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THE RULES AND FRAMES OF THE PSYCHOANALYTIC SITUATION

BY VANN SPRUIELL, M.D.

Classical psychoanalytic theory and technique are still coherent, flexible, viable, and developing. But there is a need to develop an interactional theory which would be compatible with intrapsychic theory. One approach, utilizing a relativistic view of social realities, is "frame analysis," the study of the rules (which operate primarily outside of awareness) delimiting and governing specific social interactions. Applied to the analytic situation, it is a useful way to analyze the transactions. A clinical vignette is presented for purposes of illustration.

Psychoanalysis as theory has to do with conflicting psychological forces—or, put another way, conflicting motivations—acting largely unconsciously within a person's mind. When it accumulates data, psychoanalysis, like any other discipline, sets up its own operational frame encompassing a limited range of phenomena to be studied. When it does this, it tends to make a variety of simplifying assumptions about the rest of the world and therefore about other disciplines (Wallerstein and Sampson, 1971). To repeat, we are speaking *operationally*, not intellectually. Of course, it is possible for the intellectual to be subverted by the operational, but this fallacy is to be avoided. Thus, psychoanalysis is a theory about the events within the mind of an individual, and it leans toward a view of the external world as more or less constant. Examples include the concepts of the "average expectable environment" of Hartmann (1939) or the "good enough mother" of Winnicott (1960).

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Psychoanalysis also tends to make simplifying assumptions in the other direction, so to speak: about the role of constitution in determining mental life. In any event, the constancy, regularity, sensory deprivations, and fundamental rule of the psychoanalytic situation also turn attention toward the inner world.

But if psychoanalytic theory at a high level of abstraction inclines us toward the idea of the individual mind as a closed system, the inclination does not do away with the obvious: it almost goes without saying that psychoanalysis concerns itself with the mind as an open system in interaction with other minds.

Freud's work is full of references to the mutual influences of internal and external worlds. The principle of multiple function (Waelder, 1930), Hartmann's (1939) adaptational and Erikson's (1950) psychosocial points of view, all take such influences for granted. The developmental concepts of Mahler (1975), Winnicott (1960), and Loewald (1971), while not exactly congruent, are based on the fundamental notion that individuality emerges as a center of forces within an interactional field. And our standard, or classical, clinical theory constantly refers to interpersonal interactions: the psychoanalytic situation itself (which after all is an object relationship, not merely a set of representations), object relations theories, internalizations, externalizations, projections, transferences, countertransferences, the role of psychoanalytic interaction as a vehicle for the transformations of shared unconscious fantasies—not to speak of the multitude of studies of interpretations and their effects.

Many authors have tried to make the leap from individual psychology to communal, interactional psychology. Beginning with Freud's *Interpretation of Dreams* (1900), psychoanalysts and others have discussed the roles of shared fantasies leading to social forms: groups and leaders created out of common needs on the basis of shared identifications (Freud, 1921), works—too many to list—on anthropology, sociology, literature, religion, art, folklore, political science, economics, even history. Of particular usefulness have been the psychoanalytic contribu-

tions to the study of myth and metaphor (Arlow, 1961, 1979). Regarding the therapeutic interaction alone, Langs (1976, Vol. 1) has collected detailed abstracts by three hundred sixty authors (many with multiple contributions). He has also constructed (1976, Vol. 2) his own overview and synthesis, a synthesis which, in delineating the therapeutic situation, makes particular use of the words "frame" and "framework." This is not the place to criticize Langs's work, but it should be stated clearly that the "frame theory" used in the present paper is different, in origin and application, from the concepts used by Langs. The two approaches should not be confused, inasmuch as they are not truly compatible, conceptually or clinically.

Despite all these papers, no *general* interactional theory, constructed from within the mainstream of psychoanalytic thought, has been inclusive and convincing so far. The "simplifying assumptions" have indeed been simplifying. Intrapsychic concepts have often been transposed too directly into the interactional field; interactional concepts have sometimes been smuggled into abstractions more appropriate to the inner world; and outmoded, unacknowledged philosophical assumptions about the nature of reality have been embedded in most works. As for theories developed outside the mainstream of psychoanalysis—examples include Sullivan's interpersonal theory, the various "cultural" approaches, phenomenological and existential analysis, sociological theories, e.g., "role theory"—they may be self-consistent but are fundamentally flawed: they are bereft of the concept of a dynamic unconscious.

This paper aims to apply to the classical psychoanalytic situation, and to the theories deriving from it, certain views of social interaction developed in other realms of thought. These have to do with a relativistic view of social reality and the rules by which certain kinds of interaction, of which the psychoanalytic situation is one, are "framed," that is, spelled out and delimited from other kinds of social interactions. A clinical vignette will, I hope, illustrate some direct usefulness of this approach in the understanding of the analyses of certain "difficult"

patients. In the process, the paper will suggest expanded ways of conceiving the ego and superego systems developmentally and functionally. But primarily, the intent is heuristic; it presents a way of looking at phenomena, a way of thinking. As such, it represents a step toward a compatible interactional theory.

REALITY

Sigmund Freud opened a way to a revolution when he forever redefined "reality," at least as far as psychology is concerned. He demonstrated a buried world, largely unconscious, which interacts with the world as it is consciously thought to be. As McLaughlin (1981) observes, however, that external world continued to be seen as tangible and potentially explainable scientifically. But the "hard" sciences themselves have advanced, and new philosophical and artistic insights have accrued: the faiths of positivism can no longer be maintained. Even the dichotomy between what is scientific and what is artistic can no longer be thought reliable.

Indeed, Gunther Stent (1975), a molecular biochemist, maintains that psychoanalysis itself represents one of the vanguards of a new twentieth century breakthrough in scientific thinking. Physics, of course, has long since abandoned the older assumptions about mechanical causality and material "reality." A structuralist approach has been applied to linguistics, anthropology, cognitive development, epistemology, history, and sociology. General systems theory is an analogous way of thinking. Positivistic assumptions and the forms of thought utilized by analytic philosophies have been challenged by the neo-Kantians, such as Cassirer (1923, 1925, 1929), on the one side, and by very different philosophers, such as Wittgenstein (1953), on the other. Psychoanalysis thus joins other disciplines in seeking to interpret the "surface structure" of events in terms of "deep structure." Ironically, only the so-called behavioral sciences cling to older concepts and methodologies following the rubric of nineteenth century science.

Despite its own theoretical thrust and however eroded older concepts of reality may be, psychoanalysis continues to utilize them. References to what is psychologically real, what is rational, irrational, delusionary, realistic, the nature of reality testing, the supposed "real" relationship as opposed to the "transference" relationship, the sense of reality, what is or is not psychotic, distorted, appropriate, inappropriate, adaptive, maladaptive—all of these judgmental references are to matters lying at the heart of our profession. Yet most of these references, while they remain for the most part operationally satisfactory, are no longer conceptually tenable; the philosophical position of "naïve realism" is obsolete.

The discussion to follow attempts to grapple with these issues.

RULES

In intrapsychic terms, it has been customary, following Freud, to speak of psychic *structure*.¹ Both in intrapsychic and interactional psychology one can also speak of *rule*.² But to do the latter, to speak of rules, one must be prepared to present at least a rough sketch of what one means.³ As distinguished from various other meanings (the reign of a king, a measuring device, etc.), rule here refers to "an established guide or regulation for action, conduct, method, arrangement, etc." (*Webster's Unabridged Dictionary*). Included in this sense are empirically discovered *regularities* (gravity is a stern, implacable teacher; if there is a "deep structure" of language there must be rules

¹ As Beres (1965) points out, there are many potential confusions in using the word, structure. Freud (1923), Hartmann (1939), Rapaport and Gill (1959), and Gill (1963) all ascribe slightly differing meanings to the term. But all recognize that psychological structures are inextricably related to functions. They are abstractions, not morphological entities. They do not have "contents" and should not be reified.

² For general discussion of rules, see Black (1962), Garver (1967), Rawls (1959), and Wittgenstein (1953).

³ Not all philosophers are happy with the vagueness of words like rule or structure. Rush Rhees (1974) remarks, "Rules were not made by the devil, but the word 'rule' was" (p. 42).

governing the transformations to "surface structures"; if the brain is constructed in such and such a way, there must thereby be rules according to which information is processed; etc.) and empirical *limitations* (if the brain is constructed in such and such a way, there are limited modes by which it *can* process information; without external interventions one will grow only so tall; there are absolute limits in the capacities to survive stress; etc.).

Piaget (1932) documented an epigenetic theory of cognition. He assumed the existence of rules, partly innately determined, partly the results of assimilations from the environment. Chomsky (1968) postulates rules governing transformational grammar. Wittgenstein (1953) spoke of "language games" governed, of course, by rules. More generally, a myriad of behavioral phenomena can be described as governed by shared, learned rules, without which culture and social life itself would be impossible. Most such rules are used effortlessly by all competent individuals. They are silent. They require no rewards or punishments because they are not disobeyed by sane or good people. Our shared notions of social reality itself are governed by such silent, almost universally practiced rules (it would be less astonishing to see a murder committed than to see a twelve-year-old boy in a formal baseball game run to third base rather than to first base after getting a hit; we trust unknown drivers every time we venture on the highways; it would be strange indeed to see a diner exactly reverse his courses in a fine restaurant; one hardly ever sees tennis players wearing bathing suits on public courts; etc.). On the other hand, some socially undesirable behavior is too personally desirable; formal prohibitory laws and formal punishments are required; otherwise, too many violations would occur. And still other kinds of rules, perhaps as important as any other kind, are of an *ad hoc* nature, generated spontaneously by two or more persons to meet particular exigencies.

Although psychoanalysis needs to be cognizant of genetic rules, rules governing cognitive development, or the conceiv-

ability of transformational grammar, it is most preoccupied with hierarchies of *shared*, invented rules, social rules, acquired in the process of development. If rules are established guides or regulations for action or conduct, there obviously are many kinds of such rules: there are different ways of establishing different kinds of guides and regulations, and there are many, many kinds of actions.

Thus, there are rules at one end of the spectrum which are highly codified (as in logical calculus, or in chess, or in drop-the-handkerchief) and rules at the other end of the spectrum which are clearly existent but which can be formulated only with great difficulty, if at all. (No natural language has had *all* its rules explicated; spontaneous children's games clearly are structured but their evanescent nature makes them difficult to analyze; in studying primary process, it is easy to infer condensation, displacement, symbolization, etc., but hazardous to make more detailed inferences about when, how, etc.) While there is hardly any difficulty in formulating and invoking rules in artificial languages, there is a very great difficulty in discerning with clarity those rules which operate in social behavior, where they are constantly being invoked, usually silently, but hardly ever formulated.

It would be easy to imagine (but premature to try to achieve) a structured general theory of rules to which psychoanalysis would contribute. It would be devoted to the general questions of rules—how they come to be set up, how they change, what levels of constancy, what consequences if violated. Such a theory would encompass a series beginning with the foundation, built-in, instinctual rules for behavior (the orderings of primary process; the governances of deep grammatical structure, perhaps); extending to the hierarchical sets of cognitive rules which Piaget demonstrated; extending further to what psychoanalysis can tell of the intrapsychic ego and superego origins and operations, development and function of ordinary social rules governing play, leisure, work, public and private behavior; and finally

extending to new concepts of codified rules and laws of the state.

It is understandable that psychoanalysis would primarily concern itself with those intrapsychic acts and interpersonal actions having to do with bodily and intimate behavior—relatively “instinctualized” behaviors along with the relevant modulating and controlling activities that necessarily go with them. But anyone who has paid close attention to the in-home development of his or her children knows how important every new achievement of skill or language is to both parents and child; even the most “autonomous” behavior makes up part of the warm cloth of family life. And it is understandable that psychoanalysis would care about how more and more subtly detailed and made representations of self and object come about, and how structure is made out of internalization processes.

Thus, children acquire psychic structure not only as a result of separations which come about at approximately the right times, but also as a result of direct learning (for the most part eagerly) by example and by instruction as part of the astonishing, incessant educational activities of parents and siblings (these are the ways you deal with food; there are the things you must never touch; this is the way you go to the bathroom; here are things you can play with; you play with them in these ways; you don’t say, “Me want . . .”; you say, “I want . . .”; etc.; etc.). Sometimes it seems to the outsider that developmental theorists too often address only limited ranges of phenomena in only limited locales. The place of fundamental development is in the home, not the nursery. And on that foundation many important things happen in the widening social worlds beyond the nursery.

One of the amazing consequences, after the sphincters have been consciously possessed and language has come to life, is the fabrication of quite different *sets* of rules governing private, family, and public behavior. And the consequences of being taught (and having needed to accept) the wrong rules, so to speak, rules which might work at home but not in the school,

or rules which are taken to apply to other people but not one-self, are wide-ranging; inwardly, they refer to unfortunate developments in the ego and superego systems.

In summary, the study of the shared rules governing everyday social interactions, especially those of an intimate nature, opens one way to understand shared notions of reality. As mentioned, these rules may be divided into the *prescriptive* (how to do this or that; ritual; games; expectable social behavior) and *proscriptive* (the "limits of permissible behavior," a term suggested by Arden King [1979, 1980]). Attention to the latter type, the limits of permissible behavior, can be particularly helpful in the attempt to understand complex game-like social interactions, for example, the analytic situation.

THE ANALYTIC SITUATION: THE ANALYTIC FRAME

The situation that develops between an ordinary analyst and an ordinary patient is indeed a social situation, but a most peculiar one. In this social situation, a number of usual rules governing two-party relationships are specifically abrogated—in particular, the to-and-fro dance of organized, eye-to-eye dialogue, the ubiquitous censorship of thoughts which might disrupt rational communication and interaction, and amenities of a (usually amiable) hypocritical nature. The analytic situation has a frame, if one thinks of a frame as referring to *unchanging basic elements or principles of organization defining a specific social event and distinguishing it from other events*. The analytic frame is largely constructed consciously and unconsciously by the analyst. Parts include the office setting itself, the regular schedule of time-limited appointments, the fee, etc. More unconsciously derived parts include the analyst's particular stance, his manner, approach, etc. The analysand invariably joins with the analyst—again, unconsciously for the most part—in building and elaborating the frame. The two people come to share private expectations, understandings, symbolic words, and metaphors.

The analytic frame is deliberately unbalanced. That is, analyst and patient play different roles, have different functions. But each must have a certain tenacity in order to accept and hold to the frame and the rules governing it. From the analyst's point of view, he has a strategy and evolves a set of tactics; having them, he has many more conscious options than the analysand. He decides when and when not to intervene, for example. On the other hand, the analysand's initial strategies and various tactics, on an unconscious level largely aimed toward the avoidance of pain, the maintenance of neurotic defenses, and the search for infantile gratifications, are to a great extent frustrated. But gradually and almost imperceptibly, they come to resemble, at least in part, those of the analyst.

From the beginning of an analysis, the patient is set a seductive, but for any length of time, impossible task: to come close to telling *everything*—without self-criticism, tendentiousness, or censorship. We assume with him that he does not have freedom to convert his impulses into motor action during sessions, but he does have *absolute* freedom verbally; we overtly and covertly encourage that freedom. Then we wait for him to fail, as he surely will. Much of the work is involved in showing him how he fails to allow himself freedom and discovering the reasons for his keeping himself in bonds. At the same time, we take the "failures" themselves as part of the associations and seek meaning in them.

Metaphorically, as Anna Freud (1936) put it, we ask the ego to remain silent and let the id have its say, simultaneously laying down the dictum that thoughts and feelings must be expressed in words only. We thus play a "double game with the instincts." At the same time, we set ourselves a task which in certain respects is even more impossible; we play double games with not only our own id but our superego and ego as well. While we seek maximum freedom for our associations, we do not regularly permit ourselves freedom to even verbalize them, much less physically act on them. We totally abjure power, and something paradoxical happens: in abjuring power, we acquire

it. In limiting our words, we make the words acquire weight. We acquire the weight of words. But we assume still another burden; we are forever having to decide whether to intervene or not, and if the decision is to interpret, how to couch the interpretation.

In an analysis, we enjoin ourselves neither to attend too closely, too rationally, to what the patient says, nor to drift totally off into reveries or sleep (McLaughlin, 1975); to think neither predominantly “linearly” nor “nonlinearly”; to become fixed neither in objectivity nor in subjectivity. We oscillate between observation and participation, and we note these oscillations (although we do not often understand them very well). However, when the oscillations *stop*—when our minds become frozen in one attitude or another, we know that something has gone awry within us. And the very fact that something has gone awry is a telling association of the analyst’s—of particular value if attention is paid to it. Evenly hovering attention is as hard to sustain as free association. We sit back and watch ourselves fail to remain in this steady state, and our movements away from it into alertness or into withdrawal become vitally important data. Recognizing such events, we step back to examine their meanings cognitively. In essence, we take our private reactions, feelings, fantasies—in short everything possible in our inner life—as a series of commentaries upon the patient’s material. At times of maximum empathic contact, we are apt to discover memories or fantasies or sensations which indicate to us shared unconscious fantasies of great importance (Beres and Arlow, 1974). But the discovery of periods of *minimal* empathic contact may also lead to important insights.

We expect our patients to regress, develop resistances, transferences. We may discern transitory, similar reactions in ourselves, which we hope to analyze silently. We expect that from time to time on the stage within the analytic frame we become the patient’s parents or other important people. Equally, we recognize that outside the analytic frame we are *not* parents, lovers, mirror images, parts or wished-for parts of the patients.

While we experience ourselves—temporarily, within the frame—as taken to be, for example, parents, and our responses are authentic within the frame, we know that the analyst is an adult involved in a game which is sometimes quite playful but hardly ever trivial. Even within the frame we do not act like parents; we do not succor, ignore, reward, spank, cajole, argue with, instruct, bathe, forbid, etc. Nor do we act like lovers, enemies, friends, siblings, or the patient himself or some part of him. We act like analysts—a fact sometimes forgotten in the literature where one finds assertions that within the “alliance” the analyst is “really” being a better parent than the patient ever had. It is as disastrous for analysts to actually treat their patients like children as it is for analysts to treat their own children as patients.

Now in this situation a kind of system of interaction develops consisting of information exchanged between the two parties, each with his own intrapsychic processes. As mentioned, the analytic frame is set up so that the interaction is unbalanced and quite unique. It is dramatically suitable as a medium in which the patient can enact and re-enact fantasies and feelings representing *other* frames of experience in his life, from the past, from the outside world. Opportunities to do this provide opportunities to make inner changes. Although the analyst sets up the outlines of the analytic situation in the first place, the common teamwork between the two, the shared, mostly unconscious areas of mind and the rules and common fantasies governing communication about these areas is a joint effort. Isakower (see, Malcove, 1975) spoke of this as the “analyzing instrument.” We may compare the workings of the analyzing instrument and the happenings in an analytic situation to play, framed by mostly silent proscriptive rules (the limits of permissible behavior) and regulated by embedded prescriptive rules. Analysis is like a game, in the formal sense of game. The rules of this game, generated by both analyst and patient, are existent and potentially understandable.

FRAME THEORY AND PSYCHOANALYSIS

There is nothing novel in comparing the happenings in an analysis to play regulated and codified in the form of games. Freud (1923) compared the opening and closing moves in a psychoanalytic situation to the opening and closing moves of chess; he pointed out that the technique in the middle phases of an analysis deals with matters too complex to be simply taught. Ella Freeman Sharpe (1950) also used the analogy, adding the elements of stage and drama. "In play a child dramatizes the inner story. In adult analysis it has to be tracked through dramas, phantasies, memories, and linked with the staging of present-day life. In that relegating of roles, the infinite shifting, endless interchange of character—intricacies of superego, ego and id—the drama is being *externalized* and the patient learns what he is doing, rids himself of the fear not only of his wishes, but of the nemesis that his wishes postulate for him" (p. 28). Recently, Loewald (1975) similarly used the theater and drama as analogies and on occasion as specific metaphors for the analytic process.

There are now at least two relatively new ways to think about social interactions which point beyond artistic approaches to these psychoanalytic questions. One is the use of von Neumann's "game theory" (von Neumann and Morgenstern, 1944). Although game theory cannot mathematically *explain* complex games—even simple parlor games have too many fluidly graded options to be analyzed mathematically—at least game theory can summon possible models for psychoanalytic interactions. If the psychoanalytic frame and situations within it are seen in terms of an exceedingly complicated pair (or more than a pair) of games, we might come closer to the rules defining the games and their transformations into one another. Thus, the analyst and the analysand may work together using strategy and tactics designed to further the analysis of unconscious meanings (we win together, stalemate, or lose together), only to lapse often into zero-sum two-person games in which there is conflict between

the players (I win, you lose). The interdigitations of these games (and other possible games) might represent possible avenues to new insights.

But of more immediate utility to psychoanalysis is a general and less rigorously defined line of thought relating to the multiple realities of social interaction. It began with William James (1890) and was further developed by Alfred Schutz (1945), Gregory Bateson (1955), and Erving Goffman (1974). James approached the question of reality not by asking what reality is but by asking (and stressing) the question: "*Under what circumstances do we think things are real?*" That is, there must be shared rules (usually totally outside ordinary awareness) determining a situation which you and I, for example, would conclude to be "real." Schutz examined this question in more detail. In the search for the rules allowing us to generate any particular "world," he concluded that there are many worlds of reality and further that we experience a special kind of shock when we move from one to another. Some examples: moving from sleep into wakefulness, or from conversing quietly in a theater to the other world of the play when the curtain rises, or leaving an analytic session to confront the everyday world.

Bateson redefined the "worlds" as "frames"—defining frames as principles of organization governing social interactions. Observing the play of animals as opposed to their actual fighting, he saw that there could be levels of activity within the same frame which were in some respects the same, in others different. Goffman took the same concepts and added the concept of "keys" to describe various levels of action within a particular frame. The key of the frame is analogous to the key of a musical composition. Change the key, and meanings at one level of the frame become in part altered at another level. Take, for example, small talk between a man and a woman intended to be more or less meaningless in terms of content. Alter certain rules, and that small talk can become communication between clandestine lovers full of meaning. A change of key results in a different version of something that remains essentially the same.

Goffman's (1974) brilliant *Frame Analysis: An Essay on the Organization of Experience* pursues these ideas with a subtlety and richness not possible to convey here. But I can illustrate them briefly without pursuing them systematically. Take two ten-year-old boys from the same culture. They are seriously fighting. Without consciously knowing or thinking about rules—unless they are broken—they observe quite complex standards and regulations during the fight. Rules covering beginnings, ritual ways to begin the actual hurting, prohibited forms of hurting, endings, and epilogues. Take these same two boys again. This time they are *playing* as if they are fighting. Some, but not all of the earlier rules have been altered. Now expressions have changed, punches pulled, giggles emitted, and hurting and being hurt dramatized rather than actualized. It is well known how easily this second situation can, perhaps by miscalculation, be keyed down, and a serious fight erupt. But it is important to note that each situation, the serious fight and the play fight, is real in its own terms.

But we can go further. The situation between the two boys—the frame—can be further keyed upward. The two boys can play a game of checkers, again changing some but not all of the rules. Or they can play at playing checkers. Or they play the roles of two boys playing checkers in a school play. Or they can rehearse for that drama. All of these are “real” in their own terms. However different the situations, they remain in the same frame. In this example, they all remain within a frame defining a competitive struggle between peers.

Unfortunately, nonpsychoanalytic interactional theories of the sort proposed by James, Schutz, or Goffman operate at phenomenological levels which do *not* include either the perspective of multiple unconscious motivations or a historical perspective to every act. Goffman, for example, uses for his baselines ordinary, everyday experiences. In the example given, his baseline would have been two similarly acculturated boys in a fistfight. It is quite possible that Goffman would not agree with a psychoanalyst's speculations about the fight. The psycho-

analyst, shrugging his shoulders, would assume that further changes of key could be made *downward* from the ordinary fight. For example, the fight might be an elaboration of unconscious homosexual impulses which might in turn be keyed back to oedipal conflicts and wishes, sibling rivalries, and preoedipal conflicts of various sorts.

Goffman would probably agree, however, that if our interpretations are correct, each of these unconscious levels has its own reality; one is not more real than the other. And he certainly would agree with the idea that when I see *Death of a Salesman*, my feelings about Willie Loman are "real," and they are not made up of the whole cloth of imagination; there is an entity known as Willie Loman. I know also that the actor called Willie has another name; each name is valid in its context. From this point of view, the distinctions between "fact" and "illusion" become more complex: what is "fact" in one context becomes "illusion" in another, and vice versa.

Early on in an analysis, the patient takes what he knows of interpersonal relations as factual. The analyst knows better; he knows that these relationships, seen by the patient without the dimension of unconscious processes, are at least in part illusory. Conversely, the patient may intellectually know something about the unconscious, but cannot help but regard *these* ideas as theories without the emotional stamp of truth. But as the analysis progresses, he comes to know these more fundamental aspects of his experience as factual. Similarly, the patient may discover that transference phenomena taken as factual by him are in part illusions, based on repressed, childish wishes. At the same time, the analyst knows that the transference phenomena in part *are* factual. There is nothing imaginary about the affective erotic and destructive swirls of currents in the consulting room. They are real in their own sense, and it is a mistake to interpret them "away" as "really" concerning past figures. Nor is there anything more "factual" about the patient and analyst working together cognitively as an adult "team"; there are transferences there too. Following this view, questions

like *the* real relationship and *the* transference relationship simply evaporate.

To summarize, the analytic frame is empirically constructed so that it facilitates both the recovery of "facts" and the recovery of "illusions": it is constructed to allow for more and more fantastic (but nonetheless "real") changes of key "down" within a given frame enacted within the larger analytic frame (we term it regression), and some of the time keying upward in the opposite direction. In this way the analytic frame is uniquely suitable to allow the illusory dramatizations of other frames within it, as Loewald (1975) showed so beautifully: frames encompassing outside relationships, past relationships, fantasied relationships with one's own self, and the like.

A large part of an analyst's ordinary, minute-by-minute work is aimed at catalyzing changes of keys within the analytic frame up or down, thus demonstrating to the analysand his attempts to keep out of awareness the connections between the analytic frame and the multiple other frames dramatized within it. The analyst is a weaver; his analysand begins as a weaver or becomes a weaver—or he is not analyzable. The analyst works—in usually small and half thought-out ways—to demonstrate to the analysand his neurotic need to maintain himself as though he were in fragments, to try to be half alive by clutching only at "facts" at the expense of "illusion," or to try to be half alive by mooning about in "illusion" at the expense of "fact," or to compartmentalize the present from the past, or the inside from the outside. In analyzable patients, whatever the preoedipal determinants, these neurotic distortions of the personality are invariably in the service of coping with uniquely unresolved but "frozen" oedipal fears and wishes. And if structural changes result, it is because the neurosis that began as the infantile neurosis comes to include the analyst in a situation which bears the most convincing stamp of reality of all—in terms of feeling: the analyst becomes the object of the most infantile desires; he becomes the object of incest and murder.

Some analysands are able, for whatever reasons, to hold to

the overt and covert rules which govern the analytic frame with little difficulty—except, of course, to consistent adherence to the fundamental rule of free association. But failures of the latter sort help them to come to understand that resistances are resistances to *themselves*, and are as important—temporarily more important—to analyze as anything else. A recognition of resistance temporarily changes the key of the frame. Analysands of this sort are regarded as “good patients.” The capacity to observe and stay within the limits of permissible behavior in the analytic situation is the most important element in the question of “analyzability.”

Those patients who are *not* able to adhere to rules, who hold that certain rules are made only for other people, force the analyst to tend the frame, lest it be broached and the analysis fail. Or if it has already broken down, to repair it if he can. The analyst’s aim is to maintain an analytic stance, interpreting resistances, avoiding, if possible, nonanalytic interventions. Yet every analyst has his own limits. He will go only so long without being paid, for example.

Patients who persistently broach the analytic frame are regarded as “difficult” patients. Much of the work has to do with the reasons the patient has to “act out,” perhaps refuse to pay the bill, miss sessions, force external events in ways that would be self-destructive or at least destroy the possibilities of analytic work. Sometimes the analyst has to temporarily abandon the analytic frame in order to preserve the possibilities of work; sometimes he has to resort to measures which are psychotherapeutic rather than psychoanalytic, with the hope that these departures from standard technique can be analyzed later. Some analysts label these patients “narcissistic” or “borderline”; sometimes they are said to have ego or character “defects”; sometimes they are thought to be developmentally blocked in certain ways. Other analysts simply call them the “sicker” and “sickest” patients. Too often, attention is focused on “archaic” qualities of fixations and object relations. Yet, there are patients who seem quite “narcissistic” or “borderline” who do very well

in analysis. They are able to maintain the analytic frame despite the supposedly primitive nature of their conflicts. Still other patients appear to have more ordinary psychoneurotic organizations and yet are analyzable only with difficulty, or not at all.

The problem comes to this: why can some people construct an analytic frame more or less spontaneously, and others not, or at least not without considerable work on the part of the analyst to help set up and maintain the frame? The answer is not merely an estimation of how primitive the conflicts are, or the postulation of very early developmental failures. Some of the answer would involve the effort to understand specific ego and superego functions having to do with social interactions. In most ordinary and successful psychoanalytic experiences, these functions may be taken for granted and are not subjects for inquiry. They "go without saying," so to speak. But some more "difficult" patients call attention to the rules discussed in earlier sections of the paper, the prescriptive rules governing ordinary social realities, and the proscriptive rules—the limits of permissible behavior. And they call attention to how these rules come to be set up, or fail to be set up, during the course of development.

Logically, we would associate the prescriptive rules with ego functions, including ego values. And we would associate the proscriptive rules with the superego. Where there is no conflict, the ego and superego functions cannot be distinguished, of course. It follows that the concepts of the superego, in particular, need to be greatly expanded. The superego, as Freud indicated repeatedly, has not only to do with prohibitions and ideals. It has to do with the capacity to engage with the worlds of others. In fact, if it is successfully made, it is the representative of one's society and one's culture. At unconscious levels it is also what we mean by the metaphorical Phallic Father. More accurately, it represents a world of reality, including the genital world of parents and the separation of the generations. It follows that the restructuring of the ego and superego organizations, after the approximately adequate resolution of the

oedipal dilemmas, allows for a progression into the less intimate social worlds encountered in latency. The failure of oedipal resolution in these areas carries momentous consequences. While these issues are of great importance, they cannot be addressed further here and will be discussed in a future paper.

A CLINICAL VIGNETTE

In the turbulent years of the mid-1960's, I began to work with Dr. L., a young musicologist still not thirty. He dressed and acted as if he were a member of the "counter-culture," but was not. A slightly built man, he wore his hair in a great bush; he could have been a model for a rock star or for a bust of Beethoven. At that time, Dr. L. functioned professionally far below capacities and felt no sense of "really" being a musicologist. "Life seems to be slipping by," he said, "meaningless." He had smoked marijuana each day for years. He felt bad and called that "chronic depression"; he knew close relationships seldom lasted, and the responsibility was his, though he did not know how or why. A secret stance against all authorities was labeled "guerilla warfare" (when he felt expansive) or "just grumbling" (when he felt low). Prospects in the academic hierarchy seemed hopeless. Something was very wrong.

The analysis, though ultimately satisfactory, was long and difficult. Despite intellectual and artistic gifts, despite strong motivations, despite periods of fascinating associations, nothing much happened for over a year. The material seemed disorganized and vague; a passive negativism hung like smog. Spells of vicious hatred, when interpreted, led only to utter despair, and worse, to all sorts of acting out. Over and over, I doubted my analytic stance, whether I could maintain it—or should. Interpretations were of no avail, either, in reducing the daily dependence on drugs.

Finally, I told him I would not continue unless he agreed to absolutely stop the use of drugs. Whether this "parameter" should (or could) have been used earlier remains a conundrum. In any event, he complied, but with unspeakable rage. During

the following months, however, matters improved; associations were less vague; his manner was not so bland. But brief periods of apparently useful work would still be followed by long periods of resistance, in which the patient alternated between the manners of a wickedly provocative, haughty, impoverished nobleman and a clinging, whining, constipated little boy.

From the age of four, L.'s years were stormy. The first of a number of terrible separations came at five, when, without warning, both parents left him with relatives and vanished, his father to the Armed Services, his mother he did not know where. For two years he did not hear of his mother, except that she was alive. When he was seven, she returned and reclaimed him. She then had a new husband. L. detested the man from the first moment; he tried to kiss his "new daddy," only to be rebuffed as a sissy. The family made many abrupt moves subsequently, only jumps away from the bill collectors.

A messy, truculent, contemptuous lad, he was always protected by his mother from the stepfather's hand. She indulged him in every way she could. Except with her, the boy was forever the "outsider," living by his wits. He hated sports, but from an early age read constantly, voraciously. He had intellectual friends, but no playmates; later there were sexual encounters but no authentic partners. By late adolescence he possessed a fine ability to pick up information by listening, but had lost the pleasure of reading. Beyond the bare minimum, he rarely was willing to read the literature of his profession. He loved the music but hated the theoreticians and critics. Yet he could speak as if he were learned indeed. Ashamed of the fraudulent erudition, he was nevertheless proud that he could get away with it. Dr. L. was a witty conversationalist and had an entertaining and complex sense of humor. Many people liked him, but the liking could never be reciprocated very long. Attachments often had a kind of fierce intensity, but they almost always broke down. Mordant and crafty jibes, usually aimed toward men, antagonized or intimidated them. He looked for fathers; he had to demolish fathers.

One day, about a year and a half into the analysis, he related a dream. He was in his car, at night. He had been having reveries—dreams within the dream which he could not remember; suddenly he “awoke” to discover that his car was parked on the median ground of a boulevard down which trolley car tracks ran. He was shocked: he could have been killed by a streetcar. He peered down the tunnel of trees; sure enough, far away, one was coming. Then, somehow, he was outside the automobile. He noticed a policeman taking his prized new car away. He felt outraged; after all, he had intended to move it himself. Across the boulevard, in the middle of a residential neighborhood, was “Irwin Sander’s Bar.” He went inside. There were prostitutes upstairs. He was attempting to explain to an older man what had been happening. The man clearly did not like him. “You’d better call the police,” the man said, “they’ll diagnose you—I think you’re a paranoid schizophrenic.” This was very upsetting, and the dreamer kept following the man around. “You don’t understand. I’m not a schizophrenic. I’m a musicologist!” He awoke with anxiety.

As he finished the account of the dream, Dr. L. chuckled ironically at the last part. He knew that I recognized the contempt for musicology. But instead of commenting on making himself the butt of the humor, he remarked that he knew the exact location of the dream. The car had been on the streetcar tracks by a stop nearest the apartment where the family had lived when he was twelve or thirteen. (He told me where, and I automatically knew two things; the location was far up the boulevard in an area which would have had no bars, and it had large, expensive homes and some rather modest apartment buildings. To have lived in one of these apartment buildings would imply a much lower social status than to live in a house.) On Sunday mornings before daylight, he would wait at this same streetcar stop; he was an altar boy in a church some distance away (one, I knew, that could not rival the Catholic church attended by the town’s elite and which was, in fact, within easy walking distance from the apartment). The last car

to get to Mass on time came at 5:30. He remembered what it was like to look down the long dark tunnel of trees and see the headlight of the trolley car appear, far away, trembling in the soft pre-dawn air of New Orleans. Listening, it seemed to me I knew what he felt as a twelve- or thirteen-year-old, despite the superficial differences of our generational, geographic, and religious backgrounds.

Dr. L. did not pause, but went on to mention that he *did* know an Erwin Sanders, but the first name was spelled with an "E," unlike the name of the bar, which was spelled with an "I." That brought to mind a painful memory from the age of seventeen: the first girl he had loved (after his fashion) had written that she had to break off the relationship at her wealthy parents' insistence. The young couple had been surprised *en flagrante*. (He told me the details, seeming not to remember that he had told them all before. I did not comment.) After receiving the letter, in distress, he insisted to his mother that he go away for several days to stay with friends. She had not protested.

But he did not go to the home of a friend. He went, instead, to the French Quarter, at the other end of the streetcar line. In a bar, he met two older men; one was a stranger; the other, Erwin Sanders, thirtyish, was a librarian of a small museum. Both seemed healthy, athletic, and "intellectual." Both seemed to like the boy, and they drank beer all afternoon, found something to eat, walked around. Sanders eventually suggested that L. stay overnight in his apartment nearby; he could sleep on the couch, and the other man had something else to do. But once there, why sleep on the couch, the man asked, why not share the bed? And in the bed the touches began, tentative at first, unmistakable later. The boy felt consciously shocked. Could he be wrong about what the man was doing? What was he doing there? And he felt excruciatingly embarrassed. He just wasn't *interested*, he said, apologetically. He liked Sanders, but didn't want to do things like that.

The man finally desisted, and L. hugged the edge of his side

of the bed and thought he must have slept the whole night that way. He also remembered that he was aware that his buttocks were turned to Sanders. In the morning, when they got up, the displaced lover—it was obvious by then—returned. The three went out for breakfast. It was as if nothing had happened. (Again, as I listened, the boy and his dilemmas seemed particularly “real”; and I thought I had a fairly clear understanding of the unconscious origins of those dilemmas.)

Still without pausing, Dr. L. returned to how “Erwin” had got changed to “Irwin.” Or maybe it was “Irvin”? Then, he had heard of another local psychoanalyst, a man he had never met or known about in other ways but had learned of his excellent reputation. This analyst, older, might have more prestige, skill, and wisdom; perhaps he would have been better. And, though it made him feel awkward (so he said), he had to add that the other analyst might be more masculine than I am. “‘E’ replaced by ‘I’—what the hell is that? Oh, ‘I’ for ‘me’? I don’t know what to do with that.” Then he thought of the bar, with its prostitutes, as opposed to the homosexuals in the French Quarter.

