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METAPHOR AND THE PSYCHOANALYTIC SITUATION

BY JACOB A. ARLOW, M.D.

In the psychoanalytic situation one of the principal functions of the analyst is to interpret to patients certain contents of the patients' productions which are totally unknown to them. The communication and interpretation of unconscious meaning is made possible largely through the use of metaphor. Language is inherently metaphorical; its essential ambiguity permits quick transference of meaning from one phonic representation to another. This process may serve the purposes of wish fulfillment as well as defense. The technical and theoretical implications of metaphor in the psychoanalytic situation are fundamental to the psychoanalytic process.

Psychoanalytic technique was the special province of Rudolph Loewenstein. He was a consummate therapist, and throughout his writing and teaching, he sought to clarify how analysts come to understand their patients and how they can transmit the knowledge thus gained in the most effective way. Loewenstein approached the psychoanalytic situation as a special kind of communication, a unique dialogue between two people under unusual, but nevertheless standard conditions. Without disregarding the significance of nonverbal communication, Loewenstein (1956) emphasized speech as the irreplaceable vehicle of psychoanalysis. Free association, the fundamental technical procedure of psychoanalysis, places speech and its psychological properties at the very center of the theory of therapy.

Speech has to be distinguished from language (DeSaussure, 1915). Language is a system of significant symbols and of the rules that govern their syntactical relations as used by a group of people. Speech represents how individuals avail themselves

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of their language and how they employ it for the several functions it can serve. In the case of each individual, spoken language diverges considerably from the written language. Buehler (1934) described three functions of speech: first, the cognitive function—speaking of objects and their relationships; second, the expressive function—telling something about oneself, one's thoughts and feelings; and finally, the function of appeal—speaking in order to get the addressee to respond in a certain way.

In the therapeutic interaction between patient and analyst, mutual understanding derives from the power of human speech to create states of mind in the listener akin to those of the speaker. There are, of course, many pitfalls along the road to mutual understanding. Rosen (1967) pointed out that "during most conversations, people assume that the referents of the words, phrases, or metaphors employed are understood in common. The listener either implicitly or explicitly provides the missing links in the verbalized ideas of the speaker. Both speaker and listener often assume that the background information necessary for correctly identifying the subject, object, or predicate of a statement is mutually available" (p. 471). Too often this is far from being the case.

The conditions governing the psychoanalytic situation sharply distinguish ordinary conversation from the psychoanalytic dialogue. The background assumptions determining the respective roles of patient and analyst, the basic rule of reporting uncritically whatever comes to mind, as well as the relatively one-sided flow of dialogue, facilitate the emergence of derivatives of unconscious processes and make it easier for the analyst to identify with the patient. The tendency for the expressive function of speech to arouse emotions and states similar to those expressed is greatly intensified and establishes the basis for empathic responses in the analyst. But the function of appeal, which in ordinary conversation creates the potentiality for action in the listener, is in the psychoanalytic situation strictly curtailed. As far as the analyst is concerned, Loewenstein (1956)

said, "we expect that the patient's speech will elicit in [the analyst] only those potential responses which may act as signals for his understanding the patient, and which ultimately may be used by him in interpreting the patient's utterances" (p. 465).

The counterpart to the patient's uncritical speaking is the analyst's unfocused listening. This leads directly to the question of how the analyst comes to understand the patient's deeper conflicts. Freud (1900) wrote that analysts must not only listen to the manifest message imparted to them but also to a concealed one unknown even to its bearer. Analysts learn only gradually in each individual case to understand its hidden message and its relation to the manifest one. Just how do analysts learn to understand the message hidden in the patient's free associations? Loewenstein attempted to answer this question along lines of thought that led in two directions. He did not agree with Isaacs (1939) that one can perceive the unconscious meaning of the patient's words and behavior as an objective process. Even the intuitive understanding that comes from the empathic relationship between mother and child (Burlingham, 1935) becomes more complicated as the child learns to understand and use speech. Loewenstein felt that meticulous attention to the details of the patient's productions might reveal clues to help uncover the "second" or "hidden" message. Bernfeld (1932) said that psychoanalysis may be regarded as a science of traces. Contained within the data of the psychoanalytic interchange are traces of events or wishes of the past. They are dynamically active in the present but have to be teased out of the context of the surrounding verbalizations. Much in the same spirit Waelder (1939, 1962) maintained that the method of psychoanalysis resembles most closely that of historians, criminologists, and students of linguistics. One seeks for clues in the data at hand and tries to draw inferences from them.

How to identify the clues is not clear. Loewenstein (1957) comments on this point as follows:

It happens not infrequently that in the material of the patient presented by a younger analyst, the supervisor perceives a meaning or a trend which the candidate did not suspect but can confirm from the material appearing in subsequent sessions. To the beginner such an achievement seems not only amazing but sometimes a result of uncanny intuition. It cannot be denied that the work of some analysts has the quality of reminding us of the work of an intuitive artist. But as a rule one can say that this apparent intuition is based on experience which has taught the older analyst to grasp slight signs presented by the patient and not yet perceived by the younger colleague. It would seem desirable for us to be able to supplement this intuitive, often preconscious grasping of clues by a more systematic study of the latter and of the implicit method which leads the analyst to draw conclusions from them (p. 135).

Loewenstein did not pursue this line of thought further. He did say that while one listens to the patient's words, one must at the same time try to discover a kind of *coded* message conveyed by them (emphasis added). Thus, he formulated the psychoanalytic dialogue in terms of encoding, decoding, and translation. Basically this means that one must be prepared to receive from the patient a communication of meaning beyond that contained in the words themselves, that is, beyond the literal, verbal significations of what the patient has said. The analyst's listening, accordingly, must be exquisitely sensitized to the various aspects of the patient's speech, to what is being said, to how it is being said, when and in what context it is being said, to what is not said. This refers not only to the emotional tone or quality of voice used by the patient, but also to the figurative constellations employed in his language. According to Loewenstein (1956), "one might say that next to the usual vocabulary of any human language—i.e. to the definite set of meaningful relations between signs and ideas, 'signifying' and 'signified'—there exists another which is limited in scope, less definite, usually unconscious, and unintelligible, and which gains a partial hold upon the human mind under certain con-

ditions; e.g. . . . neurotic and psychotic thought processes" (p. 465). Although he did not say so explicitly, he was in effect referring to the process of metaphorical expression. In fact, he added at this point a footnote: "Benveniste (1956) attempts to describe these phenomena in terms of well-known figures of style." Using the model of interpretation by metaphor, without identifying it as such, Loewenstein gave an example of the various types of altered relations between "signifying" and "signified." He stated: "An aeroplane phobia results from emotional reactions to the fact that, to a given patient, an aeroplane means not only a flying machine, but also a symbolic representation of a penis" (*ibid.*).

In this communication I hope to explore in greater detail and to elaborate on the role of metaphor in the psychoanalytic situation. The word metaphor comes from two Greek words meaning "to carry over," and refers to a set of linguistic processes whereby aspects of one object are carried over or transferred to another object so that the second object is spoken of as if it were the first. Substitution is not arbitrary but is based on a point of resemblance between the substituted word or phrase and its referent, which is stated or implied by the sentence as a whole or by the context of the communication. Metaphor is taken to be the most fundamental form of figurative speech (Hawkes, 1972). Figurative language is language which does not mean what it says or, more precisely, it says one thing while meaning another. Figurative language deliberately interferes with a system of literal usage by the assumption that terms literally connected with one object can be transferred to another object. It does so with the aim of achieving new, wider, special, or precise meaning. The various forms of transference are called figures of speech or tropes. Of these, metaphor is generally considered to manifest the basic pattern of transference involved and is thought of as the fundamental figure of speech. The other figures of speech tend to be versions of the prototype supplied by metaphor. This is the narrower sense in which the term metaphor is understood. As I shall discuss

presently, metaphor can be understood in a more general way as a fundamental aspect of how human thought integrates experience and organizes reality.

Metaphor supplies language with flexibility, expressibility, and a method by which to expand. "It is the power whereby language, even with a small vocabulary, manages to embrace a multimillion things" (Langer, 1948). As a matter of fact, most current authorities are of the opinion that, phylogenetically and ontogenetically, metaphor originates at that point of development where the stock of words is insufficient to express the complexity (and, psychoanalysts would add, the overdetermination) of thought. This last idea comes very close to Freud's formulation of the relationship between the repressed and the preconscious, which he expressed at one time in his writings (1915) in terms of the inability to invest preconscious verbal representations with the cathexes of unconscious thoughts.

According to Hawkes (1972) there are two fundamental views of metaphor:

There is what might be called the classical view which sees metaphor as 'detachable' from language, a device that may be imported into language in order to achieve specific, prejudged effects. These aid language to achieve what is seen as its major goal, the revelation of the 'reality' of a world that lies unchanged beyond it; and there is what might be called the view which sees metaphor as inseparable from language which is 'vitality metaphorical' and the 'reality' which is ultimately the end product of an essentially 'metaphorical interaction between words' and the sensory impressions of daily encounter (p. 90).

Richards (1955, 1965), one of the principal representatives of this latter point of view, states that "words do not mean, we mean by words. The total fabric of our meanings which constitute the world as we know it, consists not of actual or inherited experience, each attached to an appropriate word or set of words, but linguistic and psychological laws regarding recurrent likenesses of behavior in our mind and in the world to which words are variously adapted by us" (p. 12). In keeping

with this point of view, speech with its inherently ambiguous nature is taken as language's primary and defining form and reflects man's unique status as a talking animal.

His language is an organic, self-contained, autonomous system which divides and classifies experience in its own terms and along its own lines. In the course of the process, it imposes its own particular shape on the world of those who speak it . . . a language creates reality in its own image. To use language thus essentially involves getting at one kind of reality through another. This process is fundamentally one of transference, i.e., a metaphorical apprehension of the world and its realities. From this point of view, all language, by the nature of its transferring 'relation to reality', is fundamentally metaphorical (Hawkes, 1972, p. 59).

In actual experience, the dichotomy between the two fundamental ways of viewing metaphor is not quite that sharp or absolute. The linguistic approach allows for a vitally metaphoric background to language but proposes essentially an investigation of the processes whereby metaphor is inculcated into the foreground of speech and language. The anthropological view (Sapir, 1964; Whorf, 1956) recognizes the extent to which metaphors create reality for us, but points out that it is not a new reality so much as it is a restatement of an older one which our total way of life as part of a specific culture presupposes.

In most contributions to the subject, psychoanalysts have tended to emphasize the foreground or "detachable" aspect of metaphor in free association. From this have been drawn many valuable insights into the dynamic transformation of unconscious wishes and useful technical guides for formulating interpretations. Ella Freeman Sharpe (1940) was one of the first to appreciate the significance of metaphor. She used the more restricted version of the concept. Sharpe stated:

When dynamic thought and emotional experiences of the forgotten past find the appropriate verbal image in the pre-conscious, language is as pre-determined as a slip of the tongue or trick of behaviour. Metaphor, then, is personal and individ-

ual even though the words and phrases used are not of the speaker's coinage. The verbal imagery corresponding to the repressed ideas and emotions sometimes found in a single word will yield to the investigator a wealth of knowledge (p. 204).

In elaborating her ideas, however, Sharpe seemed to separate metaphors from their background; that is, she seemed to remove them from their dynamic context, with the end result that specific metaphorical expressions came to take on a uniform, standardized meaning in keeping with basic Kleinian concepts. She listed a set of metaphorical expressions that can be taken to have the same meaning for any patient. Thus, instead of expanding communication by way of metaphor, she contracted the metaphor into standardized, dictionary-type significations. In my own experience (1969a, 1969b), the ubiquitous foreground character of metaphor drew my attention to its role as a derivative of the basic, persistent, unconscious fantasy life of the patient. Focusing on the phenomenon, it seemed to me that metaphor can regularly be seen as an outcropping of unconscious fantasy. Specific associations to the metaphor regularly lead to an unconscious fantasy typical for the patient. What was striking about this relationship was the fact that this held true whether the metaphor was vitally innovative and expressive or of a stale, cliché quality.

Voth (1970) noted that during phases of treatment when presumably the transference relationship is most intense, certain words and phrases of a metaphorical nature suddenly appear interspersed with the patient's more typical language style. Such metaphorical expressions are compromise formations. Because they emerge at points where conflict is intense and resistance is relatively low, they are particularly susceptible to analysis. He recommended that the patient's attention be focused on the metaphor, and he assiduously pursued the analysis of metaphor in a systematic way. Voth feels that while the metaphoric expression is concrete and specific, it conveys a meaning that is abstract and general, a meaning that the analyst has to apprehend cognitively.

Because of the element of displacement of meaning, metaphor readily lends itself as a means of warding off anxiety. Ekstein and his co-workers (1952, 1956, 1957, 1966), in a series of papers dealing with analytically-oriented psychotherapy of borderline and psychotic patients, illustrated how the use of metaphor, often a favorite mode of communication with such patients, enables the patient to maintain the necessary, the safe distance from content. For certain patients this was essential, because direct interpretation of the conflict could lead to catastrophic panic. What they proposed instead was to interpret within the metaphor, using the patient's own metaphoric expressions rather than interpreting the underlying conflict.

Aleksandrowicz (1962) used the same approach in the treatment of a schizophrenic thought disorder. He emphasized that the schizophrenic patient does not distinguish between the symbol and what it stands for or, more correctly, the schizophrenic does not appreciate the implied simile that is contained within every metaphor. Reider (1972) responded to a patient's productions not with a direct interpretation, but with a metaphor which was clearly understood by both of them. The rationale for this approach was based on a therapeutic simile borrowed from Caruth and Ekstein (1966): "The metaphor, like the repartee at a cocktail party, permits a kind of freedom and license which is recognized by both parties to be meant and not meant at the same time" (p. 38). Although there do not appear to be contributions to the literature dealing with a systematic application of this technique of interpretation, I would suspect that it happens often, if not regularly, in most analyses, the latent content of the metaphoric expression being tacitly understood and accepted by both parties.

Victor (1977) would go a step further. He proposed that the analyst actively stimulate or shape the patient's associations by using specific metaphoric expressions, particularly those borrowed from myth, folklore, or fairy tales. Victor feels that by using symbolic expressions familiar in the culture and known to the patient, the therapist would be working the way a poet

does. In my view what the author was observing was the precise way in which the intuitive understanding of the patient appears in the mind of the analyst. The association which comes to the analyst's mind while listening to the patient's material is in fact a commentary on the material (Beres and Arlow, 1974). Accordingly, when a particular myth comes to the analyst's mind at a precise point in the therapeutic interaction, this represents the analyst's perception of an inner communication of his grasp of the patient's unconscious fantasy. While the theme contained in the myth most likely corresponds directly to the unconscious content of the patient's productions, it does not always follow that the patient had metaphorically integrated derivatives of his or her unconscious fantasy in terms of the same myth that came to the analyst's mind. In such instances it would be necessary for the analyst to tell the patient the myth and to explain the relevance of the underlying theme. While this strikes me as an awkward mode of procedure, I would assume that it is by no means an uncommon one, and is probably an effective one, at certain times.

In the psychoanalytic situation, Forrest (1973) attends carefully to the metaphors patients employ. For him the style of metaphorical expression reveals the nature of the patients' character structures as well as of their unconscious fantasies. This applies whether the metaphors are original, idiosyncratic, or trite. Lacan (1970) feels that metaphor and metonymy are the principal forms of speech which permit transmission of imaginal structures. For Leavy (1973) all figures of speech point to unconscious meanings. Both he and Lacan maintain that communication in general is not linear but overdetermined and complex and that metaphor offers a series, potentially infinite, of indicators of meaning. Leavy emphasizes that expressions in words are only approximations of meaning. This is related to the fact that ambiguity is an essential property of speech (see also, Isay, 1977; Kris, 1952).¹

¹"It is ultimately ambiguity which makes metaphor possible. If each word has only a single meaning then the meaning of one word can in no way be

In my view metaphor is an inherent quality of language in general and of how the human mind integrates the experiences of the individual. Metaphor typifies how perception and memory are integrated in terms of similarity and difference (Arlow, 1979). In a previous communication on empathy (Beres and Arlow, 1974), it was noted that the analyst's ability to empathize with the patient grows out of the common experience the two have shared: the biological experience, the experience of being members of the same culture, using the same language and, above all, the shared intimacy of confidences in the psychoanalytic situation. A measure of the analyst's empathic capacity lies in the ability to be influenced by the form, sequence, and context and patterning of the patient's material, to the end that the analyst may be stimulated by the hidden message contained in the patient's associations, sometimes even before the analyst becomes aware of the nature of the patient's unconscious fantasies. We noted how this interaction resembles the process of aesthetic communication:

The devices which make poetry and enable the poet to transmit to others the emotion he experiences are the same ones which make the patient's material assume configurations that transmit meaning and emotion to the therapist, making empathy possible. Contiguity, repetition, symbolism, allusion, contrast and, above all, metaphor . . . are the most important of these devices (p. 45).

In reviewing the intermediate steps in the process of arriving at an interpretation, it became clear to me that the more general concept of metaphor, of the inherently ambiguous, metaphorical nature of language, as it affects the psychoanalytic situation, has not been fully appreciated. Psychoanalysis is essentially a metaphorical enterprise. The patient addresses the analyst

affected by or transferred to another nor could new meanings be generated simply by juxtaposing one word with another. Ambiguity implies a dynamic quality to language which enables meaning to be deepened and enriched as various layers of it become simultaneously available" (Empson, quoted by Hawkes [1972], p. 64).

metaphorically, the analyst listens and understands in a corresponding manner. Under the influence of neurotic conflict, the patient perceives and experiences the world in a metaphorical way. For example, a patient in conflict over homosexual wishes in the transference reported that, on the way to his session, he observed a delivery man tapping with a coin on the door of a store. Apparently the store was not yet open, and the delivery man was trying to see if anyone was inside. Immediately the thought, "he is attempting forced entry," flashed into my patient's mind. With this he had a strong sensation in his anus, and he thought of the analyst standing behind him.

The characterological and historical context of this material is important. Fantasies of acquiring great wealth by robbing or superseding powerful authority figures were typical for this patient. A specific version of this theme was contained in a fantasy of submitting to anal penetration by a powerful father figure whom the patient would then castrate during homosexual relations and thereby acquire the sexual prowess he prized so highly. The idea of forced entry with its implication of burglary and robbing had an even earlier determinant in the repeated experience of having his bowel movements monitored and receiving cathartics or suppositories when his performance was judged to be inadequate. Accordingly, his interpretation that the delivery man was trying to effect a forced entry was a misperception. He interpreted the event in a metaphorical way as a carry-over of his interpretation of his childhood experience, together with the subsequent unconscious fantasies built around toilet training and oedipal conflicts.

To give another example, during a phase in his analysis when a patient was working out various aspects of a primal scene trauma, he had occasion to attend a faculty meeting during the wintertime. At this meeting, he saw one of his older, highly revered professors struggling to put on his galoshes. For reasons he could not understand, the patient's reaction was a sense of shame and embarrassment mixed with intense anger. He felt that so dignified a personage should not be seen in

public performing such a menial act. The whole thing struck him as being obscene and out of place. His associations during the session connected this strange reaction with his response to the primal scene. In other words he had perceived the act of putting on galoshes in a metaphorical way. Actually, he saw a professor putting on galoshes. He responded as if he were seeing his father having intercourse.²

Freud's exposition of anal character traits demonstrates how certain individuals structure what they experience as metaphors of conflicts over bowel training. Control of bowel movements and the acquisition of speech, both learned from the mother, take place at about the same time. In the beginning, the child's stock of words is relatively small. Children order their experience in a metaphorical way based on categories of pleasure and unpleasure related to bodily activities. People with anal personalities categorize their experiences in terms of a metaphor relating to feces. Things are either clean or dirty, valuable or useless, to be retained or expelled, in the proper place or not, at the proper time or not, etc.

The same process can be seen in the concepts used by structural anthropologists. Lévi-Strauss (1962) uses the term *bricoler* to explain how the nonliterate, nontechnological mind of primitive man classifies and arranges into structures the minutiae of his physical world. Improvised responses to the environment es-

² It would be too narrow an approach to single out the elements of foot going into galosh as a symbol for sexual intercourse. In the first place, there are many more determinants present in the actual situation, all of which contributed to the metaphorical interpretation of the experience. In the second place, in the more general sense of the concept of metaphor, symbol and metaphor both represent aspects of the ambiguous nature of communication. In a simile, A is said to be like B. In a metaphor, A is described in terms of B. In symbolism, B is mentioned and A does not appear. In literary symbolism, the A component is understood. In the truly psychoanalytic symbol, the A is unconscious. Similar processes are encountered in the structure and interpretation of dreams. Freud (1900) pointed out that in the unconscious there are no representations for ideas such as "like," "therefore," and "do not." These conjunctive and negative particles do not exist in dream representation. It is through the patient's associations, rich with latent meaning, that the visual symbols of the manifest dream are transformed into the metaphors of spoken language.

establish analogies between the ordering of nature and that of society, making both nature and social order comprehensible to him. Analogical thought imposes on the world a series of contrastive orderings to which all members of the culture tacitly assent. Lévi-Strauss gives an example of such an ordering in the contrast between hot and cold, raw and cooked, etc. A fundamental contrast is that between edible and inedible, so fundamental, in fact, that cultures often distinguish themselves from foreign cultures in precisely such terms. Thus edible comes to stand for native, while inedible represents what is alien and foreign. "One of the persistent English metaphors for the French occurs (frogs, froggies) because frog's legs, placed under the heading of edible in France, find themselves under the heading of inedible in Britain" (Hawkes, 1972, p. 84).

This fundamental metaphorical principle of ordering phenomena in terms of bodily experience was expressed by Freud as far back as 1925. In his paper, "Negation," he wrote:

The function of judgement is concerned in the main with two sorts of decisions. It affirms or disaffirms the possession by a thing of a particular attribute. . . . Expressed in the language of the oldest—the oral—instinctual impulses, the judgement is: 'I should like to eat this', or 'I should like to spit it out'; and, put more generally: 'I should like to take this into myself and to keep that out' the original pleasure-ego wants to introject into itself everything that is good and to eject from itself everything that is bad. What is bad, what is alien to the ego and what is external are, to begin with, identical (pp. 236-237).

In a cross-cultural study of metaphor, Asch (1955, 1958) found that historically independent languages employ the same sensory adjectives to designate both physical and psychological properties. The morpheme for straight, for example, means honesty, righteousness, and correct understanding in Chinese, Hebrew, and Greek. Hot, for example, refers to heightened activity and emotional arousal but may vary in psychological meaning. It means "wrathful" in Hebrew, "enthusiastic" in Chinese, and

“worried” or “sexually aroused” in Thai. Similar meanings occur in English, especially in slang.

Let us now consider how the metaphors of the speaker affect the listener. Before turning to how this happens in the psychoanalytic situation, let me illustrate the principles involved by studying a very familiar section of Shakespeare's *Julius Caesar*. Since, as has already been mentioned, the deeper metaphorically conveyed messages in any communication can be appreciated fully only when understood in context, let me set the stage. In this section, Cassius is appealing to Brutus to join the conspiracy to assassinate Caesar and to preserve the republic. Caesar has just returned from victories in the field. He is an impressive and awe-inspiring figure. Cassius must undermine Brutus' loyalty and at the same time dissipate the awe and the fear of retaliation from the ruler-father figure. The metaphorical language in which Shakespeare couches Cassius' appeal illustrates beautifully the techniques by which this is accomplished, evoking without articulating the latent oedipal, paricidal impulses common to members of the culture.

For once, upon a raw and gusty day,
The troubled Tiber chafing with her shores,
Caesar said to me, 'Dar'st thou, Cassius, now
Leap in with me into this angry flood,
And swim to yonder point?' Upon the word,
Accoutred as I was, I plunged in
And bade him follow; so indeed he did.
With lusty sinews, throwing it aside
The torrent roar'd, and we did buffet it
And stemming it with hearts of controversy;
But ere we could arrive the point propos'd,
Caesar cried 'Help me, Cassius, or I sink!'
I, as Aeneas, our great ancestor,
Did from the flames of Troy upon his shoulder
The old Anchises bear, so from the waves of Tiber
Did I the tired Caesar. And this man
Is now become a god, and Cassius is

A wretched creature and must bend his body
If Caesar carelessly but nod on him.

Stripped of its metaphor, this passage simply says: "One stormy day, Caesar dared me to swim with him across the Tiber. When we were halfway there he grew tired and called on me to save him. I pulled him out and saved him from drowning. Now he has grown so great and overbearing." The metaphors amplify the communication along definite lines. The river, perhaps like Cassius or the body politic, is angry, troubled, and chafing. The torrent roars like a wild beast, perhaps like a lion, the king of beasts. Swimming is described in terms of a battle with the beast, a battle which Caesar lost, unlike many battles he had won. The final touch in the passage, however, is most telling. Cassius identifies himself with Aeneas, the heroic progenitor of Rome, and Caesar with Anchises, the father of Aeneas, an impotent figure at the brink of death, soon to be discarded. These metaphors deepen the message contained in the appeal to Brutus. They diminish the image of Caesar's power and stimulate in Brutus latent parricidal wishes toward a father figure in decline and unworthy of respect.

Shakespeare's rich communication by way of metaphor is for the most part consciously contrived. This is not so in the case of analysts. Their speech is inherently metaphorical. They are impelled to address the analyst in such terms because at best they experience only a distorted, disguised approximation of what they unconsciously fantasize. Yet, this very ambiguity (Beres, 1957; Kris, 1952) is unconsciously ordered in the analytic situation, as in the aesthetic process, to permit the listener to become a co-creator by completing the unfinished Gestalt, richly suggested by the multiplicity of metaphor.

The following is an example of how the process appears in the analytic situation. I am indebted to one of my students for the permission to use it. A woman patient is sitting outside the analyst's office right after having returned from a hairdresser. She is thoroughly dissatisfied with the job that had been done

on her hair. It makes her look wretched and awful. The stuff that the beautician had put on is sticky and smelly. Her thoughts turn to the session which is about to begin and she thinks of the analyst and wonders, "Where do they get the name 'shrink' for a psychoanalyst?" At the beginning of the session, she reports the thoughts she had had in the waiting room and continues with her feelings of dissatisfaction and hostility toward men that had been occupying her for the past few days. The painter, for example, who was cleaning the walls of the living room in her apartment, had been using a sandblasting process. He had failed to take adequate precautions by preparing a sheet between the living room and the library and as a result the dirt from the sandblasting spilled over into the library. She was angry with the air conditioner repairman. He came too late; the machine had not been working properly and, as a result, the water that had condensed while the machine was in action dripped onto the floor, spoiling the carpeting the patient had just installed and causing damage to the underlying flooring. Without further ado, the therapist asked the patient, "Are you menstruating?" "Yes," she replied with great surprise. "I just began this morning. How did you know?"

The specific metaphoric representations which the patient used were only foreground metaphorical figures standing out in her lifelong dissatisfaction and anger. Impelled by her feelings of being poorly formed, castrated, dirty, and humiliated, the patient at this moment selectively perceived in a metaphoric way certain aspects of the entire world, aspects which she could interpret as justifications and confirmations for her angry and dissatisfied state for not having had the proper kind of job performed on her. The type of imagery used for the metaphor indicates the major area in which the patient's castration feelings had made themselves apparent, namely, in the area of narcissistic humiliation, shame over being unable to exhibit herself as she would have liked, with a compensatory need to embellish and beautify herself, her person, and her apartment.

Sometimes large segments of an analysis center about the

understanding of one or two leading metaphors; variations on the themes that cluster around the metaphor regularly lead to the discovery of an unconscious fantasy, usually connected with some trauma, but not always. The different variations of the basic metaphor take on special and clearer meaning as they become related to each other in the patient's productions in time, contiguity, and context. Metaphoric expressions may be said to relate to each other as the syntax of unconscious fantasy. That is why sometimes large segments of an analysis center about the understanding of one or two metaphors because the manifold metaphoric expressions of the basic theme regularly lead to the discovery of an unconscious fantasy. The unconscious fantasy itself represents a metaphoric apprehension of childhood experience that has remained dynamically active into adult life.

In the case of a young man, for instance, who was trying to face his fear of making a sexual advance to a woman, the analysis of a specific metaphor enabled him to understand the source of his anxiety. There was a young woman clearly interested in him, who had invited him several times to dinner at her home. On each occasion, the patient studiously avoided any opportunity of being alone with her. He was interested in the young woman and had fantasies about her initiating him into sexual activity since she had had considerable experience. When the various maneuvers which the patient employed to avoid being alone with the young woman were called to his attention, he said, "Do you think that I was going to go into that lion's pit?" He was surprised by this characterization. She is not a frightening or intimidating person.

In a subsequent experience with the same young woman, he found that he was disturbed by noticing the picture of a former boyfriend over her bed. He imagined how she may have made love with that boyfriend. He felt he had no right to intrude into the other man's space. Associations over the next few sessions dealt with the theme of murderous competitiveness with males and fantasies of incorporating men's genitals with the eyes and

by way of the mouth. On a subsequent occasion, when he found himself in a position of being alone with this woman, he became intensely anxious and made all sorts of excuses in an effort to get out of the apartment as soon as possible. For the first time he experienced claustrophobia. "Finally," he said, "I felt I had to claw my way out of her apartment." The metaphorical use of clawing one's way out of a place was called to his attention, to which he responded, "It's like being in a pit. I feel like an animal trying to climb out, I keep clawing at the sides but I fall back. I couldn't relax, I thought of being in that lion's pit, the one I spoke to you about last week."

The patient's associations during this period can be seen as a set of metaphoric variations of a persistent type of unconscious process, namely, a fantasy of engaging an adversary in the claustrum in a struggle to the death. This is, admittedly, an incomplete presentation. Only the actual experience of listening to the patient's speech permits one to apprehend at one time the many levels of meaning conveyed by the essential ambiguity of speech, provided one has trained oneself to listen metaphorically.

Leavy (1973) summed up the interaction between the patient's metaphoric speaking and the analyst's metaphoric listening in the following terms:

Free association . . . is indispensable for analysts, since it is the inner process whereby we pass from "free-floating" attention to the dissolution of verbal statements and the resynthesis of their imaginal fragments that disclose unconscious meaning. . . . The capacity for this is a test of the analyst's competence . . . an interpretation can be made when the symbolic interaction between analyst and analysand has reached a point at which the analyst entertains in his imagination persistent structures, the origin of which he imputes to the analysand's unconscious intentions (pp. 312, 325).

In the psychoanalytic situation the interaction of analyst and analysand is an enterprise of mutual metaphoric stimulation in which the analyst, in a series of approximate objectifications of

the patient's unconscious thought processes, supplies the appropriate metaphors upon which the essential reconstructions and insights may be built (Arlow, 1969b).

Transference, perhaps the most significant instrumentality of psychoanalytic technique, and metaphor both mean exactly the same thing. They both refer to the carrying over of meaning from one set of situations to another. The transference in the psychoanalytic situation represents a metaphorical misapprehension of the relationship to the analyst. The patient says, feels, and thinks one thing about a specific person, the analyst, while really meaning another person, an object from childhood. Thus meaning is carried over from one set of situations, from experiences or fantasies of the early years, to another situation, a current therapeutic interaction in which the old significations are meaningless and irrelevant. Transference in the analytic situation is a particularly intense, lived-out metaphor of the patient's neurosis.

There are two further points to be made before concluding. There is a distinct advantage from the technical point of view in treating certain foreground symbols in terms of background metaphor. Thus, for example, a penis may be represented by a snake, a knife, a banana, a machine, or a tie. In terms of the shared anticipations of any language group, different conceptions are evoked by a different type of group categorization. A snake is a commonly feared animal that can bite, a knife is an instrument that penetrates and can hurt, a banana is for eating, a machine is for making things, creating, and a tie is for wearing, exhibiting. The particular choice of symbol, approached metaphorically, becomes connected with a type of impulse concerning the penis which is conveyed in the unconscious fantasy. Slang terms in particular derive their exquisite specificity of evocations by virtue of the carried-over meaning from other contexts. Certain words, for example, are ambiguous to begin with. Take the word ball: as a noun, it has at least two meanings, a round object and a festive occasion in which dancing is enjoyed. In recent years, however, the word ball has

become a verb, substituting for sexual intercourse. This derivation itself is a metaphor from the festive meaning of the noun ball and an associated trend of thought in which the superordinate concept of pleasure is given specific direction by the fact that most ballroom dancing consists of a man and a woman moving together rhythmically. The affective connotations of using the verb "to ball" are quite different from those associated with an older established slang term for sexual intercourse, namely, "to screw." A sense of aggressive harshness and hostility pervades this slang term which, in turn, carries over into the idea of screwing someone in the sense of cheating, deceiving, or getting the better of another person.

For many years analysts have been wary and defensive about the use of metaphor as explanatory concepts in psychoanalysis (Pederson-Krag, 1956). In recent years, such concepts as drives and psychic energy, in particular, have come under attack as being unscientific. Yet metaphors constitute the only way by which what was hitherto unknown may be organized and conceptualized in a novel way. Any new term for a set of relationships not previously discerned will ultimately have to be expressed in some form of metaphor, because of the very nature of human thought and language. Robert Frost (1968), with the penetrating insight of the poet, understood this well and expressed it best. He said: "There are many other things I have found myself saying about poetry but the chiefest of these is that it is metaphor, saying one thing and meaning another; saying one thing in terms of another; the pleasure of ulteriority. Poetry is simply made of metaphor, so also is philosophy—and science too" (p. 24).

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INTRODUCTION TO JACQUES LACAN'S LECTURE: THE NEUROTIC'S INDIVIDUAL MYTH

BY MARTHA NOEL EVANS, PH.D.

Although the eminent French analyst, Jacques Lacan, has proclaimed himself the leader of a return to Freud, his insistence on maintaining a radical definition of the unconscious, his exclusive emphasis on a structural approach to a study of the subject, and his theoretical elaborations based on recent developments in linguistics, philosophy, and anthropology have created a storm at the center of classical psychoanalysis. Lacan's method of interpreting Freud, his views on the scientific status of psychoanalysis and on the relationship of language and truth are demonstrated in his 1953 lecture, "The Neurotic's Individual Myth."

"The Neurotic's Individual Myth," a lecture by Jacques Lacan delivered in Paris in 1953 and just republished in a French psychoanalytic review, *Ornicar?*, stands not only chronologically but ideologically and stylistically at the center of Lacan's career. Though loosely constructed and wide-ranging, the lecture displays with clarity many of the crucial methods and ideas which have proved central in his subsequent work. Moreover, the lecture provides formulations of his original theories of the mirror phase and of the dynamics of the oedipus complex. Thus, "The Neurotic's Individual Myth" serves as an especially valuable preliminary to Lacan's special reading of Freud, to his view of the status of psychoanalysis as scientific knowledge, and to his phenomenology of psychoanalytic interpretation and transference.

THE RETURN TO FREUD

While Lacan has made himself highly visible and influential on the continent of Europe, he remains somewhat less well known among Anglo-Americans, although the publication of Alan

Sheridan's translation of *Écrits* in the summer of 1977 should go far to remedy this unfamiliarity. Even on his native ground, however, Lacan's career has been tempestuous.

First, and probably most important, as a stylist he has rejected, along with Lévi-Strauss and numerous other contemporary French intellectuals, the Cartesian handling of the French language with its emphasis on analytic and scientific clarity at the expense of complexity of perception. Lacan, like these other writers, has asserted that the traditional style dictated its own kind of conclusions which were incompatible not only with the philosophical gains initiated by the major German phenomenologists, principally Husserl and Heidegger, but also with the revolutionary doctrines of Freud and the psychoanalytic movement. The style Lacan has evolved as an appropriate vehicle for his new thought remains difficult even in French. His presentation is deliberately designed to plunge the reader or hearer into the network of intersecting meanings which for Lacan *is* the phenomenon of mind. Any demand for clarity is not only irrelevant but a betrayal of insight. By choosing to expound his ideas in a style which mocks the scientific demand for clear, serial, and falsifiable logic, he has fallen paradoxically into three distinguishable if converging traditional French cultural stances: the rebellious and persecuted *enfant terrible*, beloved of the French intelligentsia; the reformist son restoring a patrimony, in this case the true doctrines of Freud, against their defilers; and third, the messianic prophet who confidently foresees his own triumph as he becomes understood (Lacan, 1974).

The second aspect of his difficulties has derived from his dealings with the official Psychoanalytic Institute of Paris. Lacan presents himself as a restorer of Freud's teachings against those who consciously or unconsciously betray them (Lacan, 1955). His early career—medical training in Paris, a thesis subsequently published on self-punishment paranoia (Lacan, 1932)—was conventional and distinguished. He worked and taught at St. Anne's Clinic in Paris until the early 1950's when irreconcilable differences arose between the Paris Psychoanalytic

Society headed by Marie Bonaparte, on the one hand, and Lacan and four of his colleagues on the other. Fueled by conflicts in personality, the dispute centered around the program prescribed for the training of analysts (Ehrmann, 1970; Turkle, 1978). As a result, Lacan and his group petitioned the 18th International Psychoanalytic Congress to recognize them as a separate society, but after a hearing on the matter from which the Lacan circle was barred, the 19th Congress announced the rejection of their request. Lacan nevertheless went on to form his own *École Freudienne*, to found a journal, *Scilicet*, and to teach at the University of Paris, where he continues to lecture.

Since this original split, there have been two schisms within the Lacan group itself. The first centered again around official recognition and resulted in the organization of the French Psychoanalytic Association, now a member of the International. It was then—1964—that Lacan founded the Freudian School of Paris, which became five years later the scene of another dispute, this time over organizational issues surrounding *la passe*, a self-authorizing procedure instituted by Lacan. Lacan's views prevailed in this debate, but as a result ten of his followers and friends left to form a new group known as the Fourth Group (Turkle, 1978).

