenar, Jr. and Jean G. Spaulding. Pp. 1084-1086.

The authors present a case report of a white neurotic man treated in long-term psychoanalytic therapy by a black woman psychiatrist. The defense mechanism of reversal—the therapist was white in the patient's early dreams—was evident not only in this patient but in several other white patients treated by the black therapist. The authors suggest that, contrary to the opinions of a few other authors, the reality issues of racial differences can be dealt with successfully in this kind of interracial psychotherapy.

Psychiatric Consultation in an HMO: A Model for Education in Primary Care. Louis F. Rittelmeyer, Jr. and William E. Flynn. Pp. 1089-1092.

The authors describe a program based on biopsychosocial model of illness, which uses a liaison-consultation approach in an outpatient setting. It is directed toward integrating psychiatric education and services with primary care in a health maintenance organization. This program can serve as a useful model for studying the validity and effectiveness of integrating psychiatric concepts with primary health care.

Success or Failure: Psychotherapeutic Considerations for Women in Conflict. Carol C. Nadelson; Malkah T. Notman; Mona B. Bennett. Pp. 1092-1096.

The authors describe conflicts experienced by women who request therapeutic intervention because of symptoms of depression, anxiety, marital discord, difficulty in asserting themselves, or inability to complete work that would lead to advancement. They discuss the developmentally based difficulties experienced by women in making career choices, advancing their careers, and facing midlife issues. The therapist who deals with such patients must be aware of reality-based factors and of his or her own values and attitudes as they influence choice of therapeutic approach.

Revista de Psicoanálisis. XXXIV, 1978.

Validity of the Concept of Object in Melanie Klein's Work. Willy Baranger. Pp. 487-511.

Certain basic theoretical differences between Freud and Klein are reviewed. The transition from Freud to Melanie Klein is first manifested by a change of emphasis from the drive to the object. Another issue is the fact that Freud never fully adopted the concept of introjection. For Melanie Klein, on the contrary, the object is inseparable from the operations which relate to it, such as splitting, introjection and projection. The internalized object is presented as something which is beneath multiple representations and affective states. It never appears directly but through images, concepts, memories, anxieties, or wishes which change ad infinitum. Melanie Klein's work on the formation of the superego reveals that it is constituted by the approximation of two nuclei, quite contradictory in the beginning but similar in their object-oriented nature, the persecutory breast and the idealized breast. The object appears for Melanie Klein at the

crossing point of multiple unconscious fantasies which form part of a genetically inherited equipment, previous to any experience of the outside world. The internalized breast integrates fantasies which have nothing to do with its physical existence: it can be duplicated in good or bad, persecutor or idealized, it can be fragmented, it can be emptied or dried, or filled with poisonous substances, etc. The interchange between the subject and the object functions at the most archaic and partial level of the objects; the breast suffers or it is happy, it refuses to gratify or it comforts. Any pleasurable experience is colored by the breastfeeding happiness and attributed to the source of this experience: the breast. Any unpleasurable experience is lived in oral terms and also attributed to the breast. The need to preserve the pleasurable experience and to reject the painful one creates the first cleavage: the good breast concentrates around itself everything which is pleasurable while the bad breast is the cause of everything which is perceived as bad. It could be said, according to Baranger, that while for Freud the analytic process consists of lifting repressions, for Melanie Klein it consists of reducing cleavages.

JORGE STEINBERG

Archives of General Psychiatry. XXXV, 1978.

The following abstracts are published with the permission of the Archives of General Psychiatry.

Teaching Behavioral Sciences to Medical Students. Education or Training? Thomas E. Steele. Pp. 27-34.

Accepted paradigms in medical behavioral science education are development, conflict and defense, and disease. Teaching under these paradigms blurs distinctions between preclinical and clinical education, and between education and training—most commonly by including an introduction to clinical psychiatry in preclinical courses. Such approaches may provide students with technical skills at the expense of their developing conceptual bases for continuing self-education.

We developed a first-year behavioral sciences course using the paradigm of symbiotic function and language. This paradigm can organize knowledge that underlies clinical skills involved in talking with patients and establishing an effective physician-patient relationship. Believing that fostering knowledge should be the primary goal of preclinical education, we emphasized primary sources and classics. Our goal was to encourage analysis and synthesis rather than memorization; evaluating such higher taxonomic levels of education is extraordinarily difficult.