Without knowing quite why (then or now), I asked if there might have been something that happened recently to connect these thoughts. Suddenly he almost sat up on the couch. “Oh my God,” he said. He remembered that a friend had mentioned that F., an acquaintance, was also an analysand of mine. L. had spoken in earlier sessions of intense rivalry with F. What had startled the analysand was that one of F.’s names *also* happened to be connected to the material in a way I cannot specify. He hated F. for his good looks and socially proper manner; as an eligible single man, he was a “debutantes’ delight.” I remained silent.

Spontaneously and gradually, Dr. L. shifted into another mode or style of communication. He reported, with no trace of excitement, a fierce argument with the woman he was living with. Afterward, he had spent some time with an old sexual partner—one he degraded—and had considered going to bed

with her again. As he talked, L. seemed more and more bored. I thought he was going to drift off into rather flat, detail-ridden ruminations, a characteristic form of resistance. I mentioned that he seemed bored and added that he had apparently given up on the dream. (I did not mention that the defensive departure also was a disguised reference to it.) Dr. L. admitted that he hadn't understood anything about the dream.

Almost dutifully, he returned to it, speaking about feelings of separation (girlfriend, mother, current lover) and the fact that he had wound up in bed with a homosexual so "naïvely." Then he connected, quite blandly, his memory of his buttocks turned toward the man while he was asleep and the streetcar bearing down on him as he was lost in the dream of being in a reverie. Hoping to thicken this rarified air of what I took to be intellectualization, I asked, "But what do you think all these things have to do with your relationship with me? For example, you haven't said anything about my middle name." (For a moment, distrusting my contact with my own unconscious life, I thought asking this question might be a mistake: after all, I rarely use my middle name, *Erwin*, and was not certain my patient knew it.) He reacted with visible shock.

"What? What *is* your middle name? 'E'—God—it's Erwin. I looked your name up in the directory a long time ago." (I don't believe he had ever told me this.) Dr. L. seemed stunned. Impressed. Awakened. But by then we had used up the session.

Dr. L. was quite late for the next appointment. The work was dreadfully dull. Interpretations relating the resistance to the happenings the day before at first were met with blankness—he couldn't remember anything about the session. Then he did remember, and remembered being excited. But "deadness" had descended again like a blanket, and he had spent most of the day procrastinating.

The following session, however, he was able to experience as "real" an intense need to destroy me in a "real" way, and a bit more work could be done.

CLINICAL DISCUSSION

I did not believe the session represented a "good hour," only a good dream. Knowing the history, it was fairly easy to understand that the latent content had to do with the activation in the transference of negative oedipal yearnings and defenses against intense castration and separation anxieties. Knowing the past material, it would have been possible to interpret the dynamic complexities of this intricately constructed dream in a variety of ways. And the patient might even have "accepted" these interpretations. But I had been down blind alleys before. I chose only to interpret the resistance in ostensibly moving away from the dream (as he came to a closer awareness of homosexual wishes and flew off into a dead account of promiscuous heterosexual displacements) and the obvious, warded-off concerns with me. I knew that it not only would have been a waste of time to refer to the relations with his sexual partners as transference displacements, it would at that point have been distracting.

In one way, I regarded the dream as an unconscious play, documenting the course of the analysis up until that time: reference to the use of drugs (the reveries within the dream), the various transference representations (the policeman taking his car away, doing his work for him, later to return and diagnose him as hopelessly ill, bad, and helpless—ignoring his ironic joke; the unfriendly man who diagnosed him as not only psychotic but a criminal as well; the homosexual librarian; and then there was the streetcar imagery: the streetcar emerging from the tunnel of trees which would take the lonely thirteen-year-old to salvation, the seventeen-year-old to the actualization of sexual fantasies, the streetcar that might be blocked by the sleeping man's car or that might be an unstoppable, intrusive, destructive force).

The subsequent examination of this clinical "strip" showed three noticeable *spontaneous* affective expressions during the session, the two sets of memories from adolescence, with their

poignant appeal, and the sudden panic and chagrin that he might have been run over by a streetcar while indulging in reveries. My *interpretations* touched off two other affective expressions, both guilty, startle reactions (condensations, I believe, in terms of later material, or memories of infantile traumata, including responses to the primal scene). It was as if I had caught him playing with my name in his sleep—putting an “I” in it—replacing me with a more gratifying and masculine analyst—fearing that he would be replaced by a more appealing rival.

Partly on the basis of earlier material, but partly on the basis of the dream itself and the associations to it, I believe the dream represented, on different levels, an ambivalent presentation, a gift, a homosexual invitation, a masochistic provocation, and an attempt to have the work done for him, served up to him to be intellectually but not affectively received, more likely contemptuously denied. And it had to do with murder. But it was also a creation for the analysis: an interpretable dream. My dilemma at the time was obvious. Flooded with material, my Scylla would have been too much intervention, my Charybdis too much reliance on affective expression. While I could extract a great deal of meaning from the material, and while the patient could have extracted all sorts of intellectualized understandings, there were only brief encounters of shared, immediate meanings.

In most ways, most of the time, the patient had been merely feigning being in analysis.⁴ He was frozen in only one position: the only way he could see me was as actual enemy. It was not that the other transference representations did not exist; it was that he had no affective access to them on any level near consciousness. And it was not that he had an inherent difficulty “testing” reality; it was that his dynamic needs left no possibilities for challenges to certain conscious “realities”—he could not

⁴ “Feigning” is a slippery word. Dr. L. was not dishonest. But more than most analyzable patients, he was simply unable to consciously conceive parts of the analytic relationship, much less commit himself emotionally to them.

mutually constitute such realities. When I “caught” him, he did not respond with relief, or more material, or more insight. He responded as though he were literally in danger. The stamp of “reality” was placed on this version of his relationship, which was not influenced at all by his “rational” conceptions of “reality.” “Rational reality,” for that matter, did not *feel* “real” to Dr. L. While a transference neurosis might be fairly assumed, its negative aspects, and its deeper positive aspects, were not analyzable at that time.

But there was something representing a potentiality, at least, for future shared analytic work. My inner responses to the adolescent memories represented the one area of effortless “shared play”—not a part of an unconscious feigning or duping—that might provide a connection with the patient, an access to a transferential reliving. And so it proved to be. It was, in retrospect, the beginning of a workable analytic situation, as opposed to one that was in some respects a spurious one. If there were space, I could document this thesis.

INTERACTIONAL THEORY

The preceding remarks about reality suggest the relevance of attending to the rules governing the analytic frame and the enactments of other frames of experience (the current life, the transference, the past). It has already been mentioned that ordinary psychoneurotic analytic patients are able, without major difficulties, to set up and follow the almost completely silent rules governing the dialogue and the limits of permissible behavior with the analyst. Their outside lives are also governed by reliably shared and generated rules with others; that is, outside behavior is not to a significant or dangerous degree “acting out.” Resistances are not so impenetrable; in clearer periods such analysands are able to re-enact frames of past experiences, transference experiences, and extra-analytic contemporary experiences, and *connect* them in affectively alive ways. Perhaps spontaneously, or responding to the analyst’s

interventions, they are able to subtly change the keys of these frames both “down,” regressively, and “up” to various levels of secondary process thought. Achieving new insights, they come to understand the historical nature of their psychic acts, ultimately to freely connect *multiple* realities into a sense of the wholeness of the personality. The analyst can function more truly as a catalyst—not as a reagent. In a practical sense—though not a theoretical one—frame theory is irrelevant to the work with such “good” patients. The interaction “goes without saying,” so to speak.

But Dr. L. was not able to function like such “good” analysands, for dynamically valid psychological reasons. At least for a long time he could not. I believe early experiences (the loss and lack of replacement of the father; the loss and tenuous recovery of the mother) favored a distorted oedipal compromise. Concomitantly, there was a lack of structuralization of certain ego and superego rules governing ordinary interactions with others in intimate relationships. Some rules were not “made” for him—in fact, some rules ordinarily shared with others did not *exist* for him in intimate situations. Material from the analysis as a whole provided further understandings of the intrapsychic structures and functions, and their developmental origins, which accounted for the patient’s inability to place the “stamp of reality” on many social interactions and their various “worlds.” But the remainder of this paper will attend only to an interactional analysis.

In terms of frame theory, the patient assumed one set of rules governing ordinary behavior while the analyst assumed another. There was little mutuality in the framing; he had one set of realities, and I had another. In terms of enacting and re-enacting other frames of experience in the encompassing shared frame of analysis, all *his* past experiences led him to assume the hatred of me and the fear of any positive contacts were *factually* based. He could not discover that some “facts” were illusory and some “illusions” were factual. Nor could he utilize the historically active positive and negative oedipal events, and pre-

oedipal precursors, as part of the whole of his life. The patient had a severe limitation in the scope of his worlds of realities. He expressed this in the unremembered dreams within the transference dream.

For a long time, Dr. L. was not able to "willingly suspend disbelief." He could not experience various transferences as "alive" or immanent. This was true on one level because of the unneutralized qualities of the hateful and homosexual conflicts, which had to be warded off by any defensive means. On another level, it was true because he was unable to engage in a cooperative situation with another man whereby he could allow free play for his imagination—where he could place the accent of reality on the re-enactments in the transference of memories of the past and continuing unconscious fantasies. Intrapsychically and interactionally, he was caught in the rut of one dimension of inner reality, and thus, outer reality. He could not connect with other dimensions.

It was useful to examine in more detail the shifts of enacted frames which occurred spontaneously, as well as those triggered by my interventions. The first enactment was one of sleeping, broken by the intrusion of the recognition of dangers (actual and archaic) of continuing to sleep. The second represented the scene at the bar (based on memories of his experiences in the French Quarter, in which he attempted to find in action some solution of the oedipal dilemma; based also on his own versions of the analytic situation). He "awoke" with a jolt.

His associations moved to the adolescent memories, and from there, back to the transference and envy and rivalry in relation to the acquaintance, F. But anxiety mounted, and when I failed to intervene, he altered the key of this frame "up"⁵ to an affectless account of his battles with his lover, along with a bland reference to defensive promiscuity, ostensibly leaving the dream behind. At this point, I did say something, but inadvertently

⁵ The analogy to musical keys is limited. Musical keys are along one dimension; the changes of social keys would have to be thought to exist in lateral dimensions as well.

triggered a change of key even further “up,” to more or less empty intellectualizations (however accurate his interpretations might have been on a strictly cognitive level). Again I intervened, this time more effectively, interpreting the resistance in one—and only one—of its aspects. The change of key “down” brought forth a sharp awakening to the intensity of his transference feelings, partially understood in both their hateful and homosexual meanings. For a brief moment, he seemed to understand that the dream was part of a complex whole, that his life was a complex whole. Momentarily the analysis “came alive.”

As the months and years went by, such moments came more frequently. As they did, Dr. L. altered his external life; more and more he became able to have social experiences that felt “real” to him. First in the transference relationship, then in others, he could feel involved not only with play but with work. Intimacy became reliable. And the analysis slowly came to be like other analyses.

Such patients are often misdiagnosed, I believe, as “border-line.” Although the technical difficulties may be expressed in terms of setting up and maintaining the analytic frame—holding an analytic stance—in the face of the analysand’s continuing subtle and unsubtle efforts to evade it or broach its limits, such difficulties are not necessarily traceable to “archaic” traumata, conflicts, or developmental blocks. There is no one-to-one relationship between the severity of pathology (as we assess it) and “primitive” developmental problems. I was never able to document or reconstruct a history of preoedipal catastrophes with this patient, although there obviously were preoedipal determinants, particularly of an anal nature. The patient instead had catastrophes *during* the oedipal period, and afterwards, leading to inadequate structuralization of those superego and ego functions necessary if one is to operate according to internalized rules governing the limits and possibilities of social behavior, necessary to be able to generate “ad hoc” mutual rules governing ordinary behavior, and the capacity for mutual play. It is not a great interest of mine to diagnose patients according

to descriptive nosologies. But I believe this man was an unusual sort of obsessional neurotic.

REFERENCES

- ARLOW, J. A. (1961). Ego psychology and the study of mythology. *J. Amer. Psychoanal. Assn.*, 9:371-393.
- (1979). Metaphor and the psychoanalytic situation. *Psychoanal. Q.*, 48:363-385.
- BATESON, G. (1955). A theory of play and fantasy. A report on theoretical aspects of the project for study of the role of the paradoxes of abstraction in communication. In *Steps to an Ecology of Mind. Collected Essays in Anthropology, Psychiatry, Evolution, and Epistemology*. New York: Ballantine Books, 1972, pp. 177-193.
- BERES, D. (1965). Structure and function in psycho-analysis. *Int. J. Psychoanal.*, 46:53-63.
- & ARLOW, J. A. (1974). Fantasy and identification in empathy. *Psychoanal. Q.*, 43:26-50.
- BLACK, M. (1962). *Models and Metaphors*. Ithaca, N.Y.: Cornell Univ. Press.
- CASSIRER, E. (1923, 1925, 1929). *Philosophy of Symbolic Forms*. 3 volumes. New Haven: Yale Univ. Press, 1953, 1955, 1957.
- CHOMSKY, N. (1968). *Language and Mind*. New York: Harcourt, Brace & World.
- ERIKSON, E. H. (1950). *Childhood and Society*. New York: Norton.
- FREUD, A. (1936). *The Ego and the Mechanisms of Defence*. New York: Int. Univ. Press, 1946.
- FREUD, S. (1900). The interpretation of dreams. *S.E.*, 4/5.
- (1921). Group psychology and the analysis of the ego. *S.E.*, 18.
- (1923). The ego and the id. *S.E.*, 19.
- GARVER, N. (1967). Rules. In *The Encyclopedia of Philosophy*, Vol. 7, ed. P. Edwards. New York: Macmillan, pp. 231-233.
- GILL, M. M. (1963). *Topography and Systems in Psychoanalytic Theory. Psychol. Issues*, Monogr. 10. New York: Int. Univ. Press.
- GOFFMAN, E. (1974). *Frame Analysis: An Essay on the Organization of Experience*. Cambridge, Mass.: Harvard Univ. Press.
- HARTMANN, H. (1939). *Ego Psychology and the Problem of Adaptation*. New York: Int. Univ. Press, 1958.
- JAMES, W. (1890). *The Principles of Psychology*. Chicago: William Benton, 1952.
- KING, A. (1979). North American Indian clowns and creativity. In *Forms of Play of Native North Americans*, ed. E. Norbeck & C. R. Farrar. St. Paul, Minn.: Proceedings of the American Ethnological Society, 1979, pp. 143-152.
- (1980). Innovation, creativity and performance. In *The Ethnography of Musical Performance*, ed. N. McLeod & M. Herndon. Norwood, Pa.: Norwood Editions, pp. 167-175.
- LANGS, R. (1976). *The Therapeutic Interaction. Vol. 1, Abstracts of the Psychoanalytic Literature; Vol. 2, A Critical Overview and Synthesis*. New York: Aronson.

- LOEWALD, H. W. (1971). On motivation and instinct theory. *Psychoanal. Study Child*, 26:91-128.
- (1975). Psychoanalysis as an art and the fantasy character of the psychoanalytic situation. *J. Amer. Psychoanal. Assn.*, 23:277-299.
- MAHLER, M. S., PINE, F. & BERGMAN, A. (1975). *The Psychological Birth of the Human Infant. Symbiosis and Individuation*. New York: Basic Books.
- MALCOVE, L. (1975). The analytic situation: toward a view of the supervisory experience. *J. Phila. Assn. Psychoanal.*, 2:1-19.
- MC LAUGHLIN, J. T. (1975). The sleepy analyst: some observations on states of consciousness in the analyst at work. *J. Amer. Psychoanal. Assn.*, 23:363-382.
- (1981). Transference, psychic reality, and countertransference. *Psychoanal. Q.*, 50:639-664.
- PIAGET, J. (1932). *The Moral Judgment of the Child*. London: Kegan Paul.
- RAPAPORT, D. & GILL, M. M. (1959). The points of view and assumptions of meta-psychology. *Int. J. Psychoanal.*, 40:153-162.
- RAWLS, J. (1955). Two concepts of rules. *Philosoph. Rev.*, 69:3-32.
- RHEES, R. (1974). Questions on logical inference. In *Understanding Wittgenstein*, ed. G. Vesey. Ithaca, N.Y.: Cornell Univ. Press, pp. 30-48.
- SCHUTZ, A. (1945). On multiple realities. In *Collected Papers*, translated by R. Zaner and H. T. Engelhardt, Jr. Evanston, Ill.: Northwestern Univ. Press, 1973, pp. 207-245.
- SHARPE, E. F. (1950). *Collected Papers on Psycho-Analysis*. London: Hogarth.
- SHENGOLD, L. (1981). Insight as metaphor. *Psychoanal. Study Child*, 36:289-306.
- STENT, G. (1975). Limits to the scientific understanding of man. *Science*, 187:1052-1057.
- VON NEUMANN, J. & MORGENSTERN, O. (1944). *The Theory of Games and Economic Behavior*. Princeton, N.J.: Princeton Univ. Press.
- WAEELDER, R. (1930). The principle of multiple function: observations on over-determination. *Psychoanal. Q.*, 1936, 5:45-62.
- WALLERSTEIN, R. S. & SAMPSON, M. (1971). Issues in research in the psychoanalytic process. *Int. J. Psychoanal.*, 52:11-50.
- WINNICOTT, D. W. (1960). The theory of the parent-infant relationship. *Int. J. Psychoanal.*, 41:585-595.
- WITTGENSTEIN, L. (1953). *Philosophical Investigations*. Translated by G. E. M. Anscombe. Oxford: Basil Blackwell.

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SPEAKING IN TONGUES: SOME LINGUISTIC APPROACHES TO PSYCHOANALYSIS

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Four innovative theorists—among others—have applied a variety of linguistic concepts to psychoanalytic theory and practice: Victor Rosen, Marshall Edelson, Roy Schafer, and Jacques Lacan. While their interests have been different, there are points of convergence, and in some ways they complement one another. Beyond the similarities and differences they point the way to the reconsideration of some fundamental positions of psychoanalysis.

Linguistic investigations of psychoanalysis have been a long time coming, but now they are with us with a vengeance. Competing schools or influences of any sort always create confusion in our field, but nowhere more noticeably than here when the subject under criticism is the language of psychoanalysis itself, both as theory and as method. Not that linguistics has come to dominate the psychoanalytic world. It probably could not, because as clinical practitioners devoted to the care of patients, psychoanalysts have to use the verbal instruments at hand, which are usually too deeply grounded in experience to admit prompt change. All the same, some of us who care about the matter would like to see development in psychoanalysis, and in the psychotherapy which finds its formal structure and theory in psychoanalysis, along lines affected by linguistic considerations.

In this essay I shall take up four innovative theorists who have tackled the subject from different points of view; I shall

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try to estimate their respective merits and also to think about how they relate to one another. These writers are Victor Rosen, who has probably made the most searching study of general linguistic elements in psychoanalysis; Marshall Edelson, who introduced Chomskian linguistics to psychoanalysis; Roy Schafer, who proposes a new language for psychoanalysis and who states good reasons for doing so; and Jacques Lacan, for whom Saussurean linguistics as amplified by Roman Jakobson and phenomenological philosophy have radically altered the foundations of psychoanalytic theory and method, and whose point of view will tend to color my appraisals of the others as well.¹

We need to be warned that it is no small matter to look into psychoanalysis this way. Those who consider that psychoanalysis is a positive science, no different in principle from the biological sciences, will have scant patience with a philosophical position that must be strikingly at variance with their preconceptions. No question about it, linguistics may cut the ground out from convictions that have served long and well. At all events, things will not be simplified this way.

While Freud believed that his theories—from which he did not radically separate his method—were strictly comparable to those of the natural sciences, he also introduced us to powerful linguistic agencies quite early in his work. Since the thrust of his philosophical point of view, which has also governed psychoanalysis since Freud, has been toward its positive scientific status, as science was understood in the mid-nineteenth century, linguistic structures mainly stand out as illustrations and analogies, based on a background of physicalist thinking. The title of Freud's most important work, *The Interpretation of Dreams*, has, perhaps because of the importance of Chapter 7, yielded to conceptions of *explanation*, in which the language of energy dominates over the language of meaning, of herme-

¹ The term "linguistics" (and derived forms) is sometimes extended from its technical sense to refer to language in general.

neutics.² It is nevertheless with Freud that we can most appropriately start, if only to demonstrate once more that his original positions had many potential lines of development, of which the well-defined one that we know was only one.

The celebrated Signorelli parapraxis recounted most fully in the *Psychopathology of Everyday Life* (Freud, 1901, p. 2) is a useful model for theoreticians of whatever linguistic interest. It is a good place to start, for that reason among others. We recall that Freud in conversation could not remember the name of the painter, Signorelli, and substituted the names of two other painters, Botticelli and Boltraffio, while knowing that these were not what he intended. His analysis of the forgetting turned out to be an instance of the situation in which "*a topic that has just been raised is disturbed by the preceding topic*" (p. 3). That is, the "Signor-" of Signorelli was the equivalent of "Herr" in Herzegovina, and the "Bo-" of Botticelli and Boltraffio grew out of Bosnia, the other of the two provinces in which the Turks lived who—I summarize—characteristically thought that life without sexual potency was of little value. At the same time—literally—the "-traffio" of Boltraffio's name was linked with the Tyrolean village of Trafoi, where Freud learned of the suicide of a patient of his "on account of an incurable sexual disorder." Freud thought he had forgotten the painter's name *because* of the connection with something else he wanted to forget, in which the ideas of death and sexuality were joined. There was, however, just enough in the substitute names to remind him of what he unconsciously wanted to forget, so that the forgetting was, he wrote, neither entirely successful nor entirely a failure.

Freud's chief interest in this and other examples of the forgetting of words and names lay primarily in the establishment of a theory explaining forgetting as a mental process, and secondly in demonstrating the reality of unconscious mental processes in general. We may follow another line in reflecting on this classic instance, leading to the problem of substitution,

² *Hermeneutics* is the science of interpretation.

of metaphor and metonymy. Once granted that the forgetting of the name was intended unconsciously, we can quickly see that the linguistic agency concerned is that whereby one word—it need not be a name—can substitute for another. All the words of the lexicon are ultimately related to one another because of the overlap of definitions, but, as Freud's illustration also shows, the sound relation (Trafoi and "traffio") may also be a potent one, even in the absence of common meaning. The "Signor-" of Signorelli is absorbed in its German equivalent "Herr," phonetically identical with the first syllable of the province Herzegovina, in turn metonymically substituted for by the first syllable of its sister province Bosnia—which, however, is also the place where the original conversation (between the Turk and the doctor) took place. While the intention appears to be only accidentally connected with the form of the parapraxis, the form is clearly connected with the sound as well as the sense of a powerful signifier, a name. Actually, the name is not without its own pertinence to the intention, although Freud does not seem to have accepted the connection between death and sexuality on the one hand, and on the other the Last Judgment depicted in the painting by Signorelli; death is one of the figures of the painting, and as such is also the master of life, the real "Signor," as Lacan (1966, p. 379) noted.

This interplay of signifiers, chosen because of its colorful and dramatic qualities, has a paradigmatic value in itself, and not just with reference to forgetting. It exposes with particular clarity the fluidity, indeed the limitlessness, of the lexical choices through which human experience comes into speech. Correspondingly, whatever maneuvers of psychoanalytic method expand the spoken interchange will open up the range of meaning. As Freud (1898) wrote in the first published account of the Signorelli incident: ". . . the resolution of the whole tension by a communication of the correct name from an external quarter is itself a good example of the efficacy of psychoanalytic therapy, which aims at correcting the repressions and displacements and which removes the symptoms by re-

instating the genuine psychical object [*des eigentlichen psychischen Objektes*]” (p. 295). The “genuine psychical object,” of course, is still another signifier, although the deepest accessible structure of it may be preverbal or imaginal.

Another line of thought proceeds from the same model, although Freud considered it only in passing. He wrote that he voluntarily “suppressed” the anecdote about the Turk’s despair in the presence of sexual failure because “I did not want to allude to the [delicate] topic in a conversation with a stranger” (1901, p. 3). His companion, stranger or no, we learn from a letter to Fliess (Freud, 1887-1902, p. 265), was a lawyer from Berlin named Freyhau, and possibly an acquaintance of Fliess’s, if I read the mention of him aright. The act of forgetting cannot here be adequately rendered as just an inner experience of Freud’s without intersubjective moment; he had in mind also the embarrassment for himself and Freyhau that a franker exchange might have entailed. Lacan’s description of the act is that “Freud had literally detached from himself the fragment of the sword of the word” (Lacan, 1966, p. 379), abandoning it to his traveling companion (the Other in Lacanian terms, who is also the Other, the unconscious subject)—a typically fantastic Lacanism, but not without merit if it reminds us that what happens intrapsychically cannot be separated from its contexts in dialogue.

Let us leave Signorelli here, although the fascination to analysts of this parapraxis (everyone has had a hand at improving Freud’s story) must lie in the extraordinary beauty with which it demonstrates the power of the signifying word. Permit me to note that the word “sign” is also embedded in the forgotten name! Victor Rosen (1969) used this example in his essay entitled “Sign Phenomena and Their Relationship to Unconscious Meaning.” Rosen wrote that “finding the meaning of a parapraxis is the paradigm of the process by which we arrive at most interpretations in the analytic process” (p. 205), which is a sufficiently sweeping statement to warrant the attention paid to our example. It is even more comprehensively true

than Rosen knew if we add to the meaning the intention of the forgetting with regard to the person who is addressed, in reality or in the imagination.

Rosen's speculations about sign phenomena in psychoanalysis led him to reflect on the precursors of secondary process in language, the infantile signals directly related to needs and gratifications, increasingly imitative of older speakers' locutions. That is, symbolic language is rooted in presymbolic sounds—or gestures—that are fixed in meaning to specific events. They form a system of signal and sign phenomena that stand for the objects of the external world, and they later resonate with the superordinate secondary process. Lacan used the comical neologism, *lalangue*, for this background of speech: it is at once the la-la-la of early baby talk and the forerunner of language, *la langue*. The disposition of language to break down to these infantile structures, or lack of structure (recent studies declare that it is greater than we thought), is exemplified within the system of adult language, not only in parapraxes, but in the intrusion of words that mean more than they are consciously intended to mean, because they have been chosen from the level of the primary process.

A difficulty with Rosen's view is that it seems to grant too much maturity to language as symbolic process. It is all a bit *too* secondary, as though ordinary adult language were not laden with ambiguity all the time, recognized by analysts because of their attunement to redundancies that more practically minded listeners prefer to ignore. For example, a prosaic reference to "prints" in a series of associations led one attentive analyst to hear the word "prince," which opened up a richer vein of thought. Usually, context overrides the potential ambiguity of such homonyms, and undoubtedly it was revealed on this occasion by the light of some other signifiers. I presume this is what Rosen had in mind when he wrote that the analytic process deciphers unconscious meaning "by reducing personal events described in secondary-process symbols, to signal and sign events" (1969, p. 200). Here a word assigned a conventional

meaning in a sentence in ordinary discourse is "reduced" (or I should say, rather, expanded) to its mythological properties.

Conversely, Rosen taught that psychoanalysis interprets "idiosyncratic signal and sign events in terms of conventional language symbols" (p. 200). Like most of us, Rosen adapts the word "symbol" to his own purposes, but he clearly means here that interpretation is a process whereby the more primitive intentions of the analysand's current speech are updated, as it were, into adult language. While this may be so perforce, since we must at least sometimes talk in propositional language to our patients, I suspect that the dictum cloaks the notion that there is always an autonomous ego to which we need only speak reasonably for it to learn the error of the ways of the unconscious. I would like to keep this notion bracketed for later scrutiny, but even at this point a word of caution is in order. The subject to whom we might address our "conventional language symbols" is the same one who has spoken unaware of the further implications of his speech; it is not likely that alteration will come from our appeal to reason, but more likely that we can achieve our end by finding the right metaphor within the network of meanings in which he now stands (Leavy, 1982).

What is essential to Rosen's thought here is that there is in all analytic listening and interpretation a dialectical movement. One process is that whereby the analyst detects the infantile sign (or signal) aspect of the spoken word, the other process the interpretive act proper in which the discovered sign (the "prince" in my illustration, the "Signor" of sexuality and death in Freud's) is thematically returned to the analysand. I have suggested in my own phenomenological accounts of interpretation that an indispensable intermediate step between the two processes is that of *imagining* (Leavy, 1973, 1980a) which includes both the visual and other sensory transformations of spoken words and the imaginary construction of situations. The analyst who hears "prints/prince" must see (in addition, perhaps, to any engravings or etchings he might know) an inner

image of a royal figure. Thus, the return of the word to the perception takes place first in the analyst and comes alive in proportion to *his* experience, including maybe his residual fantasies of the family romance! I do not see how much can be expected of the psychotherapist with a stunted imagination, but it is also inconceivable that the imaginings of the analyst will be free of distortions.

Rosen did not make a point of distinguishing between the kind of speech in which the patient opens easy access to these "sign-phenomena" and the kind that defies access. I think of the former as imaginative and the latter as unimaginative, both in the literal sense. Lacan (1977, pp. 40, ff.) differentiates them as "full speech" and "empty speech" and sees in the analytic process a movement from the latter to the former. As a matter of fact, of course, there are lapses into empty speech, poor in imaginative content and disposed toward abstraction, in any analysis, and at any time, and some treatments have to be carried on all the time with the most dessicated of sign-makers. It is not all a matter of affect, as we might prejudge; some hysterical people erupt with explosive feeling and little apprehensible meaning, and some depressives reveal wide-ranging images within limited emotional scope. The movement toward full speech is what in traditional psychoanalytic terminology might be called "capacity for regression," a term I reject because of the conceptual baggage that accompanies it. Richness of signification may originate in childhood, but increments of meaning accrue without diminution long after the heights of logical discourse are attained, and in fact throughout life. The concrete, imaginal value of words that is their most primitive quality is infantile, and is virtually presymbolic, but the words themselves are inextricably interconnected in the symbolic network that only proliferates with experience. In the dialogic situation of psychotherapy, fullness of speech is also a function of the exchanges between therapist and patient. The sudden but prepared apperception of "prints" as "prince" by the analyst once conveyed to the patient might restore to his discourse a

whole neglected range of memory. The homonym has to be extracted from the conventional language in which it appears, recognized as a signifier potentially related to other signifiers that are at present unconscious, and then offered to the analyst's further reflection.

I have looked in some detail at certain implications of Rosen's linguistic analysis of interpretation not only because of my respect for this very astute student of linguistics within American psychoanalysis, but also because of the valuable interdigitation of his ideas with some of those of Lacan—neither of them having been aware of it, to the best of my knowledge. Both, in fact, derive from the linguistic theory of F. de Saussure, which is in turn remarkably close to that of Charles S. Peirce. It will have been noticed that the simple examples I have given of interpretation are all based on the analysis of single words—"Signorelli" and "prints." This is an example of what is sometimes held to be a shortcoming of the application of Saussurean linguistics to our work, that it holds too closely to the word as signifier (in the forms of metaphor, metonymy, synecdoche, rebus, clang) and ignores the living speech as it is delivered in sentences, whether properly or improperly formed. It is to this problem that we must turn now.

Here the voice is that of Marshall Edelson (1973, 1975), and the linguistic theory that of Noam Chomsky. The focus of attention now is the sentence that has a surface structure and a deep structure related to one another by rules of transformation and generation. Edelson started his published work in this area by the comparison of dream interpretation with Chomsky's analysis of sentences. The problem of metaphor and other figures of speech is broached in passing by Edelson when he analyzes the relation between the dream and its meaning as the translation of one kind of symbolic representation into another. He correctly assumes the ambiguity of the manifest dream images (as reported in words, of course) that signify at once a conception of physical reality and a conception of symbolic entities. The process of interpretation is accordingly the transformation of

the ambiguously represented symbolic entity into another layer of meaning.

Now the ambiguity of the dream is, according to Edelson, parallel to the ambiguity of sentences. In the latter case, identical surface structures may reveal on syntactic analysis quite different deeper structures, and conversely it is possible for a single deep structure to be represented by different surface structures. In the case of dreams, single or similar elements of manifest content open up to reveal disparate latent meanings, and single elements of similar latent meanings may be represented in the dreams by seemingly unrelated symbolic forms.

Extending his linguistic study from the dream to psychoanalysis generally, Edelson remained with the Chomskian theory. He stated this as follows: "Much of the understanding the psychoanalyst attributes to empathy, intuition, or conscious or unconscious extralinguistic information actually derives from his own internalized linguistic (and semiological) competence of whose nature and existence he may be altogether unaware" (1975, p. 63). Using this internalized largely nonconscious knowledge (whether it is unconscious in the Freudian sense is, as we shall see, another matter), the psychoanalyst aims to reconstruct the passage into speech of meanings intended latently. Edelson further distinguishes between "representation" and "presentation," the former being the transparent sentence through which we see or hear the meaning it represents, and the latter being the metaphor making use of a resemblance. This has led him to connect presentations with primary process and representation with secondary process. Note in passing that we have seen something of the sort in the distinction made by Rosen between the primitive sign-signal function of language and the symbolic function as it appears to be secondary process; Rosen refers mainly to the word, Edelson to the sentence.

Edelson's championing of Chomsky's system for the enlightenment of psychoanalytic interpretation still strikes me as an attempt as brilliant as it is learned, but falling short of convic-

tion. There is simply nothing about Chomskian deep structure that is unconscious in the Freudian sense of the word. In fact the very usefulness of discovering the deep structure of sentences is to clarify the *preconscious* intentions which the surface structure may conceal. If someone says, for example, "I certainly love my wife," is it possible that analysis of the deep structure of the sentence would lead to any psychoanalytic understanding of it that had not been smuggled into it in advance? The Freudian contribution here is that words like "certainly" arouse suspicion: use of such a word in some contexts may mean what it says but also its opposite, or at least is likely to raise the question, "Does he?", in the analyst's mind. It is not an ambiguous sentence, but it is possibly a defensive one, the adverb both "presenting" and "representing" an inner conflict of which only one member is fully conscious, the affirmative. At the same time the utterance occurs in a special setting, in which the peculiar vehemence may be intended unconsciously to arouse the suspicion of the listener. No doubt about it that the listener is attentive to rules of interpretation, which means that he does not take the ostensible content of the words and sentences as the last word, so to speak; instead when he receives a signal like "certainly," he responds internally with suspicion and looks for extended meaning.

On the other hand, when Edelson offers us examples of deep structures of sentences, none of them can be considered unconscious save in the limited sense of *preconscious*. A sentence in his article on dreams, "The short, happy boy, who wanted to go to the store, went with his mother," can be analyzed by Chomsky's method to reveal all sorts of propositions such as "the boy is happy," "the boy has a mother," "the mother went to the store." The wider proliferation of these deep structures may be analogous to the proliferation of dream thoughts in the Freudian analysis of the dream; but the psychoanalyst is no wiser from the Chomskian analysis until he has taken the step of asking a further question: What does the metonymic *association* of these constitutive sentences mean? A sequence of words

or phrases can be revelatory by each of them exposing a peculiar sense of the other. "Short," "happy," "mother," "the store": one analyst might look for the intrusion of unconscious oral fantasies here, which, however, are no more accessible after the Chomskian analysis than before when the ambiguities of the sentence meet the eye in their original form.

Edelson's (1975) book is greatly rewarding because it is a pioneering work in the application of linguistics to psychoanalysis. It is especially valuable when Edelson goes beyond Chomsky and linguistics in general to the hermeneutic (or interpretive) work of psychoanalysis. Witness these remarks: "The psychoanalyst's skill in interpreting a presentation depends upon his sensitivity to the possibilities of metaphor, his responsiveness to resemblance and particularly his readiness to perceive the unexpected similarity, and his capacity to detect patterns, arrangements and significant form. *If these are the characteristics of a poet, then at least to this extent the psychoanalyst must be a poet*" (p. 84, italics added). Edelson's achievement with respect to his affiliation to Chomsky lies in the possible addition to the analyst's hermeneutic skill that might come from paying attention to sentence structure, far too little emphasized by the writers who derive their linguistic theory solely from Saussure. It will not do, after Edelson, to look at the signifying word by itself; one needs to examine the significations implicit in the structure of sentences, too.

Now Edelson and the rest of our company of linguistically minded psychoanalysts are not prescribing a course of training for future analysts. What they want—he in particular—is to demonstrate what already takes place without being recognized as such in the mind of the analyst during the listening and interpreting processes. We decode, decipher, and otherwise reorganize the message that comes to us through the linguistic system that we have already internalized. But like poetical creation, analytic method is an intensification, deepening, and sophistication of what we do in all dialogue. Linguistics in the larger sense is the basic science of psychoanalysis because it

explores the processes by which the psychoanalytic exchange takes place.