Open hostilities between Lacan and the International Association have not abated on either side. Lacan continues to insist on a broadly-based and open training program for analysts, including not only the usual training analysis and instruction in classical analytic theory, but also study of the other arts and sciences which he considers essential to the cultivation of psychoanalytic perceptiveness. The incorporation into his own writing and lectures of insights and analogies from the fields of philosophy, literature, painting, anthropology, sociology, linguistics, and mathematics exhibits dramatically Lacan's own familiarity with these fields. It also bears witness to his persistent efforts to fulfill his own responsibilities as docent. Despite the fact that his insistence on opening the training program and on loosening treatment procedures—he rejects, for instance,

the requirement of a fifty-minute session—has caused a grave rift in French psychoanalysis, there is no doubt that Lacan has, at the same time, enriched analytic thought by the immense task of synthesis that he has undertaken.

Perhaps the deeper source of Lacan's original conflict with the Parisian Society lies, however, in his insistent attention to Freud's earlier topography of the unconscious prior to the revision of 1923 (Freud, 1923; Laplanche and Pontalis, 1967). Freud's position, for Lacan, is central; "all the acts and manifestations which I notice in myself and do not know how to link up with the rest of my mental life must be judged as if they belonged to someone else: they are to be explained by a mental life ascribed to this other period" (Freud, 1915, p. 169). This presentation of the radical otherness of the unconscious is fundamental in the Lacanian system. Indeed, one of his designations of the unconscious is *l'Autre*, the Other. That humans may be said to know something without their own knowledge is, according to Lacan, *the* revolutionary and original contribution of Freud to Western thought (Lacan, 1964b; Ey, 1966). This revolutionary doctrine demands, therefore, a total reinterpretation of psychic functioning and a profound re-examination of previously held ontological postulates. Lacan contends, however, that psychoanalysis, following the example of Freud himself in his later life, is in the process of denying and, in effect, repressing this radical but correct view of the unconscious (Lacan, 1955). Lacan's return to Freud, then, is first and foremost a return to the Freudian unconscious of the earlier structural theories. In this regard, Lacan insists on the absolute differentiation between a pure doctrine of the unconscious and any of its theoretical attenuations, for instance the identification of the unconscious with instinctual drives (Lacan, 1964b).

In addition to his polemical attitude in behalf of the earlier theory of the unconscious, Lacan seizes upon and extends the implication of *The Interpretation of Dreams* (1900) that the unconscious is structured and functions like a language (Lacan, 1953a). Here again under the pose of ultra-orthodoxy, he makes

use of Freud's expositions in a drastically original way. Given that the manifestations of the unconscious are without surcease, neither the disclosures of a patient nor the disciplined exposition of case histories by Freud himself can ever escape the distortions brought about by the interaction of these two constant human languages—those of the conscious and of the unconscious. No utterance, no matter how dry, affectless, or clear, can speak strictly of the object and not of the subject also. As Lacan states in the lecture under discussion, discursive language can never be a transparent medium. By definition, then, it cannot embody truth, which can only be *represented* by means of a figure of speech, a myth. In effect, Lacan installs an uncertainty principle at every level of the analytic process and proceeds to find in all language, however scientific in mode, traces of the repressed language of the unconscious. In this view, truth about human behavior is revealed in the fleeting and insistent manifestations of the unconscious which can be said to know the ultimate though painful reality denied to consciousness. Scientific experiment, controlled data, accumulations of evidence—all the tools of a quantitative approach to the realities of the psyche—lead to valuable *knowledge (le savoir)*. But *truth (la vérité)* remains irreducibly problematic (Lacan, 1955), a kinetic matrix in which the observer or analyst inevitably becomes a participant at the instant he finds words for it.

It is at this point that Lacan's use of and esteem for Freud's case histories (apparent in the opening sections of this lecture) become intelligible. Not only are these presentations "truer" than theoretical writings which aspire to the condition of "knowledge," but they also enable the observer/reader to participate explicitly in the interpretation of both patient and analyst. Lacan's commentaries on Freud's case histories here and elsewhere are clearly grounded in attentive and detailed study of the texts, but the result is, inevitably, what he calls not *explanation* but *interpretation*, an acknowledgment that his own response is conditioned by his status as observer.

Perhaps it will be useful here to look briefly at Lacan's

re-viewing of the Rat Man Case (Freud, 1909). The content and development of the case are familiar. In it Freud identifies and analyzes the etiology and symptoms of obsessional neurosis and also untangles with his characteristic thoroughness and dexterity the complicated web of information provided by the patient. Lacan's discussion of the case does not, however, address itself to the central issue of obsessional neurosis, but rather gathers a series of the supporting details provided in passing by Freud and weaves them into a new pattern. In effect, Lacan uses Freud's text as raw material for the production of a new object. Though this material will be discussed in greater detail below, let us note here that in utilizing Freud's text, Lacan highlights the shadowy role of the friend who lent money to the Rat Man's father; he reformulates the interpretation of the Rat Man's payment fantasy; and, finally, he points out some narcissistic aspects of the analytic relationship that Freud did not comment upon. In his reordering and resynthesizing of the facts, he may appear to violate the reality of the case, and indeed, there are times, especially in his elaboration of the flashiness and bravado of the Rat Man's father, when Lacan does seem to invent details rather than interpret them.

To cite another comparably free handling of a narrative, Lacan treats an episode from Goethe's autobiography in the same unrestrained fashion. Upon close comparison of the text with Lacan's commentary, one finds several shifts in small details and one major transformation: Lacan represents Goethe as experiencing an exalted sense of relief following the first kiss he gives Frederica, when, in fact, Goethe reports having a nightmare (Goethe, 1811-1833, II, 75-76). Lacan also touches upon another interesting fact concerning the Goethe text, namely, the Rat Man's confession that the reading of this particular episode of *Poetry and Truth* became a kind of fetish for him which he used in his masturbatory activities (Freud, 1909, p. 204). Lacan's wry allusion to the "high value" the Rat Man placed on this text is a good example of his propensity

for cracking inside jokes comprehensible only, in this case, to Freudian initiates.

Whereas “poetry” and “truth” were used as antonyms by Goethe, these words, for Lacan, are moving toward synonymity. What is important in these passages for Lacan does not necessarily emerge from an explanation of the text as a discursive whole, nor from an attempt to collate the narrated events with an ineluctably elusive reality (although, as he points out in the lecture, corroboration of reported facts can sometimes be useful), but rather from flashes of insight which suddenly illuminate and bring apparently insignificant details or haphazard events—like Goethe’s disguises or the Rat Man’s lost glasses—into focus as the interpretive key to an otherwise hopelessly disjointed schema of events. When recognized by the alert reader/analyst, the truth which is spoken by the unconscious in the interstices of conscious discourse or which is simultaneously hidden and revealed in the paradoxically revelatory medium of chance events will restore the structural continuity of that discourse or that behavior (Lacan, 1953a).

Here it becomes clear that to find the “meaning” of a text requires that the analyst attune himself to the speech of the unconscious or, as Lacan sometimes called it, the “Id that speaks” (*Ça parle*). In the Lacanian sense of the term, meaning is manifest only in the act of being hidden or covered over. He links the ancient Greek definition of truth as *aletheia* (Lacoue-Labarthe and Nancy, 1973) with his version of the unconscious as a kind of frontier or border that becomes known only in the act of closing itself off (Lacan, 1964a, 1964b). For Lacan, Freud’s text is a *support* for a meaning, a kind of pretext (pre-text) which simultaneously presents and conceals the truth. The “true” meaning of Freud’s texts, as Lacan revisits them, stands in an oblique or tangential relationship to their explicit intention. In fact, as Lacan states in this lecture, the easy accessibility of the ostensible subject of a text may result in a total masking of its originality, its “dazzling clarity.” While performing a close reading of Freud’s texts and maintaining the basic

structures of the first topography, Lacan, then, treats these texts as material for interpretation and utilizes these structures as a point of departure in the building of a metapsychological edifice which, though derived from Freud and falling within what Lacan would call the Freudian field (*le champ freudien*), goes beyond the specific forms set forth and elaborated in Freud's own work.

Freud is at once the Master and the patient whose discourse must be interpreted, and, in turn, Lacan plays the same role for his listeners and readers (Bär, 1974). The hermetic quality of his own style is intended to activate in the reader the realization that the surface of the text is not only a vehicle of meaning but also its screen. Through his deliberately witty, polemical, and sometimes outrageous presentation, Lacan self-consciously attempts to introduce into his writings the free play of the unconscious. Although his style has seemed to some "precious" (Fages, 1971), "obscure" (Bär, 1974), or "like a tangled thicket" (Edelson, 1975), it is purposely developed, according to Lacan himself (1974), as a dimension of therapy and ideology. When questioned about the difficulty of his writing, he replies with the prediction that in ten years everyone will be able to understand him easily (Lacan, 1974), and, indeed, that is his aim.

Just as analysis tries to set a curative process in motion by making repressed material available to consciousness, so, by analogy, Lacan attempts to integrate the energies of the unconscious into his writing. For to try to contain scientific discourse within the confines of objectivity and traditionally defined reason is to fall victim to the ruses of repression. Lacan seeks to present truth as multilayered and paradoxical, overflowing the expressive range of conventional logic. Both as analyst-writer and as self-confessed patient, Lacan strives to recognize and represent what he considers to be the radical decentering of the human subject. His effort to find mathematical equivalents to psychoanalytic constructs and his use of topological figures such as Borromean knots to represent the nature of psychic agencies and their relationships are recent examples of his desire to inte-

grate a new interpretation of scientific knowledge into psychoanalytic theorizing and discourse. His writings objectively embody the psychic multivalency which psychoanalysis should have as its end. By the instrument of his style, Lacan exhibits the ideological integrity of his theories; by the strenuous collaboration his writings demand of his readers, Lacan strives to authenticate his view of psychoanalysis and its therapeutic aims.

In returning now to Lacan's reconstruction of Freud's case history of the Rat Man, one can observe the derivation of an entirely independent theoretical structure from the same materials which led Freud to the definition of obsessional neurosis; Lacan derives instead a theoretical account of the process by which narcissism functions in the formation of the ego.

THE MIRROR PHASE

According to Lacan (1949), the ego is the precipitate of a genetic stage he calls the mirror phase (*le stade du miroir*). His description of this sequence of psychic events is structurally intended, and it must be remembered that the term "mirror phase" is a metaphor and does not, therefore, describe an actual event. Lacan supplements Freud's formulation of narcissism with the notion of the fetalization of the infant. The birth of the human baby before the maturation of the neuromuscular systems determines, according to Lacan, a specific relationship of the child to his own image.

In the first months of life, the human infant's motor coordination and control are inferior to his visual capacity to recognize forms and to make field-form differentiations. Therefore, when presented with his own image in a mirror, the infant can recognize the image as himself and perceive it as a visual *gestalt*, although he simultaneously experiences himself internally as a fragmented and chaotic jumble of impulses and sensations. This perception of oneself *out there* as a unified whole in contrast with the internal sense of oneself as a fragmented and disordered agglomeration results in the simultaneous formation

and alienation of the self. This paradoxical constitution of the self as exterior and in disaccord with its own reality institutes a dialectic of identity which is accompanied by an analogous dialectic of affects: a jubilant and loving recognition of oneself, on the one hand, and, on the other, the aggressive wish to destroy that same self since its apparent wholeness evokes a threatening sense of inner fragmentation and deficiency. As Lacan (1949) puts it, because of this primal lesion, man constitutes his world by his own suicide. While the formation of the self and the phenomenon of self-consciousness *unify* the subject in respect to his former state (the autoerotic stage of *le corps morcelé* or the fragmented body), they also *split* the subject in the moment of his own specular capture.

As portrayed in the mirror phase, narcissism is, then, the paradigm of a *dual* relationship which, in the Lacanian system, institutes the mode of the imaginary (*l'imaginaire*) (Lacan, 1953b). One knows oneself as another in space; one is the other out there. But there is neither merger nor naming in this identification. While it is possible only in the context of the human psychic potential, i.e., civilization and its symbolic modes of language and law, this dual relationship does not refer to them directly. Since in its institution there is no reference to any real or symbolic existence outside it, the self's relationship to its own identity may be termed imaginary.

In addition, it must also be pointed out that as one recognizes oneself in an external mirrored image, this mirror-self is also an object in space. The specular capture of oneself in the mirror phase also institutes object relationships, not in the sense of object libido, but in the sense that to have a narcissistically cathected self-object one must posit not only recognition of self but also recognition of object. And this object, this imaginary object, as Lacan would call it, is the ego. The fact that Lacan defines the ego as an imaginary object leads him to major differences with contemporary ego psychologists (*cf.*, Hartmann, 1950; Rapaport, 1950) in that he does not recognize the ego as the center of the perception/consciousness system, or as an

autonomous agency, or as the psychic representative of the reality principle. The ego, for Lacan, is a construct, an imaginary statue, the rigid mold into which man pours his alienated identity (Lacan, 1949). Although its *existence* is instituted in the mirror phase, the *form* of the ego is never fixed, and it will undergo continuous change and modification throughout the subject's life.

In accordance with Freud, Lacan views narcissistic cathexis of objects and object libido as different phenomena, but he does not view them as on a kind of see-saw balance as does Freud (1914), but rather as two quite separate but co-existing modes. Nor is this primitive narcissistic splitting or its aggressive tension ever superseded or transformed. In contrast to Kernberg (1975), Lacan (1948) insists on the persistence of these archaic narcissistic structures, especially in the psychoanalytic transference, a phenomenon he emphasizes in the present lecture and presents by the use of a series of images and figures.

As a result of the constancy and irreducible character of narcissistic structures, Lacan is able to identify a strong narcissistic component which he considers fundamental to the dynamics of analytic transference. Because of the essentially *dual* character of the analytic situation, it is peculiarly apt to activate the narcissistic structures of the mirror phase. According to Lacan—and his statements here are confirmed by later observations by Kohut (1971)—the analyst will find himself personifying various narcissistic figures which mimic the different moments of the mirror phase. Since each of these configurations may be subject either to a positive (erotic) or negative (aggressive) affective coloration, the narcissistic transference may produce four different patterns.

The first pattern is determined by that moment of the mirror phase in which the infant recognizes the image in the mirror as himself. The emphasis here is on *likeness*, although there is no merger or coalescing of the patient with the analyst, for the image, as in the mirror, is reversed. The analyst is perceived by the patient not as identical to himself, but as a similar other,

his counterpart, his brother (*cf.*, Kohut's [1971] twinship transference).

Lacan identifies this fraternal transference in both its positive and negative version as the basic dynamic of the Rat Man's relationship with Freud. The Rat Man opens his first session with Freud (1909) by telling him about a friend who plays the role of permissive confidant for him. Freud's assumption of this positive fraternal role facilitates the beginning of the treatment. Later the Rat Man's dream of Freud's daughter marks the development of aggressive feelings toward Freud and the displacement onto his daughter of the positive narcissistic cathexis. Lacan suggests elsewhere (1948) that in addition to being the mechanism which facilitates the inauguration of analysis, a positive narcissistic identification may also play a role in the motivation of the analyst, inasmuch as he approaches his patient with a sense of sympathetic and "discreet (discrete) fraternity."

The analyst's role as the patient's other may take two other forms, represented by Lacan in this lecture by the figures of the Master and of Death. These transference patterns are reactivated vestiges of the splitting stage of the mirror phase, representing primarily the infant's perception of *difference* between his fragmented, disordered self and the whole, unified image in the mirror. Compared with this sense of internal chaos, the reflected visual *gestalt* the infant identifies with possesses an ideal unity. Inasmuch as he identifies erotically with this idealizing reflection of himself, it will become a normative and salutary imago. The projection of this idealizing narcissistic imago onto the analyst results in his apotheosized apparition as the Master (in the Latin use of the term) or, as Lacan (1974) was later to designate it *le sujet supposé savoir* (the subject who is supposed to know). Kohut (1971) labels this process the idealizing transference and he, like Lacan, associates it with the attribution of all wisdom, knowledge, and perfection to the analyst.

The last of the narcissistic personae the analyst may reflect is a modification of the preceding one and emerges from the

same process of differentiation but as its aggressive avatar. The analyst appears as the aggressively invested Master: he plays master to the patient's slave (*cf.*, Lacan's references to Hegel [1807]), or, carried one step further, he personifies the absolute master, Death.

The initial silence of the analyst mimics the silence of the image in the mirror whose voiceless look seems menacing in its refusal of response and recognition. As Lacan says (1958a), the analyst "plays dead" (*il joue le mort*). The use of the word *mort* here is a characteristic example of Lacanian punning, for it means not only "the dead man," but is also the French term used in bridge for "dummy" which reverberates off the English word "dumb" or mute. So the analyst plays the dead man (the dummy), and his strategical silence depicts and evokes the subject's sense of his own emptiness, his annihilation in and through the formation of his own identity. Lacan's analysis of this phenomenon parallels Rank's (1914) explanation of the myth of the "double," according to which confrontation with one's counterpart, twin, or double is universally interpreted as a meeting with one's own death.

Since the formation of the self is realized only in this dialectic of being and death, and since the relationship with oneself constitutes the archetype of all dual relationships, death is, as Lacan states in this lecture, an imagined and imaginary presence in all our dealings with ourselves and with others. Generosity could not exist without hostility, nor love without hate, just as an analytic cure is impossible without the presence of aggression (Lacan, 1964a). For, according to Lacan, one of the fundamental mechanisms of analysis, resistance, is a manifestation of the aggressive component of the ego.

The formation of the ego, the third movement in the mirror phase, is, in a sense, a strategy of defense meant to block the anxious apprehension of narcissistic lesion or splitting. Repeating the primal pattern of the aggressive formation of the ego in response to the perception of one's double (death), the patient will successively produce the various forms of his ego,

this imaginary object, in response to the pressure of the tacit presence of the other (the analyst as death) until, frustrated by his failure to entice the analyst into confirming his identity in any of these stultified and partial images of himself, the patient recognizes that his ego represents in itself a kind of pathological symptom, a mere effigy, a self constructed *for* another and, indeed, *as* another (Lacan, 1953a). The process in psychoanalysis by which the subject unveils the emptiness of his own identity is represented by Lacan at the end of this lecture as the central moral, even spiritual, impetus of analysis. Like Goethe looking into the dark abyss of death and calling out "More light!," the patient and the analyst both come to their encounter with the faith that the willingness to confront one's own annihilation without fear is the only means of achieving freedom from psychic bondage.

Another point of this lecture is also based on the persistence of narcissistic structures throughout psychic life. Lacan uses this principle to illuminate the pivotal point between the narcissistic and the oedipal phases and to posit the quadrilateral, as opposed to the triangular, structure of the oedipal complex.

As Lacan (1948) sets forth in another essay, while the resolution of the oedipal complex is dependent on the child's identification with the parent of the same sex, this identification with his rival is not explicable solely on the grounds of castration fears but only if it is conceived of as being preceded by a primary identification (mirror phase) which structures the subject himself as his own rival. The aggressive tension of this essentially narcissistic rivalry is pacified by oedipal identification with the parent, but it is never neutralized. Lacan utilizes this persistence of the narcissistic component in oedipal identification to explain the four-sided figure which emerges in the case of the Rat Man. The parent is perceived as being split, like the self, into two beings—one reflecting the child's aggressive identification with him and the other, the idealizing identification. The oedipal quadrangle is, however, like all psychic structures, overdetermined and may be the result not only of the persis-

tence of a narcissistic structure in the oedipal situation, but may also be the result of a neurotic failure to resolve one aspect of the oedipus complex. This neurotic splitting of the oedipal parent, as it is here portrayed by Lacan, is subtended by his particular characterization of the oedipal myth.

THE NAME-OF-THE-FATHER

The mythic, oedipal father is called by Lacan *le Nom-du-Père*, the Name-of-the-Father. Unfortunately again, some of the connotations of this term are lost in translation for, in French, *nom*, meaning "name," is homonymic with *non*, meaning "no." The father of the oedipus complex is not a person but a conjunction of symbols representing the normalizing process by which the child is initiated into the civilized world of law and language. This normalizing process is accomplished by the introduction of a prohibition into the child's world by imposing on him a *no*, similar to the prohibitions imposed by the God of Judeo-Christian religion (Thou shalt not . . .) whose existence is recalled and echoed, with a hint of facetiousness, in the appellation, Name-of-the-Father. This prohibition, this "no" which, it must be remembered, is a mythic negative representing an endless array of possible actualizations, similar to the dialectical institution of the self, inaugurates, while simultaneously expressing, the perception of a lack, primarily the missing, castrated penis (Lacan, 1958b). The child responds with anxiety and guilt to this perception, which he tries to overcome by denial and by an attempt at mastery. The onset of the oedipus complex is indissolubly linked, therefore, with primal repression and the acquisition of language by the child.

The structural and affective politics of the oedipus complex link the child to the world by means of an unpayable debt (emphasized in the Rat Man case) in a new mode of relationship which Lacan calls the symbolic (*le symbolique*). The world and its incarnation in the law (*no*) introduce a third pole into the preceding dual, narcissistic structure. Language

and myth are substituted for the object, but only in the sense that they appear in its absence. The word can only be where the object was. The symbolic mode is instituted, then, as Lacan dramatically puts it (1953a), by the murder of the thing. The mythical phallus is a substitute for the missing penis; the Name-of-the-Father takes the place of the murdered oedipal father.

Unfortunately, this process of substitution does not proceed like an algebraic operation where x can be made to equal y by definition. The meaning of the word can never be the exact equivalent of the presence of the thing. Similarly, the symbolic father of the oedipus complex never coincides with the real father, although they are related just as the referent of a metaphor is related to its signifier. Whereas normally an operational juncture of these two elements—the symbolic and the real (*le réel*)—is achieved in the service of adaptation to the requirements of life, the neurotic subject fails to achieve this practical conjunction. One of the symptoms of his neurosis, as Lacan points out in both the Rat Man and Goethe, will be the quadrangular structure of unconscious oedipal fantasies.

The four-sided figure is produced by the splitting of either one of the parents into a real and a symbolic self. The persona which represents the “real” father tends to appear as a debased, impoverished, or humiliated figure in comparison to his counterpart who is endowed with all the riches—in terms of wealth, power, and love—that the subject attributes to the symbolic oedipal father. Lacan interprets Goethe's play of disguises, in one of its aspects at least, as an attempt to create a debased counterpart so that the other, godlike Goethe may enjoy the fruits of Frederica's passion. In one phase of the Rat Man case, on the other hand, it is the female figure which is split, appearing in the guises of the rich woman and the poor woman. Here, the rich woman is seen as the symbolic, fearful, potentially castrating oedipal mother, while the poor woman is safe to love.

The variations of this oedipal fantasy are endless, for as Lacan explains here, although the quartet structure remains constant, its members change as life provides a succession of stand-ins for

the real or symbolic parents. The dynamics of this quartet may also be reversed or changed as erotic or aggressive drives are brought into play.

These affective determinants regulate the phantasmic structures in another way, too, limiting the figure to four and no more than four sides. For in these individual mythic representations of the oedipal drama, if one of the parents is split into his or her erotic/aggressive or symbolic/real components, the dynamics of the oedipal rivalry require that the remaining parent be seen as a partner, accomplice, or at least as complaisant assentor to the rivalry with the other. As a result, when one parent is split, the other persists as an intact sustainer of the subject.

In summary, Lacan suggests in this lecture that the appearance of quadrilaterally structured oedipal fantasies may be the product of persistent narcissistic structures projected into the oedipal situation and/or the symptom of the neurotic subject's failure to achieve a psychic synthesis of the real parents and the symbolic oedipal parents. Even though a quadrangular oedipal configuration has not been widely recognized, it has been corroborated by the French anthropologist, Claude Lévi-Strauss (1949), and by the English analyst, R. D. Laing (1973). While Lacan's propositions in this lecture concerning quadrangular mental structures appear to have been eclipsed in his own work by his concentration on language and semiotic systems, it is interesting to note that in his lectures delivered at Yale University (Lacan, 1975), he expressed the desire to break out of the metaphors of triangularity and proposed introducing a fourth term, the symptom, into his topological triad of the imaginary, the symbolic, and the real.

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The Neurotic's Individual Myth

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THE NEUROTIC'S INDIVIDUAL MYTH

BY JACQUES LACAN

FOREWORD

"The Neurotic's Individual Myth" was given as a lecture at the Philosophical College of Paris, organized by Jean Wahl, late Professor at the Sorbonne. The text was distributed in 1953 without the approval of Dr. Lacan and without his corrections.

The desire of The Psychoanalytic Quarterly to publish a translation of this lecture led me to make the necessary corrections. The present version, which has been reviewed by the author, will take the place, then, of the revision which he announced in 1966 in his *Écrits* (French edition, p. 72, n.1) and which was never carried out.

I ought to emphasize to the American reader that this presentation, which is more than twenty-five years old, should be regarded as the rudiments of later developments in the thought of Dr. Lacan: these are the first trials of a concept of structure in keeping with analytic discourse.

JACQUES-ALAIN MILLER

I am going to discuss a subject which I must characterize as new and which, as such, is difficult.

The difficulty of this lecture is not especially intrinsic to it. It comes from the fact that it deals with something new which I became aware of both through my analytic experience and through my effort, in the course of teaching what is styled a seminar, to investigate the fundamental reality of analysis. To abstract this new element from that teaching and from that experience so that you can appreciate its implications involves quite special difficulties in a lecture.

That is why I ask your indulgence in advance if perhaps there seems to be some difficulty in your grasping, at least on first contact, the matter under discussion.

Translated by Martha Noel Evans, Ph.D.

Text edited by Jacques-Alain Miller. The French text appeared in Issue No. 17 of *Ornicar? Periodical Bulletin of the Champ Freudien*.

I

Psychoanalysis, I must recall by way of preface, is a discipline which, among the sciences, appears to us in a truly singular position. It is often said that psychoanalysis is not, strictly speaking, a science, which seems to imply by contrast that it is quite simply an art. That is erroneous if one takes it to mean that psychoanalysis is only a technique, an operational method, an aggregate of formulas. But it is not erroneous if you use this word *art* in the sense in which it was used in the Middle Ages to speak of the liberal arts—that series going from astronomy to dialectic by way of arithmetic, geometry, music, and grammar.

It is most assuredly difficult for us to comprehend today the function and implications of these so-called liberal arts in the lives and thought of the medieval masters. Nevertheless, it is certain that what characterizes these arts and distinguishes them from the sciences that are supposed to have emerged from them is the fact that they maintain in the foreground what might be called a fundamental relation to human proportion. At the present time, psychoanalysis is perhaps the only discipline comparable to those liberal arts, inasmuch as it preserves something of this proportional relation of man to himself—an internal relation, closed on itself, inexhaustible, cyclical, and implied pre-eminently in the use of speech.

It is in this respect that analytic experience is not definitively objectifiable. It always implies within itself the emergence of a truth that cannot be said, since what constitutes truth is speech, and then you would have in some way to say speech itself which is exactly what cannot be said in its function as speech.

Moreover, we see emerging from psychoanalysis certain methods which in themselves tend to objectify ways of acting on man, the human object. But these are only techniques derived from that fundamental art of psychoanalysis, inasmuch as it is constituted by that intersubjective relationship which, as I said, is inexhaustible since it is what makes us human. That, nevertheless, is what we are led to try to express in a form that conveys

its essence, and that is why there exists at the heart of the analytic experience something that is properly called a myth.

Myth is what provides a discursive form for something that cannot be transmitted through the definition of truth, since the definition of truth must be self-referential and since it is only insofar as speech remains in process that it establishes truth. Speech cannot contain itself nor can it contain the movement toward truth as an objective truth. It can only express truth—and this, in a mythic mode. It is in this sense that one can say that the concretization in analytic theory of intersubjective relationship, that is, the oedipus complex, has the value of a myth.

I bring you a series of experiential facts which I will present as examples of those formations we observe in the living experience of the subjects we accept for analysis, neurotic subjects, for instance, and which are familiar to all those for whom the analytic experience is not entirely alien. These formations require us to make certain structural modifications in the oedipal myth, inasmuch as it is at the heart of the analytic experience, which correlates with the progress we ourselves are making in understanding the analytic experience. These changes permit us, on a second level, to grasp the fact that underlying all analytic theory is the fundamental conflict which, through the mediation of rivalry with the father, binds the subject to an essential, symbolic value. But this binding always occurs, as you will see, in conjunction with an actual debasement, perhaps as a result of particular social circumstances, of the father figure. [Analytic] experience itself extends between this consistently debased image of the father and an image our practice enables us more and more to take into account and to judge when it occurs in the analyst himself: although it is veiled and almost denied by analytic theory, the analyst nevertheless assumes almost surreptitiously, in the symbolic relationship with the subject, the position of this figure dimmed in the course of history, that of the master—the moral master, the master who initiates the one still in ignorance into the dimension of fundamental human relationships and who opens for

him what one might call the way to moral consciousness, even to wisdom, in assuming the human condition.

If we proceed from the definition of myth as a certain objectified representation of an epos or as a chronicle expressing in an imaginary way the fundamental relationships characteristic of a certain mode of being human at a specific period, if we understand it as the social manifestation—latent or patent, virtual or actual, full or void of meaning—of this mode of being, then it is certain that we can trace its function in the actual experience of a neurotic. Experience reveals to us, in fact, all sorts of instantiations which fit this pattern and which, strictly speaking, one may call myths; and I am going to demonstrate this to you in an example I think will be familiar to all of you who are interested in these questions, one which I will borrow from one of Freud's great case histories.

These case histories periodically enjoy a renewal of interest in academia, but that did not prevent one of our eminent colleagues from revealing recently—I heard it from his own mouth—something like contempt for them. Their technique, he said, is as clumsy as it is antiquated. One could, after all, maintain that position if one considers the progress we have made in our awareness of the intersubjective relationship and in our limitation of interpretation to the relationships established between us and the subject in the immediacy of the analytic session. But should my interlocutor have gone so far as to say that Freud's cases were ill chosen? To be sure, one may say that they are all incomplete and that many of them are analyses broken off midway, fragments of analysis. But that in itself ought to move us to reflect and to ask ourselves why Freud made this selection. All that, of course, if one has confidence in Freud. And one must have confidence in him.

It is not enough to say, as the person whose remarks I have reported to you continued, that this [incompleteness] certainly has at least one heartening aspect: that of demonstrating that one small grain of truth somewhere suffices to allow it to show through and emerge in spite of the obstacles posed by the pre-

sentation. I do not consider that an accurate view of things. In fact, the tree of daily practice hid from my colleague the forest which rises up from Freud's texts.

I have chosen "The Rat Man" to present to you, and I think I am now in a position to justify Freud's interest in this case.

II

The case concerns an obsessional neurosis. All who are concerned with psychoanalysis have heard about what we consider to be the source and structure of this neurosis, specifically the aggressive tensions, the instinctual fixation, etc. Progress in analytic theory has provided as a basis for our understanding of obsessional neurosis an extremely complex genetic elaboration; and it is certain that some element or some phase or other of the phantasmatic or imaginary themes that we habitually meet in the analysis of an obsessional neurosis will also be found in a reading of "The Rat Man." But this reassuring effect that familiar, popular ideas always have for those who read or learn may mask for the reader the originality of this case history and its especially significant and persuasive character.

As you know, this case takes its title from a totally fascinating fantasy which has, in the psychology of the attack that brings the subject to the analyst, an obvious function as precipitating factor. This story of a punishment which has always been strongly spotlighted—indeed, it enjoys real celebrity—includes the thrusting of a rat stimulated by artificial means into the rectum of the victim by means of a more or less ingenious apparatus. His first hearing of this story produces in the subject a state of fascinated horror which does not precipitate his neurosis but rather actualizes its motifs and produces anxiety. There ensues a whole elaboration whose structure we shall examine.

This fantasy is certainly essential to the theory of the determinism of the neurosis, and it can be found in numerous themes throughout the case history. But is that to say that its only

interest lies in this fantasy? Not only do I not believe that, but I am sure that, with a careful reading, one will perceive that the principal interest of this case lies in its extreme particularity.

As always, Freud emphasized that each case ought to be studied in its particularity, exactly as if we were completely ignorant of theory. And what constitutes the particularity of this case is the manifest, visible character of the relationships involved. The particular value of this case as a model derives from its simplicity, in the same way one may speak of a particular example in geometry as having a dazzlingly superior clarity when compared with a demonstration where, by reason of its discursive character, the truth remains veiled in the shadows of a long sequence of deductions.

Here is what constitutes the originality of the case, as will appear to any reasonably attentive reader.

The constellation—why not? in the sense astrologers use it—the original constellation that presided over the birth of the subject, over his destiny, and I would almost say his prehistory, specifically the fundamental family relationships which structured his parents' union, happens to have a very precise relation, perhaps definable by a transformational formula, with what appears to be the most contingent, the most phantasmatic, the most paradoxically morbid in his case, that is, the last state of development of his great obsessive fear, the imaginary scenario he arrives at as a resolution of the anxiety associated with the precipitation of the outbreak.

The subject's constellation is made up, within the family tradition, by a narration of a certain number of traits which characterize the parents' union.

It should be noted that the father was a subordinate officer at the beginning of his career and that he remained very "subordinate," with the note of authority, but slightly absurd, that that implies. A kind of belittlement by his contemporaries permanently follows him, and a mixture of bravado and flashiness makes of him a typecast figure that shadows the amiable man described by the subject. This father finds himself in a

position to make what is called an advantageous match; his wife occupies a much higher station in the hierarchy of the bourgeoisie and brings to him both their means of livelihood and even the job he holds at the time they are expecting their child. The prestige is, then, on the mother's side. And one of the most frequent forms of teasing between these people who, as a rule, get along very well and who even seem bonded by a real affection, is a kind of game which consists of a dialogue between them: the wife makes a kidding reference to a strong attachment her husband had just before their marriage to a poor but pretty girl, and then the husband protests and affirms each time that it was a passing fancy, long ago and forgotten. But this game, whose very repetition implies perhaps that it includes its share of guile, certainly profoundly impresses the young subject who is later to become our patient.

Another element of the family myth is of no small importance. The father had, in the course of his military career, what one might modestly call *troubles*. He did neither more nor less than gamble away the regimental funds which he held by virtue of his office. And he owed his honor, indeed even his life, at least in respect to his career, the figure he could continue to cut in society, only to the intervention of a friend who lent him the sum he had to refund and who became, then, his savior. This incident is still spoken of as a truly important and significant episode in the father's past.

This is how the subject's family constellation is represented. The story emerges bit by bit during the analysis without the subject's connecting it in any way with anything presently happening. It takes all the intuition of Freud to understand that these are essential elements in the precipitation of the obsessional neurosis. The conflict *rich woman/poor woman* was reproduced exactly in the subject's life when his father urged him to marry a rich woman, and it was then that the neurosis proper had its onset. Reporting this fact, almost at the same time the subject says: "*I'm telling you something that certainly has no*

connection to all that has happened to me." Then, Freud immediately perceives the connection.

What, in fact, becomes visible in a panoramic overview of the case history is the strict correspondence between these initial elements of the subjective constellation and the ultimate development of the phantasmatic obsession. What is this ultimate development? In accordance with the mode of thought characteristic of obsessions, the image of the punishment at first engendered all kinds of fears in the subject, in particular that this punishment might one day be inflicted on the people most dear to him, notably either on that idealized figure of the poor woman to whom he devotes a love whose style and particular importance we will examine shortly—the very sort of love which the obsessional subject is capable of—or, yet more paradoxically, on his father who, however, was dead at that time and reduced to a figure he imagines in the other world. But the subject finally found himself drawn into behavior which demonstrates that the neurotic constructs of the obsessional sometimes end by verging on the constructs of insanity.

He is in the position of having to pay the price for an object whose nature is not immaterial, a pair of glasses that he mislaid during the army maneuvers at which time the story of the punishment under discussion was told to him and the present crisis was precipitated. He requests the immediate replacement of his glasses from his optician in Vienna—for all this takes place in the old Austro-Hungarian Empire, before the beginning of the war of 1914—and the latter sends him by express mail a little package containing the object. Now, the same captain who told him the story of the punishment and who impresses him strongly by his display of a taste for cruelty informs him that he must reimburse a Lieutenant A who is in charge of the mail and who is supposed to have paid out the sum for him. It is around this idea of reimbursement that the neurotic occurrence reaches its final development. In fact, the subject makes a neurotic duty of repaying the sum, but under certain, very precise conditions. He imposes this duty on him-

self in the form of an internal command which surges up in the obsessional psyche in contradiction to its original impulse expressed in the form, "*do not pay.*" Instead here he is, bound to himself by a kind of oath, "*pay A.*" But he realizes very quickly that this absolute imperative is not at all adequate, since it is not A who is in charge of the mail, but a Lieutenant B.

That is not all. At the very time when all these lucubrations are taking place in him, the subject knows perfectly well, we find out later, that in reality he does not owe this sum to Lieutenant B either, but quite simply to the lady at the post office who was willing to trust B, an honorable gentleman and officer who happened to be in the vicinity. Nevertheless, up to the time when he puts himself in Freud's care, the subject will be in a state of extreme anxiety, haunted by one of those conflicts so characteristic of the experience of obsessionals and which centers entirely on the following scenario: since he swore to himself that he would reimburse A so that the catastrophes foreseen in the obsession would not happen to those he loves the most, he must have Lieutenant A reimburse the generous lady at the post office, and, in his presence, she must pay over the sum in question to Lieutenant B and then he himself will reimburse Lieutenant A, thus fulfilling his oath to the letter. This is where he ends up, through that logicity peculiar to neurotics, led by the internal necessity controlling him.

You cannot fail to recognize in this scenario—which includes the passing of a certain sum of money from Lieutenant A to the generous lady at the post office who met the payment, then from the lady to another masculine figure—a schema which, complementary in certain points and supplementary in others, parallel in one way and inverted in another, is the equivalent of the original situation, inasmuch as it weighs with an undeniable weight on the subject's mind and on everything that makes of him this figure with a very special way of relating to others we call a neurotic.

Of course, this scenario is impossible to follow. The subject knows perfectly well that he owes nothing either to A or to B,

but rather to the lady at the post office and that, if the scenario were fulfilled, she would be the one who, in the long run, would be out her money. In fact, as is always the case in the actual experience of neurotics, the imperative reality of the real takes precedence over everything that torments him so greatly—torments him even on the train that takes him in exactly the opposite direction from the one he ought to have taken in order to accomplish, with respect to the lady at the post office, the expiatory ceremony which seems so necessary to him. Even while saying to himself at each station that he can still get off, change trains, return, he still goes toward Vienna where he will put himself in Freud's hands; and, once the treatment is begun, he is content quite simply to send a money order to the lady at the post office.