Biorhythms and Highway Crashes. Are They Related? John W. Shaffer, et al. Pp. 41-46.

Biorhythm, a theory that purports to identify periods of increased individual susceptibility to accident or misfortune on the basis of recurring biological cycles, is currently enjoying world-wide popularity. In view of the implications of such a theory for both public health and safety, the present study was undertaken as

an empirical test of its validity. Using data from two hundred and five carefully investigated highway crashes (one hundred thirty-five fatal; seventy nonfatal) in which the drivers were clearly at fault, the authors computed specific points in drivers' biorhythm cycles at which the accidents occurred. The observed frequencies of accidents occurring during so-called critical and minus periods were then compared with the frequencies to be expected on a chance basis alone. The results provided no evidence for a relationship between purported biorhythm cycles and accident likelihood.

Are There Social Class Differences in Patients' Treatment Conceptions? Myths and Facts. Arlene Frank; Sherman Eisenthal; Aaron Lazare. Pp. 61-69.

Traditionally, lower-class individuals who have sought psychiatric help have been hampered in their efforts by class-related inequities in the delivery of psychiatric services. A common explanation for this phenomenon has been that the treatment conceptions of lower-class individuals are "inappropriate." This report presents theoretical and research evidence challenging this notion. A review of the literature from 1954 through 1974 yielded no good evidence that lower-class patients need, expect, or want treatments incongruent with those of upper-middle class therapists. An experimental study of the requests for help made by two hundred seventy-eight walk-in clinical patients confirmed this observation. Patients' requests, as measured by an eighty-four term, self-rated questionnaire, were largely independent of social class. Strategies for minimizing treatment biases against lower-class patients and for maximizing treatment effectiveness with higher-class patients are suggested.

Therapist Characteristics and the Outcome of Treatment in Schizophrenia. A. Hussain Tuma, et al. Pp. 81-85.

The broad task of identifying and characterizing specific components of personality and behaviors of therapists that may be differentially helpful in the treatment of schizophrenia still remains to be addressed. This report presents data systematically collected in the course of a controlled study of the outcome of five different treatment methods in schizophrenia. Therapists seem to play a significant role in determining the outcome of the treatment of schizophrenia by drugs and by psychotherapy plus drugs.

Sex Differences in Psychiatric Evaluation and Treatment. An Empirical Review. Peter B. Zeldow. Pp. 89-93.

This article reviews the research evidence concerning sex-related differences in psychiatric/psychological assessment and treatment. The effects of both sex of patient and sex of judge are considered. The article also raises methodological criticisms of the existing research and draws some tentative conclusions.

The Borderline Patient. A Comparative Analysis of Four Sets of Diagnostic Criteria. J. Christopher Perry and Gerald L. Klerman. Pp. 141-150.

In reviewing the evidence for the validity of the diagnosis borderline, four descriptions in the literature seem to offer comprehensive criteria for the diag-

nosis. When the four are compared, a total of one hundred and four criteria are enumerated encompassing the mental status, history, interpersonal relationships, defense mechanisms, and other judgments of personality functioning of the borderline patient. Half of these criteria are mentioned in only one of the four diagnostic descriptions. This apparent lack of agreement over diagnostic criteria has three possible interpretations: (1) the borderline concept is an illusion; or (2) the concept is adequately defined by those criteria held in common, the others being nonessential; or (3) apart from the concept defined by the common criteria, there are subtypes emphasized by different authors. Although we favor the third interpretation, it is suggested that further speculation await an adequate test of existing diagnostic criteria.

Suicide in Schizophrenics, Manics, Depressives, and Surgical Controls. A Comparison with General Population Suicide Mortality. Ming T. Tsuang. Pp. 153-155.

This article reports suicide risk among two hundred schizophrenic, one hundred manic, and two hundred twenty-five depressive patients, and one hundred sixty surgical controls. The suicide experience of the study subjects was compared to that of the population of the state of Iowa, the geographical area and population from which the subjects were selected. The suicide experience of the surgical controls was not significantly different from that of the general population. On the other hand, increased risk of suicide was found in all psychiatric groups except female schizophrenics. Suicide appeared pronounced particularly in male patients with affective disorders during the first decade of the follow-up period.

Parental Punishment. A Longitudinal Analysis of Effects. Monroe M. Lefkowitz; L. Rowell Huesmann; Leonard D. Eron. Pp. 186-191.