Another analyst has spoken forcibly on this point with a different emphasis. That is Roy Schafer (1976), whose point of view is on first impression the most purely phenomenological of all. Schafer also bids us look at what is happening between the analyst and patient in the language of intersubjectivity seen as action. No doubt that, like many of us, Schafer originally turned to this perspective from the scene of supervision, where the analyst and therapist learn so much. The teacher cannot help being struck often by the disposition of the beginner—and not only the beginner—to collaborate unwittingly with the unconscious demand of the patient to be recognized as a victim of circumstances outside his control, an innocent bystander in a world he never made. In this position of being patient as sufferer and endurer, the reality of agency, of being the agent, the doer, is lost. The medical analogy fosters the distortion for the patient, who has come for the relief of symptoms, and for the therapist as well, who wants to change something in somebody else. As Schafer so tellingly reminds us, the psychoanalyst may contemplate the patient as a psychic apparatus to be manipulated by analytic technique, but he never contemplates himself that way. *He* is always agent, actor, mover, and he never disclaims the full reality of his own subjectivity—least of all his own unconscious subjectivity. Schafer therefore proposed two drastic changes in our psychoanalytic thinking. One is the elimination of the whole body of psychoanalytic metapsychology. Our current theory—especially in America since the 1940's—is antiphenomenological. What is “really” taking place, according to this theoretical view, is to be found in the realm of transfer of energies, deployment of defenses, establishment of transferences—the whole system of the structural theory of the personality, from which the person as agent has disappeared, and the preoccupation of the analyst is with the postulation of nonsubjective influences. Experience is mere epiphenomenon.

Secondly, and strictly derived from his theoretical concerns,

Schafer proposes that the language in which psychoanalysis is conducted and discussed be transformed into a language of action. Consciously or unconsciously (and Schafer prefers other words to these familiar ones), nothing just happens; it is acted. "It is through its vision of life as made rather than encountered that psychoanalysis accomplishes so much alleviation of neurotic forms of misery and dysfunction" (1976, p. 361). Freud's rules of language were physico-chemical and biological, so that his understanding depended upon "invoking hypothetical substantive entities that create, initiate, regulate, or modify other and qualitatively different entities" (p. 14). That leads to the explanation of thinking or emotion as something motored by mindless drive. But neither thinking nor emotion is a substantive entity. In one of his most eloquent pages, Schafer seeks to unyoke the concept of emotion from the elaborate theoretical baggage which psychoanalysis has attached to it and to present it—as he does thinking—as action: loving, hating, etc. (p. 356).

In practice, then, according to Schafer, interpretation is to be done in ways that clearly reflect his theoretical position. Treatment is devoted to restoring agency to patients where they have abandoned it, by making them aware of what they are doing in disguised ways. The language of interpretation is then one in which verbs and adverbs predominate over nouns and adjectives. Above all, the "analyst would avoid treating actions as spatial and personalized entities." For example, one would not say, "Your chronic deep sense of worthlessness comes from the condemning inner voice of your mother," but instead, "You regularly imagine your mother's voice condemning you, and agreeing with it, regard yourself as being essentially worthless" (p. 74).

No brief sketch of Schafer's ideas does justice to his philosophical sophistication and psychoanalytic learning, but you will see that his "new language" is new only in that it is so emphatic, so intransigent one might say, in exposing traditional concepts and practice to a critical glare that demands our attention. In their better moments our own teachers warned us

against allowing ourselves to be so victimized by our knowledge of psychoanalytic theory that it enters even in neutral disguises into the process of making interpretations. They did not as a rule warn us to make the kind of syntactic translation that Schafer urges but only to stay close to the spirit of the patient's language, except when he or she engaged in intellectualization or another defensive maneuver. But their reading of Freud adhered so closely to his metapsychological foundations that the categories of interpretation were governed by them even when we were encouraged to use a true vernacular in interpreting. Repressed impulses were still repressed impulses, however we might voice them to our patients and not, in Schafer's words, "conditional actions, that is, things one continues to wish to do but refrains from doing" (p. 361). Reformulations like this force us to examine the theory as we have—if he will permit the term—internalized it. That alone would make his revisions valuable.

It is only when we stop to think about it that we can see what a momentous step this is, to give more than lip service to recognizing that our traditional metaphors—even "repression" itself—might not be the most informative ones. Indeed, it gives us something of a jolt to acknowledge that they are metaphors—alternative descriptive words—in the first place, and not determinate, positive facts of the natural order. When such criticisms come only from outside the practice of psychoanalysis, from philosophy, for example, we can dismiss them impatiently. Practice reveals to us some things—like the unconscious—not dreamt of in our (or their) philosophy. But Schafer speaks with the authority of the practitioner and theoretician when he recommends to us that we recast the theoretical point of view from which we encounter the analytic experience.

Nevertheless, it remains a question in my mind whether the practical proposals of Schafer amount to more than a grammatical housecleaning, a useful enough corrective to certain substantializing tendencies in our address to patients that might fortify defenses and diminish the sense of agency in the self.

That would be a distinct corrective. But the upshot of acquiring and teaching this new vocabulary of action might be to impose a sort of Basic English that is impoverishing rather than enriching. If we exert enough care in our selection of words to keep the language of action in the foreground, we must stick to a highly restrictive set of signs. Is it really substantializing when we use the word "love" as a noun rather than as a verb? In teaching analysis and analytic therapy, we aim at the attunement of the imagination of the listener to the imagination of the speaker—to intersubjectivity, a state in which the preconscious awareness of the therapist reliably mirrors that of the patient. There is an irreducible solipsism in all communication, since we never have first-hand acquaintance with anyone else's consciousness, but our attentiveness to the natural linguistic signs of our patient fosters in us a state of mind that we can reasonably believe to be in tune with that of the other. That is the point from which we operate, or ought to operate, and I do not believe it makes much of a difference whether nouns and verbs prevail over verbs and adverbs or the opposite. When dogs bark, it is still permissible to think of trees—not only as comfort stations but also as canoes.

I find in Schafer the implication that metapsychological language might be properly employed if only we could remember all the while that it is metaphorical (rather as Loewald does), in just the way that common language is metaphorical. When we say, "Love is the greatest thing in the world," or "War is hell," or "Peace at any price," or "Sleep restores," we are treating abstractions or states of being as though they were objects. Conferring nominal designation on a function, action, or state is part of our language system (although not of all language systems) and cannot be bypassed by always using verbs and adverbs. On the other hand calling human sexuality "instinct" or "drive" is also metaphoric, but dangerous because the mechanistic-positivistic philosophy that has prevailed gives ontic status to the metaphors. Schafer (p. 153) writes: "We have continued to think, with Freud, of energies, forces, structures,

and so forth as *acting on the person*, rather than as metaphoric approaches to actions of a person." Deeply rooted in the mechanistic-positivistic philosophy is the conviction that such physicalist metaphors are the true signifieds, the real unconscious, whereas the existential experiences are only epiphenomenal signifiers in consciousness. This is where Schafer's admonitions ought to be most effective.

Another important observation that Schafer—among others—has made is the way in which psychoanalytic theory often amounts to the transposition of fantasies and metaphors into general concepts. Orthodox Freudians have little trouble in recognizing the process when Kleinians engage in it, but they seem often unaware of it in themselves. For example, a patient says, "When I feel sadness, I get choked up." The analyst says, "It's not feeling that chokes you!"—a *double entendre* in itself, being a contradiction of the patient's remark if the accent is put on "feeling," and an interpretation of unconscious intention when the accent is put on "not." The patient then says, "I know, it's fighting the feeling that chokes me," another ambiguous sentence, because the clause "that chokes me" may qualify either the noun "feeling," or the gerund "fighting," the latter being evidently a concession to the analyst's interpretation. A theoretical position appears to have gained ground in such an interchange, namely, that affect being a discharge process, the sensation of choking is a literal strangulation of affect. But that is only a direct translation into theoretical metapsychological words of the latent intentions of the ambiguous expression of patient and analyst. It is the word "choke" that deserves to be analyzed here. It signifies the sensation of fullness in the throat and head connected with sadness, and at the same time the idea of strangling. The patient wants to tell the analyst that he is in danger of strangling from emotion; the analyst replies that he, the patient, strangles his emotion. The interpretive language dissipates the theoretical fog: the patient is not a battleground of instinctual forces; he is an intending subject, whose intentions were not as fully known to him as

his ambiguous language now reveals. But how does the analyst know enough to make the interpretive comment? Through the hermeneutic rule: turn the passive voice into the active. And this rule does not depend on any theory of the instincts at all, or on any theory of the affects as discharges into the ego; all it assumes is agency, the intentionality of the subject. When the analyst appeals to the patient to turn his passive "acted on" assertion to one of active intention he is appealing to a hidden subject, the unconscious, and in Lacan's term the "decentered" self of the patient (Lacan, 1977, p. 80), who has spoken through the defensive language. The analyst has recognized the presence of that subject as another than the speaker. This, which might be thought of as a Lacanian revision of Schafer's views, dispenses with drive theory; the concept of defense does not entail the concept of drive. If, as Ricoeur (1970) and Meissner (1981) claim, we lose explanatory power by abandoning the drive theory, then we gain in descriptive depth, since we are not blocked by screens of abstraction.

Has it begun to be apparent that for all the wide differences of interest and approach among the authors whom I have reviewed, the different tongues in which they speak are in certain respects confluent, maybe even dialects? The focus of analytic investigation is on meaning, not explanation in any other sense, except insofar as we mean by it the attainment of the fullest possible meaning by the assembly of as exhaustive as possible a historical account of antecedent meanings. The network of signification, like Freud's "mycelium" of latent dream thoughts, is finally inexhaustible, but that is partly because it is not only a synchronic network, encompassing all of personal contemporaneity, but a diachronic one, too, as every word, phrase, and sentence of the discourse springs from the personal historical past. Is this a discovery of meaning, or recovery of meaning? Probably both, because our life, like our birth in Wordsworth's "Immortality" ode, is a forgetting, and the therapeutic process is a remembering, while it is also and at the same time a new ordering of priorities.

If I understand aright the American psychoanalysts whose positions I have summarized, they differ in orientation—let alone in expression—from Lacan in a fundamental way. Coming as they do from a background in the methodology of ego psychology (a pet anathema to Lacan), they do not give up as he did their status as medical or quasi-medical observers. At least they do not stress in their teaching as he did the powerful mental exchanges of the therapist with the patient. They keep a greater measure of resemblance to the objective scientist who disturbs the field of observation as little as possible with the perturbations of his own mind. Nor does our modern nearly unrelenting preoccupation with the analysis of the transference contradict this standard of objectivity. From the Lacanian point of view of analysis, the process is a joint operation in which the self-analysis of the analyst—and his analysis *by* the patient—is concurrent with the analysis and self-analysis of the patient (see, for example, Lacan, 1977, p. 139). For a simple example, a metaphoric allusion of the patient's may strike a signifying note in the analyst's mind that pertains to his own, not the patient's history. A pretty instance of this, not Lacan's but Freud's, is in the latter's inner association to a patient's dream, with reference to a novel that he, Freud, had read (Daudet's *Sappho*) that seemed particularly revelatory of the unconscious situation (Freud, 1900, pp. 285-286). Freud used this association in making his interpretation to the patient, discarding his usual warning to stay strictly within the patient's world of associations. Lacan's doctrine of the inner relatedness of the signifiers and of their dominance over the discourse (Lacan, 1966, p. 30) liberates the analyst from strict adherence to the speech of the patient. The words of the analyst must be geared to those of the patient, but they do not operate in unrelated thought-worlds, first because they have a language in common, but secondly because any address to another person includes an imaginative identification with that other. Recall Lacan's comment on the Signorelli parapraxis, quoted earlier, that Freud had detached a fragment of the name and abandoned

it to his companion: this is the sense in which the unconscious Other of Freud and the other person are identical.

I have written at greater length and more specifically elsewhere (Leavy, 1977a, 1977b, 1979, 1980a, 1980b, 1982) about what I consider to be significant—in more than one sense of the word—in Lacan's contribution to psychoanalysis, and all I have said here is obviously colored by my understanding of him. Therefore I shall not pursue further the relevance of what he wrote to the message of these other analysts. For me they work on a common ground. All of them, including Rosen, the least radical thinker among them, have moved the center of analytic inquiry to language and speech and have thereby taken a much more phenomenological approach than Freud did, at least in his theory. Guidelines of analytic and therapeutic work proceed less from any metapsychological theory than from the conception of the patient as speaking subject. It is also needless to say that there are many differences among the four writers, which amounts in my terms to saying that they are offering different hermeneutic principles to us. It is there, I submit, that we need to be on the lookout for fresh progress, in a ceaseless criticism of the system of interpretation that we use. The way in which we go about translating the words and construing the sentences of our patients is not a given of direct observation; yet it cannot be formulated apart from observation. There is something latently expressed in what the patient says to us that we have to classify according to the category of oedipus complex, for example, something that actually originates in the symbolic structure of the family, not in the biological facts of parenthood and infancy. But even this fundamental Freudian concept does not escape critical review when we insist on returning every instance of it to the language of its statement in the individual patient.

Many interesting problems will have to be seen in a different light if we give due allowance to the language of the patient. I have alluded to Melanie Klein: what happens to the opposition between Kleinian and more traditional Freudian interpre-

tations when we agree that the unconscious fantasies are metaphoric, and that there can be no final signified to which they ultimately relate? And what about the puzzling state of affairs that Kohut has presented to us in his conviction that the interpretation of the transference leads to the recovery of the actual deficit in the parents' relation to the child? For here, too, our attention to language forbids such a call on "reality"; the most complete reduction we can make is a phenomenological one, to benefit the patient's grasp of the world in which he has found himself at successive epochs. In this way the study of language is turning the light of inquiry on the analytic and therapeutic processes themselves and cannot fail to change what we think and what we do.

REFERENCES

- EDELSON, M. (1973). Language and dreams. The interpretation of dreams revisited. *Psychoanal. Study Child*, 27:203-282.
- (1975). *Language and Interpretation in Psychoanalysis*. New Haven: Yale Univ. Press.
- FREUD, S. (1887-1902). *The Origins of Psycho-Analysis. Letters to Wilhelm Fliess, Drafts and Notes: 1887-1902*. New York: Basic Books, 1954.
- (1898). The psychical mechanism of forgetfulness. *S.E.*, 3.
- (1900). The interpretation of dreams. *S.E.*, 4/5.
- (1901). The psychopathology of everyday life. *S.E.*, 6.
- LACAN, J. (1966). *Écrits. Le champ freudien*. Collection dirigée par Jacques Lacan. Paris: Editions du Seuil.
- (1977). *Écrits, A Selection*, translated by A. Sheridan. New York: Norton.
- LEAVY, S. (1973). Psychoanalytic interpretation. *Psychoanal. Study Child*, 28:305-330.
- (1977a). Review of *Écrits, A Selection* by J. Lacan. *New York Times Book Review*, October 2.
- (1977b). The significance of Jacques Lacan. *Psychoanal. Q.*, 46:201-219.
- (1979). Review of *Écrits, A Selection* by J. Lacan. *Psychoanal. Q.*, 48:311-317.
- (1980a). *The Psychoanalytic Dialogue*. New Haven: Yale Univ. Press.
- (1980b). Review of *The Four Fundamental Concepts of Psychoanalysis* by J. Lacan. *Psychoanal. Q.*, 49:526-529.
- (1982). The theme and the word: further reflections on Jacques Lacan. In *Psychiatry and the Humanities*, Vol. 7, ed. J. Smith. New Haven: Yale Univ. Press. (In press.)
- MEISSNER, W. W. (1981). Metapsychology—who needs it? *J. Amer. Psychoanal. Assn.*, 29:921-938.

- RICOEUR, P. (1970). *Freud and Philosophy. An Essay on Interpretation*. New Haven: Yale Univ. Press.
- ROSEN, V. H. (1969). Sign phenomena and their relationship to unconscious meaning. *Int. J. Psychoanal.*, 50:197-207.
- SCHAFER, R. (1976). *A New Language for Psychoanalysis*. New Haven: Yale Univ. Press.

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Death, Resurrection, and Rebirth: Observations in Cardiac Surgery

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DEATH, RESURRECTION, AND REBIRTH: OBSERVATIONS IN CARDIAC SURGERY

BY RICHARD S. BLACHER, M.D.

In recent years cardiac resuscitation and cardiac surgery have added a new dimension to the universal fantasy of life after death: the patients' concept that they die in reality and are reborn or resurrected. This study is based on pre- and post-operative psychiatric interviews with cardiac patients. The case vignettes presented appear to show that fantasies of death and resurrection can influence the patients' ability to undergo necessary surgery. Their defensive immortality-formations are discussed in terms of Freud's speculations concerning the human being's difficulty in accepting death as an end to life.

All cultures consider death as an altered state of life. It is striking that in no recorded society, whether primitive or advanced, is death thought of as an actual termination of being. Some cultures conceptualize an afterlife as occurring in a geographical heaven or hell; others picture the dead as becoming free-dwelling spirits. Death may also be thought of as an eternal sleep or other altered state of consciousness, at times pleasant, at times id-deprived and uncomfortable.

Man's interest in death, immortality, resurrection, and afterlife was always considered the realm of the theologian and philosopher, and later the anthropologist, until Freud's *Totem and Taboo* (1913) and *Thoughts for the Times on War and Death* (1915) brought the study of these matters into the psychological field.

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Freud (1915) states, "It is indeed impossible to imagine our own death; and whenever we attempt to do so we can perceive that we are in fact still present as spectators . . . in the unconscious every one of us is convinced of his own immortality" (p. 289). Freud traces the sense of immortality to the need to retain the love objects lost to death. "Man could no longer keep death at a distance, . . . but he was nevertheless unwilling to acknowledge it, for he could not conceive of himself as dead. So he devised a compromise: he conceded the fact of his own death as well, but denied it the significance of annihilation. . . . It was beside the dead body of someone he loved that he invented spirits" (p. 294). Thus, we can speculate, was originated the idea of souls, of demons, and later of an organized afterlife as part of religious belief.

In his paper on mourning, immortality, and utopia, Pollock (1975) integrates later psychoanalytic contributions to our understanding of the concept of immortality. Citing his own work and that of others, he discusses the adaptive aspects of the idea of immortality as a means of attempting to cope with a major anxiety, that of dying, and traces the origin of the concept of heaven to a regressive symbiotic reunion with the archaic mother, as a defense against object loss.

An afterlife is not the only form of immortality. Another variant is seen in the ability to return from death, either through reincarnation or from a geographical afterworld. Reincarnation is usually open to anyone in a culture, whether in Asian religions or in the beliefs of South Pacific islanders. Here the soul returns by being born in the body of a new baby. A form of resurrection open usually only to mythological heroes is that of returning from the afterworld. For example, in Greek mythology, Orpheus was almost able to rescue his beloved Eurydice by descending into the underworld to bring her back. Certain Oceanian groups believe that *all* the dead have a choice of returning or not at certain stages in their afterlife (Luquet, 1959, p. 461). The New Testament anticipates the day of judgment when all souls will return from heaven to join their

earthly bodies, but this must be considered a special case, since it is not considered an ongoing process.

The direct return of the dead to life is a most dramatic form of resurrection. The raising of Lazarus by Jesus and Jesus' own resurrection are among the most vivid episodes in the Bible. They affirm to the believer the immense power of a god and especially his power to grant immortality.

Resurrection in the form of rebirth, that is, being born again in the same body, is a phenomenon noted in most cultures. In primitive societies, puberty initiation rites are often marked by the children being symbolically killed, mourned by their parents, and then reborn as adults who know the ritual secrets of the group. They may even emerge from a womb-like structure as part of the ceremony (Eliade, 1958, pp. 9, 36). These rites and other forms of rebirth noted in the religious, anthropological, or psychological literature refer to *symbolic* rebirth. A lifting of a grief or depression, resulting in a revival of interests, may be referred to as a psychological rebirth. A revival of religious fervor may result in someone becoming a "born-again Christian." Christian baptism itself is a symbolic rebirth from the baptismal font. An old liturgy quoted by Eliade (1958) states, "And so, O father, Jesus lived through thy will and the will of the Holy Ghost, in three earthly dwellings: in the womb of the flesh, in the womb of the baptismal water, and in the somber caverns of the underworld" (p. 210).

The story of Jonah and the whale, wherein the hero is disgorged from the belly of a monster, is reflected in stories from many cultures—several ancient Finnish myths involve this same theme, as do widespread variations in myths of Oceania. These stories seem to express both a descending into the netherworld, and into the womb, and of course, a rebirth.

Eliade (1958), in his *Birth and Rebirth*, demonstrates that in some cultures death itself is regarded as an initiation—with access to another world. "There is, then, a series of parallel images; the belly . . . of a sea monster, symbolizing the Chthonian womb, cosmic night, the realm of the dead. To enter

this gigantic body alive is equivalent to descending into Hell, to confronting the ordeals destined for the dead. The initiatory meaning of this type of descent into the Underworld is clear—he who has been successful in such an exploit no longer fears death” (p. 64).

Throughout the world we can see a recurrent, universal preoccupation with life after death and resurrection which is, as noted, assigned to myth, religious belief, and symbolism.

In recent years we have encountered a new phenomenon, namely, resuscitation after cardiac arrest. Modern techniques have made such a procedure a commonplace occurrence in our hospitals, but it continues to be a dramatic episode, and the usual newspaper headline for the report of such an event states, “Person dies—is brought back to life.” Here we see the conceptualization of the situation as actual death, since death is equated with the cessation of the heartbeat. Nor is this restricted to the naïve. A sophisticated surgeon brought this to my attention when he could not sleep the night before his own cardiac surgery. He knew that they would stop his heart and maintain his circulation with a pump. “I know that they keep your vital functions going, but with your heart stopped, you’re really dead,” he said. This vignette also illustrates how heart surgery adds another dimension to cardiac arrest. In surgery, the stopping of the heart is anticipated and contemplated. Rather than having to deal with a sudden, massive trauma, that of cardiac arrest, the surgical patient has a chance to anticipate the situation and leisurely elaborate his fantasies. It is as if he is sitting beside his *own* body, rather than that of a love object as noted above by Freud (1915, p. 294).

The subjects of this study were patients seen on the Cardiac Surgery Service of the New England Medical Center. All patients undergoing heart operations are routinely evaluated psychiatrically and are seen pre- and postoperatively in rather open-ended interviews, as often as is deemed necessary. Psychological issues interfering with acceptance of surgery or with

recovery are dealt with in these and in follow-up interviews after discharge from the hospital (Blacher, 1978).

Interviews vary in length, depending on the needs of the patient. Preoperative patients who are calm and well defended may be seen for a half hour, while anxious patients will be seen for an hour or more in one or several interviews. Postoperative patients will be seen briefly each day and in one or more longer sessions, depending on their needs and their eagerness to talk.

For reasons to be discussed below, these patients often show elements of rebirth fantasies as well as thoughts of resurrection. In my experience, sudden-arrest patients deal almost exclusively with thoughts of resurrection, with only a rare reference to rebirth phenomena. Unusual was a man who described the sensation of being immersed in warm liquid as he was losing consciousness. Druss and Kornfeld (1967), in their study of cardiac arrest survivors, described a patient who felt "he had been reborn and had to start life anew to prove himself again" (p. 294).

I will discuss resurrection and rebirth together, since they usually overlap. The fantasy of rebirth is usually not directly expressed by these patients, whereas the idea of return from death is explicitly stated. There have been some exceptions, patients who referred to themselves as "reborn," especially in the early days of cardiac surgery. Fox, Rizzo, and Gifford (1954, p. 205) described a very dependent man who sent the surgeon a card on Mother's Day, signed "Your reborn son." We (Meyer, Blacher, and Brown, 1961) also noted a patient who referred to the day of his operation as his "birthday." But most references are indirect, as the following examples will indicate:

In discussing his concept of surgery, a man responded to the question of how he thought the surgeon restarted his heart by saying, "Well, I know they don't pick you up by the heels and spank you."

A fifty-five-year-old woman with a valve replacement spontaneously remarked after surgery, "I hope the operation lasts and doesn't need redoing every nine months."

References to *giving* birth are seen in the following cases:

A sixty-five-year-old woman turned to me as soon as she could speak after surgery and asked, "Was it natural or did I need a Caesarean?"

"How many children did I have?," asked a sixty-year-old woman after a mitral valve replacement.

A fifty-eight-year-old woman became psychotic shortly after a valve replacement. Her family pointed out that the psychotic state closely resembled the picture she presented during two postpartum breakdowns. Following the deliveries, and before the heart operation, she had weathered several major surgical procedures without psychological difficulty, so the mere fact of surgery in general did not seem the precipitating factor. Here one may speculate that the patient represented both the mother who delivered and the reborn baby itself.

A similar problem was seen in a sixty-two-year-old man who was temporarily confused after surgery and was not sure where he was. When I asked him to guess, he remarked, "I'm either in Children's Hospital or the Boston Lying-In" (a maternity hospital).

The first two of the above cases suggest a fantasy of being reborn after dying during the operation and being brought back to life. The task of the cardiac surgery patient is unique. In general surgery, the patient fears that his heart will stop and he will therefore die. The cardiac patient accepts the idea of his heart being stopped; his worry concerns whether it can be started again. In his view, he will die and be resurrected *in reality*, not symbolically. This resurrection "in reality" is an important difference between these patients and those for whom the rebirth is symbolic, as in religion, psychological treatment, or initiation rites. One patient's wife reported that he was ready for surgery, since he had already gone through all the stages of Kübler-Ross's anticipation of death. Another man stated that he was well prepared for surgery since his father had been a mortician. Patients commonly point out that when "you're being operated on, you're dead."

A patient whose wife had died two years previously told of his anticipation of the operation. He spontaneously remarked, "I'm not afraid of death. You're probably going to ask me if I've thought of joining my wife when they stop my heart. Well, I don't believe in an afterlife, but I must admit I'm a believer."

For some patients, the idea of death during surgery can be complicated.

A fifty-four-year-old man anticipated a coronary bypass by stating, "When they stop your heart, you're dead of course. But death is a permanent thing, so if they start your heart again you're *not* really dead. It's very confusing." After the surgery, he noted, "I didn't die; since my soul didn't go to heaven to see my parents, I must not have been dead after all."

Most patients do not spontaneously voice their fears before surgery, but instead employ the useful mechanism of denial. When one man referred to several incidents of preoperative cardiac arrest as "dying and being brought back to life," I suggested he sounded afraid of dying. His reply was, "Why should you worry about something that may never happen." Some patients, however, find that their fears of dying make it impossible for them to accept the operation.

A forty-six-year-old chemist came for consultation because of her disabling ambivalence over a suggested coronary bypass procedure. Her severe angina pectoris made an active life impossible, yet for reasons she could not understand, she was sure she would die during the surgery she so eagerly desired.

Raised a Catholic, she had given up her religion during her middle teens over her father's objections. Her mother had died of heart disease when the patient was ten, and she spoke warmly of the close relationship with her. An only child, she was doted on by both parents, but the father was never able to be the special person her mother had been.

The patient talked of her knowledge of the surgical procedure and kept returning to the stopping and starting of the heart. "When the heart stops, it's dead. Not you, but your heart." When, in the second hour, she began to reminisce about the

wonderful early experiences with her mother, I suggested that her fear of surgery was due to the fantasy that when her heart was stopped, her soul would leave her body, go to heaven, and join her dead mother; then when the surgeon restarted her heart, she would be in conflict between staying in heaven with her mother or returning to life. To this rather wild-sounding interpretation, she responded with an eager nod and stated, "You hit it on the head."

In a later interview with students and residents, the patient volunteered, "I'll tell you what Dr. Blacher thinks—that I'll die when my heart stops, and I'll rejoin my mother in her womb."

Here my statement about the reunion with her mother in heaven was revised to her returning to the womb and thus being born again on the return from surgery. The patient's statement supports the concept of heaven as a symbiotic reunion with the archaic mother. Here the rejoining is at an earlier, intrauterine level.

In this patient, the thoughts about dying were quite conscious, but she felt embarrassed in having them and was relieved that I felt these ideas a reasonable topic for discussion. Following our talk, she could accept the operation calmly. The denial of being dead—"not you, but your heart"—and the juxtaposition of this preoccupation with her reminiscences about her mother allowed the examiner to become aware of her conflict and bring it out into the open. (This patient is reminiscent of those described by Reider [1955]. His patients responded to very brief therapy or even had spontaneous remissions without dealing with any unconscious material. What was unconscious was the *connection* between events, and Reider emphasizes the importance of interrelating and connecting the conscious material [p. 128].)

A fifty-three-year-old businessman scheduled for a mitral valve replacement was so anxious prior to surgery that cancellation of the procedure was contemplated. On interview, he revealed that he had avoided the operation for over a year despite increasingly disabling symptoms and was certain that he would

not survive, despite reassurances from his physician that the risk was small. He began talking spontaneously of his father who had died when the patient was twelve. As he spoke of still missing him, his eyes filled with tears. He had been dreaming of his father for the past several nights. When I told him that he felt he would go to heaven during surgery and then would not know whether he wanted to stay with his father or rejoin his own close-knit family, he immediately responded, "That's *exactly* what I've been thinking." As we discussed his fantasy, the anxiety began to diminish.

A fifty-year-old woman had discussed her concern that she would be dead during the time her heart was stopped for a valve replacement. After the operation, she stated that she would have had much less anxiety had the doctors emphasized that she would be oblivious to everything during the surgery. She was quite surprised that she had experienced nothing. "I can't stand the sight of gory things," she noted. Since she had been completely anesthetized during previous operations, her concern about being aware while on the table was puzzling until she told of a friend who had "died during a heart attack." During an episode of apparent cardiac arrest, her friend had experienced a sensation of floating above his bed and looking at himself from above. She could verify my comment that, because of her anticipation that she would die when her heart was stopped, she had expected to float above the operating table and be upset by the gory things she would see.

These cases underline the medical importance of an awareness of the fantasy of "dying" during cardiac surgery. Because of the biochemical disruption brought on by anxiety, such patients can very well be at a higher risk during any major procedure, since they require more anesthesia, and since their increased catecholamine production may create cardiac arrhythmias. For some, the anxiety may even prevent their acceptance of necessary surgery.

It is tempting to parallel the initiation rites and fantasies referred to above and the experience of heart surgery. The patient experiences a dying and returning from death. Clearly,

some patients anticipate an excursion into an afterworld. But the death here is considered actual and approaches the concept of the mythological hero entering the afterworld rather than the symbolism of the pubertal initiatory experience.

DISCUSSION

Cardiac surgery provides an experiment in nature whereby patients are confronted with what the average person would interpret as dying—namely, a situation in which the heart is stopped before being operated upon. Usually, the patient has an opportunity to anticipate and think about the situation. Unlike people who are dying of a chronic illness, these patients are subjected to what I have called “acute dying” (Blacher, 1982). Because they know there is a good chance for recovery, such patients can contemplate death and resurrection and thus provide an opportunity for us to glimpse the formation of a defensive concept of immortality. Since many of these patients come from a stable culture with a strong theological outline for life after death, at first one might expect their religious ideas to dominate the situation completely. However, there are enough idiosyncratic emendations and additions to make one realize that their religious backgrounds may be used in the service of rationalizing a new set of spirits and demons along the lines Freud (1915) described in *Thoughts for the Times on War and Death*. Thus the chemist who planned to see her mother in heaven had no intellectual belief in religious ideas, including an afterlife, until confronted with surgery. She reminds us of the wartime aphorism, “there are no atheists in foxholes”: when we are faced with the danger of death, the process of immortality-formation begins anew. The form it takes can be understood in terms of one’s culture, but also, of course, in terms of one’s individual development. It is no coincidence that those who talk most concretely about heaven come from a religious tradition where an afterworld is considered a geographical entity, but nevertheless, everyone seems

to invent a personalized *dramatis personae* to people that world.

Why does the discussion of the thoughts of dying, in the above cases, lead to the rapid diminution of anxiety? Several possibilities come to mind. First, these fantasies seem to be quite conscious, and the examiner's voicing them allows the patient to discuss them without worrying that they are bizarre or unusual. Here, the anxiety may be partly determined by the patients' feeling strange that they think of dying and returning. They may feel that the physicians will find such thoughts unacceptable, since they are tantamount to the statement, "You will kill me (and then, if you can, bring me back to life)." While such an unspoken accusation is not discussed, the examiner accepts it and connects the situation with the patient's conscious thoughts (Reider, 1955). An alternative explanation is the possibility that the statements of the examiner act as an inexact interpretation as formulated by Glover (1955). Glover points out that "patients get better after consultation either because they have relieved themselves of trigger charges of anxiety and guilt, or . . . because in the course of consultation the physician has made some fairly accurate explanations which are nevertheless sufficiently inexact to meet the patient's need" (p. 365). This need is for what Glover calls an "ego-syntonic displacement system" (p. 365). In other words, the patient seizes upon the interpretation as complete and thereby avoids confronting a more anxiety-provoking fantasy than the one presented. For example, the anxieties these patients exhibit must certainly, in good measure, reflect their being drawn to the idea of dying in order to have a reunion. This is not specifically interpreted.

All of the above explanations may singly or in combination act in any one case as the anxiety-relieving agent. Clearly, other factors may play a part as well.

There seems to be little danger in these interpretations as long as the interviewers stay with the patients' material. Even when the occasional patient has felt that the interpretation made no sense, there has been no dramatic response. Interest-

ingly, on a few occasions, a psychiatric resident, unfamiliar with these problems and sitting in with the author, has been visibly upset by the discussion. The patients' calm responses have helped soothe the anxiety of the resident.

There has been an increasing interest recently in life after death, both in the popular literature and in the scientific literature (Stevenson and Greyson, 1979). While the devout believer accepts religious dogma concerning heaven and hell on the basis of faith, we find an attempt on the part of some people to prove the existence of an afterlife as a scientific fact. This is not a new endeavor on the part of scientists who *believe* in their religion but at the same time require proof for what they accept in their scientific work. Difficulty in obtaining evidence in this area stems from the fact that return from death is not possible, or was not thought so until cardiac resuscitation was developed. Using the old standard for death—of cardiac standstill—one then could say that these patients had died and had been resurrected, and thus one could study the effects of the experience. That this "return" represents a wish fulfillment for the examiner is obvious, but it is a wish congruent with our mythology and thus is doubly reinforced. That proof of an afterlife would lower some people's anxiety concerning death is undoubtedly true. No longer would the playwright have to ponder the questions implicit in, "To sleep, perchance to dream. . . ."

A discussion of the so-called "out-of-body" experiences might be useful. These episodes, described so often in the lay literature and illustrated by our patient's friend with cardiac arrest, typically occur when patients are aware of having acute major cardiac difficulty. They then hear rhythmic noises, see bright lights, and experience the sensation of being outside their bodies and watching themselves being treated. They may meet dead relatives or even Jesus, and they describe the experience as pleasurable. Often those who deal with the episode as an actual occurrence rather than a hallucinatory experience, think of it as a borderline between earthly life and immortality.

People in various cultures have described these events. Reports are mainly from the West (Moody, 1975), but cases are seen in the Orient as well (Su Hong-Xi, 1980). Similar phenomena are experienced with induction of ether anesthesia, and with meditation, so the anticipation of death is not the only stimulus.

How is one to understand these episodes? First, there is undoubtedly a hypoxia, both with cardiac arrest and with anesthesia, so that the patient suffers from an altered state of consciousness on an organic basis. Psychologically, the episodes seem to resemble both dreams and depersonalizations. More precisely, the dynamics are those of depersonalization, but the hypoxia and the extremity of the realistic danger result in a further regression to a hallucinatory state. Arlow (1966) has summarized the literature on depersonalization and described a number of cases demonstrating the appearance of depersonalization when the ego is faced with an overwhelming danger. In analytic practice, the danger is usually internal. When the danger is external, depersonalization may serve an adaptive function: “. . . the essential ego alteration in the state of depersonalization is a disassociation of two ego functions which ordinarily operate in an integrated fashion, the function of self-observation and the function of experiencing or participating. In depersonalization this is felt as a split into two self-representations, a participating self and an observing self” (p. 474). The regression serves as a reassurance. “I don’t have to be afraid. The danger is not real; besides, it is not happening to me” (p. 471). In the out-of-body experience, the great danger leads to a further regression, and rather than having a *feeling* of being detached, the subjects experience themselves as actually separate from the endangered sick person being resuscitated. Further, this becomes a pleasant experience, as if “*that* person can die, but not me. I will live forever.” The wish-fulfilling aspect of the hallucination thus is obvious.

The cases described elsewhere and illustrated by the patient’s friend with cardiac arrest represent for the believer the situation of a soul leaving the body. This is reminiscent of Freud’s

comment about the invention of spirits (1915, p. 294). Many of these patients also comment that they no longer fear death after such an episode, which thus becomes like the initiatory experiences of death referred to by Eliade (1958, p. 64).

The fascination with resurrection goes beyond the question of immortality. It also involves elements of masochistic revenge—"they'll be sorry for how they've treated me" is an underlying theme among certain suicidal patients. This is also an important focus on one of the most intriguing episodes in American literature. In Mark Twain's *Tom Sawyer* (1876), Tom and his friends have gone off and are presumed dead. At one point, he sneaks home and eavesdrops on his aunt's pain at his loss. The next day, a funeral service is held for the boys, and in the midst of hearing their virtues extolled, they stand up in the rear of the church and are joyfully welcomed back. The prohibition against speaking negatively of the dead—*de mortuis nil nisi bonum*—practically ensured that the deceased would be praised. Those who have felt unappreciated at times—namely, all readers—can enjoy vicariously the boys' having everyone feel sorry for their putative deaths.

When Freud (1915) wrote that no one can contemplate his own death, he was referring to the very mechanisms one sees in the cardiac surgery patients. These patients can think of death because they contemplate a life after dying—either a return to their regular lives or an immortality.