This phantasmic scenario resembles a little play, a chronicle, which is precisely the manifestation of what I call the neurotic's individual myth.

Indeed, it reflects, in a mode that is no doubt incomprehensible to the subject—but not absolutely so, far from it—the inaugural relationship between the father, the mother, and the friend, this more or less dim figure in the past. Clearly, this relationship has not been elucidated by the purely factual way I have presented it to you, since its significance derives only from the subjective apprehension that the subject had of it.

What gives a mythic character to this little phantasmatic scenario? It is not only the fact that it re-enacts a ceremony which reproduces almost exactly that inaugural relationship, as it were, hidden there, it also modifies this relationship in accord with a certain propensity. On the one hand, we have originally the father's debt to the friend; I failed to mention that he never found the friend again (this is what remains mysterious in the original story) and that he never succeeded in repaying his debt. On the other hand, there is a substitution in the father's story, substitution of the rich woman for the poor woman. Now, within the fantasy developed by the subject, we observe something like an exchange of the outside terms of each of these

functional relations. An investigation of the fundamental facts involved in the obsessional attack shows, in fact, that the object of the subject's tantalizing desire to return to the place where the lady at the post office is, is not at all this lady, but a person who, in the subject's recent history, incarnates the poor woman, a servant girl he met at an inn during maneuvers in the midst of that atmosphere of heroic ardor characteristic of the military fraternity and with whom he indulged in some of those bottom-pinching tactics in which those generous sentiments are wont to overflow. To discharge his debt, he must in some way pay, not the friend, but the poor woman and, through her, the rich woman who is substituted for her in the imagined scenario.

Everything happens as if the impasses inherent in the original situation moved to another point in the mythic network, as if what was not resolved here always turned up over there. In order to understand thoroughly, one must see that in the original situation, as I described it to you, there is a double debt. There is, on the one hand, the frustration, indeed a kind of castration of the father. On the other hand, there is the never resolved social debt implied in the relationship to the figure of the friend in the background. We have here something quite different from the triangular relation considered to be the typical source of neurotic development. The situation presents a kind of ambiguity, of diplopia—the element of the debt is placed on two levels at once, and it is precisely in the light of the impossibility of bringing these two levels together that the drama of the neurotic is played. By trying to make one coincide with the other, he makes a perennially unsatisfying turning maneuver and never succeeds in closing the loop.

And that is indeed how things subsequently turn out. What happens when the Rat Man comes to Freud? In an initial phase, Freud is directly substituted in his affective relations for a friend who had been playing the role of guide, counselor, patron, and reassuring guardian, saying to him regularly after his confession of his obsessions and anxieties: "*You never did the evil you think you did, you're not guilty, don't worry about*

it." Freud, then, is put in the friend's place. And very quickly, aggressive fantasies are unleashed. They are not related uniquely—far from it—to the substitution of Freud for the father, as Freud's own interpretation persistently tends to show, but, as in the fantasy, to the substitution of the figure called the *rich woman* for the friend. Very quickly, in fact, in that kind of momentary madness which constitutes, at least in profoundly neurotic subjects, a veritable phase of passion in the analytic experience itself, the subject begins to imagine that Freud wishes nothing less than to give him his own daughter who becomes in his fantasy a person laden with all earthly riches and whom he imagines in the rather peculiar form of a person with glasses of dung on her eyes. We find, then, substituted for the figure of Freud, an ambiguous figure, at once protective and maleficent, whose masquerading in glasses indicates, moreover, a narcissistic relationship with the subject. Myth and fantasy reunite here, and the experience of passion connected with the actual relationship to the analyst furnishes a springboard, along with the bias of the identifications it includes, for the resolution of a certain number of problems.

I have taken here a quite individualized example. But I would like to emphasize what is a clinical reality that might serve as a guide in analytic experience: there is within the neurotic a quartet situation which is endlessly renewed, but which does not exist all on one level.

To schematize, let us say that when a male subject is involved, his moral and psychic equilibrium requires him to assume his own function—he must gain recognition as such in his virile function and in his work, he must gather their fruits without conflict, without having the feeling that it is someone else who deserves it and that he has it only by fluke, without there being any internal division that makes the subject the alienated witness of the acts of his own self. That is the first requirement. The other is this: an enjoyment one might characterize as tranquil and univocal of the sexual object, once it is chosen, granted to the subject's life.

Now, each time the subject succeeds, or approaches success in assuming his own role, each time he becomes, as it were, identical with himself and confident that his functioning in his specific social context is well-founded, the object, the sexual partner, is split—here in the form *rich woman or poor woman*. What is truly striking in the psychology of the neurotic—all we need do is enter, no longer into the fantasy, but into the subject's real life to put our finger on it—is the aura of abrogation which most commonly surrounds the sexual partner who is the most real to him, the nearest to him, with whom he generally has the most legitimate ties, whether in a love affair or in a marriage. On the other hand, a figure appears who is a double of the first and who is the object of a more or less idealized passion which is pursued in a more or less phantasmatic way, in a style analogous to that of romantic love, and which grows, moreover, into an identification of a fatal kind.

Conversely, if the subject makes an effort in another aspect of his life to find the unity of his feelings again, then it is at the other end of the chain, in the assumption of his own social function and his own virility—since I have chosen the case of a man—that he sees appearing beside him a figure with whom he also has a narcissistic relation insofar as it is a fatal relation. To the latter he delegates the responsibility of representing him in the world and of living in his place. It is not really himself: he feels excluded, outside of his own experience, he cannot assume its particularities and its contingencies, he feels discordant with his existence, and the impasse recurs.

In this very special form of narcissistic splitting lies the drama of the neurotic; and in connection with it, value accrues to the different mythic formations which I have just given you an example of in the form of fantasies, but which can also be found in other forms, in dreams for example. I have numerous examples in the narrations of my patients. It is through these that the subject can really be shown the primordial circumstances of his case in a manner that is much more rigorous

and vivid to him than the traditional patterns issuing from the triangular thematization of the oedipus complex.

I would like to quote another example and show you its congruity with the first. To do this, I will take a case very close to the Rat Man case history, but which has to do with a subject of another order—poetry or literary fiction. It concerns an episode from Goethe's youth that he narrates in *Poetry and Truth*. I am not bringing this in arbitrarily—it is in fact one of the most highly valued literary themes in the Rat Man's confessions.

III

Goethe is twenty-two years old, he is living in Strasbourg, and then there is the famous episode of his passion for Frederica Brion which he remembers with nostalgia well into his old age. This passion enabled him to overcome the curse put on him by one of his previous loves, Lucinda by name, against all amorous attachments to other women and, in particular, against kissing on the lips.

The scene is worth describing. This Lucinda has a sister, a little too shrewd to be honest, who is busy convincing Goethe of the devastating effect he is having on the poor girl. She pleads with him both to go away and to give her, the sly little minx, the token of the last kiss. It is then that Lucinda surprises them and says, "*May those lips be cursed forever. May evil befall the first one to receive their tribute.*" It is clearly not without good reason that Goethe, absorbed then in the infatuations of swaggering youth, takes this curse as a sanction that will henceforth bar the way to all his amorous undertakings. He tells us then how, elated by the discovery of this charming girl, Frederica Brion, he succeeds for the first time in overcoming the prohibition and feels the ecstasy of triumph following on this fear of something stronger than his own self-imposed, internal prohibitions.

This is one of the most enigmatic episodes in Goethe's life,

and no less extraordinary is his abandonment of Frederica. As a result, the *Goethesforscher*—like the Stendhalian and the Bossuetists, that very singular breed of people who attach themselves to one of those authors whose words have given form to our feelings and who spend their time rooting around in papers left in closets in order to analyze what the genius left behind—the *Goethesforscher* have concentrated on this fact. They have given us all kinds of explanations which I will not catalogue here. One thing is certain: that they all smack of that kind of philistinism inseparable from such research when it is pursued in the usual way. It cannot be denied either that there always is, in fact, some obscure concealment of philistinism in the manifestations of neurosis, for it is such a manifestation we are dealing with in Goethe's case, as will be shown by the observations I will now set forth.

There are a number of enigmatic features in the way Goethe approaches this adventure, and I would almost say that the key to the problem can be found in its immediate antecedents.

To be brief, Goethe, living at the time in Strasbourg with one of his friends, has long been aware of the existence in a small village of the open, kind, friendly family of Pastor Brion. But when he goes there, he surrounds himself with precautions whose amusing aspect he relates in his autobiography; actually, when one looks at the details, one cannot help being astonished at the truly contorted structure they reveal.

First of all, he thinks he must go there in disguise. Son of a *grand bourgeois* from Frankfurt, distinguished among his comrades by his smooth manners, his impressive dress, his air of social superiority, Goethe disguises himself as a theology student in an especially seedy and torn cassock. He sets out with his friend, and they are full of laughter on the way. But of course he is very vexed as soon as the reality of the visibly dazzling charm of the young lady against the background of that family setting makes him realize that, if he wants to appear at his handsomest and best, he must change as quickly as possible out

of this astonishing costume which does not show him to advantage.

The justifications he gives for this disguise are very odd. He invokes nothing less than the disguises the gods put on to come down among mortals—which, as he himself emphasizes, seems clearly to indicate (even allowing for his adolescent mentality) something more than self-conceit—something bordering on florid megalomania. If we look at the details, Goethe's text shows us what he thinks about it. By this way of disguising themselves, the gods sought above all to avoid vexation, and, to put it bluntly, it was for them a way of not having to take the familiarity of mortals as insulting. What the gods risk most when they come down on a level with humans is losing their immortality; and precisely the only way of avoiding that is to put themselves on their level.

It is indeed something like that we are dealing with here. It is demonstrated even more clearly when Goethe turns back toward Strasbourg to put on his finery again, not without feeling, a little late, how indelicate it was to have presented himself in a form that was not his own and thus to have deceived the trust of those people who welcomed him with charming hospitality; one has a real sense in this narration of a truly *gemütlich* atmosphere.

He comes back, then, toward Strasbourg. But far from following through on his wish to return to the village ceremoniously arrayed, he arrives at nothing better than substituting for the first disguise another that he borrows from a servant boy at an inn. This time he will appear in a disguise that is even stranger, more out of place than the first and, on top of it all, in make-up. To be sure, he treats the whole thing as a game, but this game becomes more and more significant. In fact, he no longer places himself on the level of a theology student, but slightly below. He plays the buffoon. And all of this is deliberately entangled with a series of details which create in all those who collaborate in this farce a sense that what is happening is closely linked to sexual behavior, to the courting display.

There are even certain details that take on importance, if one can put it that way, from their inaccuracy. As the title *Dichtung und Wahrheit* indicates, Goethe was aware that he had the right to organize and harmonize his memories with fictions that filled in the gaps which no doubt he was powerless to fill in otherwise. The ardor of those I mentioned earlier who follow the tracks of great men has demonstrated the inaccuracy of certain details which are all the more revelatory of what one might call the real intentions of the entire scene. When Goethe presented himself made-up and in the clothes of a servant boy, enjoying at length the resultant misunderstanding, he also delivered, he says, a christening cake that he had likewise borrowed from the boy. Now, the *Goethesforscher* have demonstrated that for six months before and for six months after the Frederica episode, there were no baptisms in that locality. The christening cake, traditional gift to the pastor, can only be Goethe's fantasy and, as such, thus assumes in our eyes its entire significance. It implies the paternal function, but precisely inasmuch as Goethe specifies that he is not the father, but only the one who delivers something and who has only an external relation to the ceremony—he makes himself the petty officer, not the principal hero. In the end, the whole ceremony of his concealment actually appears not only as a game but much more profoundly as a precaution which can be placed in the category of what I called before the splitting of the subject's personal function in the mythic constructions of the neurotic.

Why does Goethe act this way? Very obviously because he is afraid—as what follows will show, for this affair will henceforth do nothing but fade. Far from lifting the spell, releasing the original curse by daring to transgress its sanction, Goethe only deepened his fears—one perceives this in all kinds of substitutive forms, the idea of substitution being introduced into the text by Goethe—with respect to the fulfillment of this love. All the reasons one might give for this—desire not to get involved, to protect the poet's sacred destiny, even perhaps the difference in social standing—are only cleverly rationalized forms, the

surface of an infinitely deeper current which is, in fact, the flight from the desired object. We see again, when he confronts his goal, this splitting of the subject, his alienation from himself, strategies by which he provides a substitute for himself on whom the deadly threats are to be carried out. The moment he reintegrates this substitute into himself, it is impossible to reach the goal.

Here I can give you only the general thematic analysis of this adventure, but you ought to know that there is also a sister, Frederica's double, who is there to complete the mythic structure of the situation. If you go back to Goethe's text, you will see that what may appear to you in this sketch to be a construction is confirmed by other diverse and striking details, even including the analogy suggested by Goethe with the well-known story of the Vicar of Wakefield, a literary, phantasmatic transposition of his own adventure.

IV

The quaternary system so fundamental to the impasses, the insolubilities in the life situation of neurotics, has a structure quite different from the one traditionally given—the incestuous desire for the mother, the father's prohibition, its obstructive effects, and, around all that, the more or less luxuriant proliferation of symptoms. I think that this difference ought to lead us to question the general anthropology derived from analytic doctrine as it has been taught up to the present. In short, the whole oedipal schema needs to be re-examined. I cannot undertake that now, but I cannot refrain from trying to introduce here the fourth element at issue.

We submit that the most normalizing situation in the early experience of the modern subject, in the condensed form represented by the conjugal family, is linked to the fact that the father is the representative, the incarnation, of a symbolic function which concentrates in itself those things most essential in other cultural structures: namely, the tranquil, or rather, symbolic, enjoyment, culturally determined and established, of the

mother's love, that is to say, of the pole to which the subject is linked by a bond that is irrefutably natural. The assumption of the father's function presupposes a single symbolic relation in which the symbolic and the real would fully coincide. The father would have to be not only the *name-of-the-father*, but also the representative, in all its fullness, of the symbolic value crystallized in his function. Now, it is clear that this coincidence of the symbolic and the real is totally elusive. At least in a social structure like ours, the father is always in one way or another in disharmony with regard to his function, a deficient father, a *humiliated* father, as Claudel would say. There is always an extremely obvious discrepancy between the symbolic function and what is perceived by the subject in the sphere of experience. In this divergence lies the source of the effects of the oedipus complex which are not at all normalizing, but rather most often pathogenic.

But saying that does not advance us very far. The following step, which brings us to an understanding of what is at issue in the quaternary structure, is this—and it is the second great discovery of psychoanalysis, no less important than the symbolic function of the oedipus complex—the narcissistic relation.

The narcissistic relation to a fellow being is the fundamental experience in the development of the imaginary sphere in human beings. As an experience of the ego, its function is decisive in the constitution of the subject. What is the ego, if not something that the subject at first experiences as foreign to him but inside him? It is in another, more advanced, more perfect than he, that the subject first sees himself. Specifically, he sees his own image in the mirror at a time when he is capable of perceiving the image as a totality but when he does not feel himself as such but as living rather in that primal incoherence of all his motor and affective functions which lasts for the first six months after birth. Thus the subject always has an anticipatory relationship to his own realization which in turn throws him back onto the level of a profound insufficiency and betokens a rift in him, a primal sundering, a *thrownness*, to use the

Heideggerian term. It is in this sense that what is revealed in all imaginary relationships is an experience of death: an experience doubtless inherent in all manifestations of the human condition, but especially visible in the life of the neurotic.

If the imaginary father and the symbolic father are most often fundamentally differentiated, it is not only for the structural reason I am presently outlining, but also by reason of historic, contingent circumstances peculiar to each subject. In the case of neurotics, one frequently finds that the figure of the father, by some accident of real life, has been split. Either the father has died prematurely and had his place taken by a step-father with whom the subject easily falls into a more fraternal relation, quite naturally established on the level of that jealous virility representing the aggressive dimension of the narcissistic relation. Or the mother has disappeared and the circumstances of life have opened the family group to another mother who is not the real one. Or the fraternal figure introduces the fatal relationship symbolically and, at the same time, incarnates it in reality. Very frequently, as I have indicated, a friend is involved, like the mysterious friend in "The Rat Man" who is never found and who plays such an essential role in the family legend. All of that results in the mythic quartet. It can be reintegrated into the subject's history, and to disregard it is to disregard the most important element in the treatment itself. All we can do here is to underline its importance.

What is this fourth element? Its name is death.

Death is perfectly conceivable as a mediating element. Before Freudian theory stressed in the existence of the father a function which is at once a function of speech and a function of love, Hegel, in his metaphysics, did not hesitate to construct the whole phenomenology of human relationships around death as mediator, the third element essential to the progress by which man becomes humanized in his relationships with his fellow man. And one might say that the theory of narcissism, as I just set it forth, explains certain facts which otherwise re-

main enigmatic in Hegel. After all, in order for this dialectic of the death struggle, the struggle for pure power, to be initiated, death must not be actualized, since the dialectical movement would cease for lack of combatants; death must be imagined. And, indeed, it is this imagined, imaginary death that appears in the dialectic of the oedipal drama; and it is also this death that is operant in the formation of the neurotic—and perhaps, up to a certain point, in something that goes far beyond the formation of the neurotic, specifically the existential attitude characteristic of modern man.

It would take little pressure to make me say that what functions as mediation in actual analytic experience is something similar to speech, to symbol, called in another language, an act of faith. But certainly, this is neither what analysis requires nor what it implies. What is at issue, rather, is on the order of the last words uttered by Goethe; and you may trust it was not for nothing that I brought him up as an example.

Of Goethe, one can say that, by his inspiration, his living presence, he impregnated and animated Freud's thought to an extraordinary degree. Freud confessed that it was his reading of Goethe's poems that launched him in his medical career and, by the same stroke, decided his destiny; but even that is little enough compared to the influence of Goethe's thought on Freud's work. It is, therefore, with a phrase of Goethe, his last, that I will express the wellspring of analytic experience, with those well-known words he uttered before he plunged open-eyed into the black abyss—"Mehr Licht" (*more light*).

On Examination Dreams

Ernest Kafka

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ON EXAMINATION DREAMS

BY ERNEST KAFKA, M.D.

The literature concerning examination dreams is reviewed, and the case of a patient who had a number of examination and examination-like dreams is described. Examination dreams are related to traumatic dreams, "idiosyncratic" dreams, and various behavioral expressions. In addition, constitutional factors involving impulse-defense imbalance, childhood experiences with physical difficulties and medical examinations, and ambivalent identifications and object relations seem to find representation in these dreams.

In his first analytic hour, a twenty-four-year-old male patient related an anxiety dream that closely resembled those described by Freud in 1900 as "typical" examination dreams. During the course of the analysis, the young man described having had similar dreams many times prior to the analysis. He reported several other such dreams during the early years of his analysis. The analysis revealed much about the sources, functions, vicissitudes, and relationships of the dreams to other aspects of the patient's mental life.

The prominence of examination dreams in this analysis suggested that reviewing the case and the literature on examination dreams might lead to some ideas and conclusions about the role of this kind of dream organization that might have been insufficiently emphasized in the past.

The conclusion was reached that important aspects of the patient's examination dreams could be understood in ways that previous authors had outlined: (1) that they were related to other anxiety dreams and "traumatic" dreams as well as to characterological behavioral expressions; (2) that they served as a form of reassurance in the face of anticipated danger; and (3) that they represented a modified form of a "traumatic"

dream growing out of transference responses in which early experiences of helplessness were activated.

There seemed, however, to be additional important factors, insufficiently emphasized in the literature, that determined the organization of the dream: (1) constitutional factors involving impulse-defense imbalance may have played an etiological role; (2) childhood physical problems, which subjected the patient to painful experiences with doctors, were significant; and (3) ambivalent oedipal and preoedipal conflicts and identifications played an important part in the choice of the figures who entered the dreams.

Another point of interest is that during this patient's analysis, changes took place in the examination dreams. They paralleled his increasing freedom and spontaneity and his decreasing "typicalness" in other respects.

Finally, it seemed worthwhile to emphasize the importance of the role of representability in understanding both the typicality and the repetitiveness of these dreams.

REVIEW OF THE LITERATURE

The psychoanalytic understanding of examination dreams began when Freud (1900) called attention to them as "typical" dreams. As with other mental phenomena, our understanding of them continued to evolve as later authors added new insights, modifications, and elaborations to augment Freud's original explanations.

In *The Interpretation of Dreams*, Freud (1900) distinguished "a certain number of dreams which almost everyone has dreamt alike . . . which we . . . assume must have the same meaning for everyone . . . [and which] presumably arise from the same sources in every case," as opposed to those which reflect the dreamer's "individual peculiarities." Such "typical dreams" frustrate their would-be interpreter because characteristically "the dreamer fails . . . to produce the associations

which would in other cases have led us to understand [them]" (p. 241).

Among the typical dreams, Freud included anxiety dreams with the manifest content of having failed an examination. The subject awakens with a feeling of relief: "It was only a dream actually, since I've already passed." Freud said: "In the case of those who have obtained a University degree, this typical dream is replaced by another one which represents them as having failed in their University Finals; and it is in vain that they object, even while they are still asleep, that for years they have been practising medicine or working as University lecturers or heads of offices" (pp. 273-274). Such dreams, according to Freud, "appear when the dreamer has some responsible activity ahead of him . . . and is afraid there may be a fiasco," a situation that revives memories of punishment for evil deeds of childhood (p. 274). The parent as a feared figure is replaced by a schoolmaster and then by an examination. Since the subject of the examination in the dream is one which the dreamer has already passed, the dream serves as a "consolation . . . 'Don't be afraid of tomorrow! . . . You're a doctor, etc., already'" (p. 274). Freud thus pointed to a reassurance aspect, which has been confirmed by other investigators.

An element of guilty self-criticism stemming from a feeling of having slipped through the examination that had been passed via collusion with the examiner was, according to Freud, another latent content. The latent self-criticism takes the form: "You're quite old . . ." to still be doing "stupid, childish things," which refers to "sexual acts" (pp. 275-276). Without specifically stating it, Freud thus alluded to a self-disciplinary, impulse-controlling wish as a latent content.

Sadger (1920) described a patient with examination anxiety and also a dream in which he was unable to answer a school examiner's question. Sadger concluded that the patient's dream had been stimulated by sexual excitement and by current sexual success. The anxiety both in the dream and in the examination situations was castration anxiety. Sadger's patient had uncon-

scious guilt over an unconscious fantasy of having intercourse with his mother and stealing her from his father, stimulated by the observation of coitus between his parents. The patient's low self-esteem reflected childhood feelings of inferiority related to ignorance of how coitus is performed. The unknown was the mother's genital which in childhood he did not know in fact, but which he did know, guiltily, in fantasy. The dream was an effort to deny the fantasy and expiate the guilt. In a subsequent examination dream, the manifest content was of obtaining a solution to a problem from a friend, but too late to use it. Sadger's understanding of the patient was largely on the level of oedipal conflict. He also alluded to an equivalence between the dream and a symptomatic formation of waking life, examination anxiety, and expanded our understanding of examination dreams by including the dream in which a friend assisted the dreamer in that category.

In terms similar to those that Sadger had applied to the examination dream, Blum (1926) wrote of a woman with examination anxiety, but without examination dreams: he concluded that examination anxiety reflects oedipal guilt. Blum implied that the symptom and the dream are parallel. He also thought that he found contributions from preoedipal conflicts, however. Guilt and fear of punishment, consisting in loss of the mother, he felt, leads to prohibition against passing the examination. Blum compared the examination situation with the initiation rites of primitive peoples. He suggested that dream, symptom, and rite have similar purposes. He felt that they have to do with conflicts of the oedipal period and that they reflect regression from intense oedipal conflict, enhanced by unresolved preoedipal conflicts. Apparently, initiation rites have the social function of helping the individual master developmental difficulties.

Schmideberg (1933) described a patient who had had a "typical" examination dream. Her patient, in a dream, had been unable to remember a word during an examination. She understood the patient's examination dream, his examination anxiety,

and his transference difficulty in associating in analysis as the consequence of a fear that the examiner would take away his penis and power, which he himself had stolen in a sadistic, unconscious fantasy. She described the analyst as a figure who enters into the examination dream as a new representative of the feared castrator.

Stengel (1936) expanded our understanding of examination anxiety by connecting it with neurotic fears about performance, potency disturbances, fate neuroses, and perverse masochism, which he attributed to reactivated oedipal conflicts and pubertal intergenerational rivalry. Those who see life as a test, he stated, do so because of the persistent need to establish a feeling of mastery. The unresolved conflicts may manifest themselves in neurotic attitudes toward examination in which the examiner is viewed either as overly strict or as lenient, reflecting an etiologic overstrictness or leniency of the father.

Stengel concluded that patients with examination anxiety have an unusual need to establish a sense of mastery, that examination dreams are related to a variety of inhibitions, and that subjects partly resolve their underlying conflicts by identifying with examiners. He described the problem of examination fear not only in terms of sources and meanings, but also in terms of a possible evolution into an identification with the object of rivalry. He thereby suggested that the examination problem occupies a place in developmental evolution.

Flügel (1939) suggested that examination anxiety has a function similar to that of primitive rites, in that both deal with overdetermined castration anxiety. Rites, he stated, symbolically carry out the castration only to restore the penis subsequently, facilitating identification with the castrator. He did not, however, clearly explain the relationship between examination anxiety and the partial resolution of castration anxiety by means of rites carried out by helping figures who participate in them.

From Freud, Sadger, Blum, Schmideberg, Stengel, and Flügel, we have come to see examination dreams as regressive phe-

nomena reflecting conflict between oedipal wishes, guilts, and fears, presumably with contributions from conflicts stemming from earlier developmental periods. The issues involved in the dreams can also be expressed symptomatically as examination and performance anxiety in primitive rites of passage and in transference responses in analytic treatment. In the rites and in treatment, the "examiner" plays a useful role in helping the developing individual master his or her anxieties.

Bonaparte (1947) went beyond the theories that explained the examination dream solely in terms of internal conflict when she suggested that examination dreams may be the successors of traumatic dreams. She reported a case of a lion hunter who had almost been killed by a lion, but had been able to save himself and kill the beast. Years later, he had repeated dreams of being unable to kill attacking lions; each time he would awake on the point of being killed. The manifest performance inhibition presumably related these dreams to examination dreams. Bonaparte proposed that, because the hunter had actively saved himself, he had recovered sufficiently for his dreams to go beyond a monotonous replication of the traumatic event. They had evolved instead into a type of examination dream (although an examination in the strict sense was not a direct part of the manifest content). He could not remember the dreams he had had shortly after having been mauled. Bonaparte speculated that they may have been true traumatic dreams. Bonaparte's main contribution was the idea that traumatization can be a factor preceding the construction of examination dreams.

Kanzer (1949) reported a case of a soldier with nightmares of being pursued by a Japanese soldier and unable to respond. This "traumatic dream" replicated a real event. Although associations in a strict sense were unavailable, in a wider sense they were. In an amyntal interview, the soldier revealed that there was an underlying crime for which the dream served as punishment: on several occasions he had killed enemy troops himself. Early death wishes against a rival, an older brother, became apparent.

To Kanzer, these partly explained the intensity of the guilt. The nightmares gradually became less anxious and stereotyped, because, said Kanzer, with the help of the forgiving therapist, unconscious mourning rituals, akin to the customs of savages who seek to appease their victims, were carried out by the patient. Kanzer thus supported Bonaparte's idea. He demonstrated the relationship between a stereotyped, repeated traumatic dream and its traumatic precursors in waking life and in a pre-existing psychic conflict. He showed that such dreams can change, losing their typicality, with therapeutic success. In Kanzer's case, the therapist seems to have played a role somewhat like that of the helper in a primitive rite.

Ward (1961) also regarded examination dreams as existing in a continuum that starts with trauma and traumatic dreams. He felt that in examination dreams, the ego attempts to deal with persistent, recurrent, traumatogenic behavior patterns involving "passive aggressive defiance, covert seduction or frank deception of authority, or inappropriate self-aggrandizement," through "an integrative effort in the specific sense of lessening guilt" (p. 335). Ward's observations supported those of Kanzer in indicating that the patient can use the therapist to help him modify his self-punitive tendencies. As aggression diminishes, Ward implied, the patient converts the examiner into a helper. He also provided further evidence to support the idea of the additive influences of traumatic experiences and intrapsychic conflict.

McLaughlin (1961) reported on a case of a physician who, in a situation of heightened intellectual competitiveness with the analyst following a success in a field of mutual interest, dreamed that he was being examined by a physician on the subject of the anatomy of the eye. In the dream, he was able to answer only incompletely, and he failed. McLaughlin interpreted the dream as reflecting the patient's need to adopt a submissive role. The patient equated intellectual ambitions with covert oedipal ones and resolved the issue through guilty submission via identification with his sick mother "whose illness

won her gratifying associations with physicians" (p. 121). McLaughlin emphasized the consolation or reassurance implied in submission to the physician and ultimately to the mother, related to the necessity of replacing a needed but lost (through illness) nurturing parent. He thus further underlined the interrelation between traumatic events (in this case, illness of the mother) and intrapsychic conflicts in the determination of an examination dream. He added the observation that his patient's dream also incorporated an early identification with his mother.

Arlow (1959), in discussing *déjà vu*, quoted Freud on the examination dream, which Arlow regarded as a related phenomenon carrying the message, "Don't worry, don't be afraid, no harm will come to you this time either" (p. 627). Arlow added that to the extent that the consolation is unsuccessful, a "lingering sense of uneasiness, of the uncanny" persists (in the *déjà vu*), indicating that the ego has not succeeded in "mastering" the "underlying anxiety." This gives impetus to the idea of placing the examination dream in a continuum in which the dream reflects an attempt to master a pre-existing anxiety.

The various contributions reviewed above provide us with the following understanding of examination dreams. These dreams are similar to various normal behaviors (for example, rites of passage), symptomatic expressions (such as *déjà vu* and examination anxiety), and transference responses (such as inhibition of free association), as well as to traumatic dreams and anxiety dreams. These phenomena are similar formally (a powerful, observing person in relationship with a weak acolyte type), phenomenologically (the subject experiences anxiety, a sense of incapacity to execute an intention, and heightened self-consciousness), and functionally (to provide reassurance and enhance power by the subject's becoming more like the powerful figure). Obviously, these phenomena also differ from one another.

Bonaparte and Ward suggested that a traumatic dream precedes the later appearance of an examination dream. The latter can be thought of as reflecting a certain degree of recovery from

traumatization. All authors agree that the examination dream serves the same defensive and wish-fulfilling functions reflecting intrapsychic conflict states that other dreams do. It is stimulated by day residues that stimulate unresolved wishes or threaten defenses. It contains interpretable, latent contents related to conflicts organized at differing levels of development.

CASE REPORT

Mr. A was twenty-four years old when he consulted a colleague because of the feeling that his life was unsatisfying and not purposeful or under his control. He feared that he lacked a capacity to be interested in work or to feel affection for people, especially for women. He thought of himself as a drifter, an outsider, a "Flying Dutchman," not involved in life. Two factors had led him to seek advice. One was that a two-year relationship with a woman had ended because he had been unable to satisfy her wishes for marriage or at least for greater emotional response. The second was that he had been passed over for promotion. These events had caused an intensification of long-standing feelings of self-doubt, uncertainty, inferiority, and depression. The consultant told Mr. A that he suffered from a chronic depression and advised him to undergo analysis.

In his initial interviews with me, Mr. A seemed somewhat listless and depressed. He gave the following personal history. Because of family financial reverses Mr. A's father had to give up his ambition for a professional career. While in his mid-thirties, Mr. A's father married a woman fifteen years his junior. A year later, Mr. A was born. The family's financial circumstances were straitened. All three members shared a single bedroom. Mr. A's father worked at two jobs and therefore had relatively little contact with the patient. Mr. A and his mother, on the other hand, were very close. She was said to have doted on him; he was "the apple of her eye." When the patient was five, his mother gave birth to a second son, and, their financial circumstances having improved, the family moved to larger

quarters where Mr. A had his own room. He was enrolled in school (kindergarten), his first departure from home. The patient had apparently developed a moderate depression at this time. He felt lost and deprived and began to get along badly with his father, who seemed critical toward and resentful of him. Rivalry over intellectual prowess was to remain a lifelong, central issue in Mr. A's relationship with his father. Mr. A adapted poorly in school. Initially, he was fearful, clumsy, bumped into things, and had difficulty learning to read. After the first years he developed rapidly intellectually, but did not develop good relationships with his peers. He was a mama's boy, unathletic and timorous about physical activity, and was teased by his classmates. When he was six or seven years old, his mother developed an illness that was later diagnosed as a mild form of lupus. This entailed visits to doctors, trips to hospitals, and a varying but continual amount of cranky self-centeredness on her part. Mr. A remembered little of his early relationship with his brother, but described having adopted a maternal, affectionate attitude toward him in latency and thereafter.

Mr. A said that he gradually became more independent. He developed friendships with other young men in high school and college, but was not able to overcome significant anxiety with women until he had graduated from college. Then he began to have sexual relations with "liberated" women who made the initial advances. At twenty-five, Mr. A joined a large firm where he settled into his current, middle-level administrative job.

In his first analytic hour, Mr. A described some discomfort at being on the couch because he could not see my expression and thereby know whether he was relating "interesting material." He had some doubts about whether he would be able to succeed as an analysand. He said that he was due to make a presentation to his supervisor that day, but did not feel that he had prepared adequately. He wondered whether I would be satisfied with his performance. He now related a dream which he introduced as one of his "typical" dreams about not being prepared or not knowing the answer.

Dream 1

“I dreamed about this last night, only it wasn’t about you. It was about my boss. I was afraid. I arrived late for today’s presentation, and then I couldn’t answer. When I woke up I realized it had just been a dream and I’d probably do okay on the presentation.”

Mr. A went on to note that on the preceding day, he had failed to proofread some material that he had circulated before his presentation. The supervisor had pointed out some errors to him, in an uncritical way. Mr. A had felt guilty because, instead of correcting his copy, he had gone to the movies. In subsequent hours that week, he spoke of latency period feelings of being excluded by his critical, distant father and of loneliness after the birth of his brother.

Mr. A was told that his wish to please the analyst was similar to his wish to please his parents and his boss. He responded by recalling angry feelings toward his brother at the time of the brother’s birth and later on. He was told that his submissive, ingratiating attitude was intended to conceal rivalrous and hostile feelings, which he had covertly expressed by inadequately preparing his work for the boss and by filling a good bit of analytic time with reports of worries that he might not please the analyst. His main wish at this point was to feel reassured that, as with the dream boss, he would continue to have someone with him, someone with questions, perhaps, but someone present.

This first dream reflected some of Mr. A’s characteristic anxieties and his mechanisms for dealing with them. The lateness and the incapacity to respond in the dream paralleled his worrying during the analytic sessions and his failure to complete his work and reflected a certain negativism rooted in his rivalry with his brother and father. The passive, ingratiating, and somewhat masochistic attitudes he expressed in relation to his boss and his analyst and, earlier, in relation to his parents, served to expiate guilt over hostile feelings, to avoid punishment for

them, and to assure himself of the ongoing presence of a maternally derived companion. The reassurance aspect played an important role; in the dream, in his work relationship with his supervisor, and in the analysis, he was relieved that the authority figures responded benignly, despite his provocations. Further reassurance came by way of the waking thought, "it was only a dream," which he soon described as his mother's soothing words during his childhood.

Dream 2

Anticipation of another presentation at work preceded the following dream two months later. "I dreamed I failed a course I needed for graduation. I knew nothing on the exam. Then I partly woke up, still half asleep, thinking, 'But I have enough credits even without this course.' Then I woke up and thought, 'But, I've graduated.' "

Mr. A remarked that he had been feeling angry with his supervisor, who had not assigned him an interesting piece of work, but had given it to another person instead. It was suggested that he might be feeling rivalrous with the other person as well as with his supervisor. Mr. A responded that his brother had just been fired from his job and had gone back to live with their mother. He was asked if he felt superior to his brother. "I guess I am, but I shouldn't feel pleased. I should help him find another job." He became hesitant at this point. He stated that he had made a date with a sexy secretary. He was worried about his ability to satisfy her. He had been quite depressed over the break-up with his previous woman friend and wondered whether his sexual performance might be affected now. Perhaps he would ejaculate prematurely. I told the patient that I thought he was suffering from guilt over wanting to outdo his brother, envy of his brother's being able to move in with their mother, and a feeling of inadequacy. Mr. A replied, "This reminds me. I may not have told you. It's probably not important. I wet the bed on and off till I was ten or eleven. Usually my mother said nothing. Several times she took me to the family

doctor. He always lectured me. He said there was nothing wrong with me. I was acting like a baby. Actually, I was afraid of him. I felt humiliated and frightened." Mr. A thought that the doctor had expressed not only his own opinion but also that of Mr. A's mother—that he was an unwelcome, messy burden. The patient concurred with this view of himself.

Subsequent sessions revealed further information about Mr. A's real-life, as opposed to dream, failures. He recalled his clumsiness as a child. He used to bump into things and break them. He had had difficulty learning to ride a bicycle. His father always made fun of his unsuccessful efforts. Even the information that this very father had been enuretic until his own adolescence, which Mr. A reported that he had learned while in high school, had not made him feel better. The enuresis and clumsiness had seriously interfered with his relationships with peers, since he had constantly feared making an embarrassing slip. This fear had also evidently invaded his relationships with teachers and examiners.