The authors investigated the relation between parental reports of punishment administered to their eight-year-old children and the reports of these children obtained ten years later concerning their hypothetical use of punishment on their own children was investigated. The results show that punishment appears to have intergenerational effects and is also related to aggressive behavior of male recipients ten years later. Sociocultural variables and IQ, however, play an overriding role in the long-term analysis. Hypothetically, a lower IQ constricts a child's learning options due, perhaps, to limitations in verbal comprehension and concept formation. Direct, salient behavior, such as punitiveness and aggressiveness, may be easier to learn than the more subtle and wider variety of social behaviors of which brighter children can avail themselves.

Meditation and Psychotherapeutic Effects. Self-Regulation Strategy and Altered State of Consciousness. Deane H. Shapiro and David Giber. Pp. 294-302.

The research literature dealing with the psychotherapeutic effects of meditation is reviewed. The first part of the article reviews studies in which meditation is viewed as a self-regulation strategy. In the second part, studies in which meditation is viewed as a technique for inducing altered states of consciousness are reviewed. In conclusion, guidelines and suggestions for future research are given.

Criteria for Evaluating Psychotherapy. Alan E. Kazdin and Terence Wilson. Pp. 407-416.

The efficacy of psychotherapy and the relative efficacy of different therapies are important issues that continue to receive attention in the literature. Questions about the efficacy of treatment usually are addressed by comparing groups that receive different treatment (or control) conditions. Comparisons are made on the basis of measures administered at the end of treatment and reflect the mean (average) amount of patient change across groups. Additional criteria to evaluate therapy and the relative value of different techniques include alternate measures of outcome and measures related to efficiency, cost, and patient evaluation of treatment. This article discusses such patient-related criteria as the clinical importance of therapeutic change, the proportion of patients who improve, and the breadth and durability of the improvements. Aside from these criteria, the evaluation of different therapies depends on the duration of different treatments, efficiency and costs of administering treatment, the financial and emotional costs to the patients, and cost considerations in relation to overall effectiveness. Finally, the acceptability of treatment to patients is an important consideration in evaluating treatment. Multiple criteria need to be used to evaluate treatment and the value of different treatments. The focus on narrowly circumscribed measures of average patient performance obscures the potential value of different treatments in relation to specific therapeutic and social goals.

Feminists' Heterosexual Relationships. More on Dominance and Mating. Virginia Abernethy. Pp. 435-438.

The hypothesis that female dominance inhibits mating whereas male dominance facilitates it, and seemingly incongruous findings suggesting that dominant women take more initiative and are more interested than others in sex, are explored through comparison of feminist and control subjects, i.e., women who were expected, a priori, to be located at widely separated points on a theoretical dominance continuum. Principal findings are the following: (1) sexual initiative and satisfaction appear to be greater among feminists than others, (2) there is no difference between groups in frequency of coitus in a present (or most recent) sexual relationship, but (3) there is a tendency for feminists to have had less stable first marriages than control subjects. These findings do permit more than one interpretation: the greater sexual satisfaction combined with marital instability among feminists may reflect their energy and willingness to change an unsatisfactory condition, or, in addition, the more general proposition that personal power is associated with positive sexual response in both men and women, so that there is minimal complementarity along this dimension. Both cultural and biologic factors appear to contribute to the relative instability of feminists' marriages.

Conjoint Marital Therapy. A Cognitive Behavioral Model. Robert Taylor Segraves. Pp. 450-455.

This article presents an integrated cognitive-behavioral model for conjoint therapy of chronic marital discord. The model is based on eight empirically

testable hypotheses that are clinically relevant and integrate contributions from general systems theory, behavioral marital therapy, and psychoanalysis. Disproof of cognitive schemas for the perception of the opposite sex (transference reactions) is hypothesized to be a common therapeutic mechanism in the dissimilar models of marital therapy.

The Process of Change in Psychoanalytic Psychotherapy. Paul A. Dewald. Pp. 535-542.

The variety of psychological and emotional responses during the treatment process are described and conceptualized as related to the structure of the therapeutic situation, the therapeutic relationship, the mobilization of conflict, the experience of affects and drive derivatives, the phenomenon of reinforcement, and the working through of the termination phase. The distinction between "core" and "derivative" psychic functions is developed, permitting a conceptual understanding of how this form of psychotherapy can produce significant and lasting intrapsychic change. Some of the differences between psychoanalytic psychotherapy and psychoanalysis are described. The general concepts are illustrated by clinical vignettes from a case of successful psychotherapy.