Why, one must wonder, do some surgical patients refer to rebirth rather than resurrection? Many writers in both psychoanalytic and anthropological literature refer to rebirth when the term resurrection would seem to be more precise. In using the term rebirth, I limit myself specifically to references to being or having a newborn child rather than having another chance at living. I would make a speculative suggestion. The word rebirth suggests something more than a return from the dead. A newborn starts life with a clean slate and is, one hopes, free of defects. A resurrected person has another chance, but with the same defective body and organs. Thus, the surgical

patient feels about his cardiac repair that he has a new heart and is therefore as good as new, with the chance of a long life. The surgery becomes for these patients a form of initiation, and their return to life parallels the rebirth of the initiate in primitive cultures.

References to rebirth are certainly not limited to cardiac surgery. Other forms of surgery may occasionally elicit such reactions, but not to the same extent. Basch (1979) reports two kidney transplant patients who took on new birthdays—one, the date of the surgery, and the other, the date of the donor's birthday. Here, too, the patient starts life anew.

The situation in the intensive care unit following surgery may secondarily reinforce a sense of rebirth. Completely dependent on the ministrations of the nurses, and connected to seemingly magical equipment, the patient may regress beyond the usual state expected with serious illness. We have described elsewhere (Blacher and Joseph, 1972, p. 396) the duplication in the intensive care unit of the early mother-child relationship, with the nurse-mother responding to the patient's needs, even before the patient himself is aware of them. The feeling of being completely taken care of, in a real as well as a symbolic sense, enhances a regression to an early symbiotic period of development. Such a state, in turn, may encourage a sense of immortality. Pollock (1975) has suggested that, "Paradise, heaven, or the ideal state of the afterlife may thus refer to the idealized initial state of existence. It may be that the regression to this beginning state of symbiosis forms the basis for the immortality belief . . ." (pp. 340-341). An opportunity to relive the archaic infantile relationship, despite the pain attendant upon the experience, can thus reinforce a sense of both immortality and starting life anew.

We have been struck by how readily cardiac surgery patients will talk about their ideas of dying and resurrection once they are led to believe that these topics are proper ones for discussion. It is not unusual for our patients to state bluntly that they will be dead during the operation. Previous observers have

focused on the *fear* of dying under these circumstances, and this is quite understandable since these operations seem so much more dangerous than they actually are. While the actual mortality rate in an uncomplicated coronary bypass operation, for example, is less than one percent, most cardiac patients will estimate that they have a fifty-fifty chance of survival. This represents not only the emotional importance of the heart, but also the unique on-off quality of the organ; either it beats and one lives, or its stops and one dies. Thus, the fear is based more on the special position of the heart in the psychic life of man than on the surgical hazards.

It is not easy at first to listen to these fantasies, and the natural impulse is to reassure the patients when they begin to talk of the mortal dangers of surgery. If the patients are allowed to continue, however, they may provide the listener with a glimpse of an immortality fantasy in the process of formation.

SUMMARY

The fantasy of life after death is universal, and every culture attempts to deal with concepts of resurrection and rebirth. In the past, these fantasies have dealt with religious and symbolic meanings, but cardiac resuscitation and cardiac surgery have introduced a new dimension: the patients' concept that they die *in reality* and are reborn or resurrected.

This study, which was based on pre- and postoperative psychiatric interviews with cardiac patients, has focused on the problems such patients face. Their defensive immortality-formations appear to confirm Freud's speculations in *Thoughts for the Times on War and Death* concerning the human being's difficulty in accepting death as an end to life. Case history vignettes were presented, showing how these fantasies of death and resurrection can influence patients' ability to undergo necessary surgery. It was suggested that the idea of rebirth indicates starting life anew without blemish, whereas resurrection fantasies involve having another chance to live but with the same defective body.

REFERENCES

- ARLOW, J. A. (1966). Depersonalization and derealization. In *Psychoanalysis—A General Psychology: Essays in Honor of Heinz Hartman*, ed. R. M. Loewenstein, et al. New York: Int. Univ. Press, pp. 456-478.
- BASCH, S. H. (1979). Personal communication.
- BLACHER, R. S. (1978). Paradoxical depression after heart surgery: a form of survivor syndrome. *Psychoanal. Q.*, 47:267-283.
- (1982). The house officer and cardiac resuscitation. In *The House Staff and Thanatology*, ed. R. DeBellis, et al. New York: Arno Press, pp. 86-88.
- & JOSEPH, E. D. (1972). Psychological reactions to a cardiac monitor. *Mt. Sinai J. Med.*, 39:390-396.
- DRUSS, R. G. & KORNFIELD, D. S. (1967). The survivors of cardiac arrest. A psychiatric study. *J. Amer. Med. Assn.*, 201:291-296.
- ELIADE, M. (1958). *Birth and Rebirth*. New York: Harper & Brothers.
- FOX, H. M., RIZZO, N. D. & GIFFORD, S. (1954). Psychological observations of patients undergoing mitral surgery: a study of stress. *Psychosom. Med.*, 16: 186-208.
- FREUD, S. (1913). Totem and taboo. *S.E.*, 13.
- (1915). Thoughts for the times on war and death. *S.E.*, 14.
- GLOVER, E. (1955). *The Technique of Psycho-Analysis*. New York: Int. Univ. Press.
- LUQUET, G. H. (1959). Mythology of Oceania. In *Larousse Encyclopedia of Mythology*. New York: Prometheus Press, pp. 457-479.
- MEYER, B. C., BLACHER, R. S. & BROWN, F. (1961). A clinical study of psychiatric and psychological aspects of mitral surgery. *Psychosom. Med.*, 23:194-218.
- MOODY, R. A. (1975). *Life after Life*. Covington, Georgia: Mockingbird Books.
- POLLOCK, G. H. (1975). On mourning, immortality, and utopia. *J. Amer. Psychoanal. Assn.*, 23:334-362.
- REIDER, N. (1955). A type of psychotherapy based on psychoanalytic principles. *Bull. Menning. Clin.*, 19:111-128.
- STEVENSON, I. & GREYSON, B. (1979). Near-death experiences: relevance to the question of survival after death. *J. Amer. Med. Assn.*, 242:265-267.
- SU HONG-XI (1980). Personal communication.
- TWAIN, M. (1876). *The Adventures of Tom Sawyer*. New York and London: Harper Brothers, 1917.

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FREUD'S CONCEPT OF WORKING THROUGH

BY MARK J. SEDLER, M.D.

Of all Freud's concepts, working through most completely characterizes the role of the patient in analysis. Conceived as the labor of the patient, rather than as an analytic technique, working through consists of two phases: recognizing resistances (insight) and overcoming resistances (change). In this paper these achievements are explicated in terms of the collaborative, yet conflicting, functions of remembering and repeating. A metapsychological consideration of the resistances in question leads to the system of concepts defined by id-resistance, the compulsion to repeat, and the death instinct. Finally, the concept of working through gives evidence for the idea of a will to recovery which, in the psychoanalytic situation, becomes a will to remember.

THE BURDEN OF ANALYTIC TREATMENT

No psychoanalytic notion depicts more positively the role of the analysand than that of working through. It constitutes an explicit recognition of the active part played in the analysis by the patient striving for recovery from neurotic illness. This recognition contrasts sharply with the more characteristic analytic view of the patient as forever resisting the investigative efforts of the analyst. For the most part, this latter paradigm requires only that the patient suspend his critical attitude toward the associations which occur quite spontaneously in the absence of resistance and to report them to the analyst as though

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he "were a traveller sitting next to the window of a railway carriage and describing to someone inside the carriage the changing views which [he sees] outside" (Freud, 1913, p. 135). This work, it must be admitted, does not sound especially strenuous.

In the early days of psychoanalysis, Freud's discovery of resistance polarized the roles of doctor and patient such that they were brought into a dynamic opposition. The work of therapy primarily fell to the doctor, whose task it became to "overcome" the resistance. This situation led Freud (1895b) to "the theory that *by means of my psychical work I had to overcome a psychical force in the patients which was opposed to the pathogenic ideas becoming conscious . . .*" (p. 268, emphasis added). This theory arose in the context of the "pressure technique," about which Freud said at the time, "Today, I can no longer do without it" (p. 270). But this technical innovation did not resolve the difficulties presented by the resistance of the patient. Throughout Freud's theoretical chapter in *Studies on Hysteria*, one discerns an intimation of apology for the burdens imposed on the physician by the treatment. "The procedure," wrote Freud, "is laborious and time-consuming for the physician" (p. 265), and "even with the assistance of the pressure technique the work is by no means easy" (p. 281).

Many patients, of course, manifestly express enthusiasm for the doctor and his treatment. This might well be taken as a sign of active interest in recovery and supply an exception to the rule of resistance. But as the years passed and the intricacies of the transference were uncovered, even the seeming good-will and overt cooperation of the patient became highly suspect and invariably double-edged. No doubt some degree of positive transference is indispensable to the progress of the therapy, but it remains "the strongest weapon of the resistance" (Freud, 1912, p. 104). Despite the active role which the patient takes in the transference, it must be treated, by Freud's own admission, "as something unreal" (1915, p. 166).

But, in the midst of the transference, at its origin and limit,

and independent of the efforts of the analyst, working through names a battle to be fought and a labor to be done which the neurosis has, for so long, only served to postpone. This is the struggle within oneself; it is the labor of *transformation* that makes possible the rejection of the neurotic encumbrance and its symptomatic trappings in favor of a novel and presumably healthier mode of life.

The central importance of this notion must have been apparent to Freud who wrote at its inception, in 1914, that *working through* describes that "part of the work which effects the greatest changes in the patient and which distinguishes analytic treatment from any kind of treatment by suggestion" (1914, pp. 155-156). Yet, given this initial endorsement for so provocative a discovery, it is curious that beyond the brief account presented in the last pages of "Remembering, Repeating and Working-Through," Freud discussed this idea only twice more throughout his writings and in each case almost in passing. As a result, Freud himself did not adequately explore the theoretical implications of his discovery. It is particularly striking that nowhere was this concept developed in explicit relationship to its most proximate textual neighbors, remembering and repeating. Moreover, its position in the overall metapsychology, although frequently neglected, is fundamental to our understanding of how working through works.

The persistence of these lacunae may partly be attributed to a basic misconception about working through which has, at least since Fenichel, dominated discussion of this key concept. This misunderstanding consists in regarding working through as an analytic *technique* rather than as a *labor* performed by the subject of the analysis. It is true that the concept of working through was put forth in the framework of a series of papers generally concerned with the problem of analytic technique. Admittedly, it emerged as a partial solution to a technical problem posed by Freud's *protégés* who asked why a patient's resistance persists in spite of the initial disclosures of a correct

interpretation. To this question, Freud (1914) responded that the beginning analyst has

merely forgotten that giving the resistance a name could not result in its immediate cessation. One must allow the patient time to become more conversant with this resistance with which he has now become acquainted, to *work through* it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis (p.155).

From this passage, however, it is quite obvious that the labor to be undertaken concerns the patient primarily and the analyst only secondarily. Insofar as working through addresses the issue of technique, Freud remarked that "the doctor has nothing else to do than to wait and let things take their course. . . ." For the patient, what follows will prove to be an "arduous task" whereas for the analyst it amounts only to "a trial of patience" (p. 155).

These indications seem clear enough: working through involves a great expenditure of effort for the patients, who must be resolute in their determination to go forward with the analytic work in spite of their own resistances to recovery. The questions which immediately occur to us concern the object and aim of this effort, its mechanism of action, and its implicit relations to remembering and repeating with which it has forever been textually bound.

Yet, for the most part, subsequent discussions of working through have not addressed these questions but have tended to emphasize the technical aspects of the problem, aspects which, important as they are, do not touch upon these essential issues. The most articulate spokesman for this technical aspect of working through is Fenichel (1945) who uniformly addressed the problem from the analyst's point of view, that is, as a problem in technique.

Systematic and consistent interpretive work, both within and without the framework of the transference, can be described as educating the patient to produce continually less distorted

derivatives until his fundamental instinctual conflicts are recognizable. Of course, this is not a single operation resulting in a single act of abreaction; it is, rather, a chronic process of working through, which shows the patient again and again the same conflicts and his usual way of reacting to them, but from new angles and in new connections (p. 31).

And later, more concisely, Fenichel defined working through as a technique which

consists of demonstrating again and again the unconscious impulse, once it has been recognized, in its manifold forms and connections, and in attaining thereby the cessation of the pathogenic defense (p. 572).

Fenichel is not alone in his one-sided reading of Freud's concept of working through as technique or demonstration. Glover (1955), for example, described the patient's participation in working through as a "spontaneous psychic process" (p. 298), while he treated the process, as a whole, as one of "ego-education" (p. 380). Greenson (1967), while somewhat more sensitive to the fact that "some of the work of working through is done by the patient," nevertheless defined working through as an "insight-furthering technique" (p. 44) and as a "set of procedures and processes" which mainly serve the analysis of resistance (p. 37). On the other hand, Stewart (1963) has rightly identified working through as the "patient's contribution" to the analytic process.¹

¹ It is, of course, understood that the term is often applied to any process by which a patient comes to accept what is initially unacceptable. Freud, in fact, spoke of working through in this casual way long before he gave it a more determinate meaning, e.g., in the case of Elizabeth von R. In other instances, it may suggest overcoming any obstacle to treatment or even refer to the mastering of developmental anxieties outside the analytic context (Klein, 1945, p. 406). But this widespread psychoanalytic vernacular is so various and nonspecific as to forfeit its peculiarly Freudian implications. When the term has been used precisely, it has tended to be subsumed within the arsenal of techniques. Kohut (1971) provided an interesting exception, although his use of the term was clearly an extrapolation from, and not a recovery of, the original Freudian meaning (see especially, pp. 86-101).

It is not entirely clear why this concept has so frequently been distorted to refer primarily to a technique and only secondarily to the effort expended by the analytic subject. In part, it may be that psychoanalysts tend to write about their clinical experience *qua* analyst and not on the basis of their experience *qua* analysand. Thus in considering the subjects of working through, as well as remembering and repeating, the analyst is likely to think first of his share of the work and to regard these processes as matters of repeated demonstration, material for interpretation, and resistance, respectively.

In any case, this systematic distortion has obscured the original meaning of working through and the puzzle that it poses within the confines of a strictly Freudian reading. Hence, my purpose here is to explicate the theme of working through, not as technique but as labor, to examine its relationship to remembering and repeating, and to uncover the mechanism by which this process effects a transformation in the lived experience of the patient.

RECOGNIZING RESISTANCE

Freud's original formulation of working through (1914) took the resistances generally as its object or adversary. The "first step in overcoming the resistances" consists of introducing the patient to the resistance so that he may become "acquainted" with it. In the subsequent step, the phase of working through, the patient becomes "conversant" with this resistance so that he may "overcome" it (1914, p. 155). The idea of becoming conversant with the resistance suggests a familiarity beyond acquaintance, but Freud failed to specify what this familiarity entails.

One clue to its nature lies in the distinct, if distant, relationship between the term working through (*Durcharbeiten*) and the much earlier term working over (*Verarbeitung*). There are, in fact, two versions of this early term which provide complementary leads.

Freud first discussed working over in the context of the "trauma" theory of hysterical neurosis. The "Preliminary Communication" explained that a traumatic event is most effectively rendered harmless by an immediate and energetic reaction, "from tears to acts of revenge," and where action is precluded, speech may serve to abreact the offending affect "almost as effectively" (Breuer and Freud, 1893, p. 8). But failing these two responses, if the affect is suppressed, it may attach to the memory of the traumatic event and pursue a neurotic form of expression in symptoms. Written in the same year, Freud's lecture, "On the Psychical Mechanism of Hysterical Phenomena," defines working over as a "healthy psychical mechanism" for "dealing with the affect of psychical trauma even if motor reaction and reaction by words are denied to it" (Freud, 1893, p. 37). So working over provides a third alternative to neurosis: the offending affect may be dealt with "psychically."

In this first formulation, working over engages the traumatic idea by "working it over associatively and by producing contrasting ideas" (p. 37). The subject of the trauma attempts to assimilate the offending idea by thinking it through, putting it into perspective, and so attenuating its affective valence by diluting the painful associations with other, less distressing associations. The key to this mechanism is thus the production of various associations in whose company the painful idea no longer exerts so monolithic a force; its tyranny is quelled since, viewed no longer in isolation, it carries a multiplicity of more or less acceptable meanings. The singular impression which the painful idea makes in isolation is dispersed in a larger system of associations and refracted by a multiplicity of perspectives.

In a second formulation, the term working over was used to refer to an aspect of the psychotherapeutic process. In this connection, Freud (1895b) considered the problem posed by a symptom which vanishes following the appropriate recollection and utterance of some pathogenic idea, only to return later in full force.

This oscillation in intensity on the part of the hysterical symptom is then repeated every time we approach a fresh memory which is pathogenic in respect of it. . . . If we are obliged temporarily to drop the thread to which this symptom is attached, the symptom, too, retires into obscurity, to emerge once more at a later period of analysis. This performance goes on until the working-over of the pathogenic material disposes of the symptoms once and for all (p. 297).

Evidently, working over must complete the work of dealing with the pathogenic material in such a way that the symptomatic relations are exhausted. How is this done?

There is, according to Freud (1895b), "an uninterrupted series, extending from the unmodified *mnemic residues* of affective experiences and acts of thought to the hysterical symptoms, which are the *mnemic symbols* of those experiences and thoughts" (p. 297). The problem of recurrent symptoms is resolved once it is seen that there are *intermediate associations*, nested within a series, which are linked to the appearance and resolution of the symptom. When an intermediate association (i.e., the "fresh memory which is pathogenic" with respect to the recurrent symptom) is approached in treatment, the symptom intensifies, and when it becomes explicitly conscious, the symptom fades. What is lurking behind this intermediate work is a more deeply repressed pathogenic idea which can only be uncovered according to this method of successive approximations. In this fashion, working over vanquishes each fresh pathogenic memory in the "uninterrupted series" until it exposes the vulnerable "unmodified mnemic residue." Only then can the symptom be permanently disposed of. This process may be compared to the second labor of Herakles, in which he sought to slay the Lernaean Hydra, a water snake with nine heads, eight of which were mortal while the ninth, middle one was deathless. The monster could be slain only by severing from its body the "deathless" head, but in order to do this, Herakles was forced to first subdue the other eight.

This Heraklean version of working over is formally identical

but functionally distinct from the earlier stated mechanism. In both cases there is a rounding up of associations that results in an extensive system of meanings constellated about a pathogenic nucleus. But in the case of the "healthy psychical mechanism," this rounding up serves to disperse the sharp intensity of the singular pathogenic idea by producing contrasting associations, whereas, in the Heraklean formulation, working over exposes the hidden pathogenic idea for a clearer view by dispensing with the veil of intermediate associations. From the point of view of abreaction, in the first case the affect is diluted, while in the second case it is intensified.

If we apply these formulations to the problem at hand, then we may argue, *mutatis mutandis*, that in working through the patient becomes *conversant* with the resistance (or pathogenic defense) by coming to *know* it in the context of its associations and from a multiplicity of perspectives. Certainly Fenichel regarded working through as a matter of bringing the pathogenic impulse into focus through "its manifold forms and connections." In this way, working through seeks to disentangle the one idea of the resistance from its many presentations.

The process involves, therefore, an acquisition of understanding, or what may be termed *insight*. (Contrary to its sometime analytic sense, here insight does not imply change.) Accordingly, insight distills from the resistance its essence, signifies this essence by allusion to a prototypic image, fantasy, or theme, and is thereafter alert to its reactivation in subsequent encounters with the pathogenic defense. Notice that this is not to say that the resistance has been overcome, only that it shall be recognized should it recur.

The fate of the accompanying affect is more complex, in that working through demands a double motion, just as the ambivalent function of working over predicted. Each encounter with the resistance no doubt serves as an *abreactive equivalent* insofar as it depletes a tide of current feeling. Freud imagined that this effect was cumulative when he observed that "from a theoretical point of view one may correlate [working through] with

the 'abreacting' of the quotas of affect strangled by repression . . ." (1914, p. 156). However, a Freudian countercurrent complicates this claim. As the resistance becomes more familiar, its original obscurity gives way to increasing clarity—which is much more threatening and so all the more fiercely defended against. This heightened intensity of the resistance, contrary to any previous abreaction, is precisely the key to its recognition. Freud wrote:

Only when the resistance is at its height can the analyst, working in common with his patient, discover the repressed instinctual impulses which are feeding the resistance; and it is this kind of experience which convinces the patient of the existence and power of such impulses (p. 155).

Once the resistance becomes familiar in this way, its power of unconscious surprise, of acting unseen from a distance, is neutralized. The resistance comes to be viewed, at last, for what it truly is. This is the requisite first phase of working through.

REMEMBERING, REPEATING, AND WORKING THROUGH

Even at this preliminary stage of working through, the stage of insight, the complementary functions of remembering (*Erinnern*) and repeating (*Wiederholen*) are deeply implicated. So far, the work of becoming conversant with the resistance has sought to disentangle the concealed identity of the resistance, as governing idea or style of defense, from a multiplicity of ostensibly disconnected acts. However, the defensive maneuver in each case is repeated—not as an idea but as an action—and it is this repetition, or iteration in action, which not only perpetuates the resistance to recovery, but eventually betrays its secret to the work of remembering.²

² Boesky (1982) has broadly illuminated the related issue of acting out; he emphasized the heuristic value of distinguishing "an unconscious transference fantasy" from related action or behavior, but stated that this "cannot imply a

For Freud, remembering and repeating are closely related acts: both are forms of reproduction (*Reproduzieren*) by which the past is revived. They are complementary functions, in that, under the injunction of the fundamental rule, the patient either remembers or, under the condition of resistance, he repeats. The impulsion to remember is thus the counterweight to the compulsion to repeat.

Remembering, in its purest form, consists, according to Freud, in the re-experiencing of the original perception which has since been rendered permanent, if not always accessible, via a representative "memory-trace."³ Remembering "follows back a given thought-process in a reversed direction, as far back, perhaps, as a perception . . ." (1895a, p. 379). But generally, due to the "wearing-away" process which memories deprived of their affect ordinarily undergo, as a result of repression, and the subsequent interpenetration of fantasy and fact, our memories—especially those of childhood—often fail to reproduce these pristine perceptions of the past. In fact, Freud went so far as to question "whether we have any memories at all *from* our childhood: memories *relating to* our childhood may be all that we possess" (1899, p. 322). Nevertheless, as if in compensation for this loss, Freud later maintained that our "screen memories" contain "not only *some* but *all* of what is essential from childhood" (1914, p. 148).

What is most distinctive, then, about remembering is that it recovers both what is essential from the past and what is essentially past. In other words, despite supervening distortions, remembering "represents" the significant past as past.

Repeating, too, reproduces the past, although it does not represent it. In fact, this second form of reproduction may be

literal, functional separation" (p. 42). For us, this means that repetition describes the reactivation of unconscious fantasies as well as of behaviors. This is consistent with our definition insofar as thought, or fantasy, is internal action (*cf.*, Schafer, 1973).

³ For an examination of Freud's "trace" theory of memory, see Derrida (1967); also see Casey (1979) for an account of the relationship between perceiving and remembering.

crucial to the success of the treatment. For ultimately, the patient is incapable of remembering "the whole of what is repressed in him, and what he cannot remember may be precisely the essential part of it" (Freud, 1920, p. 18). This essential but permanently forgotten part of the patient's past life may only be discovered in the repetitions of the transference neurosis. These repetitions provide the patient with a current experience which, in lieu of a clear and distinct memory, alone may convince him of the constructions which the analyst has communicated to him. Still, the analyst is faced with the task of convincing the patient that the transference experience is "only a reflection of a forgotten past" (p. 19). That is, if the repetition of the transference neurosis is to serve in the place of actual remembering, then this piece of repetition must come to be acknowledged as the patient's "way of remembering" (1914, p. 150).

But if repeating is a "way of remembering," it is so with just this difference. When the patient repeats in action his ill-fated defense, he does so "without, of course, knowing that he is repeating it" (p. 150). Here the connection with the past is elided by his unreflective involvement in the present. In repeating, we do not find experiences from the past represented; instead, we discover "everything that has already made its way from the sources of the repressed into his *manifest* personality—his inhibitions and unserviceable attitudes and his pathological character traits" (p. 151, *italics added*).

Although these two Freudian forms of reproduction directly bear on the subject of insight, Freud does not himself yield to us further. We may, however, ripen the fruits of our analysis by turning instead to Freud's great contemporary, Henri Bergson, whose significant *Matter and Memory* (1896) is vitally relevant to our purpose.

For Bergson, there existed two basic types of memory, and they are remarkably superposable onto Freud's two forms of reproduction. Bergson observed that the "past survives under two distinct forms: first, in motor mechanisms; secondly, in independent recollections" (p. 87).

The first type of memory, "*habit memory*," is both acquired by and displayed in repetition. For example, we acquire a facility at the piano or learn to recite Shakespeare in somewhat the same way as we acquire a neurotic style of defense (there are, of course, important differences): we repeat the scales or verses over and over, just as we find relief from anxiety again and again by employing a successful defense until it becomes "second nature." Moreover, these acquired traits are not conspicuously expressive of their origins but manifest themselves as a present-day force independent of the conditions of their acquisition. Thus, today I recite a soliloquy from *Hamlet* or ignore someone to whom I am attracted without in any way consciously recalling the occasions on which I rehearsed these lines or discovered this mechanism of defense. The likeness between Bergson's "habit memory" and Freud's "repeating" is stronger still. For "in truth," wrote Bergson, habit memory "no longer *represents* our past to us, it *acts* it; and if it still deserves the name of memory, it is not because it conserves bygone images, but because it prolongs their useful effect into the present moment" (p. 93).

The second type of memory, "*recollective memory*," "imagines" rather than "repeats," and it represents the past in much the same fashion as does "remembering" for Freud. Recollective memory reproduces the past as an "image" and takes that image to be essentially dated, as inherently past, and consequently "unable to occur again" except, of course, as a memory (Bergson, 1896, p. 90). Moreover, because this memory is "only a representation," it can be embraced in a single act of intuition—"there is nothing to prevent my grasping the whole of it instantaneously, as in a picture" (p. 91). In contrast, habit memory reproduces the past as a definite sequence which necessarily takes time to unfold, even if silently articulated (as in rehearsing a speech to oneself).

This remarkable difference, applicable by extension to remembering and repeating, explains in part why "one must allow the patient time to become conversant" with the resistance. For if the resistance is a mode of repetition, then it is

expressed, *prima facie*, not in a unitary intuition but as an action. As such, it comprises a determinate sequence of enacted events over many analytic hours which are available for reflection only *post hoc*. The *idea* of the resistance, on the other hand, is correlative to an intuition which comprehends, in these enacted events, a theme whose prototype may well be a single image (simple or compound in derivation). Therefore, it is recollective memory (remembering) that reviews the procession of defensive acts—from resistance in the analysis to an image or fantasy of childhood—and decocts from them a singular intuition. Thus is born an intimate collaboration between repeating and remembering from which springs the acquisition of insight in analysis.

Bergson intimated further just how such a decoction might proceed, given the protean shapes which the resistance has prepared. That is, if recollective memory gives the patient access to various events of resistance and defense, we must explain how the essential features of these events are grasped while the inessential or contingent features are pared away.

Bergson observed that recollective memory “reveals itself in the recollection of differences,” whereas habit memory is revealed in “the perception of resemblances” (p. 201). Without pursuing the phenomenological grounds for this claim, let us consider his meaning. In representing a specific past event, recollective memory preserves the individuating features which distinguish one event or image from another; it “neglects no detail; it leaves to each fact, to each gesture, its place and date” (p. 92). Rather than respond to these individual differences, habit memory only distinguishes “in any situation that aspect in which it practically resembles former situations” (p. 201). In other words, habit memory finds in any situation a pretext of resemblance since the elicited repetition is bound to give the same performance time and again.

Consider this familiar example. Each time a young man feels helpless or vulnerable, he is compelled to exhibit a controverting display of ferocity. Yet he does not admit to these precipi-

tating feelings of weakness; on the contrary, he denies them vociferously. The striking resemblance among these situations, of course, escapes his conscious understanding, even though the similarity of feeling has been unconsciously perceived at once. The principle of this resemblance, the key to his resistance and the pathogenic defense it serves, becomes apparent only later when—by a process of comparison and contrast in which differences and resemblances are acknowledged—the essential features of these situations are brought into relief.

Remembering accomplishes this critical work by excavating and describing the particularities of each situation. Those features which distinguish one situation from another, and the residual similarities, are gradually defined. The elusive common elements and the interpretation they support—against all resistance—are at last uncovered in this complex play of identity and difference.

We find, then, with Bergson and Freud, that an essential collaboration between repeating and remembering is constitutive of the first phase of working through: repeating supplies the evidence and remembering provides the means by which it is critically examined. Unless the insight born of this conjoint process is achieved, working through can proceed no further.⁴

OVERCOMING RESISTANCE: METAPSYCHOLOGICAL CONSIDERATIONS

We have said that the original object of working through was resistance generally. In 1914, whatever effort was required to suspend criticism in accord with the fundamental rule came under the auspices of working through. At the time, the compulsion to repeat was the specter behind resistances of all kinds from character traits to transference resistance; as a result, working through confronted the repetition compulsion wherever it encountered resistance.

⁴ Boesky (1982) is consistent with this point of view when he argues the parallel thesis that "*working through could never occur without acting out*" (p. 44).

However, subsequent to the radical theoretical modifications of *Beyond the Pleasure Principle* (1920), *The Ego and the Id* (1923), and *Inhibitions, Symptoms and Anxiety* (1926), Freud returned to the subject of working through in order to qualify its meaning in light of these revisions. In the Addenda to the latter work, Freud categorized the resistances according to their structural sources: those arising from the ego, the superego, and the id. He assigned to working through the last of these categories of resistance which possesses unique, if not anomalous, analytic properties.

Resistances from the ego are handled in a conventional fashion—what is unconscious is made conscious—and the patient is brought to accept them only in order to relinquish them. It is these ego resistances with which analysts are most familiar and over which analysis claims the greatest influence. The three types of ego resistance—repression, transference resistance, and gain from illness—attract the largest share of attention in the literature on resistance, but none of these, according to Freud, warrant working through.

The resistance from the superego poses special problems of its own which Freud discussed at length in Chapter V of *The Ego and the Id*. Essentially, this resistance is motivated by an unconscious “sense of guilt or the need for punishment,” and it is associated with intractable neurosis and negative therapeutic reactions. Although the resistance of the superego tends to remain tenaciously unconscious, the need for punishment can be made explicit and is, in principle, analyzable. Freud (1923) conceded that:

Nothing can be done against it directly, and nothing indirectly but the slow procedure of unmasking its unconscious repressed roots, and of thus gradually changing it into a *conscious* sense of guilt (p. 50, n.).

The need for punishment, although unlikely to be acknowledged as such by the patient who insists that he is in treatment in order to find relief from his sufferings, can nevertheless be rendered conscious under ideal conditions.

But the "resistance from the id" (or as Freud alternately referred to it, the "resistance of the unconscious") is *incapable* of attaining consciousness. It is by nature an *unconscious* resistance, never to become conscious. Moreover, this resistance has nothing whatever to do with defense; the difficulty does not lie in its unacceptability to consciousness but in some property of the unconscious psyche itself. *It is this property of the unconscious, the resistance from the id, which alone "necessitates 'working-through' "* (1926, p. 160, italics added).

In this important reformulation, working through describes a purely intrapsychic struggle involving only the ego and the id. The ego has agreed to set aside its resistances, but the id tenaciously refuses to cooperate. Its impulses have been recognized by the ego; the acknowledgment which it has sought for so long has been obtained. Yet the furtive paths it has trod in its neurotic quest for expression have grown familiar, and the id is reluctant now to forsake them.

Freud had witnessed this reluctance before, and he spoke variously of the "increased pertinacity of early impressions," of "psychical inertia," "fixation," and the "adhesiveness of the libido." All of these terms refer, in one way or another, to an obstinacy or lack of mobility on the part of the libido, its reluctance to give up its objects or to change its course. Following a description of the *modus operandi* of analytic treatment in the *Introductory Lectures*, Freud (1917) remarked:

The more closely events in the treatment coincide with this ideal description, the greater will be the success. . . . *It finds its limits* in the lack of mobility of the libido, which may refuse to leave its objects . . . (p. 455, italics added).

Thus, the "resistance from the id" takes its special place in a series of notions which seek to account for the limit to the efficacy of analytic treatment and the inherent opposition to recovery exhibited by the neuroses.⁵

⁵ Stewart (1963) has suggested that fixation, psychical inertia, and adhesiveness of the libido are distinct but overlapping aspects of the more general problem of id resistance (p. 481). Such notions as these have long been controversial. It has

It is here, at the level of id resistance, that working through is finally grounded in the Freudian metapsychology by way of the compulsion to repeat. Freud (1926) wrote:

The dynamic factor which makes a working-through of this kind necessary and comprehensible is not far to seek. It must be that after the ego-resistance has been removed the power of the compulsion to repeat . . . has still to be overcome (p. 159).

Already, we have identified the compulsion to repeat as the specter behind the phenomena of repetition. But just as working through has come to take on a more precise meaning since 1914, so too its adversary has become a potent metapsychological force. In *Beyond the Pleasure Principle*, Freud (1920) linked the compulsion to repeat to the operation of the instincts (*Triebe*) in which he recognized an inherent "conservative" property, an "urge to restore an earlier state of things." This conservative property is a *general* property of instinctual life for Freud, and on this basis he posited the existence of the death instinct.

Brodsky (1967) has observed that the derivation of id resistance from a death instinct by way of the repetition compulsion is "generally regarded as a fruitless speculation" (p. 486). This inveterate trend in American analytic thought may yet prove ill-founded. Quite recently, Bettelheim (1982) has reminded us that the insistent rendering of *Trieb* as "instinct" rather than as "drive" or "impulsion" has misrepresented Freud's legiti-

been argued that the concept of "unconscious resistance" is only a "cloak for lack of understanding" that serves to discourage the analyst from pursuing a fugitive resistance and so results in the failure to uncover crucial material (Glover, 1955, pp. 298-299). This is, of course, a practical problem; the notion might be abused in this way, thus leading to premature closure. However, the idea of a limit to the domain of possible analytic work is indispensable. Indeed, the failure to recognize such a limit results in misplaced optimism and truly interminable analyses. Freud saw that there exist other contingencies to neurosis besides purely conscious psychological determinants (e.g., constitutional factors), and any theory which fails to admit of these parameters must conceive of the person as a free-floating *cogito* and not as an *embodied* human being.

mate conception of the human soul (*die Seele*) as fundamentally, and tragically, conflicted. *Trieb* does not name an inherent, irrevocable, species-specific pattern of preformed action, but rather defines a tendency, or inclination, the origin of which is anterior to all experience.

First of all, I would argue that the compulsion to repeat is clinically evident, that it may be plausibly understood as an expression of a human impulsion toward permanence, or *stasis*, and that it achieves this end *via* the recurrence of the prototypic psychological event over and against the divisive effects of temporal flux. In other words, the compulsion to repeat works in opposition to those changes in the ego which result from the inevitable differences between present and past experience. Indeed, Freud's own theory of time is consonant with this view: he directly related the origin of our concept of time to the intermittent, or discontinuous, character of libidinal cathexes (1925, p. 231). It follows that the temporal alteration of the ego (growth and change, in short) may be countered by the recurrence, or repetition, of libidinal investments with respect to an unconscious prototype.

Regarding the death drive itself, the problem has always been how to relate the active modes of aggression and destruction to the seemingly passive principle of *stasis*, the "inertia inherent in organic life" (1920, p. 36). It is no accident that Freud so often compared his dual drive theory with the love-strife doctrine of Empedocles, for therein lies the solution (1937, pp. 245-247). In seeking to resolve the pre-Socratic paradox of permanence and change, Empedocles began by conceding the immutable and permanent nature of *being*. Yet, in order to account for growth and flux, i.e., *becoming*, he argued that the elemental constituents of being were capable of ceaseless combination, separation, and recombination (Nahm, 1934). Now, just as strife, for Empedocles, seeks through separation a *return* to the immutable four elements of being, and love gives rise to becoming through their combination, so *thanatos*, for Freud, seeks permanence through disintegration and repetition, while

eros builds ever greater unities in the name of growth and change. Finally, it must be emphasized that these basic drives do not prescribe any specific contents for consciousness; rather, they define unconsciously the conflicting aims of "instinctual" life: to establish new unities and to restore prior, more elemental, states—to encourage growth and to resist all change. Accordingly, the conservative aim of the death drive—in itself devoid of content—exerts itself as a force which opposes the analytic project of psychological revision.

Consequently, insofar as this conservative trend expresses itself in the drive derivatives motivating neurotic life, the ego engaged in working through must wrest itself free from this inherent restraint. The contest would appear not to be a matter of insight or of understanding, but of pure force. Knowing that one is, by nature, subject to the law of gravity does not help one to escape its influence. Only by *overcoming* this force can one move out of its orbit.

It is not surprising, then, that Freud (1940) concluded the chapter on technique in his posthumously published *Outline of Psycho-Analysis* by remarking that:

We shall not be disappointed, but, on the contrary, we shall find it entirely intelligible, if we reach the conclusion that the final outcome of the struggle we have engaged in depends on *quantitative* relations—on the quota of energy we are able to mobilize in the patient to our advantage as compared with the sum of energy of the powers working against us (pp. 181-182).