The analyst's interventions at this point dealt with the patient's use of displacement of his concerns from the physical to the intellectual sphere. He had substituted a college course for the series of early childhood physical failures and inadequacies in his dream. He had used the dream examination as a screen behind which he could conceal his fear of physical inadequacy from himself and reassure himself by substituting an area in which he had generally done well. The previously repressed memories of his enuresis and clumsiness had energized, as well as been concealed in, his examination dreams. The examiner in the dream combined features of Mr. A's analyst with memories of his teachers, father, and pediatrician, while at the same time concealing them. Additionally, the information about the enuresis in father and son and about Mr. A's clumsiness suggested the possibility that defective impulse control might have contributed to the construction of the examination dream, as well as to life situations in which Mr. A submitted repeatedly to controlling disciplinarians. At times, he impulsively ate,

drank, spent money, and provoked people's anger. Doctors, teachers, and bosses were individuals whom Mr. A thought of ambivalently—as hostile to him and as potentially helpful, in that they might assist him in controlling himself.

In the analysis, discussion of Mr. A's fear of physical inadequacy, his fear of doctors, and his fear of his impulses led him to become more interested in his inability to control his weight, a problem he had hitherto avoided discussing, and he made an appointment for a physical examination.

The second dream and its attendant associations thus broadened our understanding of the patient's use of examination dreams beyond the element of reassurance against the anticipated danger of punishment for hostile, rivalrous inclinations that had become clear after the first dream. We now saw that certain constitutional and/or developmental factors that had instilled a fear of embarrassing physical ineptitude and failure had played a role in their origin. Displacement in the examination dream to the more successful intellectual sphere provided a second form of reassurance, i.e., against narcissistic mortification.

In the dream to follow, the patient would broaden our understanding of his use of the examination dream to ward off his dread of defective functioning. He would connect it with his awareness of actual physical defects, incurred or discovered in a psychologically traumatic fashion, which unconsciously had become linked with castration anxiety stemming from positive and negative oedipal conflicts. The significance of mysterious and, hence, "unknown" defects and of physical "examinations" in the genesis of examination dreams would also become apparent.

Dream 3

The night before his physical examination, Mr. A dreamed: "I was having a written examination, part of a physical for the service. I knew I couldn't pass. Then there was another dream. I was boxing, trying to protect my face."

Mr. A explained that he had been rejected from military service because of a curvature of the spine. This had been on his mind the day before in anticipation of his physical examination. The boxing dream reminded him that he had had a tooth pulled a few months earlier. The dentist had informed him that he had a deviated septum. Again, the substitution of a written examination for a physical one was evident. A question to the patient about what significance the deviation of the septum and the spine might have to him, and why he had to protect himself so vigorously against them, led to recall of further memories of childhood ineptness in sports, specifically about inability to run well. He asked whether I had noticed that he walked oddly. One leg was a bit shorter than the other.

Together with an apparently lessened need to deny his defects to me, Mr. A could now consult his formerly feared childhood doctor. He learned that at age two and a half he had had an illness, presumably polio, and had been bedridden for about six weeks. He was left with a barely noticeable muscle weakness in his left leg. The defect had evidently been ignored by all concerned. I suggested that this had given the experience traumatic effect, out of proportion to the degree of actual disability and consequent frustration it had entailed. It had functioned as a piece of knowledge the patient had not been able to know consciously until his analysis. The "unknown" defect had been unconsciously regarded both as a sign of badness and as a punishment for his bad wishes toward his mother, brother, and father. Mr. A replied to the interpretation by saying that he connected the idea of deviation with homosexuality and with being a mama's boy into adult life.

His parents' silence about his illness both confirmed his feeling of being defective and stimulated his need to be cared for. It added to his castration fears, and it contributed to his later theory that his mother's illness was a consequence of the sexual activities that had led to his brother's birth as well as a punishment for them.

This third dream was interpreted as representing and negat-

ing early childhood feelings of traumatic helplessness (bed confinement, weak leg, castration) and was an effort to feel in control by enlisting the aid of a disciplinarian examiner with the right answers who could support his relatively powerless ego. The muscular defect that had been “unknown” seemed also to contribute to the dream image of “not knowing” the answers to the examination questions. The examination dreams now seemed more convincingly to have a “medical examination” component. They also appeared to serve to relieve Mr. A of responsibility for his dangerous angry feelings by projecting them onto the examiner.

Dream 4

One day, a week before a summer vacation was to interrupt the analysis, Mr. A reluctantly revealed that the day before he had made a date with a woman about whom he had lively sexual fantasies. That evening, he had to work late with his boss, with whom he felt unusually irritated. The boss was “too meticulous and critical.” That night, Mr. A had a dream.

“I had to take a test. Then I had a new job at the stock exchange, but didn’t know how to read the board or work a computer I had in front of me. There was a girl at the next desk, like a high school desk, taking notes. I asked her for help but didn’t understand her answer. Then in another dream, I was in elementary school with a girl who was my buddy. I was surprised, since I knew I was much older. There was a guest teacher, a doctor, and I questioned his credentials. I wanted to leave but the doctor said I had to have a shot. In the dream I thought the doctor was incompetent, not like you.”

Mr. A said, “In childhood, in school, they forced us to take naps and I hated it. Yesterday I joined a health club. I’m determined to get into shape. Last night I overate. That’s breaking the rules. Why bother talking about these things?” At this point, he was told, “You’re guilty and fearful about your sexual wishes and think of me as though I were your childhood doctor who criticized you and caused you pain with shots. You resent

me and fear me and try to make it seem that my knowing about your sexual wishes doesn't matter. You can defy us authorities." "Your interpretations make sense but don't really help," he replied. "It would be better if you gave me advice, told me how to behave." I said, "I guess your insisting I'm useless conceals something else. Maybe you're thinking about my upcoming vacation. Maybe you think you need me to help you control yourself. Maybe that's a test too." At first Mr. A said that he was looking forward to the separation. He would have free time and save some money. Then he suggested that the analyst might have been the assistant whom he enlisted in his dreams. He connected a family friend with the dream assistant and brought up a memory of having been left with her shortly after the brother's birth while his parents went away with the brother. He cried each night until, finally, his parents had to return.

This dream had been stimulated by sexual excitement connected with fantasies of damage to his mother consequent to her sexual activity. Recall of his traumatic abandonment by his mother followed confrontation with his bravado about the impending interruption of the analysis. The examiner-analyst of the dream represented a wished-for nurturing mother, a repository for Mr. A's anger, and an aide in establishing self-control. The brother's birth was followed by a long, apparently depressive semi-invalidism on his mother's part, connected with her lupus. Memories appeared now of the patient's returning home from school to find his mother in bed and of spending afternoons (ages nine through twelve) amusing his brother and shopping so that his mother could sleep. His identification with his mother turned out to have various sources. One was his longing for her. Another was that both had illnesses, that both needed care which came from doctors. From this point on in the analysis, Mr. A ceased to report examination-type dreams.

The fourth and final dream, which occurred in the transference context of impending separation from the analyst, completed our understanding of the patient's use of examination dreams to reassure himself against and ward off traumatic

tension states and neurotic guilts and fears. It provided us with information about the role of preoedipal conflicts and identifications associated with the traumatic loss of his caretaking, nurturing mother consequent to the birth of a sibling and a protracted maternal illness that left him alone with his unrequited, dependent yearnings and rising drive tensions.

We came to see that the examiner in the dreams in part represented the care-giving, protecting, helping, preoedipal mother, who had partly been internalized as an element of the patient's self-representation—to be summoned up in his dreams at times of stress and fear—and was partly searched for repeatedly in the outside world. The latter took the form of seeking to establish a relationship with a protective, nurturing, reassuring, external object in the form of a helpful analyst, a forgiving and controlling boss, or a giving and loving woman friend. When this final piece of the puzzle was analytically put into place, the need for these dreams disappeared.

DISCUSSION

The following considerations seem to offer clarification of this patient's examination dreams. The dreams first appeared in the analysis in a context of apprehensive excitement regarding the patient's performance before superiors and, in the transference, before the analyst. Later he spoke extensively of underlying fears of losing a mainly maternal object. These fears were associated with clumsiness, enuresis until the age of twelve, and an illness for which he was bedridden and which left him with a weak leg and contributed to his poor sports performance. Numerous medical examinations and his mother's illness emphasized both the frightening and the maternally helpful activities of doctor-examiners. The enuresis and clumsiness suggested a possible early imbalance between impulses and capacity for self-control, although this could not be documented with certainty. (Impulsiveness was further heightened by the sexual stimulation the patient experienced while sharing his parents' bedroom.) The deviation dream led to the discovery of Mr. A's

fantasies of having been castrated or warned that he might be. Fears of sexual wishes and of separation from the analyst stimulated a still later examination-like dream. At this time in the analysis, anger and sadness caused by the disruption of his close tie to his mother because of the birth of his sibling and because of her later physical illness, together with its psychological consequences, were prominent in Mr. A's thoughts and feelings. His loss of the previously close relationship with his mother, his presumed impulse control problem, and his early physical disability and its sequelae contributed to the severity of his oedipal problems and to his intense castration anxiety.

The examiner, in the various guises of boss, teacher, doctor, and parent, embodied Mr. A's self-controlling inclinations, his defensive, aggressive, and moral tendencies, and, often, his grandiose wishes. The examiner also represented helpful, appreciative, and disciplinary individuals from the past, upon whom Mr. A had relied.

The examination dreams underwent a variety of transformations and eventually disappeared. The earlier dreams were relatively sparse in manifest content and were "typical." Later dreams were more "idiosyncratic," incorporated personalities other than examiner and examinee, and were less "typical."

The reassurance first came when Mr. A was awake, then appeared in a semi-wakeful state, and then in a dream. A helper appeared in a later dream; then the doctor-examiner was denounced; and, finally, the whole examination dream construction disappeared.

In this case, the examination dream represented the psychic conflict within the patient of instinct opposed by defense by personifying these tendencies and their interrelationships in terms of historically important object relationships. Mother, father, pediatrician, aunt, and teachers at various times were prominent in the latent meaning of the relationship of examiner and examined. At first, the internal struggle was portrayed as occurring at a high level of intensity: a good deal of anxiety appeared, the impulses were frightening, and their suppression

was rigid. Initially, the dreams portrayed a person quite helpless in the face of the struggle. Mr. A's weak leg, the loss of his mother at the time of his brother's birth, the enuresis, his mother's illness, and his father's disparagement caused feelings of helplessness and rage that magnified his sense of weakness and his fears of loss of control and punishment, which initially had to be denied.

The examination dream also represented the helplessness which the patient had often felt, a sense of helplessness close to that following a traumatic experience. Thus the examination dream, (1) concealed helplessness, (2) represented trauma, (3) represented a mental state of intense conflict, and (4) represented developmentally important relations between Mr. A and significant objects.

The examination dream seemed particularly suitable as a vehicle for representing a number of wishful aims. (1) The intimate early relationship with the patient's mother that subsequently had been lost was retained in fantasy, via the relationship with the knowing examiner. (2) The examiner could be used to recapture the protective controlling and punishing functions of the patient's father, doctors, teachers, and other authoritarian figures from the past. (3) The dream was capable of representing the patient's dangerous impulses as having been brought under control. The need to stringently suppress impulses seemed particularly well represented by the ignorant, submissive student bending before the power of a potentially punitive examiner. The submissive aspect additionally expressed Mr. A's strong maternal identification and homosexual longings. More superficially, the patient's relationship with both parents involved ambivalences and conflicts centering about knowledge and education as the route to success.

That the examination dream could at one and the same time represent traumatic experiences of helplessness, inner psychic forces, and object relationships perhaps resulted in its repetitiveness. Its appearance was triggered by events in the patient's life that threatened object loss or that dangerously altered the

balance of intrapsychic forces by stimulating sexual or aggressive drive derivatives, by weakening defenses (e.g., illness), or by threatening the loss of opportunities for gratification.

Alterations in Mr. A's examination dreams occurred as he achieved mastery of conflict, as the nature of his object relations changed, and as he internalized the representations of controlling and nurturing objects in the course of the analysis. The examiner in his dreams changed from a powerful, judging, critical external object, to a consoling object, to a helpful one, and, finally, to an internalized, reliable aspect of himself.

SUMMARY

A review of the literature on examination dreams and examination anxiety has been made. Support has been offered for the idea that examination dreams are an intermediate form between traumatic dreams and anxiety dreams. A series of dreams from the analysis of a twenty-four-year-old man have been presented, in which the examination dream appeared to reflect an attempt to deal with helplessness, deficient impulse control, and disturbed object relations. The examination dream's form changed as impulses became more effectively controlled and developmental and structural growth took place in the course of the analysis. The notion was advanced that in addition to the examination dream's reassuring function, early problems with impulse control, early experiences with illness and doctors, and intense parental ambivalence about intellectual achievement can be specific factors that influence the choice of this particular form of dream expression.

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The Search for the Mother: Narcissistic Regression as a Pathway of Mourning in Childhood

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THE SEARCH FOR THE MOTHER: NARCISSISTIC REGRESSION AS A PATHWAY OF MOURNING IN CHILDHOOD

BY JOSHUA M. PERMAN, M.D.

Previous observers, following Freud's formulations in Mourning and Melancholia, have disagreed over the question of whether the child can mourn. To support the thesis that the child does mourn but in a different way from the adult, the author focuses on the importance of the child's identification with the lost love object, the narcissistic regression, and the associated autoerotic activities. Clinical material is presented from the analysis of a latency child and of an adult, both of whom lost their mothers during childhood.

There has been considerable disagreement among psychoanalytic observers over the question of whether children are able to mourn. My findings indicate that children do mourn but that they mourn in a different way from adults. Because of their developmental immaturity, children cannot easily de-cathect their attachments to the lost love object or recathect a new object to replace her. They remain dependent upon the actual mother and her internal representation not only for a sense of security and well-being, but also for the integrity of their own self-representation and for the resolution of the ambivalence conflicts inherent in the process of separation and individuation. In the child the process of mourning frequently takes the form of identification with the lost object, and through narcissistic regression, it becomes an autoerotic activity. The energies in search of the lost love object, regressively retracing the old pathways of self and object differentiation, find again

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the body and the self. The lost love object is kept alive in fantasies connected with autoerotic activities in which the apparent new object is a representation of oneself or a fusion of the self and the lost love object. These autoerotic activities find expression in masturbation or masturbation equivalents, which can then represent the process of chronic mourning in the child and in the adult.

In his study of Leonardo da Vinci Freud (1910) presented his first concept of mourning—a concept which involved a narcissistic regression. In that paper he explained that the boy, in repressing his love for his mother, identifies with her and takes his own person as a model in whose likeness he chooses new love objects. “What he has in fact done is to slip back to auto-erotism” (p. 100). He loves boys in the same way his mother loved him when he was a child. “He finds the objects of his love along the path of *narcissism*” (*ibid.*).

A latency child, a patient of mine, whose mother was killed in an accident when he was four and a half years of age, would preoccupy himself at bedtime by rhythmically counting his savings and earnings. He was seeking to console and comfort himself with the idea that he would have enough money to keep from starving in the future. His obsessional thoughts were associated with autoerotic activities. Like Leonardo da Vinci, he had dealt with the loss of his love object by identification and what he had done was to “slip back to auto-erotism.” He comforted and consoled himself as his mother had comforted and consoled him before her death. In fantasy he had again found his lost love object, “along the path of narcissism.”

In *Totem and Taboo* Freud (1912-1913) considered the specific task of mourning to be the detachment of the survivor's memories and hopes from the dead. In his paper, *On Transience* (1915a), he described mourning as a riddle which could not be explained. He recognized that there are instances when the libido clings to the lost love object even when a substitute object is available.

In *Mourning and Melancholia* Freud (1915b) explained the

work of mourning in terms of decathexis and recathexis. "Each single one of the memories and expectations in which the libido is bound to the object is brought up and hypercathexed, and detachment of the libido is accomplished in respect to it" (p. 245). The imperatives for the decathexes come from the demands of reality and the need to survive and maintain the pleasure in living. Decathexes allow recathexes of a new love object with whom the pleasures in living are continued. The withdrawal of cathexes is long, drawn-out, and gradual. In *The Ego and the Id* Freud (1923) qualified his prediction of a self-limited course of mourning by indicating that in certain phases of life or with certain losses, the course of mourning may extend over a much longer, or even an indefinite, period. This, I believe, applies to mourning during childhood.

Psychoanalytic writers on the subject of mourning have related their studies to Freud's formulations in *Mourning and Melancholia*. The literature is voluminous, and there are outstanding surveys: Pollock (1961) and Siggins (1966) on mourning in adults; Miller (1971) and E. Furman (1974) on childhood bereavement. In addition to the disagreement among psychoanalysts about the ability of children to mourn, an unresolved controversy remains over whether childhood bereavement is similar to or different from adult mourning.

A. Freud (1960) wrote regarding the eventual pathological consequences of a separation trauma: "Results vary according to the fact whether at the moment of separation the tie to the mother was still of a narcissistic nature, dominated by the search for instinctual satisfactions; or whether in relationship to the mother the personal and affectionate elements had begun to predominate, transforming the attachment into object love; or whether the child had attained the level of so-called object constancy" (p. 61). Thus children may translate the meaning of the death of the love object into a lack of further wish fulfillment and the need to look after themselves in the absence of the giving person in the external world (A. Freud, 1976). The essence of the relationship between the mother and child can

then be traced within the patterns of the child's identification with the lost love object. The quality of the mothering will be repeated precisely in the way the child cares for and looks after his or her body (A. Freud, 1978). In the context of hypochondriacal symptoms, children can be observed to speak to themselves in the same manner their mothers do, with special emphasis on how they should care for their bodies and their health. These preoccupations may develop later into the care of one's mind, then into care for oneself as a person, and perhaps into the care of others, as, for example, Leonardo da Vinci's care of his young boys.

The immediate pathological effects of bereavement during childhood are well documented: the psychosomatic disturbances and the consequences of instinctual and ego regression as determined in part by the level of the child's development at the time of the loss. The loss of the parental love object thus interferes with development (Eisendorfer, 1943; Nagera, 1970; Neubauer, 1960). Can children mourn? A consensus is that children, in comparison to adults, do not mourn when the process is defined in terms of decathexes and recathexes according to Freud's concept in *Mourning and Melancholia*; that the process of mourning requires the operation of ego functions to which the child does not have firm access (Miller, 1971). Mourning, according to this view, does not occur before the adolescent process has allowed a trial mourning, that is, before the disengagement from the internal representations of the parental love objects has taken place (Altschul, 1968; Deutsch, 1937; Fleming, 1975; Pollock, 1961; Wolfenstein, 1966, 1969). Instead of a mourning process in children, these observers describe the child's reactions to bereavement that seem to follow a particular set of responses. These include denial of the reality of the parent's death, rigid screening out of all affective responses connected with the parent's death, marked increase in identification with the idealized dead parent, decrease in self-esteem, feelings of guilt, and persistent unconscious fantasies of an

ongoing relationship or reunion with the dead parent (see also, Jacobson, 1965).

Erna Furman (1974), reporting on the studies of the Cleveland research on childhood bereavement, noted the difficulties in constructing a single theoretical model that unifies all the different approaches and serves to explain the many diverse clinical pictures. She writes that children can mourn when their capacities for mourning can be utilized. But these capacities develop gradually; and the stronger the child's object constancy, the longer the grief reactions and the closer to the adult process of mourning. The necessary developmental achievements before mourning can occur are the phallic level of development (R. Furman, 1964) and latency (Rochlin, 1961). The outcome depends not only on the developmental phase when the loss occurs and on the deceased parent's former role in the child's physical and emotional well-being, but also on the role of the surviving parent or his or her substitute. The interaction between internal and external forces decides the outcome of the process of mourning. The Cleveland studies suggest that mourning in the child never does, nor necessarily should, succeed in the withdrawal of all libidinal attachments to the lost love object. They suggest that prolonged cathexes or hypercathexes of the representations of the lost love object may even aid the child's development, provided it ultimately allows for a re-cathexes of a new parent figure.

To answer the question of how does the child mourn, we may have to suspend our emphasis on the model for mourning postulated by Freud (1915b) so that we may study what takes place within the child. We can then enrich our understanding of the process of mourning in childhood with our present knowledge of the links between the development of early narcissism and early object relations brought to us from the developmental studies of children, including those of A. Freud (1949, 1960), E. Kris (1951), Mahler (1961), and Spitz (1960). This paper seeks to expand the knowledge of the process of mourning by emphasizing the narcissistic side of mourning in childhood; it

further seeks to establish that the process of mourning in the child involves identification with the lost love object, narcissistic regression, and autoerotic activities. The latter find expression in masturbation and masturbation equivalents. I could find no mention of this pathway of mourning in the literature, other than that described by Freud (1910) in Leonardo da Vinci. Perhaps the following clinical material will help illustrate these concepts.

CASE MATERIAL

Case 1

Hal was four and a half years old when his mother was killed in a car accident. He began his analysis at age seven because of uncontrollable aggression. His behavior was characterized by masochistic provocation and narcissistic defiance; he could not accept a "no" from anyone. (Before the death of his mother, Hal had been affectionate but stubborn, demanding but affable, imaginative, and confident.) His sibling rivalry was marked, but in school he was less daring than his classmates. His family, benefiting from sensitive and experienced guidance, had with care and respect helped Hal and his brother, two years younger, cope with their bereavement. They had realistically discussed the mother's death and had in effect given him permission to mourn. At times he would sob deeply for his mother. At other times he became the comforter, instead of the comforted, particularly of his beloved and deeply bereaved grandmother. His defense of turning from passive to active allowed passive gratification, for hugs and kisses were invariably returned by her. Prior to the start of Hal's analysis, his father had remarried, and a new mother figure was available.

Hal took to the analysis as a duckling, accompanied by its mother, takes to the water. In the transference he re-enacted the fantasy of reunion with the lost love object, thus re-establishing the dual unity of the omnipotent common orbit (Mahler, 1961). He established himself in fantasy as my favorite, a posi-

tion he had held with his mother and continued with his grandparents. Like his mother, I was idealized: he accepted all of my interpretations; anything I said was repeated with reverence, and he did what he could to please me. His mother, in death, had become pure, perfect beyond reproach. His hostility toward her had been displaced and found expression in his behavior at school and with his stepmother. His mother's fall from her idealized position was to remain in repression for a long time in the analysis. Hal had endured several falls from his position as favorite. The first had been the birth of his brother; the second had been his mother's death, which was felt as a blow to his narcissism; and the third had been the birth of a stepbrother whom he had carefully dropped, without injury, the first time he held him.

In his first session of the analysis, Hal described two transference fantasies that became important themes in the analysis. The first was of the two ice ages, during which two types of dinosaurs, the meat eaters and the vegetarians, had died out. This referred to his ambivalence toward the two mothers—which was to be “kept on ice” because of his oedipal guilt over his fantasies about his mother's death. It also expressed his fear of those reawakened strivings for a relationship with his stepmother now. As a defense he provoked punishment by passive masochistic behavior. Such behavior reflected trends that had beginnings during his oedipal period. The second fantasy was a story about a man in a boat who was left with only one paddle because “one flew away.” What had started as a peaceful journey almost became a disaster because a large snapping turtle could bite the remaining paddle. This introduced his struggles for control over his instinctual drive activity without his mother, i.e., with only one paddle. And it represented his fear that his father would die, or that his father's death could also be caused by his oral aggressive fantasies, regressively mobilized by his rage against his mother for having abandoned him. In addition, it was an expression of his castration anxiety. Hal's motivation

for analysis was strong: his appeal was that I should help him control his bad behavior, which he also found to be fun.

Hal spoke with plaintive sadness of his longings for his mother. "If only I were four, then she would still be alive!" During the first Christmas season in his analysis his longings were so intense that he tried to avoid any mention of her. He was trying to control himself, identifying with the function of the comforting he received from his mother when she was alive and he was four. Stirred by these longings for his mother, he began to describe his private bedtime autoerotic activities that comforted and consoled him so that he could sleep. His grandmother, he said, cried at night, but he would only think. Sometimes when he wondered why he was so bad, he found thinking to be fatiguing. His consoling thoughts had a rhythmical, obsessional quality and dealt with his position in the future when he would be alone and in want. It made him sad to think about the time when he would be on his own. To prepare, he must accumulate money. In his fantasies, consolation and comfort could come only from himself; and the rhythmical thoughts of how he would accumulate his savings would help him fall asleep. His thoughts, however, were not always comforting, for they could also be about monsters and birds crashing. He would then wonder whether such thoughts could cause crashes; and if so, would he be blamed or punished? The tragic crash which had caused his mother's death had occurred during the height of Hal's oedipal development. He had unconsciously interpreted it in terms of primal scene fantasies. This had aroused feelings of guilt. His autoerotic activities thus represented both positive and negative oedipal wishes and fantasies which found expression in his ambivalence, his bedtime obsessional thoughts, and his provocative passive masochistic behavior.

During the first year of analysis, Hal dealt with separations from his analyst by keeping a diary. Every detail was recounted on his return, as if to deny the separation. The anxiety recurred when his stepmother took a trip. He was not aware that this was his first expression of concern for her. That was the time of the

Gemini space flights and the tragic fire which had destroyed one of the crews. Fact and fantasy became elaborated regarding the engineering details that had led to the tragedy and how recurrences could be prevented. He was particularly fascinated by the astronauts' space walks and their umbilical cord attachment to the mother capsule. We were to learn that his bedtime obsessional thoughts about his future were his attempts to deal with his fantasies about the dangers in sleep (he had trouble in falling asleep) and in his future by maintaining his comforting (though hazardous) connection with his mother.

The separation from me for the second summer vacation was the most meaningful in understanding Hal's mourning for his mother. He tearfully expressed his anxiety about my return in the fall since for him separations had not always led to reunions. With increasing flow of tears he recalled details of the day of his mother's death and the anger he felt when he was told of her death. His touching and tearful expressions of grief made possible progressive movement toward re-establishing autonomy, a reinfusion of separateness from the lost love object (Mahler, 1961). He left for the summer with moderate ease and calm and began attempts at rapprochement with his stepmother. The following Christmas was the saddest one for Hal. For consolation he began with his brother a secret play that combined comforting and sexual excitement by exchanging active and passive roles. Analysis of the excitement and feelings of guilt in the play and the re-enactment of similar wishes in the transference made it possible for Hal to deal with his private bedtime autoerotic activities of mourning.

He had recounted in a number of sessions his fears of his future: it was so sad, he explained, to think of growing up, going off to school, and taking care of himself. Lying back in his chair, he repeated an elaboration of his bedtime thoughts. He had been counting and recounting his savings and reviewing his plans for jobs to earn more so he could add to his savings. This time as he spoke of his finances and his plans for the future, he began to rhythmically play with a newly acquired Kennedy half

dollar. That coin, freshly minted to commemorate the assassinated President, was of special importance to him, for it symbolized his parent who had also been tragically struck down. The choice of the coin was an indication of his preconscious awareness that his private bedtime comforting but exciting thoughts represented his longings and his mourning for his mother. He responded with surprise to my interpretation, then became thoughtful and tearful as he recognized the meanings of the connections the interpretation had helped him make. He had also been struck down by her death. He had lost his ego ideal and his position as her favorite. Further elaborations of the autoerotic activities followed with a breakthrough of masturbation during a subsequent session. Instead of playing with the coin, Hal kept both hands in his pockets, rhythmically playing with his penis. His fantasies at bedtime, representing mourning for his mother, had also become part of his phallic masturbation. His oedipal wishes which were at their height when his mother was killed had markedly influenced his interpretations of the causes of her death and his feelings of guilt. His passive, masochistic behavior, in which elements of the crash were repeated, satisfied his superego demands for self-punishment and were also a masturbation equivalent. In his words, "They were fun!"

As the result of working through his private activities of mourning, Hal was able to develop a close relationship with his stepmother, based on a common ground of intellectual interests. This introduced a period of development of sublimations aided by reaction formations, a period of impressive intellectual growth and alteration of the quality of his object relationships in school. With the onset of his adolescence his defenses of intellectualization and piety against the intensification of his oedipal wishes led him into a retreat from his newly achieved relationship with his stepmother; her narcissism prevented it from being re-established. The analysis of his oedipus complex and its influence on his phase-specific comprehension of his mother's death could, however, continue.

Case 2

A man of forty, whose mother had died of infection and uremia, complications of an abortion, when he was two and a half years old, came for analysis of his episodes of sadomasochistic behavior with his wife. She was at last threatening to leave him. Successful in business, which was in part determined by identification with his father, he was frequently involved in actual or fantasied conflicts with employees. His life and his relationships were compulsively organized by ritualistic defenses, accompanied by denial and projection of his oral and anal-sadistic fantasies. The intensity of his longings for comforting at the breast aroused fears of passive submission and engulfment, alternating with fear of his rage in anticipation of once again being abandoned. On the one hand, he attempted to force the object to submit, and on the other, he provoked separation, which he then had to prevent or to orchestrate with precision.

His memories of his mother's high fever and the urinary odors when he was taken to kiss her as she lay dying had been augmented by family stories of that tragic event. The analysis of a screen memory from the age of three and a half led to a reconstruction of the events which represented his first "annual memorial" for his mother. In his screen memory he was rescued from death in a fire caused by the housekeeper's carelessness while ironing curtains. The reconstruction of the event was that he had unmercifully teased and provoked the housekeeper until she, in her attempts to discipline him, had forgotten her task and the hot iron, and the destructive fire resulted. In his associations to the reconstruction, the patient recalled his feelings of sadness and disappointment that he had been rescued. His behavior at three and a half was an expression of his wish for reunion with his mother and each successive period of bereavement was to be marked by similar episodes of uncontrollable behavior. At these times he would masturbate compulsively until he was exhausted. He would fantasy withholding some-

thing to prevent it from being stolen. He felt there was no one to help him, that separation was complete and no reunion was possible. After puberty he would masturbate until his penis was sore. He then regressively experienced fantasies of whipping, stabbing, and humiliating girls. Fantasies of reunion would occur, but he dreaded them. Sexual excitement, however, made him feel on fire and alive. Such feelings were in conflict with his fantasy that he had to live as a dead person (so that Death would have no interest in him) or that he should be ill like his mother, identifying with her illness as he sought comforting and praise. In one fantasy of reunion, he incorporated the theme of a story, *Appointment in Samarra* by John O'Hara, and became the man who could not avoid his rendezvous with death. His compulsive act of masturbation represented his cry for his mother. No one now could comfort him but he himself; that is, he took on his mother's role and comforted himself. The reappearance of his erection briefly reassured him against his separation and castration anxiety, signifying that nothing had been lost.

His mother remained idealized and her death denied until he was able to locate and visit her grave. His wife, as well as other women, had to endure the rage he felt toward his mother for having abandoned him. During his extended periods of mourning, his wife was treated as if she were dead. He could not fully consider his wife as his living partner until he had relinquished his denial of his mother's death as well as his fantasies of reunion with her. He could not grow up and give up his fantasy of living like Peter Pan until he had accepted the fact of his mother's death.

DISCUSSION

A reciprocal relationship with the actual object is essential to the ongoing development of the child's personality structure. The relationship with the object, the source of narcissistic supplies, makes possible the gradual attainment of self-object differentiation. New faculties are acquired that lead to the

establishment of a more differentiated and a more stable mental representation of the mother and of the self. The development of a stable maternal image available intrapsychically for autonomous functioning and comfort (i.e. the development of object constancy) is a process that has its beginnings in infancy and continues throughout childhood and adolescence (McDevitt, 1975). This development reciprocates with the development of individuation and the awareness of separateness. Self constancy, the achievement of stable representations of the self-image, plays a significant role in regulating self-esteem and assists the ego in its self-regulating and integrating functions.

The death of the loved object during childhood disrupts these developmental steps—with lasting effects on the organization of self and object constancy. Fixations and regressive movements occur and become a part of the process of mourning. The imperative for decathexes in adult mourning becomes in the child an imperative for hypercathexes and resistance to decathexes. In the process of mourning the child defends against the pain of the loss by identification with the lost love object. The energies in search of the lost love object, regressively retracing the old pathways, find again the body and the self. Longing or remembering in younger children is frequently acted out in the physical activities containing the essence of the relationship with the deceased parent. Phallic masturbation in the child or genital masturbation in the adolescent (or adult) may be used to provide solace or comfort, but may also arouse feelings of guilt because of the accompanying sadomasochistic fantasies. Fantasies of the return of the lost parent (Jacobson, 1965) can result in intensely cathected sadomasochistic features which have their origin in violent primal scene interpretation of the parent's death. Hal's masturbation fantasies of monsters, birds, or animals crashing not only expressed his primal scene fantasies, but also contained elements of the facts of the accident that had caused his mother's death. This represented his phase-specific interpretation about how she died. His oedipal guilt was reinforced by his guilt over his mother's death, which he

had interpreted in oedipal terms. Hal's question about whether thoughts could cause crashes and if so would he be blamed was a plaintive expression of his guilt.

The autoerotic activities may be displaced to obsessional doubting and brooding, as they were with Hal. The obsessional thoughts may contain the anticipation of disaster, representing the mourning projected into the future. These rhythmical, periodic activities, which are autoerotic equivalents, represent a refusal with the object and consolation for the loss, as well as punishment for the guilt over the loss. They may be stimulated by anticipated separations or by the anniversary of the death of the parent.

The defense of identification with the lost love object leads the child regressively back into narcissistic pathways. Reunion with the object is then accomplished in fantasy by identification and by autoerotic activities. Mourning, by becoming an autoerotic activity, complicates the child's developmental struggle against masturbation—against the bodily act and the fantasy. The struggle against masturbation is then opposed by its new function, that of seeking consolation and comfort as part of the mourning process.

Regression in object constancy is another consequence of loss of the loved object. With regression, the previously fused good and bad images of the mother are split, and ambivalence is once again heightened. The defense against the liberated deneutralized aggression will be the idealization of the deceased, which may remain most difficult to resolve. The anger and aggression will either be displaced onto external objects or turned against oneself. Hal approached the analysis of his ambivalence about his idealized mother during early adolescence as he dealt with the revival of his oedipal conflicts with the beginnings of his active genital strivings. Fantasies of reunion with his mother, repeated early in the transference as idealization of his analyst, were used to support his superego as defensive reinforcement of his, by then, benevolent reaction formations. The idealization of his mother restricted the decathexes of his superego

identifications, an important and necessary developmental stage. The hypercathexes of these identifications, however, were adaptively effective and assisted him during a period of remarkable sublimations and intellectual growth.

The outcome of the child's struggle depends on his or her developmental level, achievements in resolving previous states of disequilibrium from earlier separations, and ability to cathect substitute objects. As a consequence of narcissistic regression, masochism may heighten passivity strivings in relation to object finding. The aggression, necessary for the search and competition for a new love object will be feared and consequently muted or inhibited. The energies in the narcissistic search for the lost love object seem to possess a fluidity rather than a regression to a main fixation point. They can range over the spectrum of instinctual development and the development of self and object representations. The determining factor that acts as the organizer of the regression is the developmental level at which the loss occurred. It is truly impressive how much children are able to extract from the environment even under difficult circumstances. We may hope that with psychoanalytic treatment, traumatic disruptions in the child's development can be mitigated.

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HELEN ROSS

1890-1978

Helen Ross died on August 10, 1978, in Washington, D.C. Those of us who had the good fortune to know her personally over the years have lost a sincere and loving friend, a gifted teacher, and a psychoanalytic colleague possessed of an uncommon wisdom which she shared generously and with modesty. She was also a woman widely respected by persons in professional fields other than psychoanalysis for her many contributions to their work. Wide knowledge, vast experience, social consciousness, and a keen respect for the human individual's capacity for psychological growth and creativity characterized her pioneering spirit and the diversity of her work.

Helen Ross was born in 1890 in Independence, Missouri. She attended the public schools there and, in 1907, entered the University of Missouri where she majored in Latin and Education and was elected to Phi Beta Kappa. Following her graduation in 1911, Helen taught English and Latin in the Independence High School and English to immigrants in a Jewish settlement night school in Kansas City. In 1914, Helen and her older sister established a summer camp for girls in Michigan, a camp that was owned and directed by the Ross sisters for thirty-seven years. In 1916, she resumed high school teaching in Missouri and began graduate work in sociology and economics. The recipient of the Susan B. Anthony Memorial Fellowship at Bryn Mawr College in 1917, she did graduate work in social research there, participating in a study for the Quartermaster's Department on the employment of women in making Army uniforms for World War I. Though awarded another fellowship in 1918 to work toward a Ph.D. in social research, she decided instead to take a position as field agent for the United States Railroad Administration to study the working conditions of the vast number of women employed in all branches of railroad work

following the drafting of men for World War I. For two years she roamed the United States on rails—not infrequently in the cab of a locomotive or the caboose of a freight train or even on a handcar. Then in 1920 Helen made her first trip to Europe. She studied one term at the London School of Economics under Graham Wallis, William Beveridge, and Harold Laski.

Stimulated by her contact with the everyday problems of healthy children at her camp, Helen had become eager to learn more about personality development. She talked with Franz Alexander in Chicago who urged her to go to Vienna. In the fall of 1929, she embarked upon a five-year program of study at the Psycho-Analytisches Institut, returning home each summer to run the camp and earn money for her studies in Vienna. She was psychoanalyzed by Helene Deutsch, carried on analytic work, largely with children, under Anna Freud, August Aichhorn, and others, and assisted in the translation of Aichhorn's book, *Wayward Youth*.

In 1934, Helen returned to Chicago to become a research associate of the Chicago Institute for Psychoanalysis. In 1942, she became Administrative Director of the Institute, a position she held for fourteen years. She wrote the book, *Fears of Children* (1951), as well as numerous papers for the National Council of Social Work and for the American Orthopsychiatric Association, and prepared a weekly column for the *Chicago Sun-Times*, "About Our Children."

In 1956, Helen moved to New York City to work as an educational consultant with Dr. Bertram D. Lewin for the American Psychoanalytic Association. Together they conducted a national survey of psychoanalytic institutes and wrote the book, *Psychoanalytic Education in the United States* (1960). After this, Helen established residence in Washington, D.C., became a faculty member and supervising child analyst of the Washington Psychoanalytic Institute, and also served as psychoanalytic consultant, teacher, and supervisor at other Institutes. She was an honorary member of the American Psychoanalytic Associa-

tion, becoming a Life Member in 1971, and she was a trustee of the Field Foundation from the mid-1950's until her death. A long-time, close friend of Anna Freud, Helen served on the Board of the Hampstead Clinic, as well as on the Board of the Freud Archives and the Anna Freud Foundation. In 1976, the University of Chicago honored her by the establishment of the Helen Ross Professorship in Social Welfare Policy.