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Meetings of the New York Psychoanalytic Society

Israel Zeifman, Jorge Steinberg & Edward Nersessian

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

November 29, 1977. MATURATIONAL VARIATIONS AND GENETIC DYNAMIC ISSUES. (Abraham A. Brill Memorial Lecture.) Annemarie P. Weil, M.D.

Dr. Weil proposed that certain observable mild deficiencies and achievement lags encountered in the course of child development are traceable to the consequences of the variable role of neurophysiological maturation in the early months and years of life. Child observation and analytic reconstruction suggest that the period of toddlerhood is the most significant for the examination of three crucial areas of primary autonomous ego functioning: perception, motility and language.

Perceptual functioning in the first eighteen months of life serves to promote and structure self-object differentiation and is fundamental to the capacity to organize experience. Since the integrative function is crucially involved in the management of anxiety, imbalances in the timing and level of emergence of this capacity can contribute to disturbance in the developing ego functions. A mismatch between the child's degree of hypersensitivity and his or her available patterns of tension discharge can lead to diminished outward-directedness and a diminished capacity for attention. Tactile or kinesthetic hypersensitiveness can interfere with a child's being able to be held comfortably by a caretaker. Asynchronous development in certain physiological subsystems may interfere with the synchronization of the infant's motility with the maternal voice. Even subtle perceptual disturbances can lead to difficulties in processing and integrating stimuli; the warding off of the associated anxiety might lead children to a hypervigilant control of themselves or their surroundings, or to a pattern of instigation of chaos through some externalization of their inner state.

A number of characteristic developments in later childhood may be related to these maturational phenomena, as may certain difficulties in adult adjustment. Some of the perceptually affected children show a tendency to affectomotor explosions or attacks of panicky rage, something which can be seen in certain adult patients' responses to stress. Adult conflicts around merging, as well as derivatives of a prolonged primary masochism, may have their roots in the perceptual hypersensitivity and tension states alluded to above. Minor maturational lags in the emergence of motor skills involving variations in timing, achievement, and performance style may produce only transient deficits, but they may leave behind a shaping effect of lasting consequence. Motility, if serving unfocused tension discharge patterns or excessive random activity for prolonged periods, may lead to impaired neutralization, whereas more focused tension discharge can serve the development of gross and fine motor development. The active, impulsive toddler who draws a lot of "no's" may go on to a potential sadomasochistic cycle of consequences. An awkward and slow child who attracts parental criticism or disappointment may "hold in" aggressive impulses because of great fear of loss of

object or of love. The importance of motor coordination skills on the development of both self-esteem and sexual identification was also presented.

Language development can be divided into the maturation of language receptiveness and language production, each further subdivided into the motor aspect, the phonemic, and the mental aspect, the morphemic. Global language development delay may hamper the separation-individuation process and color the phase-specific self-assertion tantrums of this period, with the distress of intense frustration. While mild language deficits including delay in certain aspects of expressive language function are usually outgrown, the burden of experienced confusion and distress may later become evident. Withdrawal tendencies as seen in some adolescents have been correlated with deficient language development.

As regards the integrative function, Dr. Weil focused on its importance in the ability to distinguish the relevant from the irrelevant in language and thought from early developmental periods onward. Clinical examples were cited which demonstrated that weakness of the integrative capacity may appear at different age levels, contributing to early incomprehensible digressiveness, learning difficulties, and difficulties in tasks requiring differentiation and organization. Repeated failures may result if the maturational lag is not outgrown. Such cases resemble a failure neurosis, but do not yield to analysis or psychotherapy unless the original basic weakness in all its manifestations, including associated affects and genetic-dynamic consequences, is reconstructed. Often patients are then able ultimately to accept their limitations as part of their reality.

ISRAEL ZEIFMAN, M.D.

December 13, 1977. THE ROLE OF SWINE IN MYTH AND RELIGION. Howard H. Schlossman, M.D.