THE WILL TO REMEMBER

We have examined most of what Freud had to say directly on the question of working through, but there are a few points which remain to be discussed. The first concerns what I shall term the ego's *will to recovery*. Freud offered us no systematic psychology of the will; he spoke instead of a "need for recovery," and its motivations are quite easy to adduce. There is,

first of all, the unpleasure generated by the neurosis itself; in this respect, working through is served by the primacy of the pleasure principle. Secondly, there is the "intellectual interest" provided by the psychoanalytic quest for self-knowledge. This motive achieved its apotheosis in the self-analysis of the *Interpretation of Dreams* (1900), but it cannot be relied on as a powerful ally in most cases. Finally, there are the positive aspects of the transference which are of "far greater force" relative to the others (1940, p. 181).

Yet, I believe one can discern a justification for the idea of a will to recovery implicit in the concept of working through. Recall the passage that most fully describes Freud's conception of working through.

One must allow the patient time to become more conversant with this resistance with which he has now become acquainted, to *work through* it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis (1914, p. 155).

The active dimension of this work, the conative element in overcoming, the strident conviction of defiance, all belie the simple image of a balance of power. Of course, the ego has only so much force at its disposal with which it can fuel these efforts, but it is not as though it merely applies this force indifferently. The degree of resolution which accompanies "its praiseworthy decision," and the determination with which the ego continues the analytic work, display the qualities of fortitude, courage, and perseverance, as well as weakness, apathy, or submission. These character attributes, traditionally predicative of the will, both determine and are determined by the progress of the analysis. Thus it is on the field of working through that the patient's character plays a crucial, if not always decisive, role.

Further indicative of a will to recovery is the element of *choice* which is structured, perhaps unexpectedly, by the injunction of the fundamental rule. The fundamental rule, after all, cannot enforce the requirement of candor: it only defines a

difference between the path of free association (which it enjoins) and the path of resistance (which it abjures). The analyst reminds the patient to eschew all criticism of the thoughts and feelings which are occasioned by the treatment and to report them faithfully. But of course "there comes a time in every analysis when the patient disregards it" (Freud, 1913, p. 135, n.). This element is especially pronounced in working through, in that the ego has "decided to relinquish its resistances" but encounters unforeseen "difficulty in undoing the repressions." Hence, the stalwart decision to continue the analytic work, in spite of this stubborn opposition, constitutes a choice of labor. Freud tacitly acknowledged the "willful" nature of this exertion when he called this decision "praiseworthy" (1926, p. 159).

Moreover, this difference which is defined by the fundamental rule turns out to be the fundamental juncture in analytic treatment. The path of free association, which accords with the rule, correlates with the act of remembering; the path of resistance, in contrast, correlates with the act of repeating. This dichotomy, and the rule which divides it, constitutes the free field in which working through operates. In order to examine this field of operation, we must reconsider the relationship between remembering and repeating.

We recall that remembering and repeating are both forms of reproduction, processes by which a link is forged between our past and present selves. Indeed, both processes are necessary conditions for the realization of personal identity. Remembering allows us to claim our past as uniquely our own, to see in it a depth of consciousness and a history of action. Repeating, by no means always pathological, preserves that history in our habitual style of thought, our attitudes, comportment, and character. And as we have shown, in the acquisition of insight, these processes function together in a collaborative counterpoint.

Yet psychoanalysis is forever in favor of remembering *contra* repeating. Throughout its history the aim of its different techniques has remained the same: "Descriptively speaking, it is to

fill in gaps in memory; dynamically speaking, it is to overcome the resistances due to repression" (Freud, 1914, p. 148). This prejudice is neither arbitrary nor adventitious but basic to analytic progress.

Consider, for example, the difference between remembering the homosexual attractions of the negative oedipal situation transfigured by reaction-formation, and exhibiting silence in the analytic situation immediately after the fundamental rule has been explained. (The latter is, presumably, a repetition of the earlier situation.) The difference goes beyond the fact that remembering elicits a specific complex of feeling while repeating is generally vague and therefore unproductive if not actually misleading. Remembering the thoughts and feelings associated with early events and fantasies serves not only to isolate a certain web of emotion (in this case, an oedipal variant) but also to achieve a relation to it that is constituted in *self-reflection*. While it is recognized that this complex of feeling is one's own emotion, a disjunction of past and present selves is revealed in the process: "*I now see (in the analysis) that when I was (in the oedipal situation), I did feel and think x because y*" Although the psychic conjunction of past and present selves is a condition for personal identity, their disjunction makes growth and change possible. Remembering makes it possible both to *own* those thoughts and feelings engendered in the past as they were originally conceived and to *distance* them from the present situation. In this way, the living present comes to be less distorted by the unconscious past; the present comes to be what it is, namely, *new*. Hence the figure of the analyst need not be forever distorted by the attitudes of the patient toward his father. Past and present are distinguished even as they are linked by remembering.

On the other hand, repeating fails to provide this distance between past and present selves. The repetitions, themselves nothing more than avatars of the past in contemporary garb, are manifest in the present as "inhibitions," "unserviceable attitudes," and so forth. Repeating, by definition expressive of

an "urge to restore an earlier state of things," enforces a bondage to the past, and thus it prevents the present from becoming truly present. So long as the past is covertly repeated, it undermines the novelty of the present just as it anxiously insinuates itself into the pure possibility of the future. In repeating, past and present are merged.

The foregoing comparison demonstrates the significance of the analytic bias toward remembering. *In analysis, the will to recovery takes the form of a will to remember.* Of course, remembering, by itself, is not sufficient to effect the subjugation of the pathogenic past (Breuer and Freud, 1893, p. 6). Nevertheless, remembering makes it possible for the ego, engaged in working through, to distance the past and thereby to curtail its errant incursions into the present.

Working through aims to *secure* this distance. It works, negatively, to achieve for the ego a release from its enslavement to the compulsion to repeat. The outcome of this conflict is determined by both the effort expended and the inherent strength of the resistance; as Freud was fond of saying: "Here once again God is on the side of the big battalions" (1940, p. 182). Consequently, the factor of "ego strength" is crucial to the success of working through. In a positive way, working through strives for recovery by searching for lost time, uncovering and owning the past, *as past*, that the ego may attain to a condition of relative autonomy in the present. Through this ensemble of activities, working through constitutes the labor of transformation.

THE STATUS OF WORKING THROUGH

Psychoanalysis has clearly defined the problem of neurosis, but it cannot resolve it: that, each individual must do for himself. The analytic situation is specially structured to facilitate this resolution and, naturally, the analyst, his technical skill, and the transference events are indispensable factors in the overall process (Loewald, 1960). Nevertheless, working through names

that aspect of the process which the analysand shall ultimately hold most dear, for it signifies his own triumph—and not ours—over the clandestine operations of neurotic life. Nowhere is this truth expressed more eloquently than in Shakespeare's *Macbeth*. Lady Macbeth, counselor and *agent provocateur*, has gone mad. Macbeth summons a physician for assistance and asks:

Canst thou not minister to a mind diseas'd,
Pluck from the memory a rooted sorrow,
Raze out the written troubles of the brain,
And with some sweet oblivious antidote
Cleanse the stuff'd bosom of that perilous stuff
Which weighs upon the heart?

To which the physician replies:

Therein the patient
Must minister to himself (V, iii, 40-46).

The need for working through is not something which might be eliminated by any refinement in technique or advancement in theory. It answers to a permanent feature of human existence which cannot be effaced: the gap between conscious and unconscious life, the rift between understanding and oblivion, and the inevitable, restorative labor of selfhood. This final labor, exacted from the patient in working through, is the one which, in Freud's words, "effects the greatest changes" (1914, p. 155).

REFERENCES

- BERGSON, H. (1896). *Matter and Memory*. New York: Humanities Press, 1970.
- BETTELHEIM, B. (1982). Freud and the soul. *New Yorker*, March 1, pp. 52-93.
- BOESKY, D. (1982). Acting out: a reconsideration of the concept. *Int. J. Psychoanal.*, 63:39-55.
- BREUER, J., & FREUD, S. (1893). On the psychical mechanism of hysterical phenomena: preliminary communication. *S.E.*, 2.
- BRODSKY, B. (1967). Working through. Its widening scope and some aspects of its metapsychology. *Psychoanal. Q.*, 36:485-496.
- CASEY, E. (1979). Perceiving and remembering. *Rev. Metaphys.*, 32:407-436.
- DERRIDA, J. (1967). Freud and the scene of writing. In *French Freud: Structural Studies in Psychoanalysis*, ed. J. Mehlman. Yale French Studies, 1972.

- FENICHEL, O. (1945). *The Psychoanalytic Theory of Neurosis*. New York: Norton, 1972.
- FREUD, S. (1893). On the psychical mechanism of hysterical phenomena: a lecture. *S.E.*, 3.
- (1895a). Project for a scientific psychology. *S.E.*, 1.
- (1895b). The psychotherapy of hysteria. *S.E.*, 2.
- (1899). Screen memories. *S.E.*, 3.
- (1900). The interpretation of dreams. *S.E.*, 4/5.
- (1912). The dynamics of transference. *S.E.*, 12.
- (1913). On beginning the treatment (further recommendations on the technique of psycho-analysis I). *S.E.*, 12.
- (1914). Remembering, repeating and working-through (further recommendations on the technique of psycho-analysis II). *S.E.*, 12.
- (1915). Observations on transference-love (further recommendations on the technique of psycho-analysis III). *S.E.*, 12.
- (1917). Introductory lectures on psycho-analysis (part III. General theory of the neuroses). *S.E.*, 16.
- (1920). Beyond the pleasure principle. *S.E.*, 18.
- (1923). The ego and the id. *S.E.*, 19.
- (1925). A note upon the 'mystic writing-pad'. *S.E.*, 19.
- (1926). Inhibitions, symptoms and anxiety. *S.E.*, 20.
- (1937). Analysis terminable and interminable. *S.E.*, 23.
- (1940). An outline of psycho-analysis. *S.E.*, 23.
- GLOVER, E. (1955). *The Technique of Psychoanalysis*. New York: Int. Univ. Press.
- GREENSON, R. R. (1967). *The Technique and Practice of Psychoanalysis*. New York: Int. Univ. Press.
- KLEIN, M. (1945). The oedipus complex in the light of early anxieties. In *Love, Guilt and Reparation and Other Works, 1921-1945*. New York: Dell Publ., 1977, pp. 370-419.
- KOHUT, H. (1971). *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. New York: Int. Univ. Press.
- LOEWALD, H. W. (1960). On the therapeutic action of psycho-analysis. *Int. J. Psychoanal.*, 41:16-33.
- NAHM, M. (1934). *Early Greek Philosophy*. New York: Appleton-Century-Crofts, 1968.
- SCHAFER, R. (1973). The idea of resistance. *Int. J. Psychoanal.*, 54: 259-285.
- STEWART, W. A. (1963). An inquiry into the concept of working through. *J. Amer. Psychoanal. Assn.*, 11:474-599.

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Difficulties in the Analytic Encounter. By John Klauber. New York/London: Jason Aronson, Inc., 1981. 235 pp.

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BOOK REVIEWS

DIFFICULTIES IN THE ANALYTIC ENCOUNTER. By John Klauber. New York/London: Jason Aronson, Inc., 1981. 235 pp.

This small but compact book represents an odyssey through the career of a thoughtful and serious psychoanalyst. John Klauber, a strong and articulate member of the middle or "independent" group of the British Institute for Psychoanalysis, was President of the British Psychoanalytical Society at his untimely death in August 1981. This volume, which he fortunately lived to see published, turns out to be a legacy of his psychoanalytic and personal thinking and feeling. It conveys, in a fashion which compels reading, the mind of the author, which was the essence of the man.

The book consists of ten selected papers gathered under the rubric of *Difficulties in the Analytic Encounter*. This is a fitting title not only because of the book's contents but also because the opening wedge into clinical material and the window to the unconscious during the psychoanalytic process are first and foremost the analysis of resistances. The papers span the twenty years of the 1960's and 1970's. They are grouped not chronologically but according to a logical division, in which they first describe difficulties intrinsic to the psychotherapeutic situation, then difficulties and problems of technique, and in the final third, difficulties arising from within the psychoanalyst. Two papers are added as appendices, presumably because they do not integrate well into the three main divisions. Both, however, add significant insights into basic areas of psychoanalytic concern. One is about method, and the other expresses a timeless interest in the psychology of religious belief.

The book is unusually cohesive for a collection of published articles. Each paper carries its own weight at an even and high level. The papers are brought up to date by the author via introductory comments in which he gives his view of them from a current perspective. The common thread running through them all, as perceived by this reviewer, was the author's aim of exposing his newly achieved psychoanalytic instrument to the test of clinical material and to fashion individually arrived at convictions as to what would be his theoretical base and *modus operandi* for on-

going clinical practice. Throughout these writings one can discern an educated person and a trained psychoanalyst learning to combine a scientific outlook with a humanistic goal. It took Klauber at least ten years, he states, to feel comfortable and to achieve a sense of mastery in his work and profession. Each reader can compare this with his own experience.

The first paper in the collection serves as an introductory clinical-theoretical exercise as to why dreams are reported in analysis when they are. Some instructive theoretical propositions are advanced, phrased in terms of metapsychology and clinical conflict theory, to explain the observed phenomena. The formulations are modest but correct, contributory, and worth absorbing. In the more explicitly clinical papers which follow, we see the author increasingly honing his skills and priorities in the living psychoanalytic situation.

The second paper begins to emphasize a theme which is never lost sight of thereafter. It concerns the role played by the personality of the analyst in the analytic process, in this case toward the making of an interpretation. Klauber takes some issue with Strachey's position in his classic paper of 1934 on the mutative effects of exclusively transference interpretations, by calling attention to other subtle effects of interpretations and to other aspects of the analytic process. While I reverberate positively to his expanding consideration of the therapeutic effects of analysis into other, significant directions,¹ I would question his formulation that interpretation is a formula to "reduce psychic tension between analyst and patient" (p. 40). In this connection, in fact, Klauber overtly translates disputes over theory into transference-countertransference interactions. The conflicts between the two British schools with which Klauber lived are explained by him in terms of the ongoing tension between analyst and patient, a not altogether logical leap. At times it is necessary to be cautious lest theoretical controversies, for which the author recommends greater tolerance, be bypassed via such formulations.

The papers continue to explore diverse, productive clinical areas. As one immerses oneself in these essays of self-discovery, one receives the impression that for Klauber (and perhaps this is more typical in the British Society than elsewhere), writing served not only to communicate his experiences but also to stimulate and facilitate

¹ Rangell, L. (1979). Contemporary issues in the theory of therapy. *J. Amer. Psychoanal. Assn.*, Suppl., 27:81-112.

his intellectual development. In the third paper Klauber explores basic elements of the psychoanalytic relationship and their therapeutic impact on the patient, again explicitly addressing himself to the interwoven effects of the analytic process on both the patient and the analyst. Although it is presented early in the book, this is a relatively late paper (1976). In it, Klauber still approaches the therapeutic process with the fresh wonder of the beginning analyst, which enables him to continually discover new facets in an ongoing learning process. The disturbing relationship of the patient to the analyst is compared by Klauber to the analyst's relationships with his peers, his teachers, psychoanalytic theory, Freud, and especially his own training analyst. As a personal result of this self-analysis, the author seems to have been making a lifelong effort, which appears to have involved continual new challenges and achievements, to both integrate himself with and separate himself from his training experiences. While countertransference awareness is kept at the same level of introspection as transference awareness in this process, Klauber does not appear to have allowed it to interfere with the analytic process either in principle or practice.

One paper (Chapter 5, 1961) changes the pace from broader to narrower observations and thinking. Here Klauber presents an excellent clinical presentation of the details of one analytic hour, which can be taken as an instructive model of the technical method of approaching this universal unit of analysis. His consideration of the status of the anxiety, the transference, the defenses and the underlying repressed wish, perhaps in that order, can serve clinical practitioners well. Particularly impressive is the radiation outward in the analyst's process of understanding from the analytic hour to the extra-analytic life surround and the longitudinal history of the patient. This alternation between what I think of as microscopic and macroscopic observations² results in an integration of both levels of phenomena in the transference and in life.

There are many observations in the book which I regard as original as well as helpful in casting light upon areas usually overlooked. "Beginning analysis must be described as a trauma for the patient" (p. 54), states Klauber. He describes the inner effects upon the patient of entering a world of strange, seemingly involuntary

² Rangell, L. (1952). Macroscopic transmission and the macroscopic point of view. *J. Hillside Hosp.*, 1:228-233.

thoughts and waking dreams. But the analyst too, Klauber goes on, enters every new analysis with potential anxiety and a threat to his psychic equilibrium. The approach to termination also creates a bilateral disturbance, about which Klauber provides a fresh and useful outlook. Analysis presents the patient with the need to resolve two problems: the trauma he has undergone and the mourning with which he may be left (p. 58). Looking to the two participants' post-analytic life, Klauber observes the interesting phenomenon that is commonly seen but not often discussed of how frequently patients "harbor resentment against their former analysts," as well as the tendency of some psychoanalysts "to sabotage their relationship with their patient after termination" (p. 57).

In two papers (Chapters 4 and 6), Klauber gives evidence of difficulties in the British psychoanalytic world in which he trained and practiced, related to efforts to integrate the Kleinian School and the "ego psychology of the Viennese American School." He presents his experiences with two "interminable" cases based on early maternal deprivation and a case of severe neurotic depression in which, in my opinion, an undue inhibitory influence upon the analytic work was created by the analyst's straining to bring together views which he regarded as conflicting but which should never have been separated in the first place. Klauber's thoughtful work and careful attention to the empirical data lead him nevertheless to an integrated attitude toward analysis, with regard to both the handling of the transference and the aims of reconstruction. He shows an occasional tendency to pay exclusive attention to pregenital factors, but in general he pulls himself up to balance them properly with consideration of phallic, oedipal, or "orophallic" anxieties.

In Chapter 6, written in 1966, one can discern a remarkable prelude to some current affectively-held and divisive theoretical trends. In this paper, Klauber reflects on conflicts between self and object representations, along with a prominence of anxiety over aggression, predating and previewing Kernberg's later writings. It also contains a recommendation to permit a needed devaluation or, to put it more properly, a reality testing of the analyst after his previous idealization by the patient, which anticipates and answers in advance a later, central thesis of Kohut's (p. 106). Both of these observations are integrated with other aspects of psychoanalytic theory without abandoning conflict theory and without the analyst substituting "empathy" for analysis in his technical method.

Klauber is well aware, however, of the importance of empathy. His stance throughout, in fact, is a blend of the humanistic and the scientific. One reads here, for example, a scientific explanation of the role of humanism and warmth within analytic method which is well worth keeping in mind both in practice and in teaching candidates: "It is this human quality of the relationship which is the antidote to the traumatic quality of transference. . . . The technique of detraumatization of analysis . . . implies the slow building of interpretative bridges rather than confrontation with the deep unconscious. . . . If bridges are built slowly the patient can integrate his unconscious fantasy; if he is suddenly confronted he feels himself split and powerless" (p. 116). Respect for the patient and honesty in the analyst are always in evidence. Klauber emphasizes that one must differentiate the patient's resistance from disagreement with the analyst (p. 134) and that regression in the transference should not go so far that the ego suspends its capacity to reject an inaccurate interpretation (p. 133).

There is a comprehensive, sensitive, helpful chapter on issues of psychoanalytic consultation (Chapter 9, 1971), a subject that is rarely written about. There is another on the need for fusion of historical and natural scientific methods in psychoanalysis (1968).

A final essay (1973) confronts the psychic roots of religion. To the wide array of philosophic, historical, and theologic knowledge, Klauber adds a psychoanalytic perspective to explain the perpetual appeal of the irrational aspects of religious faith. The persistence throughout the history of man of a belief in the incredible expresses "man's unconscious knowledge that his psychological strength comes from having survived incredible experiences in childhood which he can no longer recapture except through symbolism" (p. 205). Religious faith originates, according to Klauber, in the fantasies used by the infant and young child to justify its confidence that the mother will be there to protect it forever. Klauber's views on religion and its history in society are complementary to those expressed by Loewald³ in his Yale lectures, although they reach in other directions as well.

This book is recommended reading for any psychoanalyst interested in the theoretical guidelines and practical problems of a

³ Loewald, H. W. (1978). *Psychoanalysis and the History of the Individual. The Freud Lectures at Yale*. New Haven and London: Yale Univ. Press.

practicing psychoanalyst. I last saw John Klauber at a farewell reception during the International Congress in Helsinki, at the end of July 1981. Our exchanges were warm but brief and fleeting, as they can only be on such occasions. I regret that I had not known this book before our last meeting.

LEO RANGELL (LOS ANGELES)

CLINICAL PSYCHOANALYSIS. Volume III, Downstate Psychoanalytic Institute Twenty-Fifth Anniversary Series. Edited by Shelley Orgel, M.D. and Bernard D. Fine, M.D. New York/London: Jason Aronson, Inc., 1981. 344 pp.

This collection of clinical psychoanalytic essays evokes a strange, mixed impression in the reviewer. When a book produces such a reaction, one usually ascribes it to unevenness in the quality of the individual contributions, that is, to differences in the experience, understanding, and native endowment of the authors, and above all to differences in their capacity to communicate their ideas and experiences lucidly. None of these explanations seems adequate here. The authors are singularly experienced clinicians who are widely familiar with current conceptual issues and with psychoanalytic ideas. The writing is clearly focused, expressive, and free from jargon, which in part may be a tribute to the editing.

The subject matter is vital. It covers not only the classical neurotic problems but also the various types of severe neurotic sufferings and severely disturbed object relationships that constitute so much of present-day analytic practice. In addition, there is a special quality to most of the authors' approach to their subject matter; i.e., they show an intense, fresh, avid curiosity about their patients' experiences. The authors reflect cogently on the meaning of what they find in their patients and attempt to relate it to the best, currently available conceptual frameworks. I was especially struck by R. Almansì's paper, "Scopophilia and Separation Anxiety," J. Frank's paper, "A Different Form of Ego State," M. Jackel's "Object Loss and a Wish for a Child," and M. Hurwitz's "Milk without Sucking." In the two more abstract clinical essays, J. Coltrera's on interpretation and R. Dickes's on therapeutic and working alliances, I was impressed with the relevant, logical presentation of their points of view, as well as with their honorable, straightforward inclusion of

contradictory ideas. The developmental essays, however, seemed to me a bit humdrum, as though the authors were implying that there is nothing very new, either in the literature or in the area of current psychoanalytic discussion. This struck me as peculiar, and it was at this point that I began to sense where my very mixed response to the book might be stemming from.

I began to suspect that the vast majority of these papers were written at least a decade ago. A check of the bibliography led to the discovery of but a single reference to a paper published in 1978. Better than 90 per cent of the references are to papers before the year 1970. Each of the essays contains one or two references to papers from the period of 1970 to 1973. (Yes, several of the essays refer in their bibliographies to what at that point was a major, radical contribution to clinical theory, Kohut's *Analysis of the Self*.) The data suggest to me that these essays belong historically and conceptually to the transitional period of the late 1960's, before the current conflicts about structure, metapsychology, psychopathology, and analytic technique broke out in full fury. They belong to the period before Modell, Rosenblatt and Thickstun, Schafer, and above all, the major forays into skepticism about current metapsychology represented by the works of Kernberg, Gedo, Gill, Basch, and Toulmin and by the major panel discussions at meetings of the American in 1971, 1973, and 1976.

In the light of the wide-ranging controversies of the past six to ten years, which cut across and affect every aspect of psychoanalytic theory and practice, I wonder if these authors would come to the same conclusions and use the same explanations, conceptual models, and technical recommendations if they were writing their papers now. Of course, only they can answer this question. Delaying the publication of a book of essays such as this by nearly a decade after the authors have done their thinking and writing has created not only an anachronistic work but, in a sense, an intellectual depreciation, if not an "imprisonment," of the scholarship contained within it.

My suspicion is that we are all thinking somewhat differently today, not so much in terms of a commitment to a particular, politicized psychoanalytic point of view ("What I ascribe to is what Freud *really* meant, and I know because I know"). Rather, it is in terms of the legitimacy of doubt and the courage to face complexity

and multiple levels of organization in our patients' personalities and in the symptomatic and transference phenomena to which they give rise. Thus, it seems to me that the impression of an anachronistic book is created in part because the authors shared, as we all did a dozen or more years ago, in an oversimplified belief about how the process of analysis works, that is, that we ascertain meaning through the application of a technique of rather simple listening and pattern-matching. It is as though the data of free association are self-explanatory and curative by means of simple insight. We are told, for example, that "as motivational explanations they don't cure but instead facilitate understanding in the patient that leads to dynamic insights and eventually structural changes in the personality" (see essay by J. Coltrera, p. 119). No one can disagree with this in the abstract. Yet how strange, old-fashioned, and incomplete is the flavor of such a construct.

Why? Because the context is missing, or is assumed rather than being explicitly acknowledged, let alone explored. And there really are two contexts here. One is the context of transference as multi-leveled, multivaried experience. In the words of Furst, "Transference is not simply a reliving in analysis of past traumas, conflicts, wishes and object relationships, but a reliving of the patient's developmental history."¹ Secondly, there is the question of metapsychology; to paraphrase Abraham Lincoln, "We psychoanalysts cannot escape metapsychology." At least, we cannot escape the influence of some form of theory and modeling in the shaping of our understanding, no matter how closely we think we are sticking to the data of clinical experience. There is no such thing as concept-free understanding and interpretation of clinical data.

What, then, is to be found in this book that is of enduring value? First of all, the section on issues in psychoanalytic education strikes me as containing elements that are significant and perhaps timeless in their practical application. It also contains fascinating information on the way in which psychoanalytic training institutions develop, mature, and then struggle with advanced problems. As one reads the essay by S. Lanes and E. Corbin, one has the feeling of the truth of the phrase that the more things change, the more they remain the same. Second, the papers on clinical problems present a

¹ Furst, S. S. (1980). Summary and concluding remarks: 31st international psychoanalytic congress. *Int. J. Psychoanal.*, 61:227.

sensible, sophisticated, historically relevant exposition of how some of the best psychoanalysts in our midst thought and struggled to understand what they were doing during the golden days of the late 1960's and early 1970's, before life became so complicated for all of us. (I only wish I could be sure that I was doing that well a dozen years ago!) I believe that every senior candidate, recent graduate, and seasoned psychoanalyst who is seriously interested in the intellectual history of our discipline could profit from reading this book.

MEYER S. GUNTHER (CHICAGO)

PRECONSCIOUS PROCESSING. By Norman F. Dixon. New York: John Wiley & Sons, 1981. 313 pp.

This monograph represents a remarkable achievement. Dixon is an experimental psychologist who has been interested for some years in the phenomenon of subception, otherwise known as subliminal perception. In the present work, he extends and broadens his summary of the literature of a decade ago¹ and brings the discussion of subliminal perception up to date. The book deals with the evidence for preconscious processing and perception outside of awareness, the role of preconscious determinants of conscious perceptual experience, the effects of subliminal stimuli on verbal behavior, the phenomenon of demonstrable memory for stimulus events without prior stimulus awareness, the relationship between preconscious processing and emotion, perceptual defense, and the development of some theoretical notions about the physiological basis of unconscious perception and the role of preconscious processing in attention. All in all, the writing is lucid, the argument convincing, and the review of experimental and clinical evidence thorough without being pedantic. The whole is luminously informative.

This is not to say that the book is light reading. It is a technical monograph which demands considerable effort from the reader, but the effort is well worth it. It is unfortunate, however, that in such a distinguished and useful work the text is marred by frequent typographical errors.

Psychoanalysts will find considerable food for thought in this book,

¹ Dixon, N. F. (1971). *Subliminal Perception: The Nature of a Controversy*. London: McGraw-Hill.

even though Dixon's focus is on experimental data and their implications and his approach to the material is from a nonanalytic perspective. There are occasional side comments that suggest that Dixon's orientation is not very sympathetic toward what he understands to be an analytic perspective. This attitude mars what is otherwise an extremely useful work that raises interesting questions from an analytic perspective. Ironically, much of the impetus for the original research into preconscious perceptual processes came out of a psychoanalytic frame of reference. Much of the early work in subliminal perception and perceptual defense was stimulated by the work of David Rapaport, George Klein, and others. Rapaport's work in the early 1940's on the relationship between emotions and memory, which antedated and preceded the work that Dixon cites, is not even mentioned.

The material that Dixon presents and the argument he develops lead us back to a frame of reference that would be highly congenial with the psychoanalytic theorizing that tended to dominate during the heyday of the economic-energetic hypotheses. What emerges is a relatively complex picture of mental functioning, in which the human nervous system is capable of taking in and registering a variety of forms of sensory stimulation without its ever reaching a level of conscious awareness. We are immediately thrust into considering the factors which distinguish perception below the level of awareness from that which emerges into conscious experience.

Quantitative issues thus come to the fore. The factors that determine access to consciousness are both internal and external in Dixon's account. The external quantitative factors have to do first with the level of signal intensity, i.e., signals need to be sufficiently intense to exceed the threshold for sensory reception and registration. If a given stimulus is either too weak or too brief, there will be no conscious registration. External quantitative factors also have to do with the so-called "signal-to-noise ratio," whereby the eliciting stimulus can be masked by surrounding or overriding noise so that it does not reach the threshold for registration. These considerations are reminiscent of Rapaport's efforts to investigate the mental processes involved in bringing subconscious experiences to a level of awareness. His discussion of the role of attention cathexis was a central contribution in this area.²

² Rapaport, D. (1959). The theory of attention cathexis. In *The Collected Papers of David Rapaport*, ed. M. M. Gill. New York: Basic Books, 1967, pp. 778-794.

The internal quantitative factors have to do with the level of activation of the cognitive functions of the central nervous system. Dixon largely attributes this to the level of activation of the reticular activating system and its cortical connections. If the level of activation is high, the likelihood of a given stimulus reaching the level of the threshold of awareness is correspondingly increased. Similarly, if the level of activation is lowered either by a naturally induced state of hypoalertness or experimentally by states of altered consciousness (sleep, hypnosis), drug-induced hypoactivity, or (in animals) electrode implantation, the likelihood of conscious registration of input stimulus is diminished.

Dixon's physiological account leans heavily on the interaction between cortical receptor and information-processing capacity and the activity of the ascending reticular activating system which regulates levels of activation in the cortex. In combination with centrifugal and centripetal fiber systems that modify sensory receptor functioning and central cortical processing, these form the physiological basis for Dixon's account of subception. Both in terms of sensory processing and of an explanation of consciousness the account is inadequate. Other parts of the nervous system undoubtedly contribute to the process, particularly subcortical structures, including the basal ganglia and limbic system. This is especially so when emotional processing is in question. Dixon's account nonetheless makes the point adequately that there are sufficient neurophysiological devices to account for the phenomenon of subliminal processing.

In the light of all of this, the picture that emerges of the way in which cognitive processes function is rather interesting. Dixon elaborates a picture of a layered organization of the mental apparatus involving at least two distinctly different cognitive systems. One system operates with lower levels of stimulation, has a more direct and immediate access to sensory receptor areas, operates without translating stimulus input into conscious experience, and tends generally to be much more strongly affected by emotional states; it also tends to form derivative products by displacing content into indirect and symbolic expression. The qualities of the cognitive processes described in this system are quite close to those described by Freud as those of primary process.

The data suggest that access to this primary system is greater when the qualities of the stimulus material are sufficiently removed, either

in intensity or meaningfulness, from material that is likely to reach consciousness. Thus, if two stimuli are presented, one at a supraliminal and the other at a subliminal level, the subliminal stimulus is more likely to have identifiable effects at a preconscious level of processing if it is more removed from the supraliminal stimuli in its strength and is different in its content. If a second subliminal stimulus of greater intensity or closer in content to the supraliminal stimulus is presented, it will have correspondingly less effect in the primary system. The other factor that contributes to access to the primary system is that the subject must be in a state of relative relaxation with relatively free-floating attention. This state of relaxed, nonfocused receptivity is strongly linked to the presence of alpha waves in the EEG. Another important characteristic of the primary system is that it is much more readily found to effect autonomic nervous system functioning and to take part in psychosomatic processes.

The second system operates with higher and more selective thresholds and is connected with consciousness. It tends to deal with stimulus material in a much more secondary-process, matter-of-fact, logical manner, as opposed to the primary system which operates to a greater extent through displacement and symbolism. Psychoanalytically oriented students of human mental processes will readily find all this congenial to their way of thinking about and understanding the human mind.

In addition, one can argue that what Dixon presents provides experimental substantiation of and justification for certain aspects of psychoanalytic technique. Whatever Freud's reasons were historically for adopting the use of the couch in psychoanalytic work, he could not have known about the system of subliminal perceptual processing and cognitive organization that Dixon describes. Freud undoubtedly was thinking in terms of enhancing the associative capacity of the patient and of minimizing interfering stimuli that might impede access to unconscious material. But, in fact, the data suggests that placing the patient in a condition of diminished stimulation and in a posture of physical relaxation provides precisely those conditions which offer the possibility for activating the primary system of perceptual registration outside of awareness.

If the argument of Rapaport, Klein, and others that scientific substantiation of psychoanalytic formulations requires their valida-

tion in nonanalytic, experimental paradigms, perhaps one such validation is to be found in the conjunction of exploration of subliminal, preconscious phenomena with analytic formulations. Data from the study of subliminal cognitive processes seems, at least to this reader, to shed considerable light not only on our understanding of unconscious mental processes, but also on the rationale for our psychoanalytic techniques.

W. W. MEISSNER (CAMBRIDGE, MASS.)

WOMEN'S SEXUAL DEVELOPMENT: EXPLORATIONS OF INNER SPACE. Edited by Martha Kirkpatrick, M.D. New York: Plenum Publishing Co., 1980. 298 pp.

In the burgeoning group of books related to women and women's issues this book occupies a unique place. Kirkpatrick has brought together an interesting and wide-ranging collection of papers. Her goal is to present a variety of points of view on "contemporary issues, controversies and questions about female sexual development" (p. ix). Volumes of collections of papers by experts in a field or about a particular topic have become popular recently. They entail the risk of unevenness of style, depth, and scope, but offer the gain of bringing together the commitment and expertise of multiple authors with fresh points of view to illuminate different facets of an issue. At its best, this form permits a dialogue and a provocative encounter.

The book's chapters vary in their sophistication, richness, and informativeness. They are well integrated, however, by an introductory comment in each section by the editor, and the level of the contributions in general is high. In some areas the reader emerges with a real feeling for the complexity of the topic and for the controversy surrounding it.

Kirkpatrick has included historical, literary, physiological, psychological, psychoanalytic, medical, and educational approaches to female sexual development in her book. There are sixteen chapters and five discussion sections, each by a different author, as well as a preface and an introductory comment about each group of papers by the editor. Some of the papers are restatements of material appearing elsewhere. These include those by Stoller on femininity and those by Galenson and Roiphe describing their research in-

volving young children, in which they make observations on the early development of femininity and of castration anxiety. However, even when the material is somewhat familiar, bringing it together in one volume with others written from different perspectives sharpens the reader's appreciation of the questions which can be asked and stimulates a comparison and integration that is less obtainable from reading single papers embedded in other contexts.

At a number of points the essays constitute a dialogue that directly raises provocative issues. For example, Susanna I. Elmhirst's Kleinian view of early stages of female development is counterpoised to Galenson and Roiphe's psychoanalytic formulation. The historian's perspective provided by Sharon O. Geltner challenges another historical description of sexuality in America. The use by Myrna I. Lewis of more conventional categories is considered by Geltner to limit the development of new insights.

In some places the responding point of view is more critical or castigating than it is enlightening, but it does serve to make the reader aware of the points of disagreement. Virginia Clower's well-written review of female masturbation is rather gratuitously attacked by Joshua Golden, for example, on the basis of its roots in psychoanalytic theory and observation. Golden uses unsystematic clinical data from his own clinical experience in the treatment of sexual dysfunction to dispute Clower's more theoretical, psychoanalytic approach.

The book provides a great deal of information, sometimes presenting different definitions of and concepts about the same topic. For example, the discussion by Cori Baill and John Money about the clitoris and clitoral structures defines them more narrowly than the definition in the chapter, "Self-Help for Sex" by Carol Downer, a more explicit feminist. Recent data about the lack of firmly established connections between moods and hormones open questions about the relationship between hormonal status and mood in menopause that is implied by Baill and Money. There are interesting discussions of the father-daughter relationship by Rudolf Ekstein and by Christine Adams-Tucker and Paul L. Adams, although in both chapters relatively little attention is paid to the role of siblings. The last section of the book, containing chapters on self-help and sexual learning and on young women in the sexual revolution, are perhaps the least sophisticated and least interesting in the book.

On the whole, this book is rich in concepts, information, and well-presented points of view, and one is tempted to engage in a discussion of many of the specific topics. Although there is the inevitable unevenness that is to be found in this kind of book, this is a minor flaw. It is an exceptional, stimulating, and valuable book, and I recommend it to clinicians and to anyone interested in sexuality, sexual development, and the psychology of women.

MALKAH T. NOTMAN (BOSTON)

FREUD AND WOMEN. By Lucy Freeman and Herbert S. Strean, D.S.W.
New York: Frederick Ungar Publishing Co., 1981. 238 pp.