I first met Helen Ross in 1957, when she and Dr. Bertram Lewin visited the Pittsburgh Psychoanalytic Training Program in which I was a candidate, but which was not yet a fully developed and approved Institute. I had heard of Helen Ross in my medical student days in Chicago and at that time had gained a clear sense of the respect, admiration, and affection which some of my teachers had for her. I was excited by the prospect of meeting this revered psychoanalyst, but also more than a little scared. The latter feeling was rapidly dissipated as she and Dr. Lewin sat in on our classes and supervisions and met with the candidate group. When the visit had ended, we knew that we had had an extraordinary opportunity with two very gifted psychoanalytic educators and clinicians who had respected us and had given us new perspectives on ourselves and on the educational process in psychoanalysis.

In 1964, Helen accepted an invitation to become a Visiting Lecturer in the Department of Psychiatry at the University of Pittsburgh and Visiting Faculty Member of the Pittsburgh Psychoanalytic Institute which, by then, had been accredited by the American Psychoanalytic Association and was now an integral part of the Department of Psychiatry. In the Institute, Helen taught courses in child development, conducted tutorials, supervised candidates in the adult and child programs, and served as consultant to the administrative committees of the Institute. Her work within the Department of Psychiatry was not confined to the Psychoanalytic Institute, however, for she taught medical students, residents in psychiatry, and psychiatric

nurses and social workers about the emotional and psychological development of children. Her teaching and consultative work extended to community agencies and programs for the care of young children. In addition, she was special consultant for certain educational television programs that originated in Pittsburgh, such as *Misterogers' Neighborhood*. There were many other community groups who clamored for her time, and she gave it. Helen could rarely decline—she enjoyed the contacts so much. Her Lectureship and her work in the Pittsburgh area, typical of her involvement and dedication wherever she went, continued until she became ill two years before her death.

In April of last year I received a short note from Helen telling me of the progressive nature of her illness. It was a beautiful statement, written in her uniquely simple and forthright style and reflecting an admirable inner courage and strength about what had become, in her eighty-ninth year of life, intimately inevitable. Her closing sentences were, "Let it [this news] not cloud our communication. I have had a good life—remember."

There were two more letters, one in June and one late in July, both dictated to her sister, Frances. In these last months of her life, Helen was preoccupied with some ideas that she had been developing in recent years about the concept of ambivalence. She had discussed them with me during one of her last visits to Pittsburgh, and now, as her life was coming to a close, she was struggling to order and integrate them with her idea that the ultimate ambivalence is between life and death. In her letter in June she said, "I really cry out for death and then find I am on the side of life." Seven weeks later, in her last communication to me, she was still grappling with the ambivalence concept, asking me to let her know the best thing I had ever read on the subject, saying she could agree with the views of many, but "the ultimate fact is not there." Calmly and with simple frankness, she wrote of looking death squarely in the face, but not yet seeing him in his entirety, although feeling his presence, and of the importance of keeping in touch with one another as long as possible.

Those whose lives she entered in such profoundly significant ways will always keep in touch with Helen Ross. We shall miss her greatly and yet find comfort in knowing that she approached her death with courage and with the deep conviction that she had had a good life. This is, indeed, another great achievement of Helen Ross.

DORIS M. HUNTER

The New Psychoanalysis and Psychoanalytic Revisionism

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THE NEW PSYCHOANALYSIS AND PSYCHOANALYTIC REVISIONISM

BOOK REVIEW ESSAY ON BORDERLINE CONDITIONS AND PATHOLOGICAL NARCISSISM¹

BY VICTOR CALEF, M.D. and EDWARD M. WEINSHEL, M.D.

The volume under discussion contains much that is essential in the thinking of one of the most prominent contributors to American psychoanalysis within the last decade. This essay, therefore, is intended as a critique not only of the book, *Borderline Conditions and Pathological Narcissism*, but of the continuing body of work it represents.²

Most of the papers which make up this book have been widely read and enthusiastically received; their subject matter enjoys a popularity and currency in the psychoanalytic marketplace (and the whole "mental health" field in general)³ which should not be dismissed simply as transient or faddish; and the whole area of the "borderline" has become ineluctably identified with the author's name. Terms such as "splitting," "projective identification," and "internalized object relationships" which not too long ago merely evoked fuzzy associations to alien and dissident psychoanalytic schools of thought have now become an integral part of the lexicon of a large number of American psychoanalysts, candidates, residents, and other workers in allied fields. In fact, no other single colleague has been so instrumental in confronting American psychoanalysts with Kleinian

¹ Kernberg, Otto: *Borderline Conditions and Pathological Narcissism*. New York: Jason Aronson, Inc., 1975.

² Seven of its ten chapters have been published before, a fact that is not made clear (in the publisher's dust jacket copy, the editor's introduction, or the author's preface) until the very end of the volume. As far as we can determine, the papers have been reprinted as they were at the time of their publication. If any editorial changes have been made, they have been minimal.

³ It may well be that no contribution by a psychoanalyst has been taken up so avidly and so happily by the nonpsychoanalytic segment of the mental health community, with the possible exception of Erikson's introduction of the identity concept a quarter of a century ago.

concepts and theories. Similarly, while Kernberg has by no means been the only or the first analyst to concentrate his efforts in therapeutic work with the more disturbed psychologically ill patient, no other analyst has caught the imagination and aroused the interest of so many co-workers in such endeavors as has Kernberg. The impact and influence that have been exerted in the past dozen years by the theoretical and technical formulations presented in these papers constitute a social phenomenon which in many ways resembles a cult movement within the scientific community.

A particularly impressive facet of this "social phenomenon" and one not readily explicable is the relative paucity of *open* controversy which has characterized the introduction of Kernberg's ideas and formulations. While there has probably been the usual degree of "corridor criticism" in reaction to his writings, our literature has conspicuously lacked the kind of direct critical evaluations which we might have anticipated from the psychoanalytic community, the members of which are hardly known for docile acceptance of broad and significant revisions of analytic theory—be those revisions real or illusory. Only a few such evaluations come to mind. Perhaps the most comprehensive and probably still the most cogent and incisive critique of Kernberg's hypotheses is the discussion of his paper "Structural Derivatives of Object Relationships" (Kernberg, 1966) by Paula Heimann (the extended version of which can be found in Heimann [1966]) at the 1965 Amsterdam Congress of the International Psycho-Analytical Association. In this presentation⁴ Heimann raised pertinent questions about Kernberg's structural models, his description of the early infantile defense mechanisms, his conceptualization of the process of internalization, the whole issue of splitting versus repression, and the problems of the "evidential value" of his strategy of interpretations. We are not aware of any other comparable critical effort in the psychoanalytic literature. Atkin (1975, p. 41, n.) appears to challenge at least the semantics of Kernberg's utilization of the concept of splitting. Both Dahl (1974) and Holzman (1976, pp. 265-267) raise brief but penetrating objections to Kernberg's methodology, his lack of clarity, and to his glossing over the place of thought processes in his theoretical formulations. The extent to which "the

⁴ Most of the points Kernberg made in the Amsterdam contribution already contained the central ideas that can be found in the current collection.

borderline" (alternately designated the "borderline state" or the "borderline patient" or Kernberg's "borderline personality organization") can be viewed as a reasonably discrete clinical entity (let alone a theoretical one) has never been entirely settled and some concern has been voiced that attempts to establish "the borderline" as a distinct psychopathological condition may be misleading and potentially confusing. Spruiell (1976) expresses definite doubts about the validity of Kernberg's conceptualization of idealization and the structural hypotheses which underly such a formulation. Witenberg (1976), in referring to Kernberg's theory of narcissism, has called it a jerry-built concept that heaps metaphor upon metaphor.

While this list of critiques is incomplete, we believe that a more comprehensive one would produce a pathetically "thin soup" in comparison with the impressive enthusiasm evoked and the equally impressive number of ostensibly confirmatory scientific contributions which have been stimulated by the papers in this book. The reasons for such a relatively uncritical acceptance are neither clear nor easy to explain in a convincing fashion.

It must be evident by now that we harbor reservations and questions in regard to both Kernberg's theoretical concepts and the technical procedures which he has advocated. Both warrant, really necessitate, considerably more investigation than they have received thus far. Such an endeavor is, we submit, particularly important for psychoanalysts because Kernberg's work includes a number of significant, if not always explicit, additions to and revisions of psychoanalytic theory. Moreover, these theoretical modifications are frequently presented as if established, even though their basis and justification are not clear either from the clinical data supplied or from the theoretical discussion Kernberg offers.

The book is divided into two sections: the first is "The Borderline Personality Organization"; the second, "The Narcissistic Personality." For all practical purposes, however, this devolves into what is essentially a chronological order: the borderline papers from 1965-1971, those on narcissism from 1970-1974. We have decided, for a variety of reasons, to concentrate in our discussion on the part of the book dealing with the borderline personality organization rather than the section on narcissism. We think, however, that in a general

way most of what we say about the borderline material is equally applicable to that on pathological narcissism.

One rationale justifying such a focus is the degree of repetition from chapter to chapter. There is, unfortunately, also a good deal of redundancy within chapters, and relatively little attempt has been made to describe transitions from one paper to another in terms of changes in Kernberg's thinking from one phase to another. As a result there is ambiguity and uncertainty as to whether a given position is an older or a more recent one. If a shift in thinking has occurred, what was the basis for an altered emphasis or formulation from one chapter to the next? We suggest that Kernberg would have very much enhanced both the readability and the value of his work had he made it clear from the very onset that what was being offered was the republication of these papers and, even more, had he provided the reader with a series of editorial introductions—however brief—to each of the chapters emphasizing the chief points he wished to underscore and explicating the transitions from chapter to chapter.

Kernberg has embarked on the serious venture of incorporating within his own theoretical framework object relations theory, Kleinian theory, ego psychology theory, the developmental approach, Bionian theory, and probably others as well. The very scope and complexity of such an endeavor is in itself an admirable project. Although the *idea* of such psychoanalytic ecumenism looms up as a conceptual tour de force, it is not a task which can be accomplished with ease or with simplicity. Whatever the intrinsic values and virtues of these various orientations, they are not so congenial that they blend together automatically or smoothly. As one consequence, Kernberg has to be selective. He has extracted from these various bodies of thought specific elements which have helped him to construct and then to buttress his formulations. In so doing, he has created a loose theoretical amalgam—or, to shift metaphors, a “part-object” pseudo synthesis. In fact, has he not created theory out of theory itself? An example is his utilization of Kleinian theory, from which he has borrowed a number of basic conceptual planks while rejecting others of equal importance to the Kleinian concept. In our view, this adventitious theory-building does conceptual violence both to the old theory and the new product. For example, and without going into detail, positing a Kleinian mechanism of *active splitting* without giv-

ing equal weight to the idea of "a higher degree of ego organization than is usually postulated by Freud" (Segal, 1964, p. 13) generates potential misunderstanding and confusion. Kernberg could have attained a considerably greater degree of clarity and avoided a certain amount of that potential misunderstanding, had he more explicitly indicated the theoretical base for his various elements from other theoretical systems, together with some of the reasoning behind the particular ways in which he has attempted to weave portions of these often somewhat disparate systems into a consistent frame of reference. In short, one of our fundamental reservations is that Kernberg has not made his fundamental assumptions clear.

Another source of confusion, for us at least, lies in the clinical data which Kernberg has utilized. More often than not, it was not altogether clear to us whether those data derived from the beginning, middle, or advanced stages of treatment; from his own cases in psychoanalysis, psychotherapy (supportive or expressive), or from his modified psychoanalytic approach; from the experiences of his colleagues, or from the Menninger Research Project (*cf.*, Kernberg, et al., 1972). Although each of these approaches has its own particular rationale and value, we do not feel that the clinical data emerging from these diverse therapies necessarily have the equivalent meaning, significance, or validity for understanding the process from an analytic point of view or for the testing of psychoanalytic propositions. Further, the very brevity of the clinical material (most of which has been condensed to vignettes) makes it difficult to follow what actually takes place in the therapeutic setting. Throughout, the clinical reality of the patient remains obscure. The fact that more often than not Kernberg tends to lean on inferential data more than on descriptions of actual behavior and verbal associations actually given by the patient does not help his readers to form their own picture of what is going on in the patient and in the treatment process. It was our impression that later in the book, the clinical material became more explicit, somewhat more clear, and more useful. On the whole, though, we had considerable trouble in reconciling that material with the specific point (theoretical or technical) that Kernberg was making.⁵

⁵ We refer the reader to pp. 94, ff., 100-101, 121-122, 197-200, 244-245 for a representative assortment of Kernberg's clinical material.

In this same vein, we do not believe that it is altogether clear *what* Kernberg means by terms such as "supportive therapy," "expressive therapy," "psychoanalytic psychotherapy," "modified psychoanalysis"; what he sees as the crucial technical procedures in these therapies; how he conceptualizes the therapeutic goals and aims for each of them; and how he conceptualizes the differences between such therapies and the so-called "classical" or unmodified psychoanalysis. We recognize that these are, by no means, simple questions. In a sense, it may not be fair to ask them. Some of these issues are raised in the Menninger Psychotherapy Research Project Report (Kernberg, et al., 1972) and, albeit rather cursorily, in this volume. Nevertheless, in view of the importance of the theoretical and technical innovations that Kernberg is advancing, a more explicit discussion of these points would have been welcome in this collection of papers.

Similarly, a somewhat more clear-cut delineation of the meaning of such items as "a micro-paranoid attitude," the "metabolism" or "non-metabolism" of internal object relationships, or of the "systematic" analysis of resistances would have been helpful. It is not always clear to us when Kernberg uses a certain term (for instance "technical neutrality") whether he is using such terms in an idiosyncratic sense.⁶ Kernberg does not always make it clear whether he is deliberately or inadvertently revising such concepts as conflict, defense, transference, instinct theory, and so forth.

It is this very boldness and thrust which demands an ever sedulous determination on the part of the author to clarify precisely, and an equally assiduous but open-minded scrutiny on the part of the reader of what, in Kernberg's lavish array of ideas, is or is not in accord with one's own theoretical understanding and clinical obser-

⁶ In his precirculated paper, "Implications of the Teaching and Practice of Psychotherapy for Psychoanalytic Training," written in advance of the Eighth Pre-Congress on Training of the International Psycho-Analytical Association Congress in New York, Kernberg does, in fact, offer an extensive discussion of what he means by the term "technical neutrality." He does this in the context of distinguishing his definition of psychoanalysis from psychoanalytic psychotherapy. This most recent paper continues the exploration of these subjects in Kernberg's presentation at the May 1978 American Psychoanalytic Association panel: *Conceptualizing the Nature of the Therapeutic Action of Psychoanalytic Psychotherapy* (cf., Nemetz, 1979, pp. 132-136) and its expanded version, "Developments in the Theory of Psychoanalytic Psychotherapy."

uations. The problems to which he addresses himself and the solutions which he proffers are too important to allow us to settle for less.

In regard to the borderline personality organization, the lynchpin of Kernberg's thesis is spelled out on the first page of the first chapter when he states, "There exists an important group of psychopathological constellations which have in common a rather *specific* and remarkably *stable* form of pathological ego structure. The ego pathology differs from that found in the neuroses and the less severe characterological illnesses on one hand, and the psychoses on the other hand. These patients must be considered to occupy a borderline area between neurosis and psychosis" (p. 3, italics added). The words "specific" and "stable" denote a reasonably delineated psychological entity and presume the possibility of a reasonably accurate diagnosis granting the utilization of a "thorough diagnostic examination" (p. 4) and, at the same time, the possibility of the application of "specific therapeutic approaches" (*ibid.*). A very sizable portion of Part I of this book is devoted to the elaboration of these points: the specific ego pathology, its purported genesis, and the clinical manifestations which reflect that pathology; the clinical recognition, diagnosis, and differential diagnosis of the "group of psychopathological constellations" which make up the borderline personality organization; and ways in which the recognition and understanding of these phenomena can be utilized in devising a strategy which can be applied in the psychotherapy of such disorders.

There are few less enviable tasks facing the psychoanalyst than those related to psychoanalytic nosology. For that reason alone, Kernberg's efforts to bring some order into at least one segment of psychopathological classification is in itself a most ambitious and prodigious agendum. Nor has Kernberg contented himself with a superficial, perfunctory lip service to the problem of diagnosis and classification. His is, indeed, a most serious and comprehensive program for the delineation of the borderline personality organization and its differentiation from related and outwardly similar conditions. His "thorough diagnostic evaluation" includes a "descriptive analysis," a "structural analysis," and a "genetic dynamic analysis." Although he does not develop this point in great detail, he calls (p. 4) for the use of psychological testing in those areas where clinical observations may be ambiguous. His discussions on differential diagnosis between borderline personality organization and the so-called

"classical" prepsychotic personality structures (pp. 11-21) are exhaustive and pinpointed, even to atomistic distinctions. Further, in an area where he might have been, quite legitimately, vague and relatively noncommittal, he has not hesitated to be precise and concise.

Yet, after all is said and done, we cannot help but wonder if all of these efforts are successful. We must ask whether the nature and quantity of the data available to us and to Kernberg is truly amenable to the kind of precise categorization and systematization which Kernberg has undertaken. Further, we would ask whether these attempts at precision have in fact resulted in a real clarification of a "syndrome" or, rather, an obfuscation of what remains an area of obscurity. Our own reaction is that despite a number of disclaimers to the contrary, Kernberg has been too intent on isolating too many psychopathological entities and making sure that each was securely placed in its appropriate diagnostic pigeonhole. Consequently, as we studied this volume, we did not experience a comfortable feeling of conviction that these various pathologies (including, most importantly, the borderline personality organization) could be distinguished in a reasonable way on either a clinical or theoretical level utilizing the data and/or the frames of reference Kernberg suggests.

An example of the type of inevitable difficulty with which Kernberg has had to cope is evident from the beginning of his discourse in his selection of a label for the psychopathological entity he tries to describe. On page 13, for instance, one may observe the awkwardness of trying to differentiate a "personality" from a "character" from an "organization." While it is easy to go along with Kernberg's disinclination to become encumbered by the "confusion in the literature . . . caused by the fact that the term 'borderline' was used to refer both to the transitory acute manifestations of patients who were rapidly regressing from neurotic symptomatology to an overt psychotic reaction, and also to patients who function chronically in a stable way at a level which was borderline between neurosis and psychosis" (p. 5), it does not seem that he has avoided the murkiness and confusion involved in trying to separate and differentiate the personality organization from the character neurosis and character disorder. Complexity multiplies as Kernberg introduces the concepts of high, middle, and low level characters. All of these words represent the attempt to describe an apparent concatenation of groups of psychological manifestations which can be observed with a reason-

able degree of predictability in certain individuals over a period of time. All of these words are, to some extent, artifacts insofar as all of these concatenations are relative and not altogether reliable. To speak of the infantile personality as a "middle range" character neurosis that actually reaches "into the typical borderline field" and to distinguish this from the narcissistic personality which is "a typical 'low level' character disorder, although it reaches up into the middle range of the continuum" (p. 13) seems to us to presume considerably greater knowledge and clinical diagnostic acumen than we really possess.

Thus Kernberg's section on descriptive analysis (pp. 8-21) repeatedly suggests the ability to make subtle differential diagnoses that we seriously question can be made in a reasonably reliable manner by even a highly experienced and skilled clinician (the same can be said of many aspects of Chapter IV on prognosis). Even though he warns that "these descriptive elements are only presumptive diagnostic signs of borderline personality organization" (p. 9), the tone of his text is not consistent with his disclaimer. Further, as one reads through the long list of overt clinical manifestations, it would appear that virtually every patient (and probably every nonpatient as well) would demonstrate two or three clinical manifestations, which Kernberg indicates "strongly points to the possibility of an underlying borderline personality organization" (p. 9).

Kernberg would appear to be on much more solid ground in his insistence that the "definite diagnosis depends on characteristic ego pathology and not on the descriptive symptoms" (*ibid.*). We are skeptical (and in some respects Kernberg seems to agree) that the analysis and understanding of this "characteristic ego pathology" can be carried out reliably in the initial interviews. Such determination must await the more telling and unequivocal data that can be ascertained in the ongoing therapeutic work. But here the clinician and the reader are caught in an impossible dilemma since Kernberg claims that the borderline personality organization requires, as noted earlier, "a specific therapeutic approach which can only derive from an accurate diagnostic study." How, therefore, does one apply that correct approach without a complete and accurate diagnostic study and before the therapy itself? Kernberg is not unaware of this problem. He suggests that the patient's response to certain interpretations may be used to differentiate the borderline personality or-

ganization from the psychotic (pp. 173-180). In situations which "require the differential diagnosis of borderline conditions versus a schizophrenic reaction" (p. 179), the interview should be structured "so that the testing of defensive operations can be carried out." "Interpretations of the predominant primitive defensive operations in borderline patients tend to strengthen ego functioning and increase reality testing, [while] the same approach may bring about further regression (uncovering the underlying lack of differentiation between self and non-self) in psychotic patients" (*ibid.*).

Superficially such a recommendation may appear quite reasonable, but we have a number of reservations about such a procedure. We assume, of course, that Kernberg is referring not just to "interpretations" but more pointedly to approximately "correct" interpretations. Granting, however, that the interpretation framed by a given therapist is sensible and seemingly appropriate, how can one accurately predict, when dealing with patients at this level of disturbance, what the impact of such an interpretation might be? We believe that trying to articulate an appropriate interpretive statement involving primitive defenses and resistances could be a particularly hazardous undertaking. All of us are aware how often in our clinical work we are quite surprised (both pleasantly and unpleasantly) at the impact a given intervention or a set of interventions may exert on even reasonably healthy patients. What may seem to the therapist a bland and innocuous remark can bring about apparently devastating reactions. Conversely, what may seem to the therapist to be a potentially disruptive and threatening statement may well have a most salutary effect. We certainly do not know nearly as much as we should about these somewhat commonplace experiences, but we do recognize that the complexity of the psychic apparatus and the fluidity of that apparatus even in more stable patients make the accuracy of our "predictions" (which is what is involved in interpretations, after all) somewhat less than foolproof. With more disturbed individuals, at the moment we embark on an interpretive effort, we are simply not really sure what the exact state of the patient's mind may be: we are not certain how the patient will "hear" and experience that particular interpretation; and we can be even less confident of what will be the reverberations of the interchange. Further, unless we study in some detail just how Kernberg would approach those primitive defenses, it becomes difficult to

appreciate what he would consider to be a "correct" interpretation in such instances. Such a study would have to be based on a fairly elaborate protocol of the therapeutic process rather than the brief vignettes that are available in this volume. We submit, therefore, that to depend on the reaction to what can at best be only a subjectively determined interpretation is hardly a dependable and convincing form of diagnosis.

When Edith Jacobson (1975) states (in what is, on the whole, a very positive evaluation of the volume) that parts of Kernberg's book are not "easy reading," she echoes what we experienced in studying this material. It is true, of course, that the theory being presented is difficult and abstract. For many American analysts the concepts which derive from Kleinian and from object relations orientations are not particularly familiar, and the vocabulary is at times discomfiting. However, in addition to these factors which impose a legitimate burden on the reader, some aspects of the author's style also contribute significantly to this problem. Kernberg presents a particular point or formulation in a relatively positive, direct fashion; he then modifies or qualifies his assertion, usually, we feel, for the better; but then he reiterates his original position, ostensibly disregarding his previous modification. It was by no means an infrequent experience for us to be left either with the broad generalization or with some sense of perplexity or confusion. It is only with careful scrutiny and a number of rereadings that we could discern the more judicious reservations that Kernberg had often inserted but then overridden with a fresh assertion.

Our impression is that the core of this confusion and potential confusion resides in what we earlier called the "lynchpin" of Kernberg's thesis, namely his goal of delineating a group of psychopathological constellations with "a rather specific and remarkably stable form of pathological ego structure." However, as Kernberg proceeds to unveil the profile of that entity it is evident that there is more and more overlapping with elements from other psychopathological conditions. What appears to take place is that, unwittingly or otherwise, the overlapped area becomes incorporated into the orbit of the borderline personality organization. As a consequence, the borderline personality organization becomes more and more inclusive, broader, and looser. Since it encompasses either so many elements on a behavioral-descriptive level or so many internal components

which (frequently going by similar or not so similar labels) are often so widespread as to be essentially universal, it has become virtually impossible to find a case which cannot be suspected and/or considered to fall within the borderline personality organization orbit.

We have deliberately emphasized the diagnostic aspects of Kernberg's presentation because, as we stated earlier, we believe that his attempts to delineate a sharply discrete clinical and structural entity is so central to his overall theory. This is particularly important inasmuch as he argues that a rigorous therapeutic approach is necessary in dealing with such patients. Further, he emphasizes that the diagnosis can be verified on the basis of the patient's response to a particular intervention. As discussed above, we feel this to be unsatisfactory theoretically and technically, and logically to be circular reasoning. The poverty of explicit clinical data further complicates the situation for the reader.

A particularly illuminating example of the kind of mental acrobatics which Kernberg is obliged to employ in order to defend the essential discreteness of the borderline personality organization as a stable and specific psychopathological entity can be seen in his attempts to characterize the quality of reality testing in that "condition." In addition, the following material illustrates quite well the stylistic "oscillations" we described earlier.

He declares (p. 4) that "these patients usually maintain their capacity for reality *except*⁷ under these special circumstances—severe stress, regression induced by alcohol or drugs, and a transfer psychosis." Allowing that the basic premise is correct, do not the exceptions undermine the point he is trying to make? Would we not at least grant the possibility of some measure of impaired reality testing under those circumstances in the widest array of personality organizations, from the more fragile psychotics to the reasonably well-put-together individuals who would fall into Kernberg's category of "high-level character neuroses"? He acknowledges the "presence of some degree of lack of differentiation of self and object images and the concomitant blurring of ego boundaries" as one aspect of "a non-specific aspect of ego weakness in the borderline field, *but* this aspect is closely linked to the pathology of internalized object relationships" (p. 22). On page 36, Kernberg states that "sufficient delimita-

⁷ In this section, all of the italics are ours.

tion between self and objects (stability of ego boundaries) is maintained to permit a practical, immediate adaptation to the demands of reality, *but* deeper internalization of the demands of reality, especially social reality, is made impossible by the interference of these nonintegrated self and object images with superego integration." On page 82, Kernberg alludes to the absence of an observing ego in the borderline personality organization; on the next page he reiterates that the differentiation between self and object images has "taken place *sufficiently*," and therefore ego boundaries are *more* stable "and reality testing is also preserved to a *major* extent." On page 129, Kernberg lists "the weakening of reality testing" as a reflection of both "a general outcome of pathological ego development and the specific results of the pathology of internalized object relationships of patients with borderline personality organization." On page 135, he asserts that "reality testing in the strict sense of the capacity to differentiate intrapsychic from externally perceived events is an ego function present in patients" with borderline personality organization; but it is a function which may be transitorily lost under the conditions mentioned earlier.

On the following page, Kernberg goes on to say that the "frequency and intensity of temporary loss of reality testing are not, in themselves, important prognostic indicators" in assessing the treatability of the borderline personality organization patient except "for deciding on the possibility of psychoanalytic treatment proper in any particular case" (p. 137). However, in the following paragraph, he points out that "there is another sense in which the term reality testing may be used, a more general, less precise, and yet more subtle reference to the extent to which the patient is aware of his interpersonal or social reality, and especially of the moral values of others. Subtle alterations in the behavior of borderline patients within their ordinary social context (such as their frequent lack of perception of subtle 'messages' from other persons, their unawareness of inappropriate appearance, of the emotional reality of others, of the influence of value judgments on the behavior of other persons, of how they themselves are perceived by others, and tactlessness), all reflect loss of the more discriminatory aspects of reality testing determined by ego and superego pathology. Reality testing in this broad sense does have some prognostic value. . . ." On page 170, in discussing the technical handling of various transference

reactions (and, as far as we can determine, Kernberg is not here referring to the "transference psychosis"), he emphasizes that "interpretations have to be formulated so that the patient's *distortions* of the analyst's intervention can be simultaneously and systematically examined, and the patient's *distortions* of present reality and especially of his *perceptions* in the hour can be systematically clarified." In this instance, it would appear that Kernberg is speaking of a psychoanalytic situation.

We are in no way taking issue with Kernberg's reservations, qualifications, or modifications of his basic position that the borderline personality organization patient may possess a relatively adequate reality-testing apparatus and that this essential adequacy represents one of the principle differential diagnostic points between certain characterological disorders and the psychotic patient; on the contrary, we believe that these qualifications are judicious and important. What is less easy to accept is his statement that "loss of reality testing in *any one area* indicates psychotic functioning" (p. 182). Kernberg then pulls back a bit by stressing that "this conceptualization of reality testing is a restricted, delimited one, referring exclusively to the presence or absence of the patient's capacity to identify himself *fully* with the external reality represented by the patient-therapist relationship." His very next sentence, however, would appear to represent a reversion to a categorical position inconsistent with most of the quotations we have extracted from his papers and spelled out above (we are by no means unaware of the possible pitfalls and distortions which can occur by even carefully truncated extractions). He claims that "this formulation implies that there is *no continuum*, no gradual shift from presence to absence of reality testing. . . ."

If Kernberg accepted some sort of "continuum" between what he describes as the borderline personality organization and the psychotic, he could point to a series of quantitative and qualitative variations in the reality-testing functioning of such patients using the general formula that with increased regression and deterioration in overall ego integrity there would be a comparable decline in the efficacy of the reality-testing activities. However, since Kernberg holds fast to the idea that the borderline personality organization is a stable and specific psychopathological entity, he also wants to hold fast to the idea of more specific and more absolute distinctions in

these reality-testing functions. Kernberg grants that, although these functions are more stable in the borderline personality organization than in the psychotic, the borderline personality organization patient may lose that relatively stable reality-testing capacity in certain special circumstances, particularly in the course of transference regression and the formation of a transference psychosis.⁸ He would also insist that there are a number of categorical differences (as well as some similarities) between the transference psychosis that is observed in the borderline personality organization and in the psychotic. Kernberg acknowledges that in such a situation, the borderline personality organization patient will suffer a loss of reality testing, develop delusions and hallucinations, may have to be hospitalized, and that "at times it is quite difficult to separate a transference-limited psychotic reaction from a broader one" (pp. 84-85); but, in this area, he presents three crucial differences as well. First, in the transference psychotic reaction of the borderline personality organization patient, "the loss of reality testing does not *strikingly* affect the patient's functioning outside the treatment setting" (p. 176; see also p. 84). Second, the psychotic patient in the more advanced stages of the transference psychotic reaction has a "fusion experience with the therapist" (p. 177) while borderline personality organization patients "even in the course of a transference psychosis, do experience a boundary of a sort between themselves and the therapist" (*ibid.*). Third, there is the difference we noted earlier (see p. 479) in the reactions of these patients to the therapist's interpretations; notably, "while interpretation of the predominant primitive defensive operations in borderline patients *tend* to strengthen ego functioning and increase reality testing, the same approach *may* bring about further regression . . . in psychotic patients" (p. 179). We have already expressed our reservations about basing the diagnosis on the utilization of response to interpretation. But, while Kernberg recognizes that he needs to use a variety of qualifying words and phrases about these distinctions, he still concludes that there is no continuum. Further, although he does suggest somewhat different etiologies and posits different psychopathological ego structures (based essentially on differences in the "metabolism" of the internal-

⁸ There is some inconsistency and potential confusion in Kernberg's use of the term "transference psychosis." See Weinschel (1966) for remarks by Reider, p. 546, and Frosch, p. 547.

ized object relationships), it is not altogether clear that the clinical manifestations convincingly parallel those structural differences. The various qualifiers that Kernberg must introduce certainly tend to blur those distinctions. What stands out most on the clinical level in regard to the issue of reality testing is what we might call the "temporal duration of the break with reality." In the borderline personality organization, that break would appear to be related to some sort of stress, is transient and reversible, and is responsive to appropriate intervention, while there is the implication that these factors do not apply to the so-called psychotic. In the latter condition, one is led to believe that the defect in reality testing is ongoing and permanent. If this is so, then we are confronted with a somewhat "new" conceptualization of schizophrenia and the other psychoses: that these conditions are essentially the same over time, that they do not demonstrate periods of regression and/or restitution, and that they do not respond favorably to certain kinds of interventions (including those directed toward the primitive defense mechanisms). Inasmuch as our understanding of these psychoses is still confused and incomplete, it may well be that Kernberg's implications contain considerable validity; but at this time, at least, it would be difficult to draw such inferences since they would not coincide with our clinical experience and observations. Clinically, we also see breaks in reality testing in the much healthier patient, patients whom we would ordinarily place in the neurotic spectrum of the psychopathologies. Such "breaks" are anything but rare, invariably transient, and usually quite amenable to therapeutic intervention. We would submit, simply, that the relativity of reality testing (determined by a variety of dynamic, genetic, and economic factors) makes it a difficult area on which to establish hard and fast, categorical, isolated criteria for the diagnosis of a psychosis.

Finally, Kernberg's overall portrayal of the reality-testing functions of the borderline personality organization as essentially sound is complicated *logically* by his emphasis on the role of the mechanism of projective identification in these conditions. Kernberg stresses throughout this volume (see, particularly pp. 30-31, 80-84, 98-99, 170-177) the pivotal role played by "early forms of projection, and especially projective identification" in the structure of the borderline personality organization pathological ego. He indicates that this tendency to utilize "very strong projective trends" (p. 30) is im-

portant not only for “the quantitative predominance of projection but also the qualitative aspect of it. . . . The main purpose of projection here is to externalize the all-bad, aggressive self and object images. . . . While these patients do have sufficient development of ego boundaries to be able to differentiate self and object in most areas of their lives, the very intensity of the projective needs, plus the general ego weakness characterizing these patients, weakens ego boundaries *in the particular area of the projection of aggression*” (pp. 30-31). Later, he points out that these projective identification mechanisms become the main culprits during the course of therapy: they interfere with the self-observation functions and with the production of transference regression; they undermine the stability of the patient’s ego boundaries; and they contribute centrally to the elaboration of a transference psychosis; in short, they act to compromise the reality-testing capacity of these patients. To the extent that we feel comfortable about our understanding of the mechanism and the process of projective identification, these observations appear reasonable.

What becomes more difficult to reconcile with these observations is the more general position that the borderline personality organization patient usually presents a fairly stable and effective reality-testing apparatus. If what Kernberg tells us about the preponderant and predominant influence of the aggressive (particularly oral-aggressive) drive derivatives in the borderline personality organization is essentially correct, then it would appear that the utilization of such forms of projection and projective identification must, indeed, be comparably preponderant. If the operation of these mechanisms leads to a weakening of “ego boundaries in the particular area of the projection of aggression,” then it would appear likely that these “areas” of ego weakness must be relatively pervasive throughout the entire personality structure. If the borderline personality organization patient can readily regress because of the prevalence of such defensive operations in the course of therapy, it becomes difficult to comprehend how such an individual can escape similar catastrophic reactions outside of therapy. It becomes even more difficult to understand how such an individual can “usually maintain” his capacity for reality testing.

Recurrent waves of proposed revisions of analytic theory and technique have characterized the history of psychoanalysis. Some of these

proposed revisions have, indeed, become a portion of the psychoanalytic corpus; more often than not, however, they have enjoyed only a transient significance and popularity. It is not possible to submit a specific formula which would encompass all elements of these revisions, yet certain issues and emphases appear to be conspicuous and characteristic in each of the recurrent waves. In this same historical vein, we are, of course, aware that currently we are in the midst of a flurry of such proposals, and for us, Kernberg's work provides the most conspicuous and influential representative of current revisionistic trends. The following list points to areas we believe warrant continued scrutiny in order to determine the nature and validity of his contributions.

1. The borderline personality organization concept has blurred the already unclear distinction between psychoanalysis and psychotherapy. Kernberg does not concern himself directly with these distinctions in the 1975 volume, but what emerges from these writings is a greater confusion of what constitutes the essence of analysis, the so-called psychoanalytic therapy, expressive or explorative psychotherapy, and the so-called supportive psychotherapy. These are not simple differentiations, and it is difficult to fault anyone for not spelling out the clear-cut criteria on which to make such distinctions. What may be more crucial than the failure to formulate distinct differential *definitions* between psychoanalysis and psychotherapy is the failure to distinguish, and hence a blurring, between what is *psychoanalytic* and what is *psychotherapeutic*. What is psychoanalytic involves more than the *usage* of psychoanalytic language and concepts and, in terms of practice, cannot be divorced from what we call the psychoanalytic process, a topic which cannot be pursued here and one with which Kernberg barely deals in his work.⁹

2. There has been a retreat from an emphasis on the vicissitudes of sexuality, the derivatives of libido, and the centrality of the oedipal conflict. Instead, one finds a dramatic shift of emphasis to the role of aggression and pregenital factors in psychological life. Concomitantly the significance of regression tends to be overlooked. Often it is a concept to which lip service is paid without sufficient attention being given to whether the material at hand represents the

⁹ See, however, our footnote 6 on p. 475.

product of a defensive regression (with a role played by earlier *fixations*), or whether that psychological material derives from a developmental *arrest* and/or defect.

3. More and more, “psychological” conflict is seen in terms of conflict with the external world and its representatives rather than in terms of intrapsychic conflict. Although the concession is made that the child may have “constitutional” propensities in certain directions, the greater emphasis is on the *real* activity and care of the early introjected objects *in toto*, particularly the mother. In many ways, such concepts return to the somewhat oversimplified conceptualization of “Momism” in place of the more complex implications of “the good enough mother.”