The strong religious aversion to eating or even touching pig, which exists among the Jews, the Moslems of North Africa and the Orient, and other ethnic groups can be traced back to the ritualized avoidance practiced by the ancient Egyptians, who appear to have started this custom. Dr. Schlossman's explanation of these phenomena takes into consideration the ritual of death and resurrection developed by the early agrarian culture of the Nile Valley. Since an intact body was required for the afterlife, the dead were buried in the relatively dry sands beyond the arable land maintained by the annual Nile floods. The dessicated, mummified bodies were often rooted up from their shallow sand pit burials and eaten by semi-wild, escaped domesticated pigs. The horror of the pigs' destruction of one's ancestors was compounded by the horror of cannibalism, for if one ate the pig, one ate one's ancestors. Thus it can be concluded that the aversion to cannibalism lies behind the religious injunction of the ancient Egyptians and their cultural religious heirs, the Jews and the Moslems. In addition to the primitive belief that the strength and other admired qualities of vanquished enemies could be acquired by eating them, there was also an associated fear of the incorporated object. By the avoidance of swine, then, the Egyptians believed that they protected themselves from the danger of possible investment by a dead spirit.

As a result of this study of the pig, Dr. Schlossman proposes that the suppression of cannibalism is an important societal organizing principle and a precondition for the evolution of the personality. The suspension of the literal incorporation was necessary to facilitate psychical incorporation, leading to identification and superego formation. Cannibalism could not serve the needs of a settled society and, as is customary with primitive peoples, suppression was maintained by the creation of a shared myth and taboos. This study adds further data to Freud's postulate of the derivation of the Hebrew religion and priesthood from the Egyptians. The coming of the Messiah explains the need for intactness of the body, for then the dead will rise again. This parallels the Egyptian belief in the resurrection.

DISCUSSION: Dr. Charles Brenner suggested that the Egyptian taboo against eating swine was not only due to the fact that it symbolized to them devouring their ancestors. The unconscious reason for the taboo could also have been the wish to kill and eat the parents and to take their places, in a familiar oral version of the parricidal oedipal wish, with all its ambivalence and guilt. Instead of specifying that a taboo on cannibalism was so important to the establishment of a true superego, it might be more accurate to say that the role of cannibalism in mental life is determined by the fact that it is one aspect of the libidinal and aggressive wishes of the oedipal period, wishes whose vicissitudes are decisive in the individual and collective history of man.

Dr. Anna M. Burton expressed the belief that just as kinship and exogamy developed out of oedipal conflict, so the renunciation of cannibalism and the dietary laws developed out of preoedipal concerns. Citing contributions from Freud, Spitz, Jacobson, Anna Freud, and Róheim, she sketched the developmental framework for Dr. Schlossman's thesis.

JORGE STEINBERG

January 31, 1978. A PSYCHOANALYST LOOKS AT MAN'S SOCIALITY. Samuel Atkin, M.D.

Defining sociality as a term referring to those social factors, attitudes, processes, and interactions which have been internalized into an individual's mental functioning, Dr. Atkin proposed that conscious and unconscious functioning always be understood as an integral part of a social organism. Despite the fact that social institutions express the sociality of man, psychoanalysis has neglected the study of social and cultural factors in its investigations, with the exception of a focus on the family. Sociality leads to the need to postulate a modification of instinct theory which would place concern about the life of society alongside of the self-preservative and sexual drives. Man's cathexis of social institutions should not be underestimated. Among Freud's followers, Erik Erikson is one of the few who has attempted to direct our attention to the problems of society.

Drawing on his clinical experience, Dr. Atkin suggested that narcissistic and asocial patients spend more time talking about social concerns than "healthier" patients do. He felt this implied that socially derived mental states are subjectively and unconsciously experienced as part of the pursuit of one's personal

needs. Sociality is a nonconscious (as opposed to an unconscious) aspect of life and is inaccessible to the usual psychoanalytic approach.

DISCUSSION: Dr. Theodore Shapiro noted that although every sensitive psychoanalyst pays attention to the social components in a patient's life, the nature of the psychoanalytic process is such that the individual remains the object of study. He emphasized our obligation to deal exclusively with the data provided through the application of the psychoanalytic method, if our science is to have credibility. Dr. Richard Sennet also stressed the difference in the data obtained and the interpretations made by sociologists and by psychoanalysts.

EDWARD NERSESSIAN

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 16, 1978. FEAR OF DEATH, ACTING OUT, AND THE PSYCHOLOGY OF ACTION. Renato J. Almansi, M.D.