Freud and Women is an interestingly conceived book. It sets out to investigate the relationship between Freud and the women in his life—his female relatives, colleagues, and patients—in order to examine the ways in which his personal relations with women influenced his attitudes toward, treatment of, and theories about them. In their introduction, Freeman and Strean note that Freud has been both reviled for his denigrating attitude toward women and commended for his recognition of women's needs as sexual beings and for accepting them as psychoanalytic colleagues. In examining Freud's relations with women, the authors make a fair and objective assessment of his contributions in the sphere of femininity.

In general the book is carefully researched, achieves balance in its evaluation of Freud's attitudes toward women, and conveys the intrinsic fascination of its subject matter. However, the book attempts to address both a general and a professional audience. This is never an easy task, and in the present case one is occasionally surprised to find definitions of the most basic psychoanalytic ideas, such as free association, intermingled with sophisticated theoretical statements. Perhaps in part as a result of trying to write for a general audience, the writers too often adopt a startlingly journalistic stance (for instance, on page 52, ". . . [Freud] dreading he would emerge as a turned-on Oedipus overwhelmed by a sexy Amalie") or simplify concepts to the point of distorting them (for example, on page 125, "Freud was an Oedipal man . . ."). Although the book is well organized on a chapter-by-chapter basis, the authors too frequently insert information which is irrelevant to the thrust of a

chapter, as if they were attempting to compress all of their considerable knowledge of psychoanalysis into one short volume.

The book is divided into four parts. In the first section, "The Women in Freud's Personal Life," Freeman and Streaan examine Freud's relationships with his mother, nurse, sisters, wife, and daughters. Here the authors introduce the major themes in Freud's early life that forever influenced his perception of women: the repression of erotic feelings toward his mother, which Freud described in his self-analysis; and the splitting off, repression, and displacement of Freud's hostile feelings toward his mother, which have been emphasized by contemporary investigators of Freud's life and work. To this early ambivalence toward his mother the authors ascribe certain personal characteristics, such as his jealousy and demandingness with his fiancée during their long engagement, and certain aspects of his theoretical views, such as his tendency to underestimate the importance of preoedipal factors.

This thematic material is embedded in a chronology of Freud's life, which is selected from and integrates the work of a number of biographers. Freud is described in his complex relationships with the women in his family, from the authoritarian yet deeply concerned older brother of five sisters to the father who at times referred to his daughter Anna as his "favorite son" and his "Antigone." Interspersed with a number of rather well-substantiated interpretations—for example, that Freud portrayed his nurse as responsible for his neurosis in order to preserve an idealized image of his mother—are others which appear purely speculative. For example, the authors wonder whether the unconscious motive for Anna Freud's scaling her waiting room furniture to the size of her child patients was a reflection of her status as the youngest daughter in her family.

The second section, on female colleagues and friends, reviews Freud's relations with a number of intimates, chiefly Marie Bonaparte, Lou Andreas-Salomé, Helene Deutsch, and Ruth Mack Brunswick. The account of Freud's involvement with these women is inherently fascinating, particularly in the case of Ruth Mack Brunswick, a relationship which is less familiar to the psychoanalytic reader than the other three. The authors emphasize Freud's welcoming of women as full psychoanalytic colleagues at a time when they had great difficulty being accepted in other professions, as well

as his fostering their adulation and their rivalry for his affection and admiration. In the light of present-day knowledge, Freeman and Strean criticize Freud for his commingling of the roles of friend, colleague, and analyst, leading, among other things, to an unhealthy over-gratification of dependency wishes in Ruth Mack Brunswick. They also point out that Freud's ambivalent treatment of Helene Deutsch provoked justified but unrecognized anger, which she turned inward. They suggest that her theoretical stress upon the masochistic nature of female sexuality may in part have derived from Freud's psychoanalytic treatment of her.

Part III, which deals with the women in Freud's reported cases, consists of brief, cogent summaries of the treatments of female patients, from Breuer's "Anna O." to the "homosexual woman." The major purpose of this chapter is to determine how Freud's own attitudes toward women influenced his view of his patients. The authors hypothesize that Freud was unwilling to face his erotic feelings toward his female patients and that he was unable to deal effectively with their negative transference toward him. They conclude that these inhibitions stemmed from the repression of Freud's childhood feelings of sexual attraction to his mother and from his inability to face his feeling of having been betrayed and abandoned by her. In addition, the authors attempt the difficult feat of describing the history of changes in Freud's technique, exploring Freud's personal difficulties in dealing with his cases and including highlights of contemporary revisions of the theory of psychoanalytic technique. However, this task cannot be done adequately in so few pages, and the attempt has the effect of distracting the reader from the chapter's central issues.

In Part IV, "Freud's Contributions to the Understanding of Women," the authors place Freud's theories on femininity in historical perspective. They summarize the *Three Essays on the Theory of Sexuality* and emphasize the importance to traditional Freudian theory of phallic envy and of the transition from mother to father and from clitoris to vagina in the psychosexual development of the girl. The authors also include a certain amount of current theorizing of female sexuality, but they leave out much of the newer and more controversial thinking and do not always differentiate clearly between Freud's concepts and those of contemporary thinkers.

In this last section, Freeman and Strean apparently intended to

demonstrate the way in which Freud's subjective biases, based in large part upon a defensive idealization of and unresolved ambivalence toward his mother, affected his theories on the nature of femininity. However, they do not actually link the two. (This is in contrast to the preceding sections, in which they did make specific interpretations as to how Freud's unresolved conflicts might have affected his relations with family members and patients.) For this reviewer, it would have been more instructive had the authors related Freud's defenses against rage at his mother to his difficulty in integrating preoedipal components into his major theories as they had earlier proposed to do. Had they wished, they might have linked their description of Freud's early feeling that the mother is an all-powerful tyrant to his assertion that the little girl's wish for a baby is only a transformation of her wish for a penis, thereby negating the power of the feared and envied preoedipal mother. Or they might have continued their earlier discussion of Stolorow and Atwood's position¹ that Freud's unconscious hostility toward his mother resulted in his focusing on the supposed lack of ambivalence between a mother and a son in order to preserve an idealized image of his mother. Stolorow and Atwood maintain that Freud also split off an image of a hated and disappointing mother and reserved it for his description of the little girl's psychosexual development, resulting in a certain amount of inevitable theoretical distortion.

Nevertheless, Freeman and Strean have written a basically interesting and well-researched book on a fascinating and vital topic. It is bound to appeal to a wide audience. The authors conclude the volume with an evaluation of Freud's influence on the societal status and the psychology of women, in which his major contributions to women's emotional, sexual, and professional freedom are seen as far outweighing any deleterious effects resulting from his personal limitations or theoretical oversights.

DALE MENDELL (NEW YORK)

¹ Stolorow, R. D. & Atwood, G. E. (1979). *Faces in a Cloud. Subjectivity in Personality Theory*. New York: Aronson.

FREUD'S UNFINISHED JOURNEY. CONVENTIONAL AND CRITICAL PERSPECTIVES IN PSYCHOANALYTIC THEORY. By Louis Breger, Ph.D. London: Routledge & Kegan Paul, 1981. 145 pp.

In this book, the author's expressed intent is to present a critical examination of psychoanalytic theory in order to clarify major ambiguities and conflicts. We find, however, that his thesis consists of the assertion that Freud's development of psychoanalytic theory is incomplete and unfinished because he chose to remain within a conventional, bourgeois, patriarchal framework rather than moving on to a new, revolutionary, critical world view as the author would have preferred.

The monograph is seriously marred in many respects. For example, Freud's early formulations are treated as though they represent an end point in his thinking rather than working hypotheses which were added to or changed as new clinical material became available. In addition, Breger's terminology is often considerably at variance with that of most psychoanalysts. This not only creates confusion, but it also allows the author to set up "paper tigers" which he can then destroy at will.

Most disturbing is Breger's discussion of Schreber's psychosis. He criticizes Freud for remaining within "the conventional world view," in which psychosis is seen as "sickness" (p. 103). He prefers to regard Schreber's breakdown "as a creative struggle for freedom . . . a form of self-therapy" (p. 104).

No student of psychoanalysis would say that Freud's sequential formulations and reformulations represent a rigid, closed system of thought. Breger's views are so misleading and idiosyncratic that they are not at all helpful. They misrepresent rather than provide an adequate critique of standard psychoanalytic theory. There are other works that provide a heuristically valuable critique much more closely and convincingly. Rather than succeeding in his goal of clarifying analytic theory, the author of this monograph has, in fact, done the opposite.

DANIEL S. PAPERNIK (NEW YORK)

FRONTIERS IN PSYCHOANALYSIS. BETWEEN THE DREAM AND PSYCHIC PAIN.

By J.-B. Pontalis. New York: International Universities Press, Inc., 1981. 224 pp.

One of the functions of language is the rhetorical: the capacity to evoke an emotion or to move someone by virtue of the style rather than the particular thought or content. At times one reads or hears something that is felt to be significant, but the particular informational content remains elusive. I suspect that the average psychoanalyst reading this series of essays by J.-B. Pontalis, the famed co-author of *The Language of Psychoanalysis*, will likely be moved, excited, bewildered, and annoyed by them rather than merely informed. They are more evocative than interesting, more likely to stir one to private musing rather than to sharing their contents with a colleague. They deserve an audience, but it is unlikely that they will achieve popularity, except among those who can patiently read one or two essays at a time and reflect upon them with the lack of closure that is a necessary part of our everyday work.

My first encounter with the book led me to feel that it must be poorly translated. It did not seem at all clear to me what Pontalis had in mind. So many of his essays begin and end with questions. So many of his statements seem to be modified almost into contradictions. For instance, there is an intriguing chapter on the birth and recognition of the "self." It seems to tackle the problem that has recently¹ been revived as to whether we should banish the word "self" and restrict ourselves (or whomever we would restrict) to just using "ego" instead. Pontalis carefully reviews the pros and cons of this and says, "I claim that clinical experience revealed the necessity for introducing the self *and* that this concept is unreceivable! But this contradiction is not the kind that should worry a psychoanalyst that much since the gap between theory and practice is a condition for the progress of its 'science' and cures: if matched perfectly, the subject would be closed" (p. 137). A reader who requires clarity and decisiveness will be unhappy.

Pontalis is a well-read psychoanalyst, and American readers will be confronted with their own shortcomings in their reciprocal knowledge of the French literature. Of the English writers, he seems to be particularly fond of Winnicott, who seems to be similarly

¹ Cf., Spruiell, V. (1981). The self and the ego. *Psychoanal. Q.*, 50:319-344.

elusive in his concepts. To some, this quality is more frustrating than endearing. The long journeys into explaining how things may be neither inside nor outside but in between the two can be taxing. Yet Pontalis succeeds in intriguing the reader into rethinking many things that might otherwise be glossed over.

All in all, this is a challenging book that defies a casual approach. It provides an opportunity to visit with an original mind, and that kind of rare occasion merits the effort.

ARNOLD GOLDBERG (CHICAGO)

AN INTRODUCTION TO CONTEMPORARY PSYCHOANALYSIS. By Anne E. Bernstein, M.D. and Gloria Marmar Warner, M.D. New York/London: Jason Aronson, Inc., 1981. 238 pp.

The authors have set themselves a difficult task: to present a concise summary of psychoanalysis today, with an exploration of its historical origins, evolving theories, and current practice. Current controversies of interest are also highlighted. The text, as is clearly stated in the preface, is written for an audience that is relatively unsophisticated about psychoanalysis. In general, considering the number of topics covered in a relatively brief space, they have succeeded. They write clearly about theory, interspersing numerous clinical examples to illustrate different theoretical points.

The opening chapters cover the historical perspective, with an emphasis upon the evolution of Freud's theories. They are brief but comprehensible. Chapter 4, on infantile sexuality, shifts easily from the original Freudian conceptions of psychosexual development and of perversions to the recent contributions of Galenson and Roiphe, Stern, and Person and Ovesey. In Chapter 5, "The Psychodynamics of the Neuroses," they employ the Dora and Rat Man cases and current clinical examples to illustrate various psychopathological entities. In Chapters 6 through 8, "Ego Psychology," "Object Relations Theory," and "Narcissistic Disorders and the Borderline," there is an attempt to synthesize many current theories as well as to review the major controversies concerning these theories. Their summary of the Kohut-Kernberg controversy on narcissism is particularly clear. Here the authors focus on the relationship between normal and pathological narcissism. The grandiose self and idealized parent images represent for Kohut developmental arrests,

while for Kernberg they represent pathological developments. The differences between the therapeutic approaches of Kohut and Kernberg are well delineated. Kohut recommended transforming narcissistic structures into higher forms through "transmuting internalizations." Kernberg believes that the grandiose self is a narcissistic structure that is constructed as a defense against underlying libidinally and aggressively invested self and object images and, as such, needs to be subjected to interpretive analysis.

A long chapter on psychoanalytic treatment contains excellent clinical examples to illustrate the various stages of treatment as well as some of the technical issues involved. Very good discussions of "the criteria for psychoanalysis," "the meaning of treatment," and "the setting" provide a thorough introduction to the essence of psychoanalytic treatment. Such topics as "the transference neurosis," "resistance," "acting out," and "evenly hovering attention" are covered with excellent theoretical descriptions and appropriate clinical illustrations. There is a discussion of whether the sex of the analyst makes a difference in shaping the therapeutic outcome. I do not believe that this subject has been covered in other analytic texts.

The chapter on the psychology of women has an extensive bibliography, but the authors fail to organize the many views they present and do not give sufficient emphasis to their own viewpoints. After covering the evolution of Freud's theories on female sexuality and providing an excellent but brief critique of his views, the authors simply cite a large number of other authors relatively asystematically and without editorial comment. Such topic headings as "Adolescence," "Superego, Ego-Ideal, and Masochism," "Heterosexual Object Choices," and "Pregnancy and Motherhood" follow, without sufficient integration into a coherent theory of female development. The authors' conclusion is simplistic: "Optimal adaptation for both sexes requires a flexibility of masculine and feminine identifications" (p. 198). I believe that a freer commentary by the authors on the subjects of the subheadings in this chapter would have been more satisfactory.

The final chapter, on psychosomatic medicine, although stimulating to read, is quite discursive. Many unrelated subjects are covered briefly. The reader is left with the feeling that these are miscellaneous topics that have been fitted into a broad category,

with no effort to provide a sense of how they are related. For example, after an excellent theoretical discussion of the overlap between psychiatric and medical disorders, the following subchapter headings occur on the next four pages: "Somatic Delusions and Anorexia Nervosa," "Depressive Equivalents," "Psychosomatic Symptoms," "Psychological Reactions to Illness and Surgery," and "Death and Dying." Although valid points are made in each of these categories, the reader is left confused by the rapidity of the shifts. In contrast, ulcerative colitis is covered thoroughly in seven pages, with an excellent theoretical introduction and an extended case study.

The uneven quality that I have described appears in various sections and represents the principal weakness of the book. It appears that the authors have decided that they should cover a large number of topics, focusing their attention on those in which they are particularly interested or which they consider most salient. I would have preferred their omitting the topics they mention only briefly and more clearly developing their interests without rapid shifts from topic to topic.

One of the major criticisms of some texts in psychoanalysis is that theory is not sufficiently coordinated with clinical material. The strongest point in this volume is the wealth of clinical data that is presented. Some of the extended presentations provide an excellent flavor of the psychoanalytic process, which should intrigue beginning students. They also show the authors to be gifted analysts. In some instances, however, the clinical vignettes do not illustrate the theory presented. In Chapter 5, "Psychodynamics of the Neuroses," the clinical illustrations which follow the description of the Dora case, though well written, do not clearly explain how symptoms and defenses relate to typical hysterical pathology. The remainder of this chapter, which covers neuroses and character disorders, is too sketchily written and is therefore unclear, as compared, for example, with Chapter 8, "Narcissistic Disorders and Borderline States."

Despite these criticisms and the numerous distracting typographical errors, this is an excellent work for stimulating the interest of beginning students of psychoanalysis. Its major virtues are its focus on current controversies and on the multiplicity of sources of current theory, including current research, and the richness of the clinical

material. If this book is as widely read as it deserves to be, perhaps the authors will decide to make some of the revisions that would improve it even further in a subsequent edition.

ALAN Z. SKOLNIKOFF (SAN FRANCISCO)

VIVIENNE: THE LIFE AND SUICIDE OF AN ADOLESCENT GIRL. By John E. Mack and Holly Hickler. Boston/Toronto: Little, Brown & Co., 1981. 237 pp.

This book is divided into two main sections, the first of which is a loving and poignant portrayal of a creative, deeply introspective fourteen-year-old girl, Vivienne Loomis, who in the early evening, on December 21, 1973, hanged herself in her mother's silversmithing studio in the family home.

The first section of the book brings together rich biographical information given by Vivienne's parents and two older siblings and exquisitely sensitive data about her inner life culled from her original writings during the three years preceding her death. These include her poems, a secret journal called "My Private Paper Book," school compositions and essays, and letters to a greatly idealized and loved male English teacher. They give a hauntingly beautiful but melancholic picture of internal stresses, labile moods and self-perceptions, deep loneliness and longing for love, and, despite fleeting moments of optimism, increasing despair to the point at which ceasing to exist seemed to be the only solution. In the last four months of her life she made several suicide attempts. Yet, at the progressive private school she attended she did not stand out as significantly different from her peers; she seemed to be struggling only with the usual developmental issues and conflicts of early adolescence. The question is why she planned and carried out the termination of her life.

Concerned about the rising incidence of adolescent suicide in this country in recent years, the authors decided to study Vivienne's life in the hope that it would lead to insights and conclusions which might assist in the early detection of those at risk. They wondered about depression in adolescence, the relationship between the painful struggle and the development of an introspective trend, the vulnerability to suicide as the only solution, and the means of pre-

vention. The second section of the book addresses these and other issues.

It is composed of two subsections or chapters. The first, "A Clinician's Analysis," is by John E. Mack, Professor of Psychiatry at the Harvard Medical School and a member of the Boston Psychoanalytic Institute and Society. The second, "A Teacher's Viewpoint," is by Holly Hickler, the author of several books on creative and expository writing and an English teacher in the school attended by Vivienne at the time of her suicide.

Mack's chapter is a scholarly and comprehensive formulation, interpretation, and integration of the anamnestic data and the data obtained from Vivienne's inner emotional life as revealed in her writings. It is a painstaking effort to elucidate some of the critical determinants of adolescent suicide. Mack cites the literature from the humanities, the social and behavioral sciences, psychiatry, and psychoanalysis on various aspects of suicide in general and on adolescent suicide specifically. However, the theoretical framework for his interpretation of the data is predominantly psychoanalytic. His bibliography is comprehensive, although a significant omission is the absence of any reference to Margaret Mahler's contribution to the psychoanalytic understanding of the importance of the early mother/child relationship in the development of psychic structure and personality organization.

Vivienne spoke of "terrific depressions" which surfaced from time to time as if "from the middle of nowhere." She described pain, sadness, feelings of worthlessness, and a sense of hopelessness about the future. In her last letters to her idealized teacher she described experiences of loss and the feeling of being lost. Within a framework that includes the psychoanalytic theory of depression as formulated by Freud and his early followers, as well as the work of Edith Jacobson and Heinz Kohut, Mack organizes the data in five subsections: (1) Vivienne's Depression and Loss, (2) Self-Esteem and the Ideal, (3) Ego-Ideal Formation in Adolescence and the Meaning of Loss for Vivienne, (4) Vivienne, her Culture and the Impact of Sexuality, and (5) Vivienne's Death. Mack uses the French novel, *Mouchette*, about a fourteen-year-old girl who drowns herself, the *Diary of Anaïs Nin*, and some clinical material involving several suicidal adolescent girls to delineate some psychological and social determinants and motives for suicidal preoccupations and acts that are reminiscent of Vivienne.

Mack endorses a psychoanalytic theoretical framework as the most valid approach to in-depth understanding of adolescent suicidal behavior. He feels, however, that the part played by the family, the community, and the broader culture must be included in order to gain a thorough understanding of the complex interplay of psychological and social determinants of suicide attempts. He proposes an "architectural model" which "would regard suicide as the final act in an extensive set of determining forces—biological, psychological, interpersonal, familial, and social—that build, not necessarily in a regularly sequential or orderly fashion, toward the final outcome" (p. 174). This model is composed of twelve dimensions which serve as guidelines in gathering essential anamnestic and other information. The guidelines also facilitate organizing the data into a comprehensive view of the complex intrapsychic and external forces that produce the feelings of worthlessness, helplessness, and hopelessness for which suicide may appear to be the only solution and, therefore, an act of mastery over the individual's destiny.

Mack provides a thoughtful discussion of the clues and signals, often indirect or subtle, which the adolescent usually gives to someone before making a serious suicide attempt. Vivienne made several unsuccessful suicide attempts, and there were various signals in her writings. Three people knew from her own communications to them that she had serious intentions to end her life. Mack gives his own thoughts about why these people remained silent. He discusses the need for educational programs to help parents, teachers, school administrators, peers, and other people closely associated with adolescents to recognize signs of serious depression and potential suicide risk in children and adolescents.

Holly Hickler's chapter is a sensitive, candid assessment of some of the sociological and cultural influences in Vivienne's life related to her educational experience. It is also a sober inquiry into what schools and teachers can do to prevent the tragedy of suicide within their student bodies.

In the summer before entering the ninth grade, Vivienne experienced several painful separations, the most significant of which was the move of her beloved teacher and confidant to the West coast. Her sense of loss and despair echoed unmistakably in her letters to him. However, as she moved into the ninth grade in a new

school, she gave the impression of being a pleasant and cooperative student. No adult on the campus was aware of her depression.

Hickler's study of Vivienne's writings reveals what with hindsight can be viewed as danger signals justifying intervention. Even the essay required with her application to her new school sounds an ominous note. She wrote, "I am drawn to death" and concluded, "Death will befall me; I will not befall death." Hickler comments that in her teaching career she has known children who have seemed more psychologically injured than Vivienne, with clearer signs of feeling worthless, who have survived. If she had known of Vivienne's preoccupation with death, she would not have been alarmed, since this is not unusual in adolescents. In contrast, she cites the case of a lively, animated girl in her creative writing class whom she referred for counseling on the basis of some danger signals in the student's writings and some information that she had about the girl's troubles at home. Her point is that teachers are often in a better position than parents to be of help to adolescents who are struggling to achieve more separateness from parents and therefore tend not to talk about themselves to the adults in the family. She is acutely aware that the distinction between "fatal despair and sensitive introspection" is a hard one to make in this age group.

Her forthright discussion of the problems of large elementary schools—their impersonal atmosphere for the young student and their subtle dehumanizing effect on the teachers—is highlighted by material from the papers of students about their early school experiences. She moves on to Vivienne's experiences in the sixth through eighth grades at a small Quaker school. Her particular interest is the complex relationship that developed between Vivienne and a young male teacher as revealed in her letters to him, his replies, and her journal. She empathically elucidates some of the external factors and dynamic issues in their personality patterns that contributed to the quality and intensity of their relationship. She speaks about the occupational hazards of teaching, namely, vanity and the need for "the power of ruling the universe of the class"—often unconsciously. She points out that it does happen that teachers unwittingly and out of immaturity exploit the tendency of adolescents to idealize them. She stresses that adults in the family and in school must take responsibility in establishing appropriate boundaries in their relationships with this age group. The teacher

who was so admired by Vivienne failed in this regard. He responded empathically to her need for encouragement and recognition but did not perceive the evolution of a pathological dependence upon him. Hickler's views on Vivienne's relationship with this teacher are carefully drawn and rich in meaning.

Hickler speaks about two views or philosophies of education—the rigid traditional approach and the progressive view. She points out that both fail in some dimensions to address the needs of adolescents. She addresses the experiences of adolescents today involving threats to the stability of the family, the shrinking universe, the threat of nuclear war, and other factors which tend to darken the adolescent's view of his or her future. In the context of these issues, she clearly differentiates the role of the teacher from that of professionally trained therapists.

In conclusion, it seems to me that the authors have succeeded admirably in their goals. They have brought Vivienne to life again by writing about her life and her death, and in so doing they have made their understanding of the complex psychological and social factors involved in adolescent suicide available to people closely associated with this age group.

DORIS M. HUNTER (PITTSBURGH)

SIGN AND SUBJECT. SEMIOTIC AND PSYCHOANALYTIC INVESTIGATIONS INTO POETRY. By Daniel Laferrière. Lisse, Holland: Peter de Ridder Press, 1978. 103 pp.

Although its title might lead one to expect a rather ominously complex and ponderous study, *Sign and Subject* is actually a short book consisting of six chapters, each containing some observations on the relationship of semiotics, psychoanalysis, and poetics. Laferrière sets out to “juggle” these disciplines so as to “puncture” their boundaries. His aims are modest but serious. His overriding purpose is to bring the psychoanalytic idea of the “subject” or person into productive intercourse with semiotic concepts that have developed without a notion of the role of motives, affects, and personal voice in linguistic structure and meaning. He is especially interested in doing so for the special form of language called poetry. His book is perhaps best read as a modest essay on the benefits of contact among disciplines, but it shows more benefit for semiotics

than for psychoanalysis. Semiotic categories clarify some psychoanalytic problems, such as multiple representations of the subject (the "I" or "ego") in language, but psychoanalysis makes a more fundamental contribution by interjecting the presence of the person into every semiotic question.

"No sign is an island, but is attached to affects of various kinds" (p. 14), Laferrière writes. If not a new insight, nonetheless it is an idea that enables him to proceed with the introduction of basic semiotic ideas in order to connect them with basic psychoanalytic ideas. The notion of "automorphism," a transformation "which carries a figure into itself," like one triangle congruent with another, is related to similarities of sound in language. This is then related to the idea of "cathectic shifts," following Ernst Kris, which allows Laferrière to account for the "pleasure gained" by the reader of poetry. The net result of this chain of theoretical connections is to make semiotic and psychoanalytic vocabularies more continuous with one another. This is a worthwhile project, and one in which Laferrière is generally successful. The reader from either discipline can come away from this essay more at home with the language of the other discipline.

There are problems, however. The second chapter, for example, introduces the observation that people tend to group stimuli, such as sounds in a poetic line, into manageable units of three or four elements. This is then connected with Jung's notion of the psychological function of the mandala symbol ("... an *attempt at self-healing* on the part of Nature," in Jung's words [pp. 26-27]). This idea is then used to interpret certain symmetric linguistic features of Blake's "Infant Sorrow" as creating a special experience for the reader.

Thematically, the restitutive function of the mandala-like structures is reflected in the child's climactic restoration of union with its mother: "I thought best/to sulk upon my mother's breast." Needless to say, the sensitive addressee who is "resonating" with Blake's regressive fantasy also experiences both the psychic disturbance and the mandala-like antidote to the disturbance (pp. 28-29).

Laferrière immediately qualifies his assertion about the "sensitive addressee," but he has raised a number of questions in just a few paragraphs. Although he has made some basic assumptions about the relations of linguistic structures to actual experiences, none of

this is sufficiently developed to make a complete or convincing argument. We are left with only suggestions and associations across disciplines, but without much original synthesis of ideas. Laferrière continues his argument about Blake's poem by basically repeating Holland's "cogent thesis" that the poem is a defense that also exacts the fantasy it defends against. He does not go beyond this idea, but merely uses semiotic language and his own associations to restate it. Although he suggests that "semiotic and psychoanalytic considerations are here inseparable," there is nothing really new here for the psychoanalyst.

Consider the following contribution, italicized in Chapter III:

If we simply dispense with the jargons of various fields, we might put it this way: *devices of structural similarity in language tend to facilitate the communication of previously inaccessible information, and the reason this happens may be because the energy saved by such devices is utilized to overcome whatever it was that was making the information inaccessible in the first place* (p. 41).

Is this more than a wordy restatement of a function of associations in the psychoanalytic process? It seems to me that Laferrière wants to import some Freudian models and metaphors into semiotics, but that he remains confined to psychoanalytic ideas that do not require restatement or that have been questioned or reformulated *within* psychoanalysis. Consequently, there is not much theoretical gain for one reading his book from a contemporary psychoanalytic perspective. In the quotation above, for example, the metaphor of psychic energy is treated literally, and Laferrière goes on to suggest that we may someday measure the "work" of automorphic structures. He seems unaware of the ways in which Freud's energetics have been challenged as an adequate explanatory language.

In spite of its limitations, though, I would like to recommend *Sign and Subject*. If we put aside the demand for complete theoretical integration and up-to-date psychoanalytic language, and if we listen with the third ear, I think we can hear Laferrière voicing a basic wish for unification not only of disciplines, but of language and human subjectivity, of representation and experience, of abstract structures and personal intentions. His final chapter, "The Writing Perversion," deals with the relation of speech and writing. In an understated way, he argues for an understanding of the human suffering inextricably bound up with the creation of semiotic

structures: "Tolstoy had to *part* with a host of interacting subjectivities (=characters), he had to deposit his novel in the world. This formation of a discontinuity between the originating subject and the metonymic shard of subjectivity known as the text can be endured by only the hardest and most expansive subjects" (p. 88).

There is a Tolstoyan element in Laferrière's struggle to integrate psychoanalytic concern for the fantasies, wishes, resistances, and triumphs of subjectivity into some of the impersonal concepts of linguistics and poetics. Read as an essay about a man's all-too-human intellectual development, *Sign and Subject* is a rewarding experience.

MURRAY M. SCHWARTZ (BUFFALO, N.Y.)

BLAKE AND FREUD. By Diana Hume George. New York: Cornell University Press, 1980. 253 pp.

William Blake was one of a rare breed of men, an artist who created major works in two distinct media. Not unaware of his relative uniqueness, he set as his ego ideal the figure of Michelangelo. Although Blake cannot be said to have attained to that level in his graphic output, he still produced work of unusual and haunting beauty, and his literary efforts have achieved a fame and influence that probably transcend those of his idol's poetry. He was in many ways the prototypic romantic artist—inspired, suffering, perhaps mad, but ultimately triumphant.

Much of the appeal of Blake's poems and prophecies derives from their mystical character. Particularly in the later work, Blake created out of his visionary experiences a race of quasi-deities inhabiting a mythic world, engaged in a complex and often obscure personalized enactment of the Creation and of the Birth and Fall of Man (to him one and the same). His literary models and adversaries included John Milton and Dante, whose respective accounts of *Paradise Lost* and of *Hell* he retold and revised both in words and pictures. The obscurity, ambiguity, and at times outright confusion of Blake's language and imagery make them fair game for interpretation, and, since his rediscovery by the pre-Raphaelites, a virtual industry of Blake scholarship has arisen. Two themes, at least, seem to recur in much of Blakean criticism—one, that he was preoccupied with sexuality and the adverse social consequences of

its repression, and two, that there are significant parallels between his imagery and certain Freudian ideas.

In this, the latest entrant into this expanding field, Diana Hume George, a literary scholar, develops the Freud/Blake parallel in detail. Indeed, it is her contention not only that Blake anticipated many of Freud's insights, but that the understanding of Freud's theories and of psychoanalytic theory in general will be enriched by a proper grasp of Blake's ideas. It will be no surprise that the area on which she places primary emphasis is that of the relation between the sexes and, more specifically, the psychology of women.

We have no evidence that Freud was at all familiar with Blake's literary work. There is no citation listed in the index of the *Standard Edition*, and neither the catalogue of Freud's library in London nor that of the fragment at Columbia University includes any work by or about Blake. Nonetheless, George succeeds in demonstrating some remarkable parallels in their ideas, always contrasting Blake's metaphoric and ecstatic discourse with Freud's efforts to remain firmly within the bounds of "science" (or Blake's much-reviled "reason"). Like Freud in his later essays, Blake clearly regarded the institutions of "civilized" life as repressive; unlike Freud, however, he proclaimed a Utopian vision of total instinctual freedom. For Blake, art and the pursuit of happiness through unfettered instinctual indulgence—"the lineaments of gratified desire"—were the ultimate goal, while Freud, as George points out, maintained an ambivalence toward civilization, recognizing its repressive force but seeing its highest achievements as the consequence of delay, sublimation, and compromise. In recent times, Blake's vision has been echoed by such neo-Freudian Utopian revisionists as Norman O. Brown and Herbert Marcuse.

As an exegete, George is on relatively solid ground in dealing with the early lyrics. Thus her analysis of "The Garden of Love" from *Songs of Experience* is in complete accord with that of an earlier psychoanalytic interpreter, J. W. Preger.¹ Both see it as a poetic rendering of the oedipus complex and its resolution in a harsh patriarchal family/society. In assessing her efforts to render comprehensible the tangled rhetoric of the later prophetic books

¹ Preger, J. W. (1920). A note on William Blake's lyrics. *Int. J. Psychoanal.*, 1: 196-199.

(which at least one psychoanalytic scholar, Taylor,² viewed persuasively as evidence of severe ego regression, if not outright madness), one admires her temerity but is less convinced of her success. She struggles mightily to make sense, for instance, of Blake's concept of "emanations," but his constantly shifting usage ultimately, I believe, defeats her.

As indicated above, George's ultimate interest appears to reside in the respective views of Blake and Freud on the problem of the "eternal feminine." She is relatively evenhanded in dealing with Freud's analysis of the matter; despite her clear hostility to what she calls "Freud's enslavement to biology," she grants the validity of such concepts as "penis envy" in the woman and "repudiation of femininity" in the male. Still, she does not conceal her wish that Freud had been more of a rebel, that he could have seen himself as a creative artist, that he could have "begun the long slow process of changing not only the values of what has been traditionally regarded as feminine, but also the content of those values" (p. 228)—i.e., that he would have been as she conceives Blake to have been. Blake was, she avers, because of his "bitter lack of reverence for nature" more able "to be less deterministic in imagining new values for femininity, even if it also bound him to revile the aspect of femininity that had always been associated with the natural" (p. 227). Unfortunately, her efforts to distinguish Blake's extremely derogatory—one might even say paranoid—view of "the Female Will" from his attitudes toward actual women are, I fear, less than convincing. Nonetheless, Blake's manifest ambivalence toward women, more bitter and negative as he grew older, seems to her somehow to offer greater promise of liberation than Freud's "patriarchal" meliorism.

On the whole, *Blake and Freud* emerges as an impressive performance. George has read widely and deeply, shows a scholarly and sympathetic grasp of Freud's work and a profound engagement with Blake's hallucinatory world view. If the outcome of her explicatory labors is something less than total clarity, she succeeds in raising some challenging questions and in arousing interest in Blake's literary *oeuvre*. For one whose primary attraction to Blake has in the past been based on the graphic work, this has been a welcome

² Taylor, J. B. (1963). The case of William Blake: creation, regression and pathology. *Psychoanal. Rev.*, 50:489-504.

stimulus. George has given us her Blake and her Freud in a manner that stretches the mind. What more can one ask of a book?

AARON H. ESMAN (NEW YORK)

THE WHITE HOTEL. By D. M. Thomas. New York: Viking Press, 1981. 274 pp.

Although the fictional psychoanalytic case history has by now become a familiar literary device, in *The White Hotel* D. M. Thomas has accomplished what no other author has attempted: he has written a case history in the style of Freud. That he has done this in a thoroughly delightful, stylistically faithful, and altogether intriguing way is one of the notable achievements of this fascinating work.

It is, however, only one of the remarkable features of a remarkable book. In this study of a fictional patient of Freud's, whose life spans the momentous events of the twentieth century, Thomas immerses his character—and the reader—in the world of psychoanalysis as it was practiced by Freud sixty years ago.

The case is that of Lisa Erdman, a young woman with severe hysterical symptoms who, at the age of twenty-nine, seeks help from Freud. Written in the mode of Freud's early histories (particularly that of Elizabeth von R.), the "case report" presents a complex and intriguing symptom and then unravels it in a way that not only is worthy of Freud's best literary style, but is psychologically convincing and consistent with the analytic understanding of that period.

Born in Russia, Lisa is a gifted young musician who lost her mother in a tragic fire when she was barely five years old. Feeling rejected by an aloof father, she makes her way at a young age to St. Petersburg where she comes under the influence of a kindly and maternal voice teacher. Ultimately, she marries and is prospering in her life and career when she is stricken by a strange and incapacitating illness. Rather suddenly, she is afflicted with severe pains on the left side of her body, experiences almost total loss of appetite and profound lassitude, and falls into a state of depression that leads her to the brink of self-destruction. How Lisa's symptoms have developed and the rich tapestry of meaning they unconsciously convey is the substance of an intriguing study that is not only an

astounding imitation of an early Freudian case history (complete with footnotes) but in itself reads like a fascinating mystery story.

Although it is rare, outside of the masterful descriptions of a Conan Doyle, to encounter in fiction such accurately rendered clinical detail, Thomas's achievement transcends the creation of a psychological *tour de force*. Employing Freud's theories of the unconscious and of the instinctual drives as his intellectual framework, Thomas has composed a fable about the nature of man. Central to his theme is the continual interplay of the forces of sexuality and aggression and the consequences to mankind when control of aggression is lost and, in a manner that may lead to genocide, the power of that drive is unleashed upon the world.

The role that aggression and its dominance over libidinal forces is to play in the novel is heralded at the outset by the quotation from Yeats that Thomas uses to introduce his tale:

We had fed the heart on fantasies,
The heart's grown brutal from the fare;
More substance in our enmities
Than in our love. . . .

Then, a few pages later, follows a long poem that initiates the novel proper; a poem written by Lisa Erdman, the patient-heroine of the book. In it, sexuality flows and overflows, but it is always accompanied by destruction and death. While lovers at the White Hotel lose themselves in passionate embraces, the lives of other guests are snuffed out by sudden floods, raging fires, and disastrous accidents.