4. Related to this shift in the arena of the “real”—and in “ideological” terms this may be the most conspicuous change—is a clear indication that the tripartite structural theory, with all of its derivatives and implications, is being replaced by the putative theories of object relations. Further, the attempts to reconcile the two are far from convincing, as are the related explanations for the ways in which earlier “active splitting” mechanisms give way to the higher-level repressive mechanisms (and other comparable defenses). It would be presumptuous to insist that any one theory of what takes place in the first two years of life must be *the* correct one, or conversely, that an alternate theory *must* be erroneous. Thus, we cannot reject, out of hand, Kernberg’s conceptualization of the early building blocks for psychological structure. We do suggest, however, that such a conception raises many questions, does involve significant departures from previous structure-building theories, and by its very language enhances the tendency toward concretization and reification. Whatever the merit of these reservations, it is reasonable to state that when many analysts speak of “modern psychoanalysis,” they are really referring to an object relations theory rather than one predicated on the centrality of instincts and their vicissitudes. We will only mention in this context that thought processes appear to play such a minor part in Kernberg’s systematization. As Holzman (1976, p. 267) put it, “The person of this new theory does not think. Rather, he lives by the introjects. . . .”

5. Kernberg introduces a shift, diagnostically, from the emphasis on understanding, on the recognition of continua, and at least tacit acknowledgment that diagnostic labels are artificial and abstract.

His concern is rather for the delineation of more strictly defined diagnostic entities which are not only more circumscribed hypothetically but also more concrete. We view this tendency as regressive, harking back to a sort of Kraepelinian taxonomy, and because precise diagnosis occupies such a central position in Kernberg's overall system and his technical "strategy," we return to this issue in the next point.

6. We would add, in this connection, that there is a significant tendency to depart from the very basic technical precepts of "free association," the rule of abstinence, the principle of the analyst's "freely suspended attention," and the priority given to the admonition to respect "where the patient is now." In their place, we see more and more instances in which the patient is being viewed through a prism of prefabricated ideas, and his treatment is predicated on *what* is believed contained within a given diagnostic label and preformed ideas about *how* that diagnostic label should be approached. We do not believe that the psychoanalyst is ever "passive," even when he is silent; but we do believe that the "new" analysis entails the danger of a kind of activity which is based not so much on the analyst's responsibility to maintain the analytic process but on his preconceived notion of what the patient *must* be like and by a greater tendency to permit the analyst's own value judgments to intrude on the analytic work and the analytic process.

We have not attempted to list other, often significant changes in analysis; nor have we attempted to document these assertions in any detailed way. What we do wish to underscore is that there *are* changes; and that these changes, in themselves, represent a striking "social" phenomenon, at least to the extent that psychoanalysts collectively represent a specific "social group." Whether or not these alterations are beneficial or deleterious will be determined by the test of time and, even more, by the results of careful scrutiny. It can, of course, be argued that there are not only differences between the "old" analysis and the new points of view (as exemplified by Kernberg's papers), but that there are even more similarities between the two. It would be difficult to refute such a contention, but an emphasis on the areas of similarity and commonality can often be misleading. As one of us (Weinshel, 1976, p. 451) stated in another context, "Such an emphasis, which could serve as a vehicle for a superficial reconciliation, can also become the means of blurring

areas of conflict—some of which may, in isolation, appear trivial but in the aggregate loom large. These differences may not necessarily be incompatible but they do demand further careful study if we are to arrive at a scientific rather than political reconciliation.”

We very much wish that we could offer convincing and comprehensive explanations for what we have referred to as the “social phenomena”: the recurrent waves of efforts to introduce significant alterations in basic psychoanalytic theory and practice, the tremendous “band-wagon” popularity of Kernberg’s contributions, the cult-like atmosphere that has surrounded much of his work, the reluctance (or at least, the open reluctance) to question its derivation and its validity. We do not believe, however, that we are capable of doing so. It may be necessary, perhaps, for more time and distance to intervene before a psychoanalyst can undertake such a critique; and, perhaps, only someone outside of the profession of psychoanalysis can bring both the objectivity and the necessary complex perspectives in humanistic studies to accomplish this task.

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Insights from the Blind. Comparative Studies of Blind and Sighted Children. By Selma Fraiberg, with the collaboration of Louis Fraiberg. New York: Basic Books, Inc., 1977. 297 pp.

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BOOK REVIEWS

INSIGHTS FROM THE BLIND. COMPARATIVE STUDIES OF BLIND AND SIGHTED CHILDREN. By Selma Fraiberg, with the collaboration of Louis Fraiberg. New York: Basic Books, Inc., 1977. 297 pp.

With her usual liveliness, Selma Fraiberg describes what happens to human attachment, prehension, gross motor development, and language when a child is born blind. Inspired by her work with D. A. Freedman in New Orleans in 1962, she assembled five boys and five girls with no handicaps other than blindness, for a longitudinal study in Ann Arbor. The children's ages at referral ranged from one to eleven months and the ages at the last contact were from two to six years. There is some overlapping in the twelve chapters (some of which have appeared in the same or other versions elsewhere) which describe New Orleans material as well as the longer Ann Arbor study.

The use made of the small sample of ten far surpasses the value of much larger, statistical studies. Following a strict methodology, Fraiberg and her team abandoned only one strict criterion of academic psychology (see Chapter IV). By training mothers and infants, they helped the blind children develop in an optimal way. Fraiberg's work is a prime example of a preventive program based on concomitant research.

Two chapters (II and III), one written with Freedman, are devoted to case histories of blind children who were not subject to the longitudinal preventive study. The chapter on human attachment focuses on the absence of differentiated and modulated facial expressions and on the delay in reaching gestures in the blind child. Observers of infants have become aware of the young baby's early response to oral configurations and other facial expression, as well as to finger play of the mother. Thus, it is not surprising to hear that the innate expressive facial apparatus and the expressive hand, usually put into the service of imitation in the first few days or weeks of life, are not developed in the congenitally blind. The unresponsiveness of the face and hand may also be due to a relative lack of sensory input from touch, from being moved and being talked to. The depressed mothers of blind infants talk less to their babies and perhaps they pick them up less than they do their sighted

siblings. The question arises whether helping the caretaker guide the blind infant's hand to feel the maternal face as she smiles, frowns, or talks could at least partially overcome the handicap of facial blandness and manual inactivity in the blind.

The chapter on prehension (VIII), in which B. L. Siegel and R. Gibson participated, overlaps with the previous one (VII). In it, Fraiberg describes "blind hands" which stay at shoulder level and do not come together or reach until well into the first year. By bringing the infant's hands together and instituting a sequence of letting the infant touch an object and then hear the sound it makes in proximity to him or her, the authors found that the child begins to reach much sooner.

In Chapter IX on gross motor development by Edna Adelson and Selma Fraiberg, the authors note that postural development leading to sitting, bridging, and standing keeps to a normal timetable. However, mobility is retarded because the visual stimuli needed to enhance it are lacking. This reviewer's work with sighted infants suggests that the transitions from stability to mobility are vulnerable periods in every child's life, but are more so for those who have difficulties in integrating sensorimotor cues from the inside and the outside. Fraiberg helped blind infants to creep by providing them with sound cues for which they reached. Her retraining methods provide a model which can be used for sighted children as well.

In the two chapters on language (X and XI), one of them written with Adelson, the researchers suggest that blind infants vocalize to a lesser degree than the sighted. A verified difference between blind and sighted children's language is discovered in the considerable delay in the discrimination of "I" and "you" in the blind. This reviewer is reminded of infants, a few weeks old or younger, who stop imitating facial expression when sound ceases and silent smiling and "cooing" continues. They look surprised and wait, but soon they begin to vocalize themselves as if trying to restore sound by a sound of their own. Perhaps the blind child, lacking the incentive provided by the combined visual-auditory input, may also fail to establish the connection between words and the visual-spatial transposition which is needed as a basis for the symbolization of relationships.

Fraiberg demonstrates that the integration of the senses is the matrix for the development of the ego. Her discoveries are thought-provoking and illuminate such long-standing psychoanalytic in-

sights as the equation of "eye" and "I." They pose a much wider question concerning the possible effects of the relative visual deprivation during psychoanalytic treatment on the patient's capacity to differentiate between the analyst and the absent primary object.

Having learned about the formation of the Piagetian object in the blind infant, we hope to find out more about the influence of blindness on the states of symbiosis and separation-individuation. Perhaps Fraiberg may help us to explore such questions as: How does blindness affect secondary process thinking and how is the evolution of penis envy and sex differentiation affected by the absence of visual perception of the genital of the opposite sex? As psychoanalysts we look forward to further contributions from an ingenious colleague.

JUDITH S. KESTENBERG (SANDS POINT, N.Y.)

THE SELF: PSYCHOLOGICAL AND PHILOSOPHICAL ISSUES. Edited by Theodore Mischel. Totowa, New Jersey: Roman and Littlefield, 1977. 359 pp.

The subjects of self, person, and identity, which occupy the attention of psychoanalysts so concentratedly, also have been and remain subjects of concern to psychologists and philosophers. This volume is the product of a conference held in Chicago in 1975 and is described by the editor, the late Theodore Mischel, as ". . . designed to explore interrelations between philosophical analyses of the family of concepts relating to the self (e.g., self-knowledge, self-control, self-development) and empirical studies in psychology of the development and manifestations of self-control, self-knowledge, and the like" (p. ix).

The problem of self centers around two questions. First, is self an entity or is it an abstraction, a concept? As Mischel says, this book discusses concepts *related* to the self, in each case a hyphenated term, not self in isolation. Second, is self an "agent"? When we speak of motivation, action, affect, thought, is it more useful to postulate the self as an active agent or to postulate psychic functions in terms of the structural theory of psychoanalysis? Is this merely a semantic controversy or is it basic to new approaches in the theory and practice of psychoanalysis?

In the one chapter by a psychoanalyst, "'Irrationality' in a Psychoanalytic Psychology of the Self" by Ernest S. Wolf, the author

makes statements unsupported by evidence and uses terms which are not clearly defined. He quotes Kohut, who “. . . was the first to conceptualize the central pathology of some of these sufferers from depression and hypochondriasis as a defect in the cohesion of their self, the latter concept an abstraction related to, but not identical with, sense of self” (p. 205). It is not clear what is meant by “cohesion of the self.” The sentence contains a contradiction in that it recognizes self as an abstraction and yet attributes to this abstraction a quality, i.e., cohesion, which would imply self as an entity.

The clinical assumption of the “central pathology” described in this statement, to which Wolf adds that “. . . neurotic conflicts derived from unresolved oedipal fixations are not central to their suffering and that resolution through classical psychoanalytic treatment [whatever that is] is not sufficient to restore adequate functioning” (p. 205) suggests that “classical” psychoanalysts do not analyze conflicts of self-esteem, unconscious self-image, narcissism, etc.

Wolf recognizes a “relationship between certain aspects of psychoanalytic drive psychology and the psychology of the self” but he maintains that “it is not drives *per se* that force pathological adaptation upon the ego; it is only when they are wrenched out of their normal matrix within a cohesive self, by the latter’s disintegration, that these drives assume pathological intensity which forces the ego into the distortions that we call neurotic symptom formation” (p. 212).

This formulation is supposedly supported by a case presentation, but the conclusions still require further explanation. The recognition of the role of drive theory assumes the analysis of conflict, of unconscious fantasy, of defenses, and about these we are given no details. Only the analysis-of-self aspects are discussed in the case presentation. The psychologist or philosopher to whom this book is addressed will not get a balanced view of psychoanalysis from this chapter.

The other papers in the book give detailed information on psychological experiments which in every instance involve a hyphenated aspect of self. Stephen E. Toulmin, in an illuminating chapter, “Self-Knowledge and Knowledge of the Self,” makes a careful distinction between “self” as a prefix or suffix, as the name for a “hypothetical entity,” and as a diagnostic term. He asks “Will it, in the long run, be helpful or even practicable for clinical psychologists

[should we not also include psychoanalysts?] to continue loading such a burden of meaning on to the deceptively simple word 'self?' (p. 316). W. and H. N. Mischel, on the other hand, in a chapter, "Self-Control and the Self," say: "The 'self' here is not a mental construct, but a living organism, a person" (p. 51). Other authors in the book also see "self" and "person" as synonymous, which, I suggest, is an error.

Not only are references to unconscious mental activity rare in most of the chapters but W. and H. N. Mischel state that ". . . while a belief in the prevalence of distortions from unconscious defenses such as repression is the foundation of psychodynamic assessment, the experimental evidence for the potency—and even the existence—of such mechanisms remains remarkably tenuous" (p. 51). They note, however, that individuals are capable of impulsive and "uncontrolled" action (p. 41). These statements are not reconciled by the authors.

It is not possible in a review to discuss all the chapters but some call for special notice. An excellent chapter by D. W. Hamlyn, Professor of Philosophy at the University of London and editor of *Mind*, reviews the philosophical aspects of the problem in detail.

The authors do not all agree with each other. This makes for interesting controversy and indicates that the problem of self is still a wide-open subject that can be studied profitably by philosophers, psychologists, or psychoanalysts.

DAVID BERES (NEW YORK)

LANGUAGE AND INSIGHT. The Sigmund Freud Memorial Lectures 1975-1976, University College London. By Roy Schafer. New Haven and London: Yale University Press, 1978. 208 pp.

If Freud had been less strongly drawn toward philosophy, psychoanalysis might be less plagued with philosophical problems. Thanks to a recent discovery,¹ we know that during his years of intensive study with Brentano he seriously considered philosophy as a career. He finally turned away from this early love, and his comments about philosophy in his published works are uniformly negative, so much

¹ Cf., Stancu, H.: *Young Freud's Letters to His Rumanian Friend, Silberstein*. Israel Annals of Psychiat., 1971, IX, pp. 195-207.

so that if they had been made by anyone else, many an analyst would have suspected their defensive origin.

It seems plausible to conclude that Freud studiously neglected to address such philosophical issues as the mind-body problem, or the seeming paradox of freedom in a deterministic world, whenever they arose. Yet unexamined antinomies, epistemological and metaphysical inconsistencies, and methodological *Schlamperei* underlay many of the persisting difficulties of psychoanalytic theory. It is only in quite recent years that analysts are beginning to become aware of these issues, and Roy Schafer deserves a good deal of thanks for so persistently discussing questions of this kind in a series of papers, a large and controversial book (*A New Language for Psychoanalysis*),² and now a briefer but no less thoughtful and meaty one.

A review of reasonable length cannot do justice to the many difficult theoretical and philosophical issues Schafer raises, particularly because he does not defend many of his positions in detail but refers the reader elsewhere for such defense—principally to works of the British school of action philosophers. I cannot attempt to review and rebut Ryle, Davidson, Melden, and the other authors he leaned on in his earlier book. I will merely note that the most recent philosophical work cited in *Language and Insight* dates from 1963. Since then the work of Ryle has come under increasing criticism from within philosophy, and many other contributions have been published on all the issues of action philosophy. Matters presented by Schafer as if they were relatively clear and simple (for example, the contention that causes and reasons are fundamentally different and incompatible within a single explanatory system) now are seen to be a great deal more complicated and problematic.

In the present work, Schafer presents the text of five lectures he addressed to an educated but not exclusively professional-psychoanalytic audience, supplemented by a prologue and an afterword. The aim was to introduce psychoanalysis and action language to this wider public. As first incumbent of the Sigmund Freud Memorial Visiting Professorship at the University of London, the author felt a need to redefine psychoanalysis and make it intelligible in its modern guise to the same kind of layman to whom Freud spoke in his introductory lectures. The title suggests the emphasis in Schafer's

² Reviewed in This QUARTERLY, XLVII, 1978, pp. 303-308.

presentation on the psychoanalytic process as a set of verbally communicated meanings which can give rise to therapeutic changes in self-understanding. Few psychoanalysts would quarrel with the contention that this is an important way of looking at their field, and few who read these pages open-mindedly can fail to come away instructed and stimulated. For, agree with him or not, Schafer is unquestionably one of the most thoughtful and insightful writers in contemporary psychoanalysis, one whose original approaches to familiar topics reverberate lastingly in the mind.

The present book's small size—it contains less than half the words of *A New Language for Psychoanalysis*—and its special provenance account for the fact that it does not add substantially to the basic argument of that controversial book. Rather, it extends the range of topics to which Schafer applies his new approach—the nature of the psychoanalytic life history and of free association, self-control, self-hatred and self-love, impotence, frigidity, and sexism. When he is talking about clinical matters, as he does a good deal of the time, his observational gifts and therapeutic experience make him well worth reading. It can even be argued that some of his insights into the nature of therapeutic change, or impotence and frigidity, are attributable to his thinking about them with the help of action language and not just to the fact that Schafer is a good analyst.

Although I am ambivalent about the book, it is always thought-provoking. When Schafer strikes me as mistaken or wrong-headed, it is because he has an unusual approach to issues, not because he lacks clinical or theoretical sophistication or makes ignorant errors. Thus, he is not at all to be dismissed and is not easily rebutted. There must be a score of bones I would like to pick with him, but let me concentrate here on only a single issue—a rather fundamental one.

A basic argument for action language starts with the correct observation that psychoanalytic theory is riddled with reification, anthropomorphism, personification, and the fallacy of misplaced concreteness. The few apologists for these errors one encounters retort that they are more venial than mortal. Nevertheless, our theory would be better off without them, and it is a merit of action language that it strives consistently to avoid this class of fallacies. With his diagnosis of these errors, however, Schafer and I part company: he speaks about the misuse of abstractions (the common property of the list of fallacies above) as if it were an intrinsic part of mechanis-

tic science, a term he tends to conflate with natural science altogether. If that were true, one wonders how the natural sciences have succeeded as well as they have; even mechanistic biology has many brilliant accomplishments to its credit. I am with him in rejecting the nineteenth-century mechanistic-materialistic world-view, especially for psychoanalysis, but on the grounds of its insufficiency to our data and problems. As I see it, the most mechanistic scientists do the least personifying, and many of them are no more subject to other difficulties in handling abstractions than the rest of us.

The implication of Schafer's radical stance is that the underlying problem lies in our use of abstract nouns altogether. I wonder what he thinks about a science such as theoretical physics, which is almost exclusively concerned with abstractions and yet seems not to have fallen on its face. Such a writer as Home might say, "Oh, but that's a natural science, doesn't use empathy to grasp human meanings, etc." Whatever the doubtful merits of this argument, it is simply irrelevant to the position that the use of abstract nouns is *inherently* fallacious or that it leads *inevitably* to reification or to a mechanistic-physicalistic psychology. All scientific theories by necessity use abstractions and must postulate entities that are not directly observable. Rather than accept general nouns, Schafer appears prepared to abandon the attempts to make psychoanalysis a science or to construct a theory for it as distinct from a language.

Granted his position, it seems inconsistent that he continues to make liberal use of the very kinds of abstract nouns he proscribes, throughout this book. For example, consider the following, eminently sensible conclusion: "The *view* that in *self-control* one is simply controlling one's *impulses* is an impoverished view of both human beings in *relation* and the *ambiguities* of *self-definition*" (p. 71). In this sentence, I have italicized all of the abstract nouns that are excluded from action language. True, many—perhaps all, with enough ingenuity and patience—can be translated into terms acceptable to action language by the device of talking about particular instances of, let us say, self-controlling behavior in specific persons. If such translation without the loss of any intended meaning is not only possible but desirable or even necessary in order to avoid fallacies, why did Schafer not do so? I am convinced that the answer is not just that the corresponding expressions in action language are often clumsy and at times verbose, but that in fact they fail to convey what one means by the corresponding general term. Thus,

Schafer introduces the term, "projective identification, whose influence on interpersonal relations can hardly be exaggerated," probably because it summarizes a recurrent pattern of concrete relationships in a way that cannot be conveyed merely by a series of instances. Note also that in the sentence just quoted, he uses the forbidden abstraction in a proscribed way: he attributes causal efficacy to it. My point is not to fault him for failing to follow his own rules, but to urge him to consider that the rules themselves may need changing.

The underlying and undiscussed difficulty, I suspect, is the ancient philosophical problem of universals: Are abstractions real? If not, are they not arbitrary and treacherous, mere names or even artificial fictions that may bear no useful relation to reality? Schafer properly rejects the realist position, which Popper has renamed essentialism; it is surely an anachronism to take seriously the argument that the Platonic *idea* of a triangle is more real than any of its particular, imperfect realizations. Scientists are all nominalists or conceptualists today; but Schafer seems to go from the proposition that a universal term—an abstraction, a general noun—like any other word, is not real in the same sense as its referents, to the unjustified conclusion that it has no significant properties other than those of being part of a language. Despite his generally laudable stand against reductionism, he reduces theory to language, confident that all problems of theories and models in psychoanalysis can be solved by adopting clear and defensible rules for the use of its (purified) language.

The present book does nothing to convince anyone not persuaded by its predecessor that Schafer's strategy is a sound one. These essays are mainly concerned with the implications of action language for clinical issues, however, for which reason almost any psychoanalyst can profit from reading *Language and Insight*.

ROBERT R. HOLT (NEW YORK)

THERAPEUTIC INTERACTION, VOL. I: ABSTRACTS OF THE PSYCHOANALYTIC LITERATURE; VOL. II: A CRITICAL OVERVIEW AND SYNTHESIS. By Robert Langs, M.D. New York: Jason Aronson, Inc., 1976. 1240 pp.

Each of these two volumes on the interactions between analyst and analysand warrants individual consideration because each is so dis-

tinctly different from the other. Volume I contains abstracts of over five hundred articles; Volume II reviews the abstracts critically and ends with a "synthesis" of Langs's ideas about the interactions in psychoanalytic treatment.

The selection of articles is the result of a "systematic search of the psychoanalytic journals and major relevant books" in quest of both antecedent concepts and other original ideas which might expand one's thinking about psychotherapeutic situations. The abstracts are arranged chronologically and alphabetically according to author. The book contains an "author index" listing the titles of the abstracted articles for each of the authors represented. Therefore, in addition to being offered a chronological account of the ideas and concepts, the reader has an opportunity to see what any one writer has had to say over a period of time. The two-column format of Volume I is attractive and it is relatively easy to locate a particular abstract either by author or by year of publication. A highly condensed summary of each abstract appears in italics between the reference date and the longer narrative abstract. The type size is generous and easy to read, although the books are much too heavy and bulky for comfort.

Factors to be considered in any compilation of abstracts include the accuracy and inclusiveness of each abstract, the clarity of the abstracts, the effect of the abstractor's selections, and, finally, whether the resulting compilation will serve a specific purpose. Langs has succeeded admirably in his effort "to reflect faithfully the basic spirit of each piece." He has summarized his material accurately and comprehensively. The length of the abstracts varies considerably, and only selected portions of some of the articles are used. His abstracts are uniformly understandable, and he has avoided the truncated style to which so many abstractors are prone. This first volume can be read with pleasure.

Langs has grouped and condensed a remarkable number of concepts and ideas related to the patient-analyst interaction. His format highlights various shifts in theory and the period in which these shifts occurred. We note, for example, that before 1942, Freud, Strachey, R. Sterba, G. Bibring, and O. Fenichel discussed psychoanalysis primarily in terms of transference as a repetition of past instinctual conflicts. After 1942, the emphasis of the literature, as reflected in these abstracts, shifted from intrapsychic to inter-

personal, from fantasies to experiences, and from transferences to real relationships.

In addition, when abstracts of an author are read in sequence, one has the opportunity to observe changes in, or development of, his or her ideas. Some authors repeat the same arguments for years while others struggle with a particular concept which they gradually resolve, broaden, and clarify. Some of the authors represented discuss a wide range of basic topics, demonstrating their deepening understanding over the years. For example, twelve papers by Mark Kanzer include the subjects of transference neurosis, dreams, acting out, free association, ego alteration, and the therapeutic alliance. These abstracts, then, in addition to summarizing the literature on a specific subject, yield some very interesting by-products.

In view of the potential value of Langs's compilation, it is especially important to evaluate which portions of the literature on patient-analyst interactions he has selected. Most of Volume I is devoted to the literature since 1952. Only ten per cent of the book is allocated to the earlier years of psychoanalysis. Although the works of three hundred eighty authors are abstracted, fully one-eighth of the text is given to only seven authors: Masud Khan, Otto Kernberg, Langs, Heinrich Racker, Harold Searles, D. W. Winnicott, and Peter Giovacchini. The only others whose abstracts require ten or more pages are Freud, Greenson, Kanzer, and Leo Stone.

If one compares the authors or articles referred to in books on psychoanalytic technique or the psychoanalytic situation by such authors as Brenner, Greenson, Menninger, Sandler, et al., and Stone¹ with those in the present volume, one quickly notes the relative paucity of references by Langs to, for instance, Hartmann, Kris, or Lewin. Further, at least three of these books include references to the works of K. Abraham, F. Deutsch, E. Erikson, T. French, F.

¹ Brenner, C.: *Psychoanalytic Technique and Psychic Conflict*. New York: International Universities Press, Inc., 1976; Greenson, R. *The Technique and Practice of Psychoanalysis*. New York: International Universities Press, Inc., 1967; Menninger, K.: *Theory of Psychoanalytic Technique* (Menninger Clinic Monograph Series No. 12). New York: Basic Books, Inc., 1958; Sandler, J., Dare, C., and Holder, A.: *The Patient and the Analyst: The Basis of the Psychoanalytic Process*. New York: International Universities Press, Inc., 1973; Stone, L.: *The Psychoanalytic Situation: An Examination of Its Development and Essential Nature* (Freud Anniversary Lecture Series). New York: International Universities Press, Inc., 1961.

Fromm-Reichmann, S. Isaacs, I. Macalpine, K. Menninger, W. Reich, T. Reik, V. Rosen, M. Secheyay, and G. Zilboorg, none of which are represented in Langs's selection. Langs states in his preface that "hundreds of other excellent contributions could have been included but limitations of time and space made this impossible." One can only wish that he had been more explicit about his criteria for the selection.

In the second volume, the information provided in Volume I is again summarized and discussed; this time, however, the reader is unreasonably burdened by unmet responsibilities of the author, editor, and proofreader. There are over two hundred typographic errors, not counting unusual examples of hyphenation such as "intrap-syctic." Volume II would have benefited considerably from further editing, revision, and, especially, deletion of redundant material.

Langs argues that it is necessary to consider the nature of the therapeutic interaction in addition to merely interpreting the meanings of transference displacements from the past. He sees a polarity between "classical analysts," who are presented as rigid and narrow, with monolithic attitudes, and those who are enlightened enough to consider more than interpretation alone. This seems to me a little unfair, for he does quote "classical analysts" with broader views, only to regard them as exceptions who prove the rule.

I found Langs's method of presenting his arguments disconcerting. He attempts to clarify and standardize many traditional psychoanalytic terms according to his own theoretical preferences. His declarative style has a dogmatic quality which discourages other ways of thinking about the complexities of therapeutic psychoanalysis and also discourages any thought of questioning the validity of his preferences. Consider, for example: "Projective and introjective identification are the two most basic interactional processes within the analytic field" (p. 575).

Langs's claims of priority, perspicacity, and originality also detract from his otherwise worthwhile contribution. Instead of offering evidence for his arguments, he refers the reader to his previous publications, although the evidence cannot invariably be found there.

The seemingly endless repetitions that burden the reader of the critique must also be mentioned. This repetitiousness is due partly to the considerable overlapping between the critique and the synthe-

sis, and to cataloguing, commenting, and comparing what other authors have said on the subject, summarizing the discussion and, finally, presenting conclusions. However, I had the impression that repetition was also being used in lieu of evidence to demonstrate validity and that comprehensive lists of factors were supposed to demonstrate comprehension.

Langs's "synthesis" is the least satisfactory part of his work. Again, in an attempt to be comprehensive, he lists all possibilities (and at times their exceptions) with a resulting lack of focus. He has presented an *analysis* of the literature in his critical review, but merely to summarize and classify these data does not make a synthesis. One telling example of this approach can be seen in the so-called synthesis of *countertransference*, a term by which the author refers to all reactions in the analyst that are distracting or inappropriate. These are then classified as "matrix countertransferences," which are relatively stable, chronic, and characterological, and "reactive countertransferences," which are acute, changeable, and prompted by immediate adaptive tasks. Langs says the sources of countertransferences are (1) genetic (derived from earlier pathogenic relationships); (2) displacements from current external objects (evoked by another patient, by someone in the analyst's professional world, or by social relationships, and displaced onto the analysand); (3) projective (the analyst projects his own intrapsychic conflicts onto the patient); (4) projective identificatory (the analyst inappropriately projectively identifies into [*sic*] the patient aspects of his own pathological inner state ["these are undoubtedly the most common"]); (5) identifications (with and in support of aspects of the patient's pathological inner mental life); (6) introjective identifications (needs within the analyst to introject and contain pathological and healthy parts of the patient); and (7) projective counteridentifications (the analyst's own pathological needs for defense and gratification lead him to incorporate projective identifications from the patient). "As a result, he does not metabolize the introjective identification toward interpretive insights but, instead, uses the patient's projective identification as an opportunity to express his own countertransference-based needs and reprojects the pathological conglomerate derived from himself and the patient back into the analysand" (p. 549).

Lang uses analogies, similes, and metaphors as explanations in terms of forces, mechanisms, and spaces. For example, ". . . the

interface of the interaction . . . determines the nature and implications of the respective communications." Its location may fluctuate or be fixed, with "a variety of possible shapes and qualities." The interface "has powerful effects on the intrapsychic effects of both participants . . . [and] . . . technically it is important to recognize the preponderant properties of the communicative space" (pp. 578-580). I wonder whether these metaphors add to or detract from our understanding of the complexities of our professional work with patients.

It is difficult to identify the audience for whom these volumes are intended: sophisticated critiques of subtle analytic differences are mixed with simplified classifications and repetitious pronouncements that sound as if they were addressed to beginners. Regardless of the intended audience, this book will probably be used primarily as a reference, which means that its potential usefulness will depend to a large extent upon the adequacy of the index. The Contents of Volume I are presented chronologically. Even though titles are given for the papers that are abstracted, it is unlikely that the date of publication will be the easiest way to find them; the same applies when title information is listed alphabetically by author. The table of Contents of Volume II, however, provides a comprehensive overview of that volume.

A reference work such as this would benefit from a good subject index, but the one provided is of marginal quality: the entries are hard to identify; the number of subsubentries (*sic*) or subsubheadings is too large; the number of cross references is too small; the type used is all of one size and font, resulting in a homogeneous blur. Even the introduction of capital letters would have helped the user to the information he is seeking. In a sampling of the indexing of some pages chosen at random we discover that "repression" does not appear in the index, nor do three terms that the author chose to italicize in the text—iatrogenic, privacy, and privileged communication. "Therapeutic alliance" does appear as an index entry, but there is no entry for the author's summary of the subject appearing on pages 222-223.

In his concluding comments, Langs states, "If this volume does nothing more than prompt an intensive re-examination of the analytic interaction, I will consider myself to have been sufficiently successful in the goals I set. If it has crystallized some important new

insights, I am more than satisfied." In spite of the limitations I have described, I found Langs's analysis of the literature concerning the psychoanalytic situation stimulating, valuable, and a source of new insights.

GEORGE H. KLUMPNER (OAK PARK, ILL.)

THE EVOLUTION OF PSYCHOANALYTIC TECHNIQUE. Edited by Martin S. Bergmann and Frank R. Hartman. New York: Basic Books, Inc., 1976. 497 pp.

While a psychoanalyst inevitably recapitulates stages of the development of psychoanalysis in his own progress as a practitioner, and while there are discouraging indications that instruction by others exerts relatively little effect on this course as compared with one's own experience as analyst and practitioner, the attempt to enable each generation of analysts to start ahead of the previous one must be made. The well-known aphorism that those who do not know history are condemned to repeat it applies with special force to psychoanalysts because the same disagreements about theory and technique continue to recur in new guises.

This volume makes a contribution to the study of the history of technique by providing a good selection of twenty-eight of the less accessible, important technical papers of the past. Except for several papers re-evaluating cases reported by Freud, the period covered is 1919-1939. The editors explain that they consider that Freud laid the foundation of analytic technique between 1910 and 1919; others, however, consider that the essentials of analytic technique were established earlier, as soon as free association replaced directed association, and transference and resistance were first conceptualized and dealt with, probably as early as 1898. The cut-off date of 1939 was chosen because it is the year of Freud's death.

The papers are organized chronologically (early papers, papers of the twenties, thirties) and in terms of their positions in relation to the controversy aroused by the writings of Sandor Ferenczi and Wilhelm Reich.

These relatively arbitrary criteria of organization betray how far we have yet to go to achieve a history of technique conceptualized in terms of the issues involved. One of the important issues which such a history would include is well specified by the editors:

"some psychoanalysts tend to favor a model of the analyst as an observer and a purveyor of interpretation, while others rely more on what they learn from the interaction itself." They continue with an important and correct evaluation of Freud's work: "Although Freud discovered transference and although, at certain periods in his life, he was enthusiastic about the possibility of translating the original neurosis into a transference neurosis, he nevertheless is himself a representative of the first model" (pp. 5-6).

If the editors are correct in their suggestion that the model one chooses depends upon "personal predilections," serious question must be raised about whether analytic technique has advanced beyond Freud and why controversy between the two models remains unresolved, either in the direction of making a choice between them or in terms of their integration. My own view is that analytic technique has not advanced beyond Freud and that the absence of systematic research in our field is a major reason for the lack of resolution.

While the main contribution of the volume lies in making the papers more readily accessible, there are also sketches of psychoanalytic theory and the history of technique, brief introductions of each paper and occasional clarifying notes, and biographical notes on the seventeen authors represented. There are a number of debatable points in the sketches of theory and technique, including what I believe is the common error of asserting that Freud's advancing knowledge of the psyche led to changes in his principles of technique.

MERTON M. GILL (CHICAGO)

SCHIZOPHRENIA: SELECTED PAPERS. By David Shakow. *Psychological Issues*, Vol. X, No. 2, Monograph 38. New York: International Universities Press, Inc., 1977. 354 pp.

There is hardly any need to throw bouquets at David Shakow. He is one of the most distinguished and substantial contributors to the study of mental illness, particularly schizophrenia, of the last half century. The present volume is a testimonial to his work. Thumbing through the collection of his familiar essays, one is impressed by the breadth and scope of his effort to understand the schizophrenic proc-

ess; one also gains a deeper appreciation of the lessons his experience can teach us.

The papers included here center on Shakow's lifetime of research on schizophrenia. The focus of his attempt falls on the nature of the psychological defect in the schizophrenic process and on the methodological complexities of trying to assess and understand it in a research approach. His essay, "Doing Research in Schizophrenia," is a masterful distillation of forty years of continual involvement in such research. It should be required reading—in fact, I would almost say required memorizing!—for anyone interested in the research assessment of psychopathology. There is also a long historical account of the Worcester Hospital Research Service, to which Shakow was an important contributor for a number of years. It is an account worth reading as a reminiscence on one of the most outstanding, productive, and enduring efforts to study the nature and process of schizophrenia ever attempted.

Shakow recalls that in an effort to improve the level of behavior on the research wards, posters were put up in various conspicuous places with the heading in large letters, "This Way Out." There followed categories of graded behavior by which the readiness of patients to return home would be judged. The admonishment was given, "If you want to go home, improve your grade." Further, only the patients who had attained a grade B level of performance would be allowed to return home. Any hospital administrator or inpatient psychiatrist would have to shake his head and chuckle at Shakow's lament that the result of these posters was a strikingly diminished supply of schizophrenic research subjects. Additional patients had to be recruited from surrounding hospitals to fulfill the research requirements. It is worth noting that an extensive bibliography is appended to this account listing the published contributions generated from the Worcester setting. The bibliography covers the fifty years from 1926 to 1976. Shakow's contributions first appear in 1930 and continue until 1976.

Shakow's orientation is strongly influenced by psychoanalysis. However, he does not write about psychoanalytic ideas, nor does he address psychoanalytic formulations of the schizophrenic process. Rather, one has to infer his psychoanalytic orientation insofar as it illumines and guides his thinking.

One question bothered me through the rereading of the papers:

"What does this man, with his accumulated wisdom and experience and his deep knowledge of clinical research methods, have to teach us as psychoanalysts?" I finally decided that Shakow's most important and central message to us was his insistence on the complexity, the subtlety, the ambiguity, and the uncertainty of the phenomena of schizophrenia. He insists time and again that sophisticated and statistically high-powered biochemical, physiological, or even psychological studies of schizophrenic behavior cannot be carried on meaningfully except in the context of a close, intimate, and perduring relationship with the schizophrenic patient. The message for us as psychoanalysts is clear enough: progress in psychoanalysis and in the understanding of psychopathology is contingent on the continued, deep, and unremitting immersion in clinical data and clinical experience. The place of origin of psychoanalytic ideas, and ultimately their validation and verification, is the analytic couch. Shakow again and again argues for the better integration of clinical study and clinical experience with the increasing sophistication and abstraction of experimental methodologies in the study of psychopathology. This is his heritage; this is his message for those who listen.

W. W. MEISSNER (CAMBRIDGE)

SCHIZOPHRENIA. A DEVELOPMENTAL ANALYSIS. By Sidney J. Blatt and Cynthia M. Wild. New York: Academic Press, Inc., 1976. 274 pp.

The main thesis of this book is the concept that schizophrenia represents a developmental disturbance in the capacity to experience, perceive and represent boundaries. Many of the impairments in cognitive, perceptual, and interpersonal functioning described for schizophrenia can therefore be understood as manifestations of this boundary disturbance. The authors develop their hypothesis systematically by reviewing empirical and clinical material in the literature on schizophrenia and by presenting clinical data that deal with the cognitive processes, the sense of self and interpersonal relationships. Further, they attempt an integration of the developmental psychology of Piaget and Werner with the psychoanalytic theory of boundary development in object relationships. This integrated formulation provides a model which the authors believe is capable

of explaining the ambiguities, paradoxes, and contradictory findings noted in this disease. Their clinical data were obtained from a group of schizophrenic patients at the Yale Psychiatric Institute who were in an intensive inpatient treatment program.

The authors perform the admirable task of reviewing the psychoanalytic and developmental literature, particularly the observations of Mahler, Jacobson, Schafer, Searles, Blatt, Ainsworth, Décarie, Burnham, Piaget, and Werner. Especially interesting are references to the early psychoanalytic observations of Tausk, Freud, and Federn. The authors cogently discuss Tausk's 1919 paper on the influencing machine¹ in which he ascribed the formation of the delusion to a projection of the patient's body, thereby signifying a loss of boundary between self and objects. They point out that Freud and Federn also discussed the role of boundaries in psychopathology; while Freud viewed psychosis as a withdrawal of cathexis from objects, Federn viewed it as a withdrawal of cathexis from ego boundaries.