Dr. Almansi examined the role that fear of death plays in acting out. From the analysis of three patients he concluded that this fear represents a threat to the self-image and identity of the patients and that the acting out is restitutive in nature. He placed acting out tendencies in the framework of the psychology of action and examined the ego functioning underlying it.

A phobic housewife, whose childhood included repeated primal scene exposure and witnessing her younger brother's numerous epileptic attacks, developed a severe fear of death as well as identity problems and a fuzzy self-representation. In her efforts to support her weak sense of identity, she tried to create a distinctive appearance for herself and took defiant and uncompromising attitudes in her relationships. A mortician who entered analysis because of impotence had been led to his profession by his fear of death. In addition, he tried to compensate for this fear by working on projects that he hoped would immortalize him. Repeated primal scene exposures in childhood had led to murderous wishes and sadistic fantasies. His life was marked by a great deal of acting out which, in the course of his analysis, reached almost psychotic proportions. He had strong feelings of inferiority and of lacking a definite identity, seeing himself as a little, impotent nobody who needed the analyst for constant support and reassurance. The third case was a businessman with a voyeuristic perversion, hypochondriacal concerns, and fear of death. There was much acting out both within and outside the analysis. He had intense aggressive impulses and a strong sadomasochistic disposition. There were also many contradictions in his character, indicative of multiple identifications and a basic bisexual orientation. This was related to primal scene exposures in childhood, while the acting out had its genetic roots in a nearly fatal and debilitating intestinal illness at nine months of age, which had lasted for about a year.

The common features exhibited by the three patients, aside from fear of death, were lack of definition of the self-representation, unclear ego boundaries, and multiple screen identities, characteristics associated with acting out tendencies. There was also extensive use of denial of the identity disturbances through the

cultivation of distinctiveness in appearance or character. As a result of the need to deny physical danger and death by action, and their struggle against losing their identities, they were able to compensate for the effects of their neurotic disturbances and attain success in their lives. The traumatic effect of early primal scene exposure contributed to the fear of death and sharpened the polarities of living-dying, activity-passivity. A bisexual identification resulted from this exposure and contributed to the haziness of their ego boundaries. These factors combined to lead to the need to act to prove themselves alive.

In discussing the psychology of action, Dr. Almansi spoke of Mahler's "practicing subphase," occurring between ten and eighteen months of age when the child attempts to control reality and feel effective. He also cited Robert White's controversial theory of effectance, which claims that the need to be effective is an essential factor in human life that gives rise to both normal action and to acting out. In acting out, normal, progressive ego trends are deflected from original goals by the patient's need to recreate a fragment of his or her traumatic past. In the fear of death of the acting out patient, the fear of object loss and castration anxiety are added to the fear of loss of the power to move and to control one's surroundings. The fear of loss of effectance is only one determinant in acting out tendencies, but it assumes a significant role in certain patients.

DISCUSSION: Dr. George Wiedeman cited the classical definition of acting out as behavior in the course of analysis which involves a re-enactment of attitudes and memories in the transference, and he noted the broadening of the definition to include all socially unacceptable behavior. He questioned whether the fear of death leads to acting out, or whether both result from sadistic and aggressive impulses and behavior toward important family figures in the past and present. Fear of death would then be a self-punitive result of the sadomasochistic conflicts. Dr. Wiedeman described three developmental factors important in patients who act out a great deal: (1) constitutionally higher than average activity level; (2) sexual overstimulation by family; and (3) marked pregenital fixation of parents, with exposure of children to sexual and aggressive scenes. Discussing the fear of death, Dr. Gerald Freiman reviewed the history of the evolution of different emphases in Freud's views on this topic, as revealed in his major theoretical papers. Dr. Freiman examined the role of unresolved childhood conflicts in determining the nature and significance of this fear and gave several clinical illustrations which highlighted the importance of guilt feelings, fears of abandonment, and castration anxiety. Compensatory and masochistic behaviors were cited, along with the observation that the connection between fear of death and acting out can be found in classically neurotic patients and in those with character disorders.

JOEL GONCHAR

ERRATUM: On page 149 in the Book Review Section of the January 1979 issue of The Quarterly (Vol. XLVIII, No. 1), Dr. Norbert Bromberg's name was misprinted as Norman Bromberg. Dr. Bromberg was the reviewer of the book, *Anti-Judaism: A Psychohistory* by Ernest A. Rappaport.