Love and death, then, are the fundamental concerns of this novel, reflecting the author's preoccupation with the role that the instincts and their vicissitudes have played in shaping not only individual lives but man's history. Unlike many novels in which the instinctual forces exist *sub rosa*, hinted at in the attitudes and behavior of the characters but kept out of the awareness by intricate and complex patterns of defense, in *The White Hotel* they are depicted in raw and compelling fashion. Lisa's poem reveals not only the intensity of her sexual wishes, but, importantly, the aggression that lies within her. The forces, in fact, that rage within Lisa Erdman and underlie her symptoms reverberate throughout the book and give it its unique power. At the beginning of her story, Lisa's mother and uncle, secret lovers, are consumed by fire. At

the end, Lisa herself perishes, the victim, along with millions of others, of a violent sadism that fuses raw sexuality with overpowering aggression.

The evolution of *The White Hotel* as a novel constitutes in itself a fascinating tale. Intrigued by the history of psychoanalysis and its *dramatis personae*, D. H. Thomas was interested to read in Jones that during one of Freud's trips to Switzerland, when it would have been quite possible for him to visit with Jung, pride and recalcitrance on each man's part prevented such a meeting from taking place. This non-meeting of the two giants captured Thomas's imagination and led him, eventually, to write a poem in which a young man (representing Freud and his ideas) encounters a young woman (representing Jung's principles) on a train. Then, later, carrying the idea of this meeting further, Thomas composed a second poem in which the two young people repair to the White Hotel where a wild sexual orgy accompanied by death and destruction ensues. This long poem, which was initially published in a science fiction magazine, was ultimately incorporated into the novel as the poem that Lisa Erdman writes during the height of her illness and which Freud utilizes as key material in his analysis of the case.

For some years before writing this book Thomas had been interested in writing a case history in the style of Freud. Now the young woman of the train episode and of the White Hotel poem seemed a natural to be cast as Freud's patient. Her history as a half-Jewish Russian woman was invented, and the author's almost accidental reading of *Babi Yar* helped crystallize for him the idea that his heroine would end as a Holocaust victim. Thus, Lisa Erdman's own personal history would span the history of the twentieth century, and both would be shown to be the product of man's irrational nature, a nature in which untamed aggression and its fusion with sexuality led to destructiveness of the most unimaginable kind.

In carrying out his broad and ambitious plan, Thomas has, for the most part, succeeded admirably. The story he tells is a compelling one, and, despite the fact that one senses from early on what the fate of the heroine will be, the unraveling of her destiny not only sustains interest, but, in a powerful way, invites the reader's identification with her.

The story is so powerful, in fact, that in a sense it overwhelms the book, much as the Holocaust itself overwhelmed other historical events of its time. Character, although not unskillfully rendered, somehow becomes secondary. The reader finds himself fascinated not so much by the individual, Lisa Erdman, as by her case history and, ultimately, by her fate. Lisa herself is only moderately interesting as a character. Rather repressed and contained, neither her personal relationships nor her inner mental life, as we come to know them, reflect the passionate nature and the imaginative qualities exhibited so prominently in the poem that she has written. It is almost as though Thomas has succeeded so well in creating a character whose defenses against her impulses have rendered her surface essentially bland and lacking in color that she interests us more in her role as a patient than as a personality. Since she is the novel's central character (the others are mere sketches), the reader's focus becomes essentially that of a student of psychology who is interested in unraveling the complexities of an intriguing case.

Freud himself, interestingly, is little revealed in this novel. One gains essentially no more understanding of his personality than one does by reading one of his case histories. And what is revealed is already known to readers of his biography. Thus, in *The White Hotel*, Freud himself is a minor character. What is important, and what forms the core of the book, is the view of man that Freud articulated. In that sense *The White Hotel*, although its scope transcends the purely psychological, exemplifies the fundamental theories concerning human motivation that Freud expressed in his clinical and theoretical papers.

The novel, however, goes beyond Freudian psychology in one respect. There is in it an element of the supernatural. Lisa Erdman is not only a young woman who suffers from incapacitating neurosis. She is, as it turns out, something of a clairvoyant. Her pains represent more than hysterical symptoms; they are portents of what is to come, presentiments of the bayonet thrusts that accompany her final agony at Babi Yar. They are, in short, harbingers of the Holocaust and of the cataclysm that is to engulf the world. In this way Thomas includes in his view of human psychology aspects of Jungian thought and the thought of other psychologists for whom phenomena

such as extrasensory perception and man's capacity to intuit the future are part of his innate equipment.

Perhaps it is, in part, his interest in the irrational and the supernatural that contributed to Thomas's decision to include, as his final chapter of the novel, a scene that takes place in Heaven (or some such other-worldly region). For many readers this chapter is the most controversial in the book. It appears, on the surface, to undo the tragic and historically accurate ending and, in that way, to negate the power and the horror of that reality. Thomas himself has stated that it simply was not possible for him to leave Lisa in the ditch at Babi Yar, a statement perhaps of the difficulty in accepting the truth of the Holocaust that he is not alone in experiencing. While from the point of view of literary as well as of historical truth, this chapter is perhaps the most serious weakness in what is otherwise an intriguing work of fiction, it is also possible to view the novel's ending metaphorically, not as a denial of what happened to Lisa Erdman, but as a statement of faith in man's indestructability.

From that perspective perhaps Thomas, in this final chapter, is expressing the conviction, so well articulated before him by William Faulkner, that man has the capacity to engage the forces of darkness within himself and, in the end, not only to endure but to prevail.

THEODORE J. JACOBS (NEW YORK)

CUSTER AND THE LITTLE BIG HORN. A PSYCHOBIOGRAPHICAL INQUIRY.

By Charles K. Hofling, M.D. Detroit: Wayne State University Press, 1981. 118 pp.

It is always easy to be critical when reviewing a book in psychohistory. *Custer and the Little Big Horn*, however, is considerably more vulnerable than most psychobiographical writings to the reviewer's criticism. Military history, and more specifically the behavior of the leader on the battlefield, is vastly more difficult to interpret psychologically than explorations in art and intellectual history. Charles Hofling, the author of this book, devoted many years of his life to its conception and preparation. He is obviously a sophisticated author who has approached his task with seriousness and dedication. Throughout his work there are frequent indications that he is aware of the limitations of his data and of the psychoanalytic formulations he has employed to interpret them. Despite

this awareness, however, he has a tendency to insistently pursue explanations against which he has already raised powerful arguments. This "push and pull" approach to interpretation gives the reader the impression that Hofling is deeply divided in his own mind about the nature of his investigation and about the conclusions he has reached.

In his introduction, the author provides a persuasive discussion of the romantic and legendary nature of the historical event he is about to analyze. At first he insists that "the scope and focus of the present study should be made clear. It is not a comprehensive biography of George Armstrong Custer. . . . It is an intensive study of the Battle of the Little Big Horn." However, a few lines later, and on the same page, he describes the scope and focus very differently: "This is a psychobiography of Custer and speculation is unavoidable" (p. 6). In actuality, the book consists of a description of the battle and the events preceding it in combination with a psychobiographical sketch of the main hero of the historical drama. Hofling explores Custer's entire life history, domestic as well as professional. Despite his protestations, it is quite evident that he has attempted to write a comprehensive psychological study of Custer's personality.

The book is divided into two parts which are not effectively connected with one another. In the first five chapters, the author summarizes in a few pages an extensive body of historical information about the circumstances of Custer's assumption of command and about his actions during the Battle of the Little Big Horn. He enumerates twenty important and pertinent questions which could conceivably have psychological significance. These questions arouse curiosity which the subsequent five chapters are not in a position to satisfy. There is nothing in the outline of Custer's personal life which the author provides that can effectively support a meaningful psychological formulation of his character structure. Hofling raises diagnostic questions about a narcissistic character disorder, a "shame-guilt duality," and the duality evident in his relationships with older men and with women. He identifies "oscillations" in the patterns he describes, which indicate that he sees evidence in support of as well as against the formulations he has postulated. The author's ambivalence about his formulations and their explanatory power is heightened when he attempts to

apply his findings to the interpretation of Custer's behavior on the battlefield and the effect of his behavior on the outcome of the battle. He writes on page 97:

I am not contending that Custer could have produced a victory with the other elements in the situation being what they were, even in his most stable frame of mind. Neither strict adherence to Terry's instructions nor a consistently rebellious but dominant handling of his regiment would have had more than a slim chance of success. However, Custer's conflicted frame of mind contributed significantly to the disaster that overtook his command.

If Custer could not have produced a victory even in his most stable frame of mind, how did his allegedly conflicted state of mind contribute to the disaster? I think it is unfortunate that the author did not make a more serious study of Custer's own writing and especially of his book, *My Life on the Plains*, which he wrote two years before his death. Primary source material can be extremely valuable in a psychohistorical inquiry. A general who wrote his memoirs at age thirty-five, two years before his death at thirty-seven, was an unusual author who may have had some sense of his own destiny.

In his introduction, Hofling makes an important methodological statement about the investigator who attempts to carry out a scientific (psychological) analysis of a subject, especially when it includes a study of motives. What Hofling considers important is not only the investigator's interest in his subject matter, but also his capacity to be "very largely free of personal involvement." Hofling's intense personal interest in this part of American history, which he traces back twenty-five years before the writing of the book, does not in his mind make him suspect of bias; he believes that he has had no personal investment in the conclusions he has reached. Despite this rationalization, however, his awareness of the fundamental danger of personal bias is evident in his systematic pursuit of feedback and input from qualified professionals, as well as in his continual questioning of his own findings and conclusions. To the psychoanalytic reader, the introspective nature of Hofling's work is quite evident. Unfortunately, because of the nature of the data and the absence of a more systematic methodological approach, he is not able to arrive at the kind of synthesis that would have made his assumptions persuasive.

GEORGE MORAITIS (CHICAGO)

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ABSTRACTS

The Annual of Psychoanalysis. VIII, 1980.

Abstracted by James F. Bing.

Freud as Scientist and Psychoanalysis as Science. George H. Pollock. Pp. 3-18.

This article was presented to the First International Symposium on the Unconscious, Tbilisi, Georgia, USSR, Oct. 1, 1979. Pollock fulfills his purpose well, both in showing how Freud was a scientist and also how psychoanalysis was based on scientific methodology. The article is a summary of the pertinent data to prove this thesis. The last sentences perhaps convey the flavor of the entire article: "Freud observed the workings of the unconscious. He did not invent it; he attempted only to describe it." Pollock thus presents Freud as a scientist who observed certain phenomena, described these phenomena on various levels of abstraction, and integrated the phenomena into a systematized science. Although the entire article has a great many areas of important substance, perhaps the most valuable is section four, in which the author beautifully describes how Waelder elaborated on these levels of abstraction, thereby clarifying the confusion existing among those who attempt to negate their importance. Pollock adds a level of his own, namely, "attempting to synthesize the various theories into a systematic body of knowledge that constitutes a science."

Theoretical Implications of the Didactic Analysis. Otto Fenichel, with preambles by Merton M. Gill and Joan Fleming. Pp. 21-34.

This paper, first presented to a group of training analysts in 1938, is here published from a mimeographed copy in the San Francisco Institute dated 1942. Gill explains in his preamble that there was a reluctance originally to publish this paper as it was felt that it would not be useful to the public to read about problems that the analyst himself might have in regard to his training. The paper is so full of gems concerning technique and the problems confronting the training analyst that it is suggested that the paper be included in the bibliographies of every institute, to be taught to all advanced candidates. It is particularly important to note that although Fenichel focuses specifically on problems that occur in the didactic analysis, many of these apply equally to any analysis. One of the most important points that Fenichel makes is the frequently forgotten recommendation that the candidate should have a "deep and thorough training analysis."

On the Teaching and Learning of Termination in Psychoanalysis. Stanley S. Weiss and Joan Fleming. Pp. 37-55.

The first part of this very useful paper is an introduction dealing with what the candidate has been taught prior to a specific course on termination. The second deals with a course on termination itself, and the third with "criteria

for determining that a termination phase has been reached." The final section concerns "correlating and connecting termination criteria with the data of the analytic process." The authors achieve their purpose well and show how interest in the development of the termination phase emerged from Freud's paper, *Analysis Terminable and Interminable*, and how our knowledge has expanded since the publication of that paper.

Transference, Schema, and Assimilation: The Relevance of Piaget to the Psychoanalytic Theory of Transference. Paul L. Wachtel. Pp. 59-76.

This interesting paper points to the disadvantages of reification. Wachtel uses Piaget's concept of assimilation and accommodation, seemingly analogizing transference reactions with Piaget's assimilation and therapeutic alliance and similar phenomena. However, it is questionable that the use of Piaget's schema in this context is helpful except in a kind of verbal exercise; and since Piaget does not recognize the presence of the unconscious, it is difficult to use Piagetian concepts to help explain analytic phenomena. The paper is nevertheless stimulating, and it has one particularly serendipitous contribution: "... every neurosis requires 'accomplices' to maintain itself, and a good deal of the analyst's effectiveness may be seen as residing in his ability not to become one more accomplice." Although this may not be germane to the paper, it is certainly a thought well worth keeping in mind in one's everyday clinical experience.

Characterizing Our Ignorance. Robert M. Galatzer-Levy. Pp. 77-82.

This is a thought-provoking and stimulating little paper. The author is not so much "characterizing our ignorance," as stating quite definitively that we should recognize our ignorance and that the ignorance is not due to any defect on our part, but rather to the nature of what we are studying. Without knowing it, the author touches on some of the most crucial elements of Waelder's paper on multiple function: that changes in the superego result in changing the gestalt, which results in changes in other parts of the psychic apparatus, leading in turn to further changes of the superego. Thus, this never-ending process accounts for the difficulties with which we are continually confronted.

Action Language and the Psychology of the Self. Roy Schafer. Pp. 83-92.

In this brief paper, Schafer discusses how Kohut's theories are remiss because they do not coincide well enough with his "action language" theories. There are three areas in which Schafer is particularly critical: 1) where there are metapsychological residues; 2) where Kohut resorts too much to the idea that he has all the answers, which Schafer calls "residues of positivism"; and 3) where there are evidences of what he calls the problem of multiple selves. In brief, he thinks that Kohut's theories could be corrected if more of Schafer's action language concepts were introduced and if they contained less traditional Freudian theory.

Empiricism, the Transference Neurosis, and the Function of the Self-Object: A Re-examination of the Dynamic Point of View. J. Gordon Maguire. Pp. 93-109.

Maguire states that the leap from Newtonian physics to the quantum theory is analogous to that from traditional psychoanalysis to Kohut's theories. On the one hand, he says in several places that Kohut's emphasis on the analysis of the self does not in any way eliminate the classical oedipal orientation, but that they are complementary. On the other hand, the concept of the "supraordinated" position of the self is paramount. The author cites Kohut's stress on the importance of being aware of "the perspective of the patient's total self experience," as though Freud's orientation leaves out this consideration. To make his case in one instance, he speaks pejoratively about the "destruction of the Oedipus complex" as compared to self psychology in which the growth-promoting factors are emphasized. Thus he writes of two psychologies which may exist in complementary relationship, but he clearly subordinates the classical position to that of the position of self psychology.

Authenticity and Narcissism in the Adult Development of the Self. Robert A. Nemiroff and Calvin A. Colarusso. Pp. 111-129.

The authors attempt to describe the aging process in the context of a continual developmental process from birth to death. They cite some interesting data from the literature and then go on to make some observations of their own. The aging process is described in reference to an individual's life experiences with spouse, children (identification and envy), grandparents and parents (and their death), and others. They refer to these experiences as being involved with extension of the process of separation and individuation (whether this term should be retained only for the early infancy period one must decide for oneself). The authors continually refer to Kohut's developmental theories of narcissism to help explain the aging process.

"The Prisoner of Time": Some Developmental Aspects of Time Perception in Infancy, Sensory Isolation, and Old Age. Sanford Gifford. Pp. 131-154.

Gifford presents some interesting observations about time and its relationship to the entire developmental life cycle. In various states of deprivation, such as imprisonment or isolation with sensory deprivation, whether experimental or enforced, time seems to pass much more rapidly than otherwise. The author's most interesting point is that "Freud's dual-instinct theory is both a biological and a developmental one that can be extended to include both ends of our life-span—from the timeless undifferentiated state of the infant at his mother's breast to the abridgement of time in old age and the timelessness of coma and death." He claims this as confirmation that "the aim of all life is death."

Bion and Babies. Susanna Isaacs Elmhirst. Pp. 155-167.

In this short article the author describes the contributions that Bion has made to our understanding of the relationship of infantile experiences to development

of psychotic and borderline states in adults. She stresses the importance of the quality of early mothering. The article is somewhat difficult to understand in places unless one is familiar with Kleinian theory and terminology. However, it is stimulating, thought-provoking, and most valuable for its fascinating clinical material.

Adolescent Involvement with the Supernatural and Cults: Some Psychoanalytic Considerations. Peter A. Olsson. Pp. 171-196.

The author makes skillful use of his own clinical material and conceptualizations to point up the dynamics and understanding of the supernatural and cults relative to adolescent problems. This is preceded by an excellent review of the literature. Olsson summarizes what he feels to be Freud's belief that the supernatural preoccupations of our patients can be seen in terms of the return of repressed affects. The thoroughness of this article is well demonstrated by references to Mahler's work on the rapprochement stage of separation-individuation and to Kernberg's work to help us understand the phenomena of the supernatural. A more difficult area to understand is the attempt to fit Kohut's concepts into these dynamic explanations. In general, this article is extremely useful, not only in the collating and elaborating of the data, but also in the author's creative thoughts in regard to the understanding of the supernatural and occult phenomena.

The "Monday Crust" in the Disorders of the Self. Ernest S. Wolf and James E. Wilson. Pp. 197-213.

The authors define the "Monday crust" and reiterate its familiarity to analysts. They cite various references in the literature, but stress the fact that the particular aspects of "Monday crust" as seen in disorders of the self have not been considered. From the vignettes of two patients who suffered after weekend absences, the authors show how the understanding of the disorders of the self helped elucidate many of these patients' difficulties. Thus they interpret the patients' material in terms of Kohut's ideas of early deficit. They illustrate how the restoration of the "self-object transference" that occurs on Monday repairs the damage; i.e., fragmentation that resulted from the weekend loss of the self-object. The readers will have to judge for themselves whether the patients' pathology is explained on that basis.

The Developmental Significance of the Affective States: Implications for Psychoanalytic Treatment. Frank M. Lachmann and Robert D. Stolorow. Pp. 215-229.

Theories of affect are discussed, and the authors add their own contributions regarding how affect development is related to developmental states. Thus they state that "any affective state must be viewed not only in terms of the multiple functions it may serve, but also as the endpoint of a series of developmental achievements in the articulation and structuralization of the subjective representational world." They cite clinical material as further data to help us under-

stand their position. They make the point unequivocally that the affective state occurs not only as an anxiety signal but also as an indicator of advances in development, and if the analyst is not aware of this, the treatment will not be successful.

Metaphor, Affect, and Arousal: How Interpretations Might Work. Fred M. Levin. Pp. 231-245.

This complicated but stimulating article is "an attempt to explore some aspects of the preparation, 'specificity' and language of interpretations." Levin describes how metaphor helps the patient understand himself by creating bridges between various levels of the individual's psychic structure. He uses two diagrams which help the reader to understand his thesis. Although the concept of metapsychology is not used in this article, one might say that the author actually delineates a metapsychology of metaphor. He succinctly states the use of metaphors thus: "Their novelty is part of what evokes arousal; their familiarity is part of what evokes synthesis; and their relation to the transference is what makes the whole thing go."

Amazonian Interviews: Dreams of a Bereaved Father. Waud H. Kracke. Pp. 249-267.

From the study of seventeen Kagwahiv Indians, and particularly one family, the author shows how cultural differences are superficial, the oedipus complex ubiquitous, and the theories of psychoanalytic understanding of the psychic apparatus applicable to a culture quite different from our own. The author notes that his own convictions concerning psychoanalytic theory were solidified from the material he gathered. An analogy to this may be seen frequently in our experience with our own children and also dramatically from the analysis of children.

Regulation of Self-Esteem in Some Political Activists. Alan J. Stern and John Rhoads. Pp. 271-289.

One of the ways by which some individuals endeavor to regulate their self-esteem is to become political activists. The authors attempt to differentiate between individuals with narcissistic character structures and those with neurotic characters. Their study is based on data from five people involved in local politics, obtained in a series of ten to fourteen one-hour interviews stretching over a two-month period. The authors conclude that narcissistically oriented people with "self disorders" are not successful in raising their self-esteem through their political involvement. Neurotic individuals with more stable identifications have a greater degree of success. They further conclude that since the number of narcissistically oriented people is on the rise, politics is going to suffer. The conclusions of the study are interesting, but seem to exceed what could be expected from the limitations of the methodology.

Michelangelo's Moses: Madonna Androgyna (A Meaning of the Artist's Use of Forefingers). Jerome Kavka. Pp. 291-315.

In this fascinating and speculative article, the author attempts to enlarge on Freud's analysis of Michelangelo's statue of Moses. Kavka attributes the very prominent use of the forefingers in the artist's statues to the sculptor's fixations in the pregenital stage of his development. He bases his thesis on 1) Michelangelo's premature separation from his wet nurse; 2) the death of his mother when he was six, and 3) the fact that his foster father was a stone-cutter. He thus considers the "claw chiseling into marble" as constituting "a regression of creativity in the service of the ego." These arguments are quite persuasive, but the author's bringing in some of Kohut's ideas to reinforce his position is not helpful.

Mourning and Its Effect on Michelangelo's Art. Jerome D. Oremland. Pp. 317-351.

This last article is outstanding for its creative thoughts and richness of ideas. Oremland's analysis of the Madonna and the Pietàs shows how Michelangelo's object relations matured during his lifetime, and how his mourning based on his early losses served his creativity. The paper depicts in a masterful though speculative way how the mourning process and creativity are interwoven. Michelangelo's personality development matured over the years by virtue of his artistic and life experiences; therefore his works not only served the purpose of mourning, but also furthered his psychological maturation. The author speculates that from this study of these works of art, one can see how Michelangelo progressed from a narcissistic object choice of homosexuality to a more appropriate genital object choice. The author's documentation of his data is persuasive in proving his contentions.

American Imago. XXXVI, 1979.

Abstracted by George G. Fishman.

D. H. Lawrence and Freud. Daniel A. Dervin. Pp. 95-117.

Dervin provides a comparison of the lives and work of Lawrence and Freud. Beginning with their own remarkable injunctions to themselves and others to become "thought adventurers," the author points to a commonality of themes both explored: the personal use of the historical symbol or myth; sexuality, especially its nongenital roots; women and their "essence"; the return to a primary union with mother; the partial overthrow of the cultural superego in favor of a uniquely creative world view. Dervin draws on similarities in the two men's backgrounds, such as their investment in various species of the family romance.

Franz Grillparzer's The Poor Fiddler. Ursula Mahlendorf. Pp. 118-146.

In Grillparzer's short story, a fiddler squeals and scrapes his way through a street fair until he is spotted by the narrator, who is moved to find out what art this pathos might mimic. The narrator learns his subject's story. It consists of

early castigation as a ne'er-do-well by father, subsequent rejection by his only lover, and then withdrawal into a world of dissonant sounds and personal isolation. Mahlendorf analyzes the fiddler as part of Grillparzer's severely rejected mother-self and the narrator as his stronger father-self. Some parallel undoubtedly exists between Grillparzer, so sensitized to criticism that he gave up his craft several times in his life, and the fiddler, who is so wracked by hurt that he plays only for himself. However, the pastiche of dynamics called up to explain the fiddler's character spans psychotic denial and oedipal retreat. The result is that the psychoanalytic commentary is in many places less compelling than the aesthetic one. In addition, what is liberally surmised about Grillparzer's own inner life is not adequately supported by the biographical data offered.

Edgar Allen Poe's *The Oval Portrait*: Fusion of Multiple Identities. Robert N. Mollinger. Pp. 147-153.

The narrator of Poe's gothic tale is brought injured to a chateau. As he lies in bed, his gaze is captured by the portrait of a woman who had died as she sat as subject for the artist. Mollinger's thesis is that narrator, artist, woman, and author are all of a piece. The life and being of each is alleged to be very much codetermined by and commingled with that of all the others; it is suggested that the artistic structure derives from Poe's own experience of losing his mother in early childhood. The analysis is convincing and well done.

Proust's "Combray": The Structure of Animistic Projection. Randolph Splitter. Pp. 154-177.

Marcel Proust's attention to minute detail in *The Remembrance of Things Past* occurs for important reasons. Splitter presents some of his own ideas of what these are and uses the "Combray" section of *Swann's Way* as an illustration. He points out that Marcel's aliveness of being is irrevocably linked to his mother's goodnight kiss and whatever it might imply as a developmental metaphor. The experience between and beyond his contacts with her is comprised of a mixture of alienation and yearning. The major thesis is that Marcel struggles to transform all unfamiliar experience into something akin to his "desired other" in order to avoid despair. His potential for this "animistic projection" becomes a major mode of control. Its aim is to bridge not just separation, but separateness itself. In support of this thesis, Splitter calls our attention to the frequent reference to visual boundaries which dissolve and merge. However, satisfaction of desire is equally intolerable. Splitter cites guilt as the rebelling pole of Marcel's conflict. Whatever this counterforce may be, it is clear that Marcel must live in a tormented middle, limiting his excursions into both aloneness and reclaimed selfhood. The concept of animistic projection is subject to the fate of any idea that attempts to "capture" the *Remembrance*: it both assimilates and evades the ambiguities of Proust's art. Despite this implicit limitation, Splitter's analysis is quite valuable and carefully done.

Dickens' *A Tale of Two Cities*: The Poetics of Impasse. Frank Lawrence. Pp. 215-244.

The author's major premise is that *A Tale of Two Cities* utilizes "history" to outline a paradox: fathers and sons engage in an unchanging paradigm of conflict despite the ever-evolving social forms of each successive epoch. Lawrence chooses to emphasize a particular aspect of this conflict, namely, that the individuation of the son, of necessity, requires the death or dissolution of the father. The intent is to say more than is contained in the phrases "rebellion against authority" or "competition for the role of best or most loved." The author implies that each person bears a responsibility to carry out the resolution of this conflict which so engaged and eluded Dickens and his representative protagonist, Charles Darnay. Darnay is the heir of the St. Evrémonde brothers, aristocrats who exploited the peasantry of France. Rather than strike these fathers down definitively by becoming the man he might be, Charles retreats to England. In this new setting, he again becomes locked in a very similarly unresolved conflict with Dr. Manette. Lawrence points out that the parricidal part of Darnay is reflected, with full usage of various mirror metaphors, in Sidney Carton. It is also kept "alive" in various vicarious identities, such as Gaspard, a real assassin. The author also explores Darnay and Carton as "twins." The twin device has often been used to represent the attempt of an immortal self to rid itself of its mortal, i.e., parricidal, counterpart. Doubles have also classically been without parents and therefore not born into the essential conflict implicit in the progenitor-progeny relationship. The author's analysis is very careful and rich. It greatly and subtly expands not only our knowledge of Dickens but also of the oedipus complex.

Shelley's "Alastor" and Whitman's "Out of the Cradle": The Ambivalent Mother. Barbara Schapiro. Pp. 245-259.

The author's major contention is that "Alastor" and "Out of the Cradle" deal with the yearning for personal identity in the only crucible of basic identity, the earliest mother-child bond. In her view, both poets revisit the painful vulnerability of trying to find primary self-conferring love and incurring its potentially devastating limitations. Thwarting of this quest comes about via combinations of maternal coldness, suffocation, and loss. The emphasis on death in these poems derives from the sense of fragility this basic desire instills in each poet. The author clearly feels that Whitman makes a successful integration in the poem whereas Shelley does not. The interpretations of Edwin Miller and Gustav Bychowski are criticized for emphasizing the prominence of oedipal themes. Much of the analysis seems quite speculative. Perhaps this is in part because Whitman's imagery in this one poem does not reveal a firm developmental allegiance.

Szondi's Theory of the Caln Complex. Richard Hughes. Pp. 260-274.

L. Szondi is the creator of *schiksalanalyse*, or a psychiatric system based on a concept of fate. This last word has a very specific referent, namely, the biologically encoded "drives" determined, in turn, by each generation's experience.

The result is the "familial unconscious," not to be confused with Jungian archetypes or racial unconscious. In Szondi's system, the Cain complex has the central place that the Oedipus complex holds in Freudian psychoanalysis. The Cain complex is the latent evil that can be mobilized when a brother is slighted for recognition by the father. No attempt is made to contrast this theme with similar ideas of Adler, Pollock, Arlow, Kohut, and others. The rest of the essay outlines other tenets of the theory, for example, its four drives and their sixteen permutations. It also tries to demonstrate the theory's heuristic superiority in dealing with certain major questions such as how to maintain the existence of God in the face of the existence of evil. The article is quite ambiguous and dense. This probably derives in part from the author's effort to explain a large body of thought in a very small space and from the fact that the connections which bridge the concepts are mythical or mystical and not always psychological.

Sigmund Freud in High School. Hugo Knoepfmacher. Pp. 287-300.

The author's father, Wilhelm Knoepfmacher, was at the Leopoldstadt gymnasium during Freud's last two years there. The author is thus uniquely able to draw his own sketch of Freud's eight years at the school as well as to make several corrections of the cumulative record. For instance, he informs us that Freud did not attend a Jewish primary school as Gicklhorn has asserted. Nor was it Victor Adler but rather Heinrich Braun who urged him to study law. We are also told that the teacher to whom Freud was closest was Samuel Hammerschlag. Anna Freud was named for this professor's daughter who is also probably identical with Irma of the famous injection dream. The many other biographical facts provided here should be of much interest to historians of psychoanalysis.

The Nature of the Artistic Gift. Aaron H. Esman. Pp. 305-312.

This is the first of several articles on Maynard Solomon's *Beethoven*. Esman cites this recent psychobiography to re-emphasize his own view of the artist's relation to his creativity: "that which makes his product art, however, is its comment upon, its reaction against, or its integration of the formal devices emergent from the artistic tradition." He contrasts his opinion with one more prevalent in psychoanalytic tradition, that of art as defensive and/or integrative resolution of conflict. He criticizes P. Noy for suggesting that formal artistic structure can almost be reduced conceptually to an encoding suitable for transmitting contents from the inner depth of the artist to a similar locus in his audience. The argument, of course, is about where to place the accent. Esman rightfully states that creativity predates, transcends, and endures through most of the significant events of one lifetime. To suggest that the categories of art and defense are one is to make a severe categorical error. In the process of making his case, Esman does not deny that artistic content and expression often reveal significant past and present emotional concerns.

Biography of a Composer. Siegmund Levarie. Pp. 313-327.

The author poses a central issue in his critique of Maynard Solomon's biography of Beethoven: What difference does the reality of the composer's life make to understanding his art? Thayer, the preeminent Beethoven biographer, evaded it by compiling an encyclopedia of facts without interpretation; Elliott expanded on Thayer. According to Levarie, Solomon has finally written a cautious approach to the artist's inner life. However, he too has dealt with Beethoven's music as an appendix to the chapters of his everyday, albeit inner, life. The author states that "the true object of imitation in music, unlike that in all the other arts, is not taken from either external or internal features of earthly life." He argues that Beethoven's last quartets themselves offer more insight into Beethoven's character than all the details of his driven concern over his nephew Karl. However, Levarie is also critical of Solomon for not making clearer the identity of various persons, for example Franz Wegeler, and he is appreciative of the documentation supporting Antonie Brentano as the Immortal Beloved. It seems that the author clings rather fixedly to a romantic ideal as a defense against the subtleties of his own piercing question. For it appears that careful students of esthetics, like the author himself, who work against the reductionism of art into anything else, still find themselves preoccupied with date, place, anecdote, and even quirk or symptom. The real problem is explaining that very paradoxical fact.

Idealization and Aggression in Beethoven's Creativity. Leon Wurmser. Pp. 328-344.

Wurmser begins by focusing on the sense of "being gripped" as a concomitant of creative experience for both artist and audience alike. He reviews the work of Greenacre, Pollock, and others on the artist's dynamic dilemmas. He then cites paradigms of the artistic character. He describes a particular species of idealization which tends to make art transcendent and which spurns all contaminants from the world and the artist himself. The author also addresses the artist's need to break out of the constraints of convention, and equates this pressure with a unique issue of aggression. This effort is more than a rebellion; it is an urge toward self-loyalty and integrity. The effort of a successful struggle is not only a greater holding together of self but also a higher integration of the artists work.

Contemporary Psychoanalysis. XVII, 1981.

Abstracted by Ronald F. Krasner.

Analyzability: Some Categories for Assessment. Thomas J. Paolino. Pp. 321-340.

Paolino's purpose here is to clarify and consolidate concepts used in assessing analyzability. Analyzability is defined as consisting of two primary requisites, clinical need and a set of interlocking cognitive and emotional capacities. Sixteen categories are described, clustered in the three areas of the capacities per se, environmental conditions, and clinical issues. The capacities noted are the capacity for psychological-mindedness and insight, the capacity to experience feelings within the session rather than just describe them, the capacity not to act out,

and the capacity to develop and maintain the therapeutic relationship. Environmental conditions include previous knowledge and attitude about psychoanalysis, attitudes of family and friends toward psychoanalysis, family or environmental crises, and personality and attitudes of assessor and analyst. The categories in the clinical setting include the desire for less psychic pain, history of past trauma, degree and quality of symptoms, initial reaction to the assessor, transference neurosis, therapeutic alliance, and the real relationship.

Notes on Changes in Analysis. Anna Gourevitch. Pp. 341-349.

Through a series of brief clinical vignettes Gourevitch illustrates her ideas on the process of change in analysis. She posits that there is a freeing of psychic energy in the individual after the discovery of some aspects of the mental apparatus which are unconscious and impede self-understanding. This, in turn, provides the impetus for the person to become more "objective." However, many of our patients, she contends, would prefer to change "reality" and not themselves. Some of the elements of this process leading to change are briefly delineated. A prerequisite for the development of self-knowledge is the sense of distance from oneself. Transference thus becomes crucial "by offering relative security against the fear of distance." The distance is also conceptualized as involving the giving up of infantile fixations and aims and, in turn, achieving the ability to tolerate feelings of sadness and loss. This surrendering of neurotic magical expectations for genuine change also results from "actually living according to the insights acquired through analysis." Gourevitch suggests that this new sense of mastery creates a new self-image and eventually a new perception of the world, changed by the new ability to open up to the outside.

Imitative Elaboration on the Oral Reporting of Dreams. Patrick J. Mahoney. Pp. 350-358.

Mahoney's central thesis is that the way a dream is retold mimics its content. This elaboration he calls imitative elaboration, and he distinguishes it from Breznitz's primary, secondary, and tertiary revision as well as from Silber's secondary revision and secondary elaboration. Freud's ideas on the process of dream elaboration and revision are also briefly cited. In contradistinction to these views, Mahoney's thesis is that the part of the dream elaboration which appears in the recitation of the dream has its importance primarily in terms of the form of the oral elaboration. This mimetic elaboration is influenced by the primary process. It contains not the logical coherence of the classically defined secondary elaboration, but rather its own symbolic coherence to the fragmented dream material. The author presents clinical material illustrating these concepts. The backward recitation of the dreams—for example, speaking of the second dream first—reflects and is in fact imitative of the "backward" theme or anal preoccupations of the dreamer. Mahoney emphasizes that psychoanalysis, like archaeology, is as much aware of the spatial organization and the relationships of its objects as it is of the objects themselves. While Mahoney does underline Freud's awareness of the importance of the form of the dream, he goes further

in positing that the semantic content and narrative form have a mimetic relationship. The article concludes with a discussion of the imitative form in events such as ideational mimetics, hysterical symptomatology, and defensive reactions.

The Relevance of Nietzsche to the Study of Freud and Kohut. Richard Chessick. Pp. 359-373.

Writing as Nietzsche in a fictitious autobiographical statement, Chessick puts forward an interpretation of Nietzsche's basic philosophy. While the essay contains some elements of psychobiography, its main thrust is an attempt to clarify Nietzsche's philosophy. Chessick as Nietzsche states "the essence of my argument was that man's salvation is himself; that we must make ourselves what we can and joyfully affirm life in this world"; and further, "again and again I argued that each man is unique and should develop his own potential and account for his own existence"; and finally, "I insisted that the intellect was really subordinate to the instincts." As for the relevance of Kohut and Freud, there are scattered references by "Nietzsche" to the differences between the two men. "He" asserts that this conflict between their theories is "in the realm of discussion of the morals behind philosophy and science." In a brief and unusual discussion section an unnamed philosopher (Chessick) criticizes both Nietzsche and Chessick (as a supporter of Nietzsche) from the point of view that Nietzsche himself resisted "scientific" explanations and that this attempt to make Nietzsche "respectable" is therefore an expression of the author's narcissism. The final section of this paper is a reply to the discussant in which Chessick as himself surfaces to praise Nietzsche's philosophy as a courageous commitment to look clearly at oneself and one's dealings with others.

The Origin and Nature of the "Object" in the Theories of Klein and Fairbairn. Stephen A. Mitchell. Pp. 374-398.