Such a scholarly review of the literature does more than agglomerate a mass of data and clinical observations. It attempts an interdisciplinary integration; the interrelationships of impairments in cognitive and perceptual development are brought into direct relationship with concepts of impaired ego and object relations development. The authors comment:

In addition to the impairments in cognitive functioning that can be interpreted as manifestations of boundary disturbances, there have been numerous recent observations of boundary disturbances in the interpersonal relationships of schizophrenic patients. . . . There are reports of an inordinate need for and fear of merging with human objects, with both fusion and separation resulting in experiences of annihilation and dissolution. These intense longings for and fears of fusion have been understood as expressions of the schizophrenic's impaired differentiation of the boundary between self and nonself (p. 226).

Although the authors refer to Mahler's views on the separation-individuation phase of early childhood development, it seems to me that a fuller consideration of her many relevant contributions concerning symbiosis, the subphase of differentiation, and, in particular, the "rapprochement crisis" would have added an important dimen-

¹ Cf., Tausk, V.: *On the Origin of the "Influencing Machine" in Schizophrenia*. This QUARTERLY, II, 1933, pp. 519-556.

sion to the authors' discussion of boundary disturbances in development. A limitation of possibly lesser importance is an inadequate delineation and some confusion of the distinctions between object constancy, a psychoanalytic concept, and object permanency as described by Piaget.

A final critical comment: While the authors' attempts to integrate and apply their concepts of boundary disturbances may lead to further clarifying explorations of the schizophrenic illness, I am not sure that so many different levels of view can be formed into a "functioning whole" which can be applied at all easily to the understanding of such a complex illness as schizophrenia. The authors themselves partially concur in this view and readily acknowledge a variety of inconsistencies and inadequacies in their "applied efforts."

This book is, however, a serious contribution to the literature; it is scholarly and thought provoking and will be valuable to the professional in the fields of psychiatry, psychology, sociology, and mental health. The developmental approach, employing psychoanalytic and cognitive-perceptive orientations, adds a dimension of major importance to the study of schizophrenia.

BERNARD L. PACELLA (NEW YORK)

OBSESSIONAL NEUROSES. DEVELOPMENTAL PSYCHOPATHOLOGY. By Humberto Nagera, M.D. New York: Jason Aronson, Inc., 1976. 227 pp.

In a terse preface Nagera tells us that this book arises out of the Clinical Concept Research Group at the Hampstead Child Therapy Clinic. This group has been concerned with ordering Freud's ideas, clarifying old concepts and terminology. Nagera apparently intends this book as a clarification, in this spirit, of Freud's and Freudian ideas, not as a statement of anything particularly new. In the first chapter, true to the Hampstead research projects, he has carefully presented to us everything Freud has written on the obsessional neuroses from 1895 to 1939. Nagera has catalogued his quotations and paraphrases under succinct headings, so that the book becomes a very useful bibliographical aid to any student of Freud. One can look up Freud's concepts on onset or etiology, aggression or regression, the oedipus complex, the defenses, the difference from hyste-

ria, and many more topics, all related to the obsessional neuroses. Nagera, however, refrains from editorial comment and indulges in only minimal synthesis to aid the reader's understanding.

The second chapter presents what other analysts have added to the concepts on obsessional neuroses. Nagera comments on the sparsity of writing on this subject and states that he has not tried to give the whole point of view of some authors, but only "ideas that seemed to me either fresh or simply interesting." Nagera handles this material by extensive quotations and paraphrases as in the chapter on Freud's views. But here our need for Nagera to editorialize, to comment, to synthesize, to tell us what is new or different, becomes very important. His failure to comment leaves us again to do our own work, as in the Freud chapter. Furthermore, he restricts his material to papers written specifically on the obsessional neuroses and does not mention other psychoanalytic advances which might throw light on his special topic.

Having given us approximately one hundred pages of review, Nagera settles into theoretical and clinical chapters, whose basic thrust is nosological in the psychoanalytic sense. For instance, he explains the difference in level of regression in phobias and obsessional neuroses and assures us that illnesses which may look like obsessional neuroses are not *true* obsessional neuroses if the defense mechanisms are not specific and the regression is not limited to the anal-sadistic level. He distinguishes between obsessional character formation, obsessional character neuroses, obsessional neuroses, and obsessional symptoms. In another chapter he indulges in a bit of speculation about the "ego quality" in hysterics and obsessively disposed people. And he gives us a developmental outline to use in evaluating young children and predicting whether they will develop obsessional neuroses. This type of theoretical nosology has its values and its deficiencies, and these are clearly present in the book.

In adhering strictly to the model of the anal-sadistic regression of the libido and the defenses against these drives by the ego, Nagera fails to elucidate some basic questions raised by newer theories. What regressions or alterations specifically occur in the ego? For instance what makes it possible for a bright obsessional neurotic to indulge in magical thinking? What changes occur in the nature of the object representations and self-representations and what predisposes to these alterations? How does the theory of neutralization

of aggression in the development of ego functions and object relations fit into his theoretical model? A developmental description of the ego of the child in the anal-sadistic phase would have been helpful here.

The theoretical weakness of the book is exposed in Nagera's presentation of his two detailed cases. In one case, despite brilliant interpretations of the unconscious fantasy meaning of a symptom, the patient does not improve. The patient, an adolescent boy, develops a fear of inhaling and ingesting poisonous substances. Nagera is able to unravel the homosexual-flatus meaning of the substances. The reader, however, begins to question the example in terms of the theory presented. Does not this boy have a delusion, and is he not confusing his inside thoughts with outside reality? And is this not a regression to oral fantasy, something that would pose problems to Nagera's narrow conception of libidinal regression?

We see here a limitation in the theory which is based on the structural theory with all the refinements reached by the mid-1930s. In this outlook the ego was anthropomorphized or reified, considered both weak and strong at the same time, but essentially unaltered. The ego was weak as it was pushed by the exigencies of external realities or by the superego battling with the id. On the other hand the ego was strong—"healthy" in the maintenance of its defenses, well formed, intact—in contradistinction to the psychotic ego. The neuroses were seen as resulting from libidinal regression from the threatening oedipal conflict to previous libidinal positions, but the ego did not regress. Yet in the case presented here, we begin to question the patient's reality testing, a basic ego function. In fact, Nagera's book fails to help us delineate the distinctions between obsessional neuroses and the psychoses. A clear elucidation of ego functions and guidance about what to look for clinically in making the differentiation in ego functional terms is still needed.

Nagera's second case poses even more puzzles for this reader. A younger boy was hospitalized because his obsessional ceremonials became so complex that he could not function. The boy, whose mother was psychotic and committed suicide when he was five, is threatened oedipally in the new marriage made by his father. What strikes the reader is the peculiarity of the boy's total nature and his unrelatedness to other people, so that Nagera has to prove that he had any object relationships at all by showing that he had subtly

noticed another patient. Reading about this case, one inevitably becomes preoccupied with the boy's strangeness and maladaptation and begins to wonder about his self-representations and internalized objects. Libidinal regression to the anal-sadistic phase does not explain enough.

If the first boy can function in most areas and the second is incapacitated, one wonders if the mechanism of illness can be the same in the two boys. Must we not raise questions about the falling apart of the ego apparatus in the second case? Is this not related to the collapse of particular ego functions, and to what degree is this failure explainable by postulating deneutralization of aggression? Nagera's failure to explore such questions leaves the reader unsatisfied.

Nevertheless, this kind of structural nosology has a positive value when used as a device for teaching the structural theory of the neuroses. The book will be helpful to analytic teachers of Freud's theories on the obsessional neuroses. It will alert students to fantasy content and to the inevitable sexual triangular (oedipal) nature of the precipitating events for the illness. As a teaching device Nagera's work is simple and understandable, clear and well written, and the book should be useful for the purpose for which it was probably intended.

LORE REICH RUBIN (PITTSBURGH)

PSYCHOTHERAPY OF THE BORDERLINE ADULT. A DEVELOPMENTAL APPROACH. By James F. Masterson, M.D. New York: Brunner/Mazel, Inc., 1976. 377 pp.

Engaged for more than twenty years in clinical research on personality disorders, the author focused, in his earlier work, on adolescents, particularly those seen in an inpatient setting; his more recent findings come from his experience in treating adults in his private practice, using the theoretical and therapeutic model he had developed in treating borderline adolescents. This is the same theory and technique he reports having taught to over a hundred psychiatrists with excellent results. Masterson's present study contrasts a technique derived from a developmental model and "object-relations theory" with one derived from a conflict-drive psychoanalytic model. Favoring the former, Masterson further dichotomizes the issue by

focusing on preoedipal as opposed to oedipal issues and on an active technique involving confrontation and limit-setting, as opposed to a more passive "analytic" stance. Masterson views his own clinical experience and that of the more than one hundred psychiatrists trained in his technique as a successful clinical trial. "Widespread application," he maintains, "is now warranted." In making his case, he pays particular attention to his successes with patients who had previously been treated by adherents of other approaches with little or no improvement. In order to evaluate these claims, a closer look at this theory and the technique is needed.

Masterson states that the borderline patient suffers from an arrest occurring at the separation-individuation phase (*rapprochement* subphase) of development, due to the mother's withdrawal of "libidinal availability" when her child attempts to separate and individuate. He feels that these mothers are themselves borderline (an opinion based on observing their visits to their adolescent children in the inpatient setting). While imputing to these mothers a "defensive need to cling" to their children, he never precisely states what this need defends against. The child reacts to the mother's withdrawal with an "abandonment depression" (a term never adequately defined), defensively denies the depressive feelings and the separation, and clings to his mother. The child is rewarded by the mother for regression or punished with withdrawal for any progress toward separation and individuation. This results in a "split object relations unit," a rewarding part unit, and a withholding part unit. These units, abbreviated RORU (reward object relations unit) and WORU (withholding object relations unit), are the central constructs of Masterson's theoretical model. The RORU develops an alliance between itself and a part of the ego (it is not ever made clear whether the object relations units are parts of the ego or whether they exist apart from the tripartite psychological structure); this part of the ego is considered pathological in that it has failed to "undergo the necessary transformation from the pleasure principle to the reality principle." The RORU is seen as the borderline patient's principal *defense* (does this indicate that the RORU is an ego function?) against the painful affective state associated with the WORU, namely, the abandonment depression. Both object relations units become transferences (presumably through the operation of the

repetition compulsion) in which the therapist is viewed as alternately rewarding and withholding.

Masterson states that psychotherapy "compensates for the two key developmental defects of the borderline intrapsychic structure—i.e., in object relations and ego structure." To this end, two therapeutic techniques are employed: (1) support from the therapist, a real person, for the patient's attempts at individuation; and (2) confrontation of the patient's denial of the destructiveness of his pathological ego. A new alliance is forged between the therapist's healthy ego and the patient's embattled reality ego. To quote Masterson,

A new object relations unit develops with the therapist as a positive object representation who approves of separation-individuation plus a self-representation as a capable developing person plus an affect (good feelings) which ensues from the exercise of constructive coping and mastery rather than regressive behavior. Working through impels progressive externalization of the RORU and WORU units (together with the latter's rage and depression) and sets the stage for the coalescence of good and bad self and object representations which is a prelude to the inception of whole object relations (p. 340).

In evaluating Masterson's approach to borderline patients, I would raise just two questions, although others do come to mind as well. First, although conflicts relating to separation, autonomy, and independence are clearly important in human development, what evidence is there that these issues are exclusively related to the pathology of one definable diagnostic group? Second, is a treatment approach based on a consistent focus on separation-individuation themes more helpful and effective in treating some patients than a more open-ended, investigative therapeutic approach?

In the second (and largest) section of the book, Masterson provides us with his own data, which he feels support a positive answer to the second question. He presents an account of his treatment of four adult patients diagnosed by him as borderline. Two cases are given as examples of what Masterson calls supportive psychotherapy aimed at helping the patients to control their "pathological egos" and to make their motivations "more reality oriented than fantasy oriented." Two other cases are presented as examples of reconstructive psychotherapy aimed at the "reconstruction of the patient's intrapsychic state by working through the abandonment depression associated with the separation-individuation arrest." Confrontation of

the destructive value of the pathological defenses and interpretation of the object relations unit transference are the significant therapeutic techniques.

Psychoanalysis seems contraindicated for Masterson's borderline patients, but one feels disquiet that he never makes it clear why he believes conflicts relating to separation, loss, autonomy, and individuation cannot be dealt with in psychoanalysis. In this regard the book lacks an explicit classification of treatment approaches that are based on clear clinical and theoretical criteria; and psychoanalytic psychotherapy is not differentiated from psychoanalysis. While Masterson's clinical material in the book is detailed and carefully presented, the overall impression is unidimensional, with a skew toward the separation-individuation developmental arrest which Masterson maintains is central. A paucity of clinical evidence supporting Masterson's formulations rather than other, equally possible constructions is a major shortcoming of this book. I am concerned that Masterson's formulae may lend themselves to adoption as a "cook-book" approach to therapy which can be particularly stifling for psychiatric residents and other beginning therapists looking for ways to "organize" bewilderingly complex clinical phenomena. Psychoanalytic psychotherapy, as well as psychoanalysis, is diminished when it ceases to function as what Milton Horowitz has called "an investigative tool." This book does, nevertheless, merit attention by virtue of its focus on important clinical issues.

ARNOLD D. RICHARDS (NEW YORK)

HOUDINI: A MIND IN CHAINS. A PSYCHOANALYTIC PORTRAIT. By Bernard C. Meyer, M.D. New York: E. P. Dutton & Co., Inc., 1976. 197 pp.

Few stars of the entertainment world so combined the qualities of fascination, charisma, and mystery as did the great Houdini. While other authors have described what this master escapologist did and how he did it, Meyer is the first to explain why he did it. Drawing together excerpts from the diaries, books, and screen plays Houdini wrote, and from other biographical sources, Meyer provides a glimpse into the mind of Houdini that is every bit as fascinating as the incredible feats Houdini himself once performed.

Houdini was born into an obscure, impoverished family whose background was clouded with legends and fabrications. He was even uncertain of his birthdate. The meager facts of his early life suggest a lonely, chaotic, deprived, anxiety-ridden childhood, which ended abruptly at age twelve when he ran away from home. Meyer describes how these early experiences contributed to the typical psychologic makeup of the impostor: "a passion for notoriety . . . a conspicuous defect in his superego . . . a profound disturbance in the sense of self . . . [and] an unremitting compulsion to perpetuate the fantasy of the Family Romance far beyond its usual restriction to the years of childhood" (p. 79).

Meyer demonstrates that just as the unconscious fantasies of creative artists are revealed through their artistic products, so were Houdini's unconscious fantasies elaborated in his daring feats of escape. To ward off his lifelong fears of castration and death he was driven to prove again and again that he could escape from any situation: encased in a crate and thrown into a river; submerged in a water-filled jar; locked in a casket; and finally, buried under six feet of earth. His preoccupations with crime, punishment, insanity, and the sadomasochistic perversion of bondage were expressed in his fascination with handcuffs, shackles, jail cells, and straitjackets. His repeated use of magical undoing and of turning passive terror into active mastery are clearly shown.

Houdini's psychopathology is convincingly explored, but the biography seems heavily weighted toward the pathologic side and a more balanced picture might have been attained by more attention to his strengths. How could a man teetering on the brink of such psychic disintegration have achieved so much worldly and personal success? Meyer mentions that Houdini was "self-educated" and had "an excellent mind." He also appeared remarkably versatile, energetic, and creative. His marriage, while clearly neurotic in some aspects, also seemed to have a positive side and lasted for over thirty years until his death. Meyer's speculations on these "positive" sides of a severely pathological character would have added interest and balance to his book.

This review would be incomplete without some comment on the author's literary style. While it would be difficult to write an uninteresting book on so fascinating a personality, Meyer's unique literary style particularly lends itself to the characterization of

Houdini. His flowing, often flowery and dramatic style, spiced with wit and irony, evokes the atmosphere of his subject's life. In the closing paragraph he speculates on who might have been responsible for the recent destruction of the stone bust of Houdini that adorned his burial site:

Perhaps like a wrathful Moses destroying the calf of gold, reconciled at last to the faith of the patriarchs, the shade of Houdini's most secret self made one last escape, stole from the grave and performed his most amazing trick—his own decapitation" (p. 178).

About any other subject such a lyrical flight might seem inappropriate, but Houdini's power to capture Meyer's empathy and imagination adds an extra dimension to his biography. The reader feels caught up in the same spell that captivated audiences all over the world.

LEON E. A. BERMAN (BIRMINGHAM, MICH.)

LOSS AND SYMBOLIC REPAIR: A PSYCHOLOGICAL STUDY OF SOME ENGLISH POETS. By Andrew Brink, Ph.D. Hamilton, Ontario: The Cromlech Press, 1977. 278 pp.

Of the many explorations made by psychoanalysts into the terrain of creative art, those concerned with literary works have probably been the most successful. Psychoanalysis shares with literature the crucial common coin of discursive language, while literary criticism shares with psychoanalysis an interest in meaning that is far more easily pursued in the verbal than in the plastic or musical arts. In consequence, psychoanalytic studies of literary works abound. These generally fall within two categories: one group attempts to demonstrate how various aspects of content can be related to or explained by historical and presumably unconscious aspects of their creators' lives; the second, the "creativity" of writers themselves. The present volume belongs to the second of these categories. It is unusual, however, in having been written not by a psychoanalyst but by a literary scholar, a Canadian whose grasp of certain psychoanalytic concepts is unusually impressive and whose commitment to their value in enlarging the understanding of poetry and the poetic impulse is profound. Unlike many analysts who have undertaken similar projects, however, he brings to the work an equally impressive literary

scholarship and an evident and practiced comfort with critical method.

Brink's thesis is, in brief, that the crucial element in the poetic work of so diverse a group of figures as John Donne, William Cowper, Thomas Traherne, John Keats, and Sylvia Plath is the unconscious effort to undo early object loss by means of what he calls "symbolic repair": the reconstitution of the lost object in either the content or the form of the poetic product. His formulations are rooted in the object relations theory of the British school. The theories of Bowlby, Winnicott, Guntrip, and Fairbairn in particular are applied to the life histories of his subjects and the place of their work in the context of their psychological development.

The imaginative faculty is seen, in this view, as a defensive-restorative process; ingeniously, Brink uses the "phantom limb" phenomenon as a model for creative imagination. Certainly it is true that each of the poets he cites did suffer significant object losses in childhood. Cowper lost his mother when he was five, Donne's father died when he was four, Keats lost his father at eight (although his mother survived for another six years), and Plath lost her father also at age eight. Brink argues, at considerable length and with great theoretical density, cogency, and persuasiveness that these losses played a critical role in forming the depressive core that informs the work of each of these poets. Various defensive styles—hysterical, compulsive, paranoid—are deployed to cope with the "ego weakness" engendered by these losses, but all, he says, sought ultimately to conquer their "neurotic" responses by their creative efforts.

Brink's arguments are ingenious and thoughtful and distinctly worthy of serious attention. Unfortunately, he imposes on his subjects a Procrustean schema which agglomerates losses incurred at various stages of childhood and, most critically, omits almost entirely such considerations as oedipal guilt and regression. Further, he takes his subjects' own statements of their problems at face value. It scarcely seems to occur to him, for instance, that Plath's vitriolic anger at her father might have been displaced from her mother, the surviving parent. A nonclinician, he fails to recognize the psychotic nature of Plath's (or Robert Lowell's or Anne Sexton's) illness although he does clearly state his view that Plath's unresolved rage leaves her poetry deeply flawed.

The result of all this is an exceptionally provocative and chal-

lenging book that is, however, quite one-sided in its emphasis. It recalls the work of such pioneer figures as Harry B. Lee, whose Kleinian-influenced studies of creativity in the 1940's had a very similar thrust. He pays less than appropriate attention, I think, to the ways in which the several literary traditions in his subject's work shaped the style and content of their poetry. Indeed, nonconflictual factors are scanted throughout. The role of art as play is nowhere considered, and the issue of craft is given only passing attention. His ready assumption that Keats's fatal tuberculosis had psychogenic origins is, to say the least, somewhat disquieting.

In his concluding chapter, however, Brink does arrive at a more balanced and modest presentation. Acknowledging the limits of his thesis, he recognizes as well that no approach can in the end account for the fundamental fact of talent. "We do not know," he says, "any better than did Freud what gives a poet his special capacity with words, though we shall see that the poet is someone whose vital attachments are experienced with a more than ordinary psychological vividness" (p. 14). That this is true cannot be challenged. To what degree this special "vividness" can be accounted for by the impact of early object loss remains open to question. It is to Brink's credit, nevertheless, that he engages the reader in serious consideration of his ideas. Despite the rather haphazard quality of its manufacture, this book merits serious consideration by anyone concerned with the application of psychoanalytic concepts to literature and the literary life.

AARON H. ESMAN (NEW YORK)

The Psychoanalytic Study of the Child. XXXI, 1976.

Alice Kross Frankel

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ABSTRACTS

The Psychoanalytic Study of the Child. XXXI, 1976.

The Split Parental Imago in Adolescent Social Relations: An Inquiry into Group Psychology. Peter Blos, Sr. Pp. 7-33.

The oedipus complex normally is only partially resolved in childhood; in adolescence it re-emerges and is newly elaborated and resolved. Blos proposes that the actualization of this continuing resolution takes place within the social locus of the peer group. Much of the split, the "antithetical world of adolescence," is not an expression of defense and ambivalence; rather it is a developmentally determined polarization rooted in the preambivalent, preverbal stages. Thus it originates from the *normative* "preconflictual" experience of the immature organism. Blos was led to this formulation by his repeated findings of stubbornly persistent split parental imagos, appearing in the late phases of otherwise successful analyses, which did not yield to the usual working through. These residues seem linked to primitive perception and early split-object experiences and were normative rather than defensive. Thus a crucial conceptual distinction is drawn between developmental components and components of personality dysfunction, although clinically the distinction is rarely clear-cut. Blos views the reappearance of these residues as probably universally characteristic of adolescence, a phase-adequate regressive phenomenon. He describes the adaptations, not parameters, needed to deal with these residues.

Blos views the peer group as "autoplastic milieu." In addition to other functions, the peer group serves as a social milieu upon which and within which the adolescent externalizes the tenuously integrated split parental imagos. The relationships in which this function is served are different from "genuine" relationships in that they serve the sole purpose for the adolescent of changing himself. Although a better integration of individual and social psychologies may not add to our treatment of the neuroses, an analytic social psychology might make significant contributions in the field of prevention. This could be of special importance in the disorders unaffected by psychoanalysis proper and for those adolescents whose contagious impact upon their peers seems to be widening.

Some Comments on the Concept of the Negative Oedipal Phase in Girls. Rose Edgumbe, et al. Pp. 35-61.

Reviewing the classical postulate of a negative oedipal phase in normal development of girls, the authors point out its current desuetude among modern child analysts and question its clinical usefulness. They suggest that it reflects a male oriented conceptual bias and a misreading of clinical material.

In a careful examination of analytic case material from the Hampstead Clinic Index they propose a distinction between early and late phallic phases, describing the classical triangular characteristic as occurring only in the late phase, preceded by a *preoedipal* phallic *narcissistic* period. Without recognition of this distinction, fantasies and behavior are readily misunderstood; preoedipal rivalries and envy

of mother's capacity to have babies may thus be confused with oedipal wishes.

Although all classical writers emphasize the discovery of anatomical difference as the mover from negative to positive oedipal phase, modern clinical work and observation suggest that the difference is recognized much earlier, coming to assume greater importance in the phallic phase. The concept of penis envy must be understood in new terms. The authors urge that primary penis envy and penis desire be distinguished from later defensive exaggerations. Further, they suggest that the whole question of the extent of difficulty in internal and external (i.e., intrapsychic and/or intrafamilial) femininity, the balance of activity-passivity, the relationship of passivity and masochism, are issues whose relationship to normal female development needs re-examination and further exploration. In their cases girls with neurotic conflicts and difficulty reaching positive oedipal phase dominance were fixated at prephallic and preoedipal levels. Penis envy and exhibitionistic conflicts reflected conflicted self-evaluation rather than conflicted oedipal relatedness to parents; these were phallic narcissistic manifestations, not oedipal ones.

Manifestations of Aggression in Latency and Preadolescent Girls. Elizabeth Bremner Kaplan. Pp. 63-78.

Analytic patients, boys and girls in schools, camps, group residences, treatment and custodial facilities, form the observational base on which the author examines the interplay of aggression, narcissism, and sexuality, especially in latency girls. Competitive strivings, scapegoating, self-depreciation and sadism, bisexual strivings and identifications, sibling rivalry, lying, and transitory stealing are all, if not in extreme forms, viewed as expectable expressions of aggression in girlhood. Pathological manifestations of aggression include extreme forms of the above plus stealing (outwardly directed aggressions), more commonly inwardly directed aggression resulting in ego inhibition, learning disorders, and apathy. In pathologically aggressive girls, manifest shame seems conspicuously absent but underlying deep humiliation and castrated self-image are evident. Fighting among these girls, as compared to aggressive boys, is more primitive and impulsive but rarely leads to murder. Running away is another frequent behavior complex, the result of multiple motives and having possible suicidal implications.

The author's final point concerns the current aggressive responses of women to Freudian concepts. She views these responses as defensiveness resulting from misapprehension of the concepts. She suggests new terms: "genital complex" to replace "castration complex," "envy conflict" to replace "penis envy," as an effort to reduce the contention aroused by the old terms.

Latency Revisited: The Age Seven Plus or Minus One. Theodore Shapiro and Richard Perry. Pp. 79-105.

The original Freudian concept of a biologically based latency period is re-examined in the light of recent research findings from nonpsychoanalytic disciplines. Emphasis is placed on the "remarkable fact" that the age seven plus or minus one is a milestone of discontinuity of development. Material from fields

"adjacent" to analysis suggests no one-to-one parallel between behavior and mind and body. But converging and compatible linkages are increasingly evident. Striking correspondence between anatomic and physiologic changes and cognitive shifts is cited. A partial list of the material consulted by the authors includes studies in neural growth, frontal lobe changes, perceptual-postural changes, cognitive changes (with special attention to Piaget's work). Thinking as a major mode of adaptation deserves greater attention, especially in relation to motor discharge and energy "binding." Operational thought and the newly established capacity for mediational (between impulse and action) thinking bring about new internal organization and the possibility of replacement of outer controls by inner controls. The assumption that species-specific neuronal substrates underlie the development of mental structures is not incompatible with or antagonistic to the dynamic core of psychoanalytic thinking.

A Developmental View of Anxiety: Some Clinical and Theoretical Considerations. Clifford Yorke and Stanley Wiseberg. Pp. 107-135.

The authors attempt to integrate diverse and conflicting psychoanalytic approaches to the clinical phenomena of anxiety by organizing a developmental conceptual frame. A developmental line is described: from diffuse somatic excitation through pervasive anxiety to signal anxiety. Such a developmental approach can then concern itself with mentalization, containment, qualitative changes, and shifts from maladaptive to adaptive functioning. In the first phase there is no "anxiety" per se, but vegetative excitation which then matures to "pervasive psychic anxiety." Then, with the emerging capacity for anticipation, unpleasurable feeling tone due to discrepancies between the expected and the actual occurs. This in turn evolves into anxiety proper. (The authors localize this earlier than Spitz did.) Such perceptual dissonance, precursor to stranger anxiety, is evidence of "mentalization." Until speech, internalization, and containment become available, signal anxiety is not considered possible. The waning of temper tantrums, a manifestation of traumatic anxiety, precedes signal anxiety. Clinical examples of children arrested at various presignal anxiety levels are examined in detail.

Communication and Character: A Clinical Study of a Man Raised by Deaf-Mute Parents. Jacob A. Arlow. Pp. 139-163.

A rich account is presented of a man raised by deaf-mute parents who was, although suffering neurotic character problems, essentially intact in terms of ego functions and capacity for healthy object bonds. Arlow persuasively presents evidence that such ties can indeed evolve, despite major deviation from the normal expectable environment, when the total object tie is nourished and effected by nonverbal means. This deaf-mute mother was able to effect a strong libidinal bond with her child. Her capacity for this was related in turn to the mothering she received in her own childhood. The fascinating aspects of this paper are less in the neurotic difficulties of the patient (although the impact of the patient's disabilities is in itself most interesting) than in the discussion of how so much

of the impact was not damaging, and indeed stimulated strengths and healthy sublimations.

Development of the Treatment Alliance in the Analysis of an Adolescent Boy. Robert Evans. Pp. 193-224.

The treatment alliance is essentially a "surface phenomenon" that is sometimes given excessive weight. The analysis of an adolescent boy, conducted at the Hampstead Clinic, is presented in considerable detail with the interesting inclusion of Anna Freud's contributions at the ongoing case conferences about this patient. There is a useful bibliography.

Reconstruction of Adolescence (and Early Latency) in the Analysis of an Adult Woman. Charles I. Feigelson. Pp. 225-236.

Using case material, the author persuasively presents his thesis that the reconstruction of adolescent experience is an essential step frequently overlooked in adult analyses. In the case he presents, he demonstrates how attention to adolescent experience provided an affectively meaningful bridge to the core infantile conflictual experiences.

Aspects of Prospective Fatherhood. A Case Report. Alan R. Gurwitt. Pp. 237-271.

The question of whether parenthood is a developmental "phase" or a "process" is the basis for this rich case report. Gurwitt notes the paucity of analytic studies of fatherhood. The analysis of a young man during the time of his wife's pregnancy and delivery is described. Four periods are discussed: "getting ready"; "conception, bridging and the early months"; "mid-pregnancy"; and "coming to term(s)." The author proposes that prospective fatherhood is a period of critical developmental challenge and change.

Mourning in a 6-Year-Old Girl. Jeanne Lampl-de Groot. Pp. 273-281.

Using reconstruction of a bereavement at age six in the analysis of a twenty year old, the author discusses the issue of whether adult and childhood "mourning" significantly differ. With detailed clinical material she presents her view that although the same words are used, "mourning" in a two year old as compared with a six year old (this patient was quite clearly in latency, in developmental terms) describes a very different process, the former essentially an affective state and its behavioral concomitants, the latter a much more complex intrapsychic process. The difference results from the more advanced psychic apparatus of the six year old, whose mourning is thus much more like the adult's.

Personal Experience with Psychoanalytic Technique and Theory during the Last Half Century. Jeanne Lampl-de Groot. Pp. 283-296.

This paper almost defies abstraction. It comprises the thoughtful personal reflections of a gifted analyst. She discusses first her early experiences as Freud's

analysand, then colleague and friend. She discourses on the evolution of her own views of "the child's experiential world" and what that means in understanding the limits of the transference tool; and she describes her "additions" to analytic technique in attempting explication of the preverbal and preobject-related experience.

The Central Masturbation Fantasy, the Final Sexual Organization, and Adolescence. Moses Laufer. Pp. 297-316.

Although during the resolution of the oedipus complex main sexual identity and core body image are established, adolescence is the time when sexual wishes and oedipal identifications are integrated into an irreversible sexual identity. The main developmental function of adolescence is seen as the establishment of this final sexual organization. This thesis carries diagnostic, prognostic, and therapeutic implications: 1) correct diagnosis and treatment in adolescence can be critical for the patient's entire future life; 2) the view that intensive treatment in adolescence is contraindicated is incorrect; 3) criteria for distinguishing late adolescence from young adulthood can be formulated in terms of libido object directedness, integration of physically mature genitals into the body image, and detachment from the central masturbation fantasy of childhood.

An Anaclitic Syndrome in Adolescent Amphetamine Addicts. Theodore Lidz; Ruth W. Lidz; Robert Rubenstein. Pp. 317-348.

Five female amphetamine abusers were found to manifest an anaclitic-depressive syndrome. This syndrome seems to evolve not solely from deep failures of nurturance during the early symbiotic phase of development. Real failures and inadequacies of parenting and real object losses in latency and early adolescence were significant contributors to the ultimate regression. If the young person has only inadequate and inconstant real objects to internalize, the internalized objects fail to provide the necessary base for development of mature capacities of object relatedness, independence, and self-sufficiency.

Termination of Treatment in Adolescence. Jack Novick. Pp. 389-413.

The author divides his discussion of this topic into the following points. 1. Precondition for the terminal phase is successful engagement in a true analytic process. 2. A fundamental criterion for beginning the terminal phase is when the transference is increasingly experienced mainly at an oedipal level of organization. 3. Termination is seen as not merely a treatment issue, but the central task of adolescence. 4. The clinical aspects of the phase itself are not significantly different from that in adults. 5. In considering termination and treatment goals in adolescents, special attention must be paid to the distinction between internal and external change.

Therapeutic Alliance and the Role of Speech in Child Analysis. John E. Schwalter. Pp. 415-436.

Following a review of the relevant literature, the author describes the establishment of a therapeutic alliance in the analysis of a six-year-old boy. He focuses on the difficulty in distinguishing therapeutic alliance from positive transference and/or compliance, both of which he sees as frequent preludes to true alliance. He also emphasizes the importance in child analysis of replacing actions with language.

Diagnosis and Treatment of an Infant with Psychophysiological Vomiting. Julian Ferholt and Sally Provence. Pp. 439-459.

Demonstrating the value of psychoanalytic theory as a framework, the authors describe in rich detail the evaluation, planning, and carrying out of a successful therapeutic intervention with a ten-month-old infant suffering from a serious psychophysiological disturbance and disordered developmental patterning. They stress the importance of direct observation of the infant and its caretakers and of detailed evaluation of the aspects of caretaking relevant to regulation of tension states. An effective therapeutic plan for an infant must address itself to the characteristics of the multiple stimuli which create the emotional atmosphere of the child's caretaking routines. In addition, it must include attention to the parents in their relationship to each other as well as to their baby.

Infant-Parent Psychotherapy on Behalf of a Child in a Critical Nutritional State. Vivian Shapiro; Selma Fraiberg; Edna Adelson. Pp. 461-491.

This is a richly rewarding case history told, as always by Fraiberg and her group, with a refreshing warmth and naturalness rare for professional journals. It demonstrates in concrete clinical detail the application of dynamic understanding in formulating a lifesaving intervention with the family of a critically malnourished infant, with the "failure to thrive" syndrome (growth indicia below the third percentile, without organic cause). Families with such infants are notoriously difficult to engage in treatment; the mothers are impaired in their capacity to nourish, literally and emotionally. A program based on early case finding and home-based therapy sessions by a primary therapist backed by a clinical support team, with meticulous attention to parental needs as well as to those of the infant patient, proved highly successful. This account is particularly valuable in its beautiful descriptions of the observed interactions of mother and infant. As a lesson in how to watch, and what to watch, this paper is worth a full semester's course in infant observation. It also points up again this group's reminder of the value of parent-infant games as a source of rich dynamic information. Fraiberg's "ghosts in the nursery" metaphor (the repetition of childhood conflicts and defenses in the adult's parenting) is sensitively and dramatically delineated.

Psychotherapy with Mentally Retarded Children. Edith Smith; Rosemary McKinnon; Jane Kessler. Pp. 493-514.

After discussing the neglect that retarded children suffer from our profession and reminding the reader that retardation does not preclude neurotic conflicts and emotional disturbances, the authors present the problems and the potential of psychoanalytically oriented psychotherapy for neurotically disturbed retarded children. They outline the factors that make "classical" analysis unworkable: the retarded child's frequently tenuous reality testing; the diminished hunger for new experience and new objects; the analyst's becoming too important and then devastating to separate from; the need for much educational intervention and direct guidance. The particular problems in work with the parents are discussed as well. Nonetheless, psychoanalytic thinking can lead to valuable psychotherapeutic interventions. After presenting the details of a specific case, the authors describe the critical role of delayed speech development, leading to divergent emotional development. Delayed speech does not merely postpone normal development; it distorts it for a number of reasons. It impairs parental pleasure and pride in the child; it leaves the child ill-equipped to interact with verbal age-mates; and an ever-widening discrepancy in developmental lines with greater delay of speech development than motor development results in anal-sadistic phase ambivalence with inadequately developed ego equipment to deal with it.

ALICE KROSS FRANKEL

Revue Française de Psychanalyse. XXXIX, 1975.

Concerning the Future of Psychoanalysis. Michel Gressot. Pp. 5-26.

This essay by the late Michel Gressot compares the questions concerning the future of psychoanalysis with similar questions which have been raised about literature, culture, and even the human species. Although Gressot is optimistic about the future of psychoanalysis, he is troubled by its expansion by false friends. He sees a degenerative effect on psychoanalysis as its effect on the cultural sphere increases. Psychoanalytic information available to the public is only approximate, and there is a levelling aspect in the teaching of psychoanalysis in the universities. Psychoanalysis serves as a target for vague but persistent needs previously satisfied by mantic elements in society, by the shaman or the priest. When it is tolerated, it runs the risk of being lumped together with astrology and parapsychology. Psychoanalysis can retain its inventiveness only by respecting its integrity despite pressures coming from within. It cannot be communicated through the simple transmission of theoretical concepts. The need to experience an analysis oneself separates psychoanalysis from the experimental objectivity of the natural sciences. This epistemological character preserves its specific empirical character. Even this has been misconstrued as magical, mysterious, or fantastical. Such a misconstrual results from an anti-intellectual and magical interpretation of affective knowledge.

Reflections on the Future of Psychoanalysis. Evelyne Kestemberg and Serge Lebovici. Pp. 27-57.

It is no longer possible for society to ignore the dimension added by the study of the unconscious. Psychoanalytic thought has had an impact on the socio-cultural milieu. Further, metapsychology is not a closed system, but is itself based on extra-analytic considerations. Psychoanalysis is thus open to influences from other areas of scientific endeavor. However, the attempts to integrate psychoanalysis with other sciences and to apply it to the study of cultural and historical phenomena could lead to the loss of integrity and specificity of psychoanalysis. It is difficult to draw a line between an esoteric refusal of interchange with other disciplines dealing with human behavior and a diluting integration. The authors suggest that psychoanalysis as a therapeutic and research process will be carried on much as it is now, as an endeavor to bring about knowledge of the unconscious. Perhaps psychoanalysis can guard its specific character by remaining faithful to a coherent metapsychology, while being enriched by findings from other sciences.