The appearance of the phrase "object relations theory" in contemporary psychoanalytic literature has become ubiquitous to the point of losing much of its significance. Considering that Klein and Fairbairn are two of the most significant theorists during the past fifty years and that there has been little critical and balanced appraisal of their contributions, Mitchell embarks on an explication of these contributions and their differences from each other. To this end the concept of the object in Freud's, Klein's, and Fairbairn's systems is delineated. According to Freud, the object is the target of the drives. External objects and internal objects as superego introjects serve the function of being vehicles for drive gratification and regulation. Klein's work greatly expanded the notion of internal objects, which, according to her, are present in the first months of life. Klein's formulations concerning the origins of these objects are reviewed. Next a discussion of Klein's ideas about the blending of internal and external objects is presented. The author states, "Klein has a tendency to see bad objects as internally derived (projectively), i.e., from the child's own drives, and good objects as derived largely from external others (introjectively)." In reaction to Klein, Fairbairn developed a theory which holds that parental deprivation is the exclu-

sive cause of psychopathology. His refutation of the drive theory is at the core of this system and can be characterized by the proposition that libido is not pleasure-seeking but object-seeking. Fairbairn's scheme of internalization of objects is presented along with a critique of its theoretical weaknesses. Both the function and the content of internal drives differ in Klein and Fairbairn: ". . . in Klein's view phantasied relations with internal objects constitute the bedrock of all experience, for Fairbairn such relationships represent a secondary retreat from disturbances in relationships with real people toward whom man is more fundamentally directed." Furthermore, the source of pathology in Klein's system, i.e., the instincts, is quite different from Fairbairn's idea about the roots of psychopathology, i.e., maternal deprivation. Mitchell offers a conciliatory view as expressed in the statement: ". . . difficulties in living can be regarded as universal and developing out of the interaction between unfulfillable childhood desires and longings and the necessarily human imperfections of parental caretakers."

Bulletin of the Menninger Clinic. XLV, 1981.

Abstracted by Sheila Hafter Gray.

Freud's Seduction Theory: Its Implications for Fantasy and Memory in Psychoanalytic Theory. Milton I. Klein. Pp. 185-208.

The author re-examines Freud's seduction theory of neurogenesis in light of recent historical studies of that period. He concludes that Freud had accurately described and explained how abusive interpersonal events became causal determinants of personality and psychopathology, but he subsequently reinterpreted the theoretical significance of his clinical data while having little scientific reason to do so. Klein suggests that Freud was motivated by the heavy burden of responsibility which this theory placed on all parents, particularly fathers, coupled with the unfavorable reception accorded it in contemporary scientific circles. The new theory of neurogenesis emphasized the importance of impulse and fantasy over memory and served to attenuate the force of the seduction theory as an explanatory principle. Thus, during the course of a few days in 1897, psychoanalysis changed from a psychology of memory to one in which fantasy alone, in the absence of external stimulation, could be a motive force. Clinical experience has confirmed that phylogenetically derived fantasies may be as traumatic as actual ontogenetic events, but both theories are necessary for accurate understanding of a case. The Wolf Man's psychopathology, based on an elusive blend of memory with fantasy, is cited as an illustration in point.

Journal of the American Academy of Child Psychiatry. XX, 1981.

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

Estimating the Prevalence of Childhood Psychopathology. A Critical Review. Madelyn Schwartz Gould, et al. Pp. 462-476.

Special methodological problems in the epidemiology of childhood psychopathology are addressed in this paper. Despite these problems, the authors attempt to provide as accurate an estimate as possible of the prevalence of childhood psychiatric disorder in the United States. On the basis of national prevalence studies to date, the authors conclude that the overall rate of clinical maladjustment in the United States is probably no lower than 11.8%, specific rates varying across age, social class, ethnic group, and geographic region.

Differences in the Patterning of Affective Expression in Infants. Theodore J. Gaensbauer and David Mrazek. Pp. 673-691.

In this report the authors describe a recently developed methodology for assessing emotional expression in infants that they believe has promise for the study of individual differences in the capacity to adaptively "regulate" affective states. The methodology involves exposing the infants to an experimental paradigm designed to elicit a range of emotional behavior. The presence and intensity of each of six emotions (pleasure, interest, fear, anger, sadness, and distress) are rated at consecutive intervals throughout the session. A picture of the fluctuating intensity of each of these emotions during the observation session is thus obtained. One normal infant and four infants from disturbed caretaking backgrounds who showed distinct patterns of emotional response are presented. Brief histories of the children's backgrounds are provided, which lend support to the authors' belief that affective patterning in the child is determined to a large extent by the quality of affective interchanges with primary caretakers.

Transracial Adoption and the Black Preschool Child. William M. Womack and Wayne Fulton. Pp. 712-724.

The research described was designed as a pilot study to evaluate transracially adopted primary-school and preschool children in the areas of racial attitudes, intellectual functioning, and social, cognitive, and physical development. The authors conclude that the transracially adopted children were doing well socially and developmentally and at the time of the research were making evenly balanced racial preference choices. It would appear that transracial adoption is a viable option for black children who cannot be placed permanently in black homes.

"Forbidden Games." Post-Traumatic Child's Play. Lenore C. Terr. Pp. 741-760.

The play of twelve psychically traumatized children and one traumatized adult was studied clinically by the author. Eleven characteristics of post-traumatic play were noted: compulsive repetitiveness, unconscious link to the traumatic event, literalness, failure to relieve anxiety, wide age range of players, varying lag time prior to its development, carrying power to involve nontraumatized children, contagion to new generations, danger, art and talk as alternative modes of playing, and usefulness of tracing post-traumatic play to an earlier trauma. The

possible reasons behind these characteristics are discussed as they may relate to the general psychodynamic theory of play.

Child Psychiatry Perspectives: Women, Work, and Children. Carol Nadelson and Malkah Notman. Pp. 863-875.

Citing the increase in the number of working mothers and the change in what has been considered a traditional family structure, the authors point out that most women who work do so out of economic necessity and that they add their job responsibilities to their traditional ones. Recent literature on maternal attachment has made it necessary to consider how the separation of the working mother from her child affects the child. The authors review some of the most recent literature in this area and point out that not only is the quality of care most critical to the child but that there is evidence that infants can form more than one attachment. They also review the literature on the impact on older children of mothers' working, from which it appears that maternal employment has a positive effect, particularly on daughters. The authors conclude that there may be benefits for mothers, children, and families in terms of the quality of relationships and identifications when mothers work.

Psychiatric Quarterly. LI, 1979.

The following abstracts from the Psychiatric Quarterly are published with the permission of the journal.

The Hospital and the Borderline Patient: Management Guidelines for the Community Mental Health Center. John R. Peteet and Thomas G. Gutheil. Pp. 106-118.

Controversy over the treatment of borderline patients in regression has frequently left undefined the practical approaches to hospital management of these patients. The nature and context of the regressive episode and the implications of potential interventions for specific types of patients are basic considerations in formulating such an approach. Subgroups of borderline patients can be usefully distinguished on the basis of the major management problem to which each is particularly prone.

Day Hospital Versus Outpatient Treatment: A Controlled Study. Elaine Weldon, et al. Pp. 144-150.

This study compares day hospitalization with traditional outpatient treatment effecting rehospitalization, symptomatology, mood, community, and vocational adjustment for thirty recently discharged schizophrenic patients. Results indicate day hospital patients were significantly more involved in work and training activities, but had no significant difference in the other areas of measurement.

Psychological Reactions to Chronic Medical Illness. James J. Strain. Pp. 173-183.

Psychological reactions to chronic medical illness can be categorized as follows: the chronically ill patient is vulnerable, first and foremost, to eight types of psychological stress, all of which have their roots in early childhood. Specifically, chronic illness evokes a threat to the patient's self-esteem; fear of strangers; separation anxiety; fear of loss of love, and of the control of developmentally achieved functions; fear of loss of, or injury to, body parts; guilt and fear of retaliation; and fear of pain, which cuts across all of these stresses. Other psychological reactions to chronic medical illness include regression, conflict, and inevitable distortions in object relationships. Suggestions for the amelioration of these responses within the matrix of the doctor-patient relationship are proposed.

Psychiatry and Endocrinology: An Expanding Interface. Jack L. Katz. Pp. 198-208.

There is growing documentation that a variety of hormones can both influence mood and behavior and be affected by them. Endocrine measures thus provide us with a readily accessible source of information about how the brain mediates between stimuli arising from the external social environment, intrapsychic phenomena, and the body's internal physiological needs. This paper reviews recent psychoendocrine research which has in particular suggested several new concepts: (1) the brain itself might be viewed as a "target organ" for certain hormones; (2) specific hormonal correlates of certain clinical psychiatric syndromes, such as anorexia nervosa and depressive illness, might serve as biological markers which could help in the differential diagnosis of these conditions; and (3) peripheral hormonal determinations, by virtue of the role played by central nervous system neurotransmitters in endocrine regulation, may provide important specific information about possible central nervous system biogenic amine abnormalities associated with the pathogenesis of certain psychiatric disorders.

Treatment of Narcissistic Problems in Time-Limited Psychotherapy. Jeffrey L. Binder. Pp. 257-270.

Time-limited psychotherapy is being used with an expanding variety of emotional disorders, often as the treatment of choice. Clinical experience indicates that this form of treatment can produce major and enduring improvements. Persons suffering from major narcissistic problems generally are assumed to be impervious to time-limited treatments. However, long-term treatment is becoming less feasible because of financial considerations. Time-limited psychotherapy can provide circumscribed symptomatic relief by fostering increased use of defensive intellectualization and related ego-coping skills. Transference interpretations directed toward connecting maladaptive behavior patterns outside of therapy to past childhood relationship patterns proved most effective.

Meeting of the Oregon Psychoanalytic Foundation and the Oregon Psychiatric Association

Siegfried Berthelsdorf

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NOTES

We are pleased to welcome three new members to our Editorial Board: Dr. Samuel Abrams of New York City, Dr. David M. Sachs of Philadelphia, and Dr. Emmett Wilson, Jr., of Princeton.

We also take this opportunity to express our deep gratitude to two of our Editors who have retired from our Board: Dr. David Beres, a member of our Editorial Board since 1960, and Dr. Joan B. Erle, who joined the Board in 1971. *The Quarterly's* existence depends in large measure on the dedicated members of its Editorial Board, on which Dr. Beres and Dr. Erle served with great distinction.

In addition, we wish to thank several colleagues other than our Editors who graciously agreed to read a number of papers submitted to us during the past year. Invaluable assistance was rendered to *The Quarterly* by: Dr. Adrienne Applegarth, Dr. Leon Balter, Dr. Richard M. Greenberg, Dr. Laurence B. Hall, Dr. Richard A. Isay, Dr. Theodore J. Jacobs, Dr. Richard G. Kopff, Jr., Dr. Yale Kramer, Dr. Wayne A. Myers, Dr. Edward Nersessian, Dr. Arnold D. Richards, Mme. Janice de Saussure, Dr. Albert M. Sax, and Dr. Sherwood Waldron, Jr.

MEETING OF THE OREGON PSYCHOANALYTIC FOUNDATION AND THE OREGON PSYCHIATRIC ASSOCIATION

April 23, 1982. THE PROBLEM OF INTEGRITY. Leo Rangell, M.D.

The place of psychoanalysis in the intellectual life of the twentieth century, according to Dr. Rangell, stems not from its specific discoveries but from the significance of these for the general psychology of man. Referring to the premises of his recently published book, *The Mind of Watergate: An Exploration of the Compromise of Integrity*, Dr. Rangell suggested an analogous extension of his present findings with regard to moral conflicts. As with anxieties, phobias, depression, and neuroses, problems of integrity manifested in individual psychopathology are also of importance for their implications for a general psychology. The spread from the specific to the general, however, is often the defensive path by which the individual attempts to isolate himself from responsibility for his actions. This was the case with individual reactions to Nixon's behavior which varied from "he didn't do it" to "everyone does it." By a similar mechanism one patient's reactions alternated between anxiety and guilt about expressing anger to a defensive attitude of "doesn't everyone have that trouble?"

Dr. Rangell described at some length the methodology of his unique psychoanalytic study of the national crisis of the Watergate period. The data available to the American public, as well as the widespread defensive and distorting mechanisms by which these were received, processed, and reacted to, were observed and recorded as the events were taking place. The aim, as in individual analysis, was

objectivity, comprehensiveness, and free-floating attention to the vicissitudes and outcomes of this distorting process and an analysis of these phenomena from a psychoanalytic point of view. Separating his work from psychobiography and psychohistory, Dr. Rangell labeled his method a "psychochronicle," which took as its subject both individuals and the group and was current and predictive rather than retrospective. Dr. Rangell thus functioned as a participant-observer, much as an analyst does within the field of his patient and the transference.

Dr. Rangell's studies in this area, which began before Watergate with observations on the psychoanalytic group scene, eventuated in his contributing "the syndrome of the compromise of integrity" as on a par with neuroses in human affairs. The "sick society" which was so much in the news in the 1970's was not caused by, but merely exposed by, the Watergate crisis. A central issue is the capacity or failure to maintain one's individuality and to exercise individual ego judgment while under the pressure of the group surround.

The subject of Dr. Rangell's national study, he pointed out, was not Nixon but Watergate; it was not the psychobiography of one man but rather a three-tiered investigation of: (1) the beleaguered President, (2) the forty or so "men under Nixon," and (3) the base of the population pyramid to which they were responsible. The reciprocal roles of each were studied and the interrelationships between leader and led. Thirty-nine out of the forty "men under Nixon" went along with behavior counter to their own accepted superego values. On the basis of cited evidence, Dr. Rangell suggested that the main significance of this ratio is its applicability to the general population. From a close attention to and analysis of contradictory events, Dr. Rangell postulated that the public unconsciously participated in the cover-up, which officially was the only "crime" for which the President was forced to resign.

A main dynamic was the identification with a corrupt leader, based on the universal unconscious wish for the capacity to triumph over the superego without guilt. "Who would not like to be able to do the right thing for the wrong reasons, to do the wrong thing and be cheered, to say one thing and do another, to get credit for what others have proved is right and you have always opposed? It is an intrapsychic dream come true."

From this, Dr. Rangell went on to an analysis of charisma, extending the meaning of this trait in a number of interesting directions. Not only does charisma represent the capacity to induce identification based on the wish to discharge repressed instinctual impulses, he suggested, but it can also result from an unconscious appeal to any of the three intrapsychic structures, each in a positive and negative sense. The unconscious identification can be with instinct gratification, as with an Errol Flynn or a John F. Kennedy, or with defense against this, or with ego mastery or superego restriction. Or it can be with a practical amalgam of them all, seemingly attainable by the average individual, which was the unconscious reaction to a Harry Truman. Nixon benefited partly from such support, too, but his main unconscious appeal was his success over the superego, according to Dr. Rangell. To condone such behavior on the part of the individual requires a reciprocal influence between the individual and the group. The individual projects his superego to the group and its leader, which then, by common consent, diminishes its strength and changes its composition, permitting the individual to discharge sexual or aggressive instincts without guilt.

In addition to conflicts between ego and id, there is an ongoing tension between ego and superego. Outcomes of these conflicts vary moment by moment from ego-syntonic resolutions to various degrees of ego-alien compromise formations, whether embedded in affects or fantasies or appearing in actions. Calling for a strong inclusion of ego-superego interaction in the total field of conflicts with which psychoanalysis is concerned, Dr. Rangell suggested certain additions to psychoanalytic theory. Samples of these include: neurosis is to psychosis as the compromise of integrity is to psychopathy and crime; the "Watergate complex" is on a par with the oedipus complex in human motivation; there are "border-line" cases on the border between irrationality and corruption, between neurosis and compromise of integrity, as much as between neurosis and psychosis; and "the price of civilization" today, fifty years after Freud's *Civilization and Its Discontents*, is the compromise of integrity as much as it is neurosis.

The inner conflicts to which Dr. Rangell was pointing are timeless and endemic in human life; they occur at all intellectual and socioeconomic levels and have characterized all historical eras. Examples of their operation can be seen not only in politics but also in business, art, sports, academia, and even scientific life. These psychoanalytic findings are synchronous with Milgram's studies in experimental psychology on the widespread pathological "obedience to authority" or with the reflections of the social philosopher, Hannah Arendt, on "the banality of evil." Jacques Barzun, noted scholar of intellectual history, observes the widespread use of bribery in society today necessary to keep the wheels turning. Dr. Rangell would add the unconscious and affective levels even more than conscious and material bribery to increase its scope and applicability.

At the same time Dr. Rangell pointed out both sides of man's inner struggle, ego ideals as well as drives, the superego in addition to the id, social instincts along with impulses for self-preservation. The specific historical incident of Watergate ended in justice, although the path to this resolution was a conflictful and ambiguous one. Along with "politics," other human activities and traits, such as ambition, power, or opportunism, have acquired pejorative associations. All of these now need to be reclaimed in their useful and rational sense.

There were many aspects of Dr. Rangell's original study which could be alluded to only briefly in this address. One concerned the circumstances of the ending of the Vietnam War and its relationship to an original cover-up of the unfolding Watergate. This connection has not been pointed to elsewhere, although it was crucially involved in Nixon's re-election to his second term. The role of Henry Kissinger was prominent here. Dr. Rangell's survey of the activities of Kissinger, coupled with the phenomenon not only of his survival but of his achievement of a heroic image, formed another book within Dr. Rangell's book. The two sides of Henry Kissinger, followed in *statu nascendi* by Dr. Rangell, are today being confirmed by new retrospective books that are coming out. Sharing with Nixon every decision and action except one final incident, Kissinger received the Nobel Peace Prize, which could have been Nixon's, Dr. Rangell stated, but for any one of a number of unlikely accidental events or revelations.

Dr. Rangell pointed to the generalized significance of these events, including the need for a hero to serve for all as a way out of inner conflict over ambivalent participation. His previous studies of unconscious decision-making combined with the present findings on the role of moral conflicts led him to questions of

responsibility and accountability, and from there to the legal implications. The "expert" testimony of our profession in courts, which leaves much to be desired, has often marred the public image of psychiatry and psychoanalysis. Scientific principles have not yet been sufficiently worked out to render us capable of expertise in this area. All actions have unconscious roots. To understand is not necessarily to excuse.

Dr. Rangell went on to the question of the role of moral conflicts in the treatment situation. Operations around anxiety are still the central fulcrum of the psychoanalytic process and form the therapeutic wedge into superego conflicts as into all others. The age of anxiety has not been replaced, in Dr. Rangell's opinion, by the narcissistic era. This is another example within our own field of falling in line with a leader, succumbing to clichés, and following fads and trends. The role of education in inculcating values was the last subject that Dr. Rangell alluded to, along with the controversial and affect-laden issues involved. The question which comes up as a test of one's individuality in every walk of life, the art and science of psychoanalysis included, is "who will say the emperor has no clothes?"

SIEGFRIED BERTHELSDORF

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 27, 1981. PERSON, ORGANISM, AND SELF: THEIR WORLDS AND THEIR PSYCHOANALYTICALLY RELEVANT RELATIONSHIPS. Benjamin B. Rubinstein, M.D.

Dr. Rubinstein contrasted his concept of a *person* with that of an *organism*. Both are concepts related to the concept of a human being, with the distinction being made by an observer in one or the other of two ways. Two real worlds, neither reducible to the other, are created: our everyday human world and the world of natural science. *Activities* refer to persons, and *processes* to the corresponding organisms. A person can be aware only of his activities, not of the processes in the world of natural science. Thus, in part, thinking proceeds exclusively in the world of natural science. Furthermore, whereas every event in our everyday human world most likely corresponds to an event in the world of natural science, not all events in the world of natural science have their counterparts in our everyday human world. (This point is relevant to a theory of unconscious mental events.) One of the examples discussed was that of hallucinating, i.e., perceiving things that from an observer's point of view exist only in a private, imaginary world. It therefore has no reality outside the world of natural science, since the hallucinator is not aware of hallucinating. In psychoanalysis we deal with persons, not organisms—with the thoughts, feelings, perceptions, fantasies, memories, and actions occurring in our everyday human world. The metapsychological concepts however, including concepts of a mental apparatus, do not belong here. The world in which they may be real is not our everyday human world.

Dr. Rubinstein then discussed the relationship of certain unconscious wishes to events in our everyday world. He suggested an operational hypothesis which views an unconscious wish as having two aspects. Clinically it is an abstraction, a tendency ascribed to a person to engage in or simply to experience certain events in our everyday human world. Extraclinically, however, the term "unconscious wish" is the name we give to the set of processes in the world of natural science which embody this tendency. Thus the processes in the world of natural science can be assumed to lead to processes that in a specific way are related to them and that are correlated with the activity in our everyday human world. Such a view makes it possible to integrate the psychoanalytic dream theory with the hypothesis that dreaming is initiated by nonpsychological factors in the world of natural science.

The last section of the paper was concerned with the concept of self, which Dr. Rubinstein related to the concept of a person, specifically "the person a person is to himself." Some analysts have divorced the two concepts, positing the existence of an independent entity: the self. This version of "self" is described as located in the mental apparatus in the world of natural science. Thus, Kernberg views the self as part of the ego. In disengaging the self from the concept of a person, these analysts, including Kohut, shy away from our everyday human world to focus on what are thought to be corresponding events in the mental apparatus. Parenthetically, the self representation *does* belong in the world of natural science.

In concluding, Dr. Rubinstein presented another advantage of his view. While it makes sense in our everyday human world to speak about freedom of choice, this expression has no meaning in the world of natural science. And the same is true of moral and aesthetic values. He chooses to maintain side by side a humanistic and a scientific view of man, each valid, but each only in its own way.

DISCUSSION: Dr. Leo A. Spiegel observed that all empirical sciences are compelled to construct assumptions and hypotheses in order to make meaning and sense of their observations, whether or not such assumptions and hypotheses agree with other ideas prevailing at the time. Psychoanalysis as an empirical science may do the same, whether its assumptions do or do not agree with those of an adjacent science such as neurology. Dr. Spiegel questioned Dr. Rubinstein's solution of the problem of language incoherence in psychoanalysis through his assumption of two worlds. Whenever language incoherence appears, according to Dr. Spiegel, it indicates a defect in the relevant psychoanalytic constructs; alteration of such constructs is then called for. Dr. Rubinstein's two-worlds approach appears to leave them untouched. What is one to do with the fact that the everyday world goes beyond immediate experience and is permeated with inference just as the scientific world is? What criterion is there to differentiate the two worlds? Perhaps the two-worlds idea is another way of talking about the perennial mind-body problem. As for the concept of self, Dr. Spiegel thought that we must employ this concept in order to comprehend certain recurring processes and that it does not serve comprehension merely to equate self and person. Dr. Hartvig Dahl agreed with Dr. Rubinstein's view of a "human being" as a two-valued variable: person and organism. Persons are understood by assigning meaning to their

actions, thoughts, dreams, etc. But to explain these unique events, we must adopt a theoretical language consistent with what we know about human beings as organisms with complex neuronal computers. If we are to try to explain clinical observations by invoking the concept of an unconscious wish, and we desire to stand on scientific ground, we must have some way to find independent verification of the existence of the explanatory entity. From a pragmatic point of view, many disciplines are passing us by for not becoming an empirical science. Dr. Dahl presented some of the history of attempts at theory building in psychoanalysis, including Freud's and Hartmann's contributions. Dr. Rubinstein has attempted to make a case for explanation in terms of both meaning and cause. He has contributed a model consistent with brain function as well as with typical clinical phenomena, while preserving the whole range of clinical insights. He has also rejected those who would dispense with a theory that goes beyond subjectivity, believing that such attempts cannot account for unconscious mental activities.

HAROLD R. GALEF

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

January 5, 1981. A SIGNIFICANT DREAM WITHIN A DREAM. Austin Silber, M.D.

Inspired by a patient's report of a dream within a dream, Dr. Silber explored the specific meanings of this phenomenon for his patient, as well as its more general theoretical implications. In her dream, which occurred in the latter part of her analysis, the patient wanted to tell a dream to a therapy group composed of the same people who belonged to a church group she was part of in her waking life. The dream within the dream was: "D.'s wife, M., tickled me." The patient's current conflict between her waning religious devotion and her continued participation in the church discussion group, led by a clergyman named D., was part of the day residue for the dream. However, Dr. Silber focused attention on the patient's associations to the dream within the dream. M. reminded the patient of a friend she had when she was thirteen years old who tickled her while lying on top of her and pressing against her. The analyst, sensing the patient's resistance to affect associated with this memory, reconstructed that she had probably responded sexually to her friend's actions. The patient responded by recalling two memories of her mother: one, when she was about thirteen years old, of her mother walking in on her while she was bathing, telling her to carefully wash her vagina now that she was menstruating and showing her how to do this by rubbing a washcloth in her open hand; the other, when she was about three years old, of her mother again using her own body (now her genitals) to show her daughter how to correctly wipe herself after urinating. In discussing the first memory, the patient said she remembered feeling embarrassed; after she reported the second memory, she experienced anxiety (a claustrophobic feeling) and then sexual arousal in the session. The analyst felt that his reconstruction of

her repressed sexual response to M. had been experienced by the patient as an intrusion and that this response had stimulated recall of her intrusive, exhibitionistic mother, as well as of her sexual responses and accompanying affects which had been inaccessible to her at the time of the incidents. The analyst reminded the patient that the same affect which she had just briefly experienced in the session (a claustrophobic response) had been a reason for coming into treatment; she had felt panicky and claustrophobic when she found herself looking at a clothed woman's genital area. At this point in the session, the patient felt a tingling sensation in her vagina and wanted to touch it. The analyst interpreted that she was now experiencing and remembering what she had been so frightened of in the past: her sexual response to her mother and to her adolescent friend. The patient confirmed and expanded this by reporting a wish for the analyst to touch her moist genitals. She then remembered a traumatic event from her twelfth year in which her mother discovered her touching her own genitals through unzipped dungarees while they were both on the mother's bed. Mother was reading aloud, and the patient, covered by a blanket, was dreamily listening. Suddenly, her mother pulled back the blanket and screamed: "What are you doing?" The patient felt shocked, frightened, and humiliated. After this, she avoided touching her genitals until she was well into her analysis.

In his discussion of this material, Dr. Silber focused on the patient's preoedipal relationship with her mother, a relationship in which the little girl experienced intense desires to touch and be touched by mother, in which she strongly identified with mother, mother's body, and her feelings, and in which she experienced confusion about what was hers and what was her mother's. This problematic preoedipal closeness and the mother's continued exhibitionistic, intrusive activity facilitated an intense and confusing identification with her during adolescence, an identification that included mother's harsh prohibitions as well. In the analysis, this identification could be analyzed, with the result that the patient could take responsibility for her own sexual (and other) feelings, thus allowing her to analyze more fully her homosexual attachment to her mother. As a result of analyzing this identification, she was able to experience and enjoy her sexual feelings more fully.

Dr. Silber felt that his clinical material supported and illustrated Freud's views on the dream within the dream. He cited the well-known 1900 statement in which Freud said that a dream within a dream "implies the most decided confirmation of the reality of the event—the strongest affirmation of it." Freud felt that this was implied by what he believed to be the dreamer's wish in dreaming the dream within the dream: for the real event to have only been a dream. However, Freud also described the dream within a dream as a "representation of the reality," which, Dr. Silber pointed out, could be a definition of any dream. He felt that his clinical material clarified and reconciled these two possible meanings. The event depicted in the dream within the dream *did* occur: his patient *was* tickled by her friend when she was an adolescent. But her associations to the dream (the latent dream thoughts) led to memories of several real past events in which she had to repress a tickling sensation in her genitals. Thus, the manifest dream within the dream also represented or alluded to other real events in her past. Dr. Silber felt that the dream within a dream is evidence of the ego's

extraordinary effort at secondary revision, a way of setting apart and trying to make unreal past events associated with intense, threatening sexual affects that could have interrupted sleep had they not been treated in this way. At the same time, the dream within the dream, surrounded and in a sense hidden by the whole dream, stimulates the analyst to try to expose and understand. The obvious disguise was the patient's invitation to him to intrude, the way mother intruded on her in the bathroom and the way she wanted the analyst to intrude on her genitals, a structure that is also surrounded and somewhat hidden by a larger one (the body). Because of the good working alliance between patient and analyst, and a well established, analyzable transference neurosis, the patient was able to respond to what she unconsciously felt was the analyst's verbal intrusion in a way that widened her understanding and helped to eventually resolve her negative oedipal involvement with her mother. The developmental arrest which resulted from this involvement and which interfered with the consolidation of the patient's adolescent maturation could now be analyzed and undone.

DISCUSSION: Dr. Jerome Levine placed Dr. Silber's paper within the historical context of the long-standing debate about the special significance of the dream as a clinical psychic product. In Dr. Levine's opinion, Dr. Silber was making too great an attempt to differentiate Freud's use of the word "representation" from "affirmation," and, in view of the paucity of published clinical examples, he judged it too arbitrary to insist on the undisguised reality of the manifest dream within the dream. He reminded the audience that Freud had leaned heavily on Stekel's publications on this issue and did not himself present analyzed examples of this phenomenon. Dr. Levine would stress the communicative aspect of this dream. In support of this view, he discussed the hour in which the dream appeared as an illustration of the "good analytic hour" described by Kris. In keeping with Kris's observations, Dr. Levine considered that the relevant memory recall and integrative work had been accomplished during the night of the dream, and that Dr. Silber's facilitating reconstruction helped his patient overcome transference resistance to dealing with the material within the analytic hour. Dr. Lawrence Chalfin felt that this dream within a dream illustrated several things. It confirmed a real experience, but also illustrated the stage of this patient's transference neurosis at a special time in her analysis: a time when the working alliance was solid and her waning religious devotion was being replaced by her increasing urge and ability to explore her intrapsychic life using her transference feelings as her guide. Dr. Chalfin noted that the dream within a dream is evidence of the ego's need for synthesis motivated by its fear of superego reprisals, but that the transparent nature of the negation ("It's not real—it's only a dream"), the obvious invitation to the analyst posed by this curious structure, as well as the way she worked with the dream and the analyst, all suggest that this structure was presented to deepen and widen the patient's knowledge of herself rather than to obfuscate. Finally, Dr. Chalfin said that the discussion of this dream within a dream occurring in a patient who was near the end of her analysis illustrated many features that we would want to see in a patient who is near or in the termination phase: repression was lifting and childhood memories as well as formerly repressed intrapsychic structures returned in a way that facilitated

her understanding of her symptoms and led to a diminution of symptoms; also, she showed evidence of structural change that allowed a normal developmental process previously inhibited by her neurosis to proceed.

ROBERT FISCHEL

February 23, 1981. COMBINATORIAL SPECIFICITY AND THE COMPLEMENTAL SERIES. (Melitta Sperling Memorial Lecture.) George H. Pollock, M.D.

Referring to the etiology of psychosomatic disorders, Dr. Pollock described the concept of "combinatorial specificity" as an outgrowth of the Chicago school concept of conflict specificity. This concept was clearly heralded by Freud in his notions of the "etiological equation" and the "complementary series." We now know of correlations between psychosomatic illnesses and various elements, such as specific conflicts, specific personalities, specific mother-child interactions at certain developmental periods, biological predisposition, etc. The concept of combinatorial specificity, however, addresses questions of how much, how long, and in what combinations these elements appear in psychosomatic disorders.

As early as 1892, Freud struggled with questions about the relationships among the different "causes" involved in "bringing about" illnesses. His discussions dealt with the interlocking between heredity and experience. In the *Three Essays* he wrote that the relationship between constitutional and accidental factors is "cooperative and not a mutually exclusive one. The constitutional factor must await experiences before it can make itself felt; the accidental factor must have a constitutional basis in order to come into operation." Dr. Pollock added that today we can be more specific about constitutional factors since we are able to distinguish genic predisposition from external factors as early as four or five months after conception. We can also identify factors which previously were considered to be constitutional but which are now thought to be externally induced *in utero* and to organize the central nervous system in a way to predispose the neonate to certain behaviors.

Freud described a model of latent neurosis due to the relationship between constitution and predispositions acquired in childhood experiences which may be triggered by an adult traumatic experience. In 1895 he delineated the components of the etiologic situation as precondition, specific cause, concurrent causes, and precipitating causes. This is remarkably similar to the current model used to organize clinical data which includes the following. 1) Predispositional factors which involve the genic, *in utero* stimuli, mother-child interaction, etc. 2) Precipitating factors—accidental or traumatic factors that interact with predispositional elements to produce the onset of a disturbance which in turn sets off defensive processes. The defensive measures may reverse the disease process and relegate the illness to latent status, or they may fail to do so and subsequently be seen in combination with the emerging disturbance as the signs and symptoms of the illness. 3) Perpetuating factors (continual stress and strain) may contribute to the aforementioned failure in coping mechanisms, and the disease may then proceed to organic structural change, e.g., duodenal ulcer, thyrotoxicosis, etc.

Dr. Pollock offered a clinical example of a man in his forties who had been exposed to early and continuous parental abandonments and multiple harsh and

demanding caretakers. He had become panicky and hyperactive in response to his wife's threats to divorce him. At this point, coincidentally, he was summoned to a hospital where, as a child, he had received x-ray treatment for hypertrophic tonsils and where years ago he had been examined when the correlation between neck irradiation and later thyroid malignancy was discovered. Now, in the midst of his emotional turmoil, thyrotoxicosis, and possibly thyroid carcinoma, was found. Using the data of his psychoanalysis, particularly his dreams, one could view the irradiation and the abandonments of childhood as the predisposing factors, and the marital problem as the precipitating factor. Although earlier research by Alexander, French, Pollock, and others would support this "combinatorial hypothesis," it does not provide the only explanation for these events. However, this way of organizing the data allows various hypotheses to be formulated and then tested when large groups of such patients are examined.

Dr. Pollock then presented his ideas about psychoanalysis as a science. He stressed the need to differentiate psychoanalytic theories from psychoanalytic therapy, and he included as legitimate psychoanalytic data: clinical data, i.e., from interviews, therapy, and outcome studies; observations throughout the life course and across different cultures; research strategies involving experimentation, longitudinal studies, and sociologic approaches; and comparisons of individuals with different life experiences and trauma. The fact that observation in our field so much outweighs experimentation, he added, does not designate psychoanalysis as nonscientific. Borrowing from physics, Dr. Pollock compared the notion of "thought experiments," which have been invaluable in the advance of theory, to the generation of ideas during psychoanalytic observation. Along with these ideas and those resulting from other "special methods," such as introspection and empathy, hypotheses can be formally stated and tested for validity and reliability. Acknowledging the difficulties in doing this, he mentioned some successful applications of the scientific method in psychoanalytic research, including studies of the female sexual cycle, psychosomatic conflict specificity, candidate selection and progression, patient selection and outcome, and childhood peptic ulcer. He cited a current study on childhood peptic ulcer which, it is hoped, will lead to the institution of preventive measures. Fifteen families with a child who needed to be hospitalized for treatment of ulcers have been assessed, including data from the treatments provided for the child, the mother, and the family. Early results seem to indicate the regular presence of an ambitious mother and the worsening of symptoms in the Spring (school grades?) and the Fall (new school year?).

Dr. Pollock also demonstrated how the scientific method could be viewed as a more specific use of reality testing. It involves perception of a phenomenon, understanding its meaning, predicting its causes and effects, and then being able to make meaningful interventions. Our psychoanalytic assertions are about "reality," and we should be interested in testing them or having them tested scientifically, for without this they remain belief or dogma, even though they may still be real. In closing, Dr. Pollock sounded both a warning about the destructive effects of "sterile theorizing," attempts at dethronement, and distorted therapies and a plea for more careful research and observation, the formulating of new hypotheses, and tests of those and existing hypotheses.

The Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held April 27-May 1, 1983, at the Sheraton Hotel, Philadelphia, Pennsylvania.

The 14th Annual MAHLER SYMPOSIUM will be held on April 23, 1983, in Philadelphia, Pennsylvania. For further information, contact: Selma Kramer, M.D., Department of Psychiatry, Medical College of Pennsylvania, 3300 Henry Ave., Philadelphia, Pa. 19129.

A SYMPOSIUM titled "Two Paths, One Goal? Franco-American Discourses on Psychoanalysis" will be held March 25-27, 1983, in Paris, France. Papers presented by three American analysts will be discussed by three French analysts, and three papers presented by French analysts will be discussed by three American analysts. For further information, contact: Warren S. Poland, M.D., 5225 Connecticut Ave., Washington, D.C. 20015.

The POSTGRADUATE CENTER FOR MENTAL HEALTH announces its Second Annual Essay Award in memory of Dr. Benjamin Fielding, Dean of Training from 1973 to 1981. The prize is \$500.00, and papers must be submitted no later than March 15, 1983. For further information regarding contest requirements, contact: The Benjamin Fielding Memorial Fund, Postgraduate Center for Mental Health, 124 East 28th St., New York, N.Y. 10016.

The 33rd LINDAU PSYCHOTHERAPY WEEKS CONGRESS will be held April 18-30, 1983, in Lindau, Germany. For further information, contact: The Secretary, Orlandostr. 8/IV, D-8000 München 2, Germany.

The Finnish Association for Mental Health and the Psychiatric Research Foundation in Finland are arranging an INTERNATIONAL CONGRESS ON AUDIOVISUAL COMMUNICATION AND MENTAL HEALTH, to be held June 12-15, 1983, in Espoo, Finland. For further information, contact: Ms. Kristina Salonen, Audiovisual Congress Secretariat, C/o The Finnish Association for Mental Health, P. Hesperiankatu 3 B 16, 00260 Helsinki 26, Finland.