Is There Still a Psychoanalytic Movement? Ernst Federn. Pp. 59-69.

Federn questions whether psychoanalysis today is still a movement in the sense that it was in Freud's time, or whether it is simply a group of individuals belonging to an international scientific organization. Freud had envisaged a rupture with American analysts. The rupture was itself interrupted by the war and by Freud's death. Federn questions the development of psychoanalysis under American influence. He suggests that analysis in America is a pragmatic product of medical technology, rather than of nineteenth century science. The notion of an analytic movement in the original sense is alien to American analysts. Lacking in America were two important factors which led to the development of the original psychoanalytic movement: persecution and a common sense of purpose. Also lacking was the humanist tradition of the erudite scholar interested in human phenomena. Hence psychoanalysis in America developed as a part of medical science.

Contribution to the Symposium on the Future of Psychoanalysis. H. P. Hildebrand. Pp. 71-86.

Influenced by the work of J. L. Sutherland, Hildebrand is enthusiastic in his hope for the future of psychoanalysis through psychotherapeutic interventions in the social order. He feels that the future of psychoanalysis will depend in great measure on its response to the social needs of our time. For this reason he focuses on the relationship between psychoanalysis and psychotherapy. He reviews the economic and social reasons which bring analysts to work as consultants in psychotherapeutic services, citing Freud's remarks favoring such an application of analytic knowledge. He advocates the teaching of psychotherapy in institutes. Unless this is done there is a risk of isolating analysts from practical social concerns.

The History of a Question and Its Unforeseeable Future. Piera Castoriadis-Aulagnier. Pp. 87-102.

There is an interaction between the analyst and his subject matter that makes it difficult to apply the usual paradigms to analytic development. The psychoanalyst's theory influences the sociocultural field, which, in its turn, influences the analyst. This is felt especially in the sort of questions that the analyst asks of his theory. The wide acceptance of psychoanalytic concepts has led to their banalization and to the wide use of interpretations in situations where there is no intent to change or treat another person, as in anthropological or sociological writings, or even in personal invective. There is a sociocultural acceptance of psychoanalysis as a "true" theory. Hence many analysts, whatever resistance they might show, would never put the theory into question because of their a priori acceptance of the theory. This undoubtedly affects the analyst and his relationship to his theory. The problem for analysts, then, is how to preserve an endeavor which always runs the risk of bastardization. How can psychoanalytic concepts be defended from banalization, without running the opposite risk of a fetishistic treatment of them?

Psychoanalysis, Its Object, Its Future. André Green. Pp. 103-134.

Green suggests that psychoanalysis is so somber about its future because it is still mourning its founder. Freud is dead. Freud is no longer able to revise his work according to what he has discovered through psychoanalytic practice. Moreover, for all our respect for Freud's genius, we have come to see him as a man of his time. He thought as a man did at the beginning of the century, and time has passed his epistemology by. Freud had blind spots in certain areas, but no successor has been able to put things right, so that we are left now with critical work only. We find criticism of Freud from within psychoanalysis and criticism from without. Green reviews the historical connotations of the word "object" and the multiple Freudian and classical psychoanalytic uses of the word. There have been modifications of the term by later writers, especially Winnicott. Green believes that Winnicott's work is important for the future of psychoanalysis. Unless psychoanalysis continues to develop, it will rest on the position of classical analysis, which, he feels, is an embalmed corpse.

Psychoanalysis Still. Didier Anzieu. Pp. 135-146.

Psychoanalysis was developed by Freud in defending against the depression brought on by tobacco addiction and the death of his father. Psychoanalysis still shows this antidepressive position in its intolerance for and inability to understand and manage, even after Kleinian insights, the schizophrenic position. There is a need for flexibility in the analyst, an ability to hear and respond to the unconscious whenever and wherever the patient might reveal it. Rigidity is stultifying and can even lead to patient suicides when the psychotic core, even in neurotic patients, is not heard and responded to. The attempt to become more flexible about psychoanalysis has led to the analysis of new types of transference:

the psychotic and the narcissistic. Further, psychoanalysts cannot be rigidly neutral in their roles in the hospital and in the university. If the analyst does not show the necessary flexibility, he may end up knowing the unconscious but not his patient.

Freud Unveiled Even by His Own Disciples. Janine Chasseguet-Smirgel. Pp. 147-193.

The author develops some thoughts which occurred to her after a recent reading of Joseph Wortis's *My Analysis with Freud* and after attendance at a Lacanian conference. The result is a witty and sometimes caustic, but quite insightful discussion of the plight of all post-Freudian analysts. Although she is firmly convinced of the scientific status of psychoanalysis, she notes the unusual position of psychoanalysis in developing a theoretical orthodoxy around the teachings of one investigator, Freud. In other sciences there is progress through the continuing independent revisions of the theory. In psychoanalysis, however, the basic tenets of the theory were discovered through Freud's self-analysis. The truths so reached applied not just to Freud's psychic make-up, but to all mankind. For analysts coming after Freud, however, this has meant a link to Freud with a degree of ambivalence not found in any other science. No one can repeat what Freud did; it is impossible to become a new Freud. This has led to ego-ideal problems for analysts. Destructive impulses are felt toward Freud, the object who frustrates the wishes for omnipotence. One way of masking these destructive impulses is by embalming Freud, by revering rather than developing his discoveries. Another element in the relationship to Freud has been shown in the group relations of analysts. "If I can't be Freud, no one else in the group will be either." There develops an idealization of Freud which places all members of the group on the same level before the master. Other reflections of this ambivalence toward Freud are seen in the many publications appearing now which, in effect, devalue Freud, making him responsible, for example, for Tausk's suicide and Reich's madness, or showing him as a misogynist, etc. The author is critical of the Lacanian group; e.g., for their overvaluation of linguistics and their heralding Lacan as "the French Freud."

Which Analysts, To Do What? Robert Barande. Pp. 225-247.

Barande examines another analytic phenomenon in France, the development of a group of analysts who elect to remain outside the analytic societies, hoping thus to avoid the conflicts and schisms which have occurred among these societies. He feels that the goals of this "marginal" group are illusory and their approach questionable. The future of psychoanalysis is necessarily with the individual, even within societies, and resides in the aptitude of the individual to rediscover Freud's message. There may be temporary difficulties in organized analytic circles, but this is not to be seen as compromising the continued advance of psychoanalytic research or the perennial creativity of psychoanalytic thought.

Will Psychoanalysis Survive in 1984? Nicos Nicolaidis. Pp. 247-272.

The author suggests that Melanie Klein has had an unfortunately oppressive influence on some analysts. He emphasizes the desexualization of affect in her theory and the cult of aggression in her thinking. He compares this to Orwell's fantasied totalitarian state in *1984*, suggesting that Klein has functioned for these analysts as "Big Mother." To illustrate his views on Klein and her theory he develops an extensive critique of her analysis of the *Oresteia* and suggests that Klein analyzed herself through her analysis of the trilogy.

The Death of Psychoanalysis? Ilana Schimmel. Pp. 273-277.

To see the death of psychoanalysis in its inter- and intragroup conflicts is an error. It reveals the same intolerance of conflict that the struggling itself shows and is a manifestation of the human wish to escape conflict. Continued research concerning what is, rather than a longing for what is not, will ensure the development and future of psychoanalysis.

EMMETT WILSON, JR.

Psyche. XXXII, 1978.

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

Social-Psychological Reflections on Symptomatic Change in Psychological Disturbance. Emma Moersch. Pp. 403-419.

Within the last decades the symptom pictures of psychological disturbances have changed in characteristic fashion—as though patients had been yielding to a tendency toward symptom formation, with a view toward inconspicuousness and anonymity. Apart from diffuse, developmentally early disturbances involving structural dedifferentiation and prepsychotic states, narcissistic character states and psychosomatic conditions (e.g., cardiac neurosis) are common. In these pathological arrangements one may note an "impoverishment of expression" as a consequence of the altered conditions of life, education, and work; that is, of the transition to a relatively "unpsychological" phase of societal development which has been termed "postindividualistic" by certain authors.

Psychoanalysis and "Psychoboom": Comments on the Social Context of Therapeutic Models. Johann Schülein. Pp. 420-439.

Schülein urges us to stop ignoring the "psychoboom," the rise of a seemingly endless number of competing therapies and therapeutic sects. Psychoanalysis should take this new opportunity to review its own theory and practice so as to utilize better its potential for meaningful interventions. Three main phenomena can be distinguished on the "psychoscene": first, behavior therapies, aimed at

specific defects, serving a technical-restorative function and promising a greater "success" rate; second, schools of therapy which support personal identity in the tradition of Coué (Rogers, Perls, Synanon); and finally, the ritualistic production of intensified affect states within encounter groups.

Witchcraft-Anthropophagia and Dyadic Relationship. Henri Collomb. Pp. 463-482.

A deep interdependence and even identical roots unite the early mother-child dyad and the system of witchcraft-anthropophagia which is widespread among West African peoples. The mother-child dyad, tinged by primary oral aggressiveness, gives way to the socio-symbolic system of witchcraft-anthropophagia, which serves to interpret and to process social relations. The structural analysis of the Malinké myth of *Bandia Waly* and the anthropological and psychoanalytic investigations of the psychiatric implications of witchcraft-anthropophagia (by means of clinical cases, the action of healers and the report of a witch-hunter) lead to the discussion of oral aggressivity and its vicissitudes in different cultures. The system of witchcraft-anthropophagia in itself has a double function: on the one hand it serves prevention and therapy of mental illness; on the other hand it operates on social tension.

Hypotheses on the Effectiveness of the Basic Rule of Psychoanalysis. Dieter Flader and Wolf-Dietrich Grodzicki. Pp. 545-594.

The "basic rule" of psychoanalysis gives rise to a therapeutically effective communication which is limited as well as extended in specific ways. The authors endeavor to differentiate this from everyday communication, which aims at complementarity and presupposes the avoidance of all that is "forbidden." In the psychoanalytic situation the analysands' social competence is artificially restricted: their wishes remain unfulfilled and their habitual strategies of communication, with which they attempt to reaffirm the congruence of expectations, are foiled. The psychoanalytic reservation concerning communication is institutionalized in this way in order to restructure the relation between socially conforming and noncommunicable knowledge.

On the Psychoanalysis of Femininity. Margarete Mitscherlich-Nielsen. Pp. 669-692.

The author addresses herself to some of the core problems in the psychosexual development of women in the light of recent sexological and post-Freudian psychoanalytic investigations on superego development, the discovery of the vagina, the significance of penis envy, the role of the father, the unequal valuation of male and female children, masochism, and narcissism. Changes which have taken place in the social definition and in the self-conception of women within recent decades have drawn attention to the societal matrix of sex roles behind the pseudo-natural determinants of ontogenesis.

Freud and the Theory of Female Sexuality. Ellen Reinke-Köberer. Pp. 695-730.

Reinke-Köberer discusses new conceptions of women's psychosexual development (by J. Chasseguet-Smirgel and B. E. Moore) first presented under the heading of "Freud and Female Sexuality" during the 29th International Psychoanalytic Congress in London, 1975. The revision of assumptions about "phallic monism" and "penis-envy" entails problems for other psychoanalytic theories, e.g., drive theory. This may explain why many analysts have hesitated to take up the new discussion.

The Controversy Surrounding Psychoanalysis within the Women's Movement. Carol Hagemann-White. Pp. 732-763.

The rejection of Freudian psychoanalysis within the feminist movement is the focus of this paper. Freud was a realist; as such, he early on countered the optimistically formulated propositions about the fundamental parity of the genders circulating within the psychoanalytic movement. He described the existing amalgamations of pleasure and power which occur differentially in the psychosexual development of the two genders. However, the focus of psychoanalytic concern upon individual life histories has led to the neglect of the collective oppression to which women are subject in our society. Feminist protest has revealed specific difficulties which female patients experience in psychoanalysis and has demonstrated that psychotherapeutic ideals of health and definitions of illness are in latent complicity with the patriarchal status quo.

Joy-Riding: A Special Disturbance of Object Relations as Cause of Delinquent Behavior. Otto Goldschmidt and Mario Muck. Pp. 848-859.

The authors undertook a diagnostic evaluation of an automobile fanatic who had broken the law several times. On the basis of a psychoanalytic interview, complemented with projective tests, they demonstrate an early disturbance in object relations as the motivational basis for the subject's delinquent behavior. They allude to the problem of integrating such findings in the existing criminal procedure and correctional system.

The Psychosomatically Ill in Short-Term Analytic Psychotherapy. Rémy Meyer. Pp. 881-928.

Twenty-eight patients suffering from various chronic functional symptoms were investigated at least two years after they had received treatment with brief psychotherapy. Two-thirds showed moderate or good therapeutic results; one-third were failures. The author attempts to answer the question of what therapeutic factors influenced the result. The selection criteria for brief psychotherapy in this specific sample are outlined. Special attention is paid to the doctor-patient relationship and to the way the patient is referred to the psychiatrist by his or her general practitioner: not only problems that will influence an ensuing psychotherapy but also indications for a good outcome can be detected in this relationship.

The "Pensée Operatoire." Pierre Marty and Michel de M'Uzan. Pp. 974-984.

The authors describe a type of psychosomatic patient, distinguished by a deficiency of fantasy and dream life as well as a diminished capacity for identification in object relations. The patients' reality relations which, according to the authors, are at times also produced under the adaptational pressures of occupations, appear concretistic and technicist. This style of thought and conduct differs from the compulsive character. Because of its anti-introspective, conventional traits, it is reminiscent of the authoritarian personality, especially the so-called manipulative type.

International Journal of Group Psychotherapy. XXVII, 1978.

Leadership and Organizational Functioning: Organizational Regression. Otto F. Kernberg. Pp. 3-25.

This paper focuses on the relationship between an administrator's personality, the organizational structure, the group processes within the organization, and the organizational tasks as observed in several psychiatric institutions. Basic assumptions in the personnel cause them to coalesce into different types of groups which are described. The patient pathology with which the staff deals can negatively influence both leadership and administrative structure. Primitive emotions latent in the personnel may erupt with antagonism to authority. Inevitable loneliness and loss of feedback from peers, the frustration of dependent needs, and the revival of early conflicts and fears threaten the leader in stressful situations. His primitive aggressive drives are activated by regression in the staff. The most paranoid member of the staff may emerge in opposition. Sadomasochistic relationships between a dominant male leadership and female staff often develop.

An Analogic Model of Small Group Behavior. Robert E. Haskell. Pp. 27-51.

Haskell is concerned with methods for revealing latent group processes, making valid connections between manifest content and the latent feelings of the members. In connecting varied behavior and ideas of the group with common elements, symbolic undercurrents of fantasy must be recognized. Free-floating discussion in the group is the analog of individual free association. The expectation of group processes which the members bring to the assembly generates concerns which are analogically expressed and can be interpreted. The approaches described here indicate techniques for integrating different approaches to group processes, making irrational and unrelated group phenomena understandable.

Symbolism and Imagery in a Group of Chronic Schizophrenics. Mark O. Cutler. Pp. 73-80.

Considering group therapy the treatment of choice for chronic schizophrenics, the author tells of his experience with a group of patients who had been dysfunctional for periods ranging from six months to thirty years. He quotes Kubie,

"This process is a distortion of symbolic functioning": the symbol is a manifest representation of an unconscious latent idea in which the link between the symbol and what it represents has become inaccessible to conscious introspection. Recognizing this, the therapist encourages rather than represses symbolic verbalization, acting as intermediary between the talker and the listeners. This lessens emotional and personal isolation and has therapeutic effects.

Group Treatment of Unwilling Addicted Patients: Programmatic and Clinical Aspects. E. J. Khantzian and William W. Kates. Pp. 81-94.

The authors' experience includes therapy with some one hundred outpatients whose mean age was twenty-four. Twenty-five per cent of these were women, twenty per cent black, and all were on methadone maintenance and opposed to therapy. Relevant here is the consideration of whether coercion to accept therapy is not a violation of civil rights. Almost inevitably the reluctant patient develops a regressive and hostile dependency while the therapist experiences, consciously or not, an arbitrary and patronizing attitude. These authors countered such difficulties by using gentle pressure on the patients to encourage them gradually to assume increased responsibility and control of their lives. The nonparticipant patients were allowed to remain silent. The therapist worked to maintain and enhance self-esteem, while helping the patients to face their painful affects and to understand the denial and projection with which they usually dealt with such affects, rather than demanding surrender of their defenses. The patients' problems, conscious and unconscious, their resistance to treatment, and technical considerations are explored in detail.

The Working Alliance in Analytic Group Psychotherapy. Henriette T. Glatzer. Pp. 147-160.

The working alliance, a healthy, realistic collaboration between therapist and patient, a relatively rational rapport, is stimulated by the group process. The presence of fellow group members reassures each individual and decreases dependence on therapists and the anxiety about passive submission to their apparent omnipotence. Challenges to an individual's characterological defenses are less threatening as it becomes apparent that these defenses are used by others. This is especially useful for borderline, narcissistic, and impulse-ridden patients with fragile ego resources.

Multiple Family Groups as Aftercare. Melvin R. Lansky, et al. Pp. 211-224.

A significant recent development is to view psychiatric disorders less as the sickness of an individual and more as a disturbance of an entire family system. Consequently, there is often failure to distinguish genuine morbid phenomena from the conflicts from which these arise. Progress is noted less as symptom remission and increased ego strength, and more as enhanced individuation and better communication operating in the family. Such observations as these led to

the inauguration of multiple family group therapy with the families of male inpatients suffering from affective disorders, especially unipolar depressions. In individual family sessions with deeply disturbed patients, the kin could readily become uncontrollably anxious as the therapy appeared to threaten their own self-esteem. These difficulties are less likely to occur when more than one family participates. To some extent this improvement was due to the way in which an individual could identify with another person whose situation and whose family matched his own, or could react to someone in another family with emotions he dared not express at home. Since the best results were apparently achieved when the group was homogeneous, families of depressives were treated separately from families of schizophrenics.

Management of Family Emotion Stress: Family Group Therapy in a Private Oncology Practice. David K. Wellish; Michael B. Mosher; Cheryle Van Scoy. Pp. 225-232.

The authors discuss the eleven-month experience of an open-ended group of some four to sixteen members, private cancer patients and their families. The group was inaugurated to (1) enhance communication between cancer patients and their families and friends and between family members and physicians; (2) enable patients and family members to deal with intrapsychic conflicts concerning serious and terminal illness; and (3) provide the physicians and staff with help in the care of the patients. At first only the patients' kin were included; it was felt that attendance would be too great a threat for the patients themselves, but when, after several months, the patients came too, the meetings became more significant and the patients felt supported. This reveals the extent to which both the families' and the therapists' fears can be projected onto patients. The goal was the optimal utilization of the shrunken life span through enhancing family intimacy, sharing, and support. These meetings have been especially helpful to the frightened offspring of cancer patients thrust prematurely into parental roles and to married couples in which the wife has had a mastectomy.

A Support Group for Dying Patients. David Spiegel and Irvin D. Yalom. Pp. 233-246.

Spiegel and Yalom describe a four-year experience with a group of patients having metastatic carcinoma. Curative factors included the sense of helping others while helping oneself and the arousal of hope to overcome concomitant painful emotions such as anger, anxiety, and a sense of isolation. These improvements are largely achieved through peer identification. Self-hypnosis and meditation were taught as supplements. The therapists clarified such major themes as putting dying in perspective, detoxifying dying, coping with the death of group members, the impact of cancer on family, friends, and doctors, and expertise in living acquired by cancer patients. The group work involved both mourning the loss of abilities and involvement in life and focusing on what remained of the time left and how it was spent. Members learned how to face their death more realistically.

Transference Problems Encountered in Psychoanalytically-Oriented Family Therapy. James F. Kennedy. Pp. 389-398.

This paper exemplifies the multiple and conflicting transferences that occur in family therapy with latency age children by citing sessions with two families of neurotic children. These children's symptoms correlated with their parents' psychodynamics. Improved adjustment was effected by (a) the development of the child's transference in the presence of parents; (b) recognizing parental transference reactions; (c) managing parental regression; and (d) utilizing parental displacements therapeutically.

Group Supervision: An Experiential Group Approach. Elizabeth E. Mintz. Pp. 467-479.

Mintz reports her twelve years of supervision noting the following observations. (1) Given certain basic skills in psychodiagnosis and technique, difficulties in group and individual therapy are most often due to unrecognized emotional conflicts in the therapist, including but not limited to countertransference in the usual sense. (2) With the exception of traditional control analysis for candidates in classical psychoanalytic training, supervision is most effective when conducted in a group. (3) Experiences are more instructive and constructive than theoretical instruction in enhancing the cognitive and technical abilities of the supervised therapist. The author's goal in supervision is not only the optimal development of the therapist as a technician but also as an empathic human being.

A Psychoanalytic Theory of Group Development. Stephen M. Saravay. Pp. 481-505.

This article proposes a psychoanalytic theory of small group development. Each group phase is seen as deriving its resemblance to a corresponding stage of infantile development by virtue of the unconscious instinctual wish which makes up the prevalent group transference. The appearance of the oral-dependent phase during group formation is explained by regression induced in group-related ego. Through the leader's interpretation of the transferences of each phase, identifications are required which produce a differentiation of the members' group-related ego and superego structures. Each structural advance produces a corresponding advance in the instinctual transference, which is modulated through these structures. An explanation is thus provided for recapitulation of the psychosexual stages of infantile development in the developmental phases of small groups.

GERALDINE PEDERSON-KRAG

Meetings of the New York Psychoanalytic Society

Sydney M. Lytton & Sherwood Waldron Jr.

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 17, 1978. MARY SHELLEY'S "FRANKENSTEIN": CONSIDERATIONS OF A SECOND CHANCE IN HUMAN DEVELOPMENT. Wayne A. Myers, M.D.

Dr. Myers studied three characters from Mary Shelley's novel, *Frankenstein*—the monster, Victor (the creator of the monster), and Walton (the purported narrator)—and refers to them as the "primary composite character" to be analyzed in terms of both oedipal and preoedipal motivations and defenses. He suggested that in the progression from the preoedipal to the oedipal phase of human development, a second chance is offered to the individual to revise prior pathological resolutions of early traumatic experiences. After beginning with an overview of Mary Shelley's life and a brief summary of previous psychoanalytic and literary studies of *Frankenstein*, Dr. Myers discussed those revisions in the life of Mary Shelley and in the life of the "primary composite character" which bear on the relationship of the actual character of Shelley to the "primary composite character."

The monster is seen as the unwanted baby who develops into an aggressive murderer because of preoedipal trauma. Thus the monster commits parricide in the oedipal sense after the preoedipal trauma. Mary Shelley had lost her mother when she was ten days old and a mother surrogate when she was three years old. The character of Victor is seen as a second way of dealing with the same conflicts. Victor idealizes his early life, using the mechanisms of denial and undoing. His mother also dies, but she leaves a surrogate. Dr. Myers sees a parallel between Mary Shelley's attempts to fuse with her dead mother and Victor's bringing life out of lifeless material. Victor resembles Freud's "exception" who believes he can avoid superego restrictions because of the severity of his early traumata. Victor is also seen as using the mechanism of "splitting" (in Kernberg's sense) as a method of neutralizing aggression. Noting Victor's extreme ambivalence toward the monster and his use of a primitive defense, Dr. Myers sees Victor as an example of conflict at the borderline level of character development. He suggests that Victor used projective identification, although he doubts that Mary Shelley did. He does not feel that Mary Shelley was a borderline schizophrenic. Nevertheless, he suspects that Mary Shelley, like Victor, through fear of retaliation by the dead mother, did develop an archaic and primitive superego manifested by recurrent depression, psychosomatic problems, and sadomasochistic relationships. Walton is seen as using a more clearly neurotic solution to these conflicts. He is able, through the use of reaction formation, to deal with his aggression and to come to terms with his failures as poet and explorer. He has achieved a creative second chance.

SYDNEY M. LYTTON

March 28, 1979. UNCONSCIOUS FANTASY AND THEORIES OF CURE. Sander M. Abend, M.D.

Patients' unconscious fantasies about the curative process influence the course of the analysis, and understanding the childhood origin of the wishes expressed in these notions of cure is a significant part of the analytic work. The analyst's conduct of analyses is influenced by particular theories of how analysis effects a cure: these theories too can serve to express childhood instinctual wishes. Self-analysis of these contributing forces can aid the analyst in being aware of deviations from optimal analytic understanding and technique. In considering the relationship between unconscious fantasy and scientific theory, Dr. Abend pointed out that although we expect the formation of any theory to be influenced by infantile wishes, the validity of the theory can be ascertained only by examination of its relation to the phenomena it is intended to explain. The theory is not invalidated by identification of unconscious forces influencing it. However, we know from our clinical work that the process of rationalization of one's own ideas can be a powerful source of distortion, particularly when the unconscious wishes are hidden from view.

Dr. Abend described two cases which demonstrated the influence of such theories of cure and their relation to unconscious wishes. A young man's unusually sustained curiosity about how analysis worked was first understood as a transference of the adolescent wish for sexual enlightenment at the hands of a knowledgeable man. This served to deny the patient's fear of and rivalry with his father by substituting a love relationship. Later in the analysis his view of the analyst as "warm and earthy" led back to his recollecting the same wish for sexual initiation from a "warm and earthy" childhood nanny. The analysis of these fantasies and wishes led to an understanding of the patient's most troublesome conflicts. A second patient had a cathartic theory of cure which eventually made understandable his sadomasochistic behavior expressed directly toward the analyst. The multiple determinants of this behavior and accompanying fantasies formed the central focus of this analysis as well.

Examining the complementary notions of cure found in the psychoanalytic literature, Dr. Abend cited the second case in his comments on the role of abreaction in therapeutic progress. He noted the unconscious appeal of the belief that the release of affect in analysis is inherently beneficial, as contrasted with the stress on other previous successful analytic work. The first patient's wish for the kind of care from the analyst which would make up for the lack of parental care, love, and understanding in the formative years finds parallels in various alterations of analytic technique recommended under differing circumstances by Alexander and a wide spectrum of other analytic writers. Such a focus on "re-parenting" can cause one to lose sight of what lies behind the complaint of parental failure to meet the legitimate needs of the child, the first case illustrating the not so "legitimate" infantile wishes for gratification, which may be among the central ongoing forces that keep the patient ill.

DISCUSSION: Dr. Michael Porder examined the views of Kohut and Kernberg, emphasizing the apparent "re-parenting" fantasy present in the theory of Kohut

and a more subtle emphasis on the need to cure the "bad" internal child in the theory of Kernberg. He also questioned whether the inclination to endorse interpretation alone as the only appropriate mutative intervention by analysts might not reflect another infantile source—the belief in the omnipotence of thought. Dr. Jacob A. Arlow noted that patients' fantasies of analytic cure come into focus particularly as termination approaches, when the patient seeks a last chance, as it were, to find fulfillment of the infantile wishes for which he or she unconsciously sought gratification in the transference. Secondly, he examined the psychology of the "apprentice" and its theoretical expression first articulated by Strachey. The patient "incorporates" the analyst in the course of the analysis. This set of ideas and wishes leads to particular problems in training analysis. Finally, Dr. Arlow showed how theories about the cause of neurosis fall under the sway of what he called the psychology of the "villain" or "culprit," which has the same unconscious appeal as our tendency to believe that every death represents at bottom a murder. It is precisely in the most ambiguous and complex theories—such as theories of neurogenesis or theories of cure—that unconscious wishes have the greatest opportunity for expression.

SHERWOOD WALDRON, JR.

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 30, 1978. DEATH, DOGS AND ANUBIS. Eugene Halpert, M.D.

Anubis, the dog- or jackal-headed god, was intimately involved in the mortuary practices of the ancient Egyptians. Examining the widespread association of dogs with the idea of death, Dr. Halpert elucidated certain aspects of the intrapsychic meanings of death, dogs, and Anubis. In the manifest content of the dreams of two patients, images of dogs and dog-headed people were prominent. Associations linked the image of the dog to thoughts of death, separation from the mother, and cannibalistic rage. The rage was projected and displaced onto the mother who was represented by the dog. By reviewing a number of religious beliefs, superstitions, myths, and burial rituals, Dr. Halpert showed that the association between dogs and death spans both time and geography, being found in such various cultures and religions as the ancient Greek, Hindu, northern European, Zoroastrian, and pre-Columbian Indian. Anubis was the god of embalming as well as a key figure in postmortem judgment for the Egyptians. After noting the high degree of correlation between the ancient Egyptians' hymns and prayers to their god Anubis and the associations of his patients to their dream images of dogs, Dr. Halpert concluded that wherever the association between death and dogs arises—in myth, religious ritual, or fantasy—dogs represent the preoedipal mother, expressed in repressed, projected, and displaced form. Dogs therefore represent the rage and anxiety engendered by the threatened loss of the maternal object, including the wish to eat and be eaten by the mother. When the image of a dog appears in connection with death, it is representative of very early superego precursors.

DISCUSSION: Dr. Simon A. Grolnick noted that while death and dogs are associated on both clinical and anthropological grounds and the content of the dreams and associations of Dr. Halpert's patients and the mortuary writings were similar, the psychic operations involved in each instance might be on a different level. He suggested that the ancient Egyptians frequently operated with a more primitive symbolic process (protosymbolic) and more nearly delusional beliefs than those seen in the dream symbol associative process of analytic patients. Dr. Howard H. Schlossman presented some additional clinical material and references to ancient papyri in which the relationship between dogs and death was understood as regressively conceiving of cannibalism and death to facilitate reunion with the mother. Malcove, Tarachow, and Brodsky were quoted as believing that cannibalistic reunion in fantasy was used to overcome separation anxiety and ego disintegration. However, the dog represented the aggressive, demanding mother who must be placated before blissful reunion with the early breast-womb mother in eternal life can be permitted. Such placating conditions are consistent with the thesis of early superego precursors. Thus the dog represents the mother, together with ideas of right and wrong, good and bad. Dr. Schlossman also cited the myths of Cerberus and Anubis to illustrate the changing form of the myth of the afterlife—from a place of oblivion without judgment to separate abodes of heaven and hell. At first, these dog gods were conductors of the dead and protectors of the portal of separation. Later, especially in the myth of Anubis, moral judgment was introduced to determine whether there would be an afterlife of bliss or oblivion as feces. The animal who eats the bad was clearly shown as female in the ancient papyri.

Dr. Alan J. Eisnitz focused on the real as well as the psychological meaning of the relationship between man and dog, particularly the dog as man's best friend and as the child's transitional object. The loss of a dog can be even more traumatic than the loss of a parent because it is linked to the dog owner's confronting his own death. Dr. Eisnitz also pointed out the anal symbolism of the urban dog. Dr. C. Philip Wilson offered additional clinical material relating to the association of death and dogs. In addition, he pointed to the developmental level (two and a half years) the child must reach before the dog can have meaning as a true symbol. By contrast, at an earlier developmental level, the pyramid (as a protosymbol), like the stone, would have been used to protect the ancient Egyptians against the terror of oral incorporation. Dr. Gerald Freiman noted that the case material had oedipal overtones; this is consistent with the observation that preoedipal conflicts can be used as a defense against oedipal conflict.

GEORGE M. HECHT

February 27, 1978. A RECONSIDERATION OF TECHNICAL AND THEORETICAL ISSUES CONCERNING THE PSYCHOANALYTIC TREATMENT OF PATIENTS WITH PSYCHOSOMATIC DISORDERS. (Fourth Melitta Sperling Memorial Lecture.) Morton Reiser, M.D.

Limiting his remarks to patients with the "classical" psychosomatic disorders of essential hypertension, ulcerative colitis, and bronchial asthma, Dr. Reiser dis-

cussed a variety of technical and theoretical issues in the analysis of such patients. He offered a brief historical review, noting that the early postwar enthusiasm for analyzing psychosomatic disorders waned with the realization that these patients sometimes develop serious, even fatal exacerbations of their illnesses during treatment. Lindemann felt that classical analysis was contraindicated in patients with ulcerative colitis because of possible psychosis or exacerbation. Alexander believed that classical analytic technique should be used only during periods of symptom quiescence. But Melitta Sperling favored forceful analytic work and confrontation of the patient's gratifying use of symptoms during exacerbation. The problem of whether the patient could tolerate the working through of the transference neurosis in a classically conducted analysis led to the question of whether, in such cases, classic analytic technique should be modified to make analytic work feasible. Since psychosomatic illnesses are characterized by multiple etiologies and a course marked by exacerbations and remissions, any attempt to discuss this question, or to formulate new questions amenable to analytic research, requires that a review of the newer neurobiologic and psychological research be undertaken.

Earlier theories of the etiology of psychosomatic illnesses implied a linear causal relationship between psychological conflicts and the subsequent illness. Alexander's theory, for example, postulated specific precipitating social situations, psychological conflicts, ego defenses, and constitutional physiologic conditions, all to be "necessary but not sufficient" cause of psychosomatic illness. The indications for psychotherapy in this model are clear. Recent data suggest that central nervous system mechanisms, particularly those of the psychoneuroendocrine system, serve as key links between psychosocial events and physiologic reactions. States of illness or health are best understood in terms of the interrelationship between biological, psychological, and social factors, with the brain occupying the central mediating position between psychological forces and physiological responses. A new theory for psychosomatic illness would be one based on a biopsychosocial systems model. While psychological techniques for managing psychosomatic illness are still important in such a model, they are not as important as in the older linear model. In the absence of clear psychological and psychosocial indications, one would no longer be justified in recommending an analysis simply on the basis of the psychosomatic illness.

Dr. Reiser hypothesized that central nervous system changes which produce altered states of consciousness and altered patterns of autonomic nervous system integration and neuroendocrine secretion are intimately involved in the etiology and continuation of psychosomatic illness. He also suggested that psychosocial stresses, emotional experiences, and psychotherapeutic techniques capable of inducing changes in ego states can also produce changes in the central nervous system, modifying the integrative and regulatory mechanisms. This can cause exacerbation of illness, or, as resolution of conflicts or establishment of more adequate ego defenses may result, remission. Psychoanalysis, with its potential for affecting ego states, can obviously be an important therapeutic and research tool in this schema.

One technical issue that arises from these considerations concerns the transference neurosis. If it is not safe to allow great frustrations to arise in the trans-

ference neurosis (because of fear of exacerbation) and the required modifications in classical technique are too extensive, will treatment then fail to modify the pathological outflow pattern? A second technical issue involves the handling of defenses. Clinical observation suggests that the ego regressions, as outlined by Schur, are not homogenous but partial and selective in psychosomatic patients. These patients frequently have a hard but brittle defense structure which is difficult to crack but, once broken, often produces serious physiological consequences. It becomes important, therefore, in the treatment of such patients to reinforce existing defenses or supply effective new ones. A third technical question involves the importance of affects in psychosomatic illness. Engel, by stressing the role of object loss, and Schmale, the role of separations in producing exacerbations of psychosomatic illness, emphasize the importance of close observation of possible disruptions of object relations. Manifestations of depression and other affects which may arise from such disruptions then become important; this is in contrast to previous theories which emphasized anxiety.

Dr. Reiser then reviewed the various theories concerning why an individual develops one psychosomatic illness rather than another. Alexander's stress on specific unresolved conflicts and ego defenses and a constitutional predisposition to the specific illness, Mirsky's emphasis on the physiologic condition necessary but not sufficient for the development of duodenal ulcer, Grinker's belief that specificity is dependent mainly upon genetic factors or early psychophysiological life experiences, were all examined. Engel and Schmale emphasized the conversion mechanism in somewhat different fashions, but it was Sperling who evoked purely psychological mechanisms in explaining the determination of disease choice, viewing the physiological changes of a disease as symbolic of the ego's attempt to master intrapsychic conflict.

Those psychoanalytic epigenetic models which postulate other than purely psychological factors are most compatible with the newer biopsychosocial systems model, leading to analytic work on a deeper level that can affect the central nervous system. It is possible to limit therapeutic ambition concerning the medical illness and conduct a thorough analysis of the patient's neurotic personality. In skilled hands (Melitta Sperling, et al.), however, more primitive preverbal levels could be penetrated and symbolic translations of the psychobiological behavior made intelligible and useful to the patient. The analyst who can successfully work this way must have the capacity to establish and maintain a supportive therapeutic alliance during stormy alterations in the patient's ego state. He or she also needs the ability to translate the primitive body fantasies that emerge in such states into meanings understandable to the patient.

EDMUND CHAITMAN

The 1979 Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 12-16, 1979, at the Waldorf-Astoria, New York.

THE HEINZ HARTMANN AWARD was presented to Erna Furman for her book, *A Child's Parent Dies*, at the meeting of The New York Psychoanalytic Society, January 30, 1979. The Award gives recognition, on the one hand, to seasoned analysts whose distinguished work already exemplifies the qualities inherent in Hartmann's own work—creativity, challenge to old ideas, and emphasis on what is original, innovative, and useful in clinical or theoretical areas—and on the other, to younger colleagues whose contributions show similar promise. Past recipients have included Anna Freud, René Spitz, Charles Fisher, Robert S. Wallerstein, Max Schur, Marjorie McDonald, Otto F. Kernberg, Heinz Kohut, Ruth S. Eissler, Marshall Edelson, Margaret Mahler, and Edith Jacobson.

The Thirty-Seventh Annual Meeting of THE AMERICAN PSYCHOSOMATIC SOCIETY will be held on March 27-30, 1980, at the Barbizon Plaza Hotel, New York.

The Ninth Annual Meeting of THE INTERNATIONAL SOCIETY FOR THE COMPARATIVE STUDY OF CIVILIZATIONS (U.S.) will be held at Syracuse University, May 22-25, 1980. For information about the submission of papers, contact: Prof. Vytautas Kavolis, Chairman of the Program Committee, Comparative Civilizations, Dickinson College, Carlisle, Pa. 17013.