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SOME OBSERVATIONS ON THE APPLICATION OF FRAME THEORY TO THE PSYCHOANALYTIC SITUATION AND PROCESS

BY JAMES T. MC LAUGHLIN, M.D.

Frame theory can contribute to our understanding of psychoanalytic work in ways compatible with established psychoanalytic theory. Its concepts and metaphor convey the relativism of the psychic realities both parties bring to the analytic situation, as well as the multiple levels of transference that become framed upon the relationship. Its linkages to game theory stress the power of play and illusion in transference actualization and working through. The importance of rules and conventions for all three theories, and for the ability to do analytic work, suggests their essential grounding in the child's capacities for play, particularly those capabilities elaborated in latency following oedipal conflict resolution.

The use of frame theory to enhance our understanding of psychoanalytic work has recently been proposed by Spruiell (1983). His demonstration of the power of frame concepts to illuminate the analytic experience makes clear that this is more than just another exercise in recasting familiar analytic knowledge in the latest nonanalytic idiom. Instead, the imagery and metaphor he recommends to us promise fresh perspectives upon the relativism of psychic reality in the workings of transference, upon the nature of the analytic alliance, and upon the ego capacities necessary for doing the analytic work.

Spruiell's line of thought can be sketched as follows: from the basis that the psychoanalytic process is embedded in a special

This paper is based upon a discussion of a paper by Vann Spruiell, "The Rules and Frames of the Psychoanalytic Situation," presented at the December 1982 meetings of the American Psychoanalytic Association.

form of social situation, he builds toward a "compatible interactional theory" (p. 4) of psychoanalytic situation, relationship, and process. To do so he draws upon observations and constructs from viewpoints outside our analytic discipline, specifically from those social scientists who align their concepts in a relativistic perspective of social reality and the rules by which that reality is perceived and dealt with. He has selected a line of thought extending from William James through Schutz, Bateson, and Goffmann, and by the latter two formally designated as "frame theory." He tells us that the essence of frame theory lies in the concept of "frame" as the *"unchanging basic elements or principles of organization defining a specific social event and distinguishing it from other events"* (p. 9). Essential components of the frame are the rules or ordering principles, either implicitly understood or explicitly set and agreed upon. Spruiell joins with Schutz (1945) and Bateson (1955) in noting the myriad "worlds" or "frames" of reality through which we shift in everyday living—from sleep to wakefulness, to work, to theater, to analytic hour, etc. He has found it useful to add Goffmann's (1974) conception of the change of "key" within a frame whereby to establish further shifts of context while the general outline of the frame remains essentially the same; as when two boys are fighting or playing at fighting; or the same words are spoken by a couple indifferent to, or secretly in love with, one another. He then makes a crucial extension: the analytic conception of an unconscious lying beneath these overt behaviors, with its own enduring organization of countless other frames and keys from the past. As I understand his frame and key, the change of key has particularly to do with an alteration in affect state, itself cued and formed by subtle behavioral shifts within the frame itself. This subordinate concept of "key" has such profound application to matters of transference actualization that I hope Spruiell in his further exploration of the topic will enlarge upon it.

He ascribes to all these frames and their keys a valid experiential reality, in keeping with the relativistic view of reality he prefers.

For him the analytic situation, in its structured and carefully maintained imbalance, coupled with the unique ambiguity of real-not real experiencing its shaping affords, provides a frame in which all those other experiential frames of present and past may find an actualizing "fit." How each patient uses the analytic frame reflects his capacities for serious play with the various organizing expectancies and modes by which he has learned to template his reality upon his world. Spruiell's clinical vignette nicely exemplifies the difficulties of a patient painfully unable, for a long period of time in the work, to use the flexibility and range of the analytic situation except doggedly to impose his limited view of himself and reality onto it in a self-crippling fashion that might easily have made him seem borderline.

These are the bare bones of a paper whose richness is in the reading and assimilation. Let us look at some of the important issues in more detail.

Spruiell is right in his assertion that our discipline lacks a soundly articulated general interactional theory. I applaud his strategy of proposing a formulation compatible with general systems theory, for reasons of the broad applicability of the latter to many fields, as well as for the extent to which such theory has already had its utility for psychoanalysis demonstrated, as in Gedo and Goldberg's (1973) *Models of the Mind*.

I am concerned, however, that his press for a good fit may force him to stretched generalizations that carry in two opposite directions, to the possible detriment of the cogency of his formulation. The first has to do with his broad use of the term "rule," going, in my reading, beyond the dictionary definition he cites. I fail to see how "rule" as "an established guide or regulation for action, conduct, method, arrangement, etc."—to quote Spruiell (p. 5) quoting Webster—can usefully be extended to include everything from gravity to neurophysiological processes. The definition literally speaks of human orderings, not of the implacabilities of natural phenomena. When he speaks of gravity as a stern teacher, I agree. But to me it teaches a given—what would derive from it as a rule might be the established guide that states one does not routinely step outside

second-story windows. For me a rule is embedded in cultural/social orderings of how we are to try to live in an implacable world. I think that the author makes his point about the power and appeal of rules sufficiently and most tellingly in scanning how children learn to love and love to learn, and in noting the essentially social source of those rules, both prescriptive and proscriptive that they, and analysis, must address.

In the other direction Spruiell broadens his application of "frame" from its quite consonant application to the psychoanalytic situation (in a fashion I find similar to that of Robert Langs) to liken it to almost any set or frame of mind. He designates "frame" as the generic assigning of meaning, i.e., as "a frame defining the competitive struggle between peers" (p. 15), as a struggle between a dyadic pair (p. 15) and likens it to a musical scale (p. 14). Yet "frame" can also, and most specifically, refer to any life experience of past or present as re-enacted within the frame of the analytic situation (p. 12) as well as "frames encompassing outside relationships, past relationships, fantasied relationships with one's own self" (p. 17). I would assume all this to be a set of references to the various transference "sets" or gestalts of wish and fear expectancy which both parties can bring to a relationship, specifically the analytic, and which shape the psychic reality of the moment. If this assumption is accurate, then Spruiell is conceptually correct—that "frame" conceivably can be used to designate any attitudinal-experiential gestalt that a person brings to bear upon any moment as his necessary organizing and coping mode. The problem is how to keep an important concept from being trivialized—the over-extension of the concept of transitional phenomena comes readily to mind here. I suspect the solution lies in Spruiell's further refining his application of "key." If I follow his thought, the actualized transference would be intimately related to this change of key, this alteration of mood and context that occurs during analytic regression when the frame of transference expectation finds sufficient fit with what is transpiring in the analytic frame. This congruence would prompt

shifts to affective and perceptual intensities appropriate to what is being transferred. Yet the ability of at least one of the pair, and eventually both, to experience these frames simultaneously, their similarities *and* their differences, would eventually lead to those discriminative sortings by which transference is resolved.

Put differently—and I think it crucial to the usefulness of the frame context—if almost *any* prior or present experience can be defined as or serve to establish a frame, how are we best to capture, conceptualize, and understand the peculiar, persistent, and pestering quality of those transferential frames that crucially become embedded and actualized in the analytic situation? Not all frames have this pervasive and persistent significance.

These caveats do not detract from the implications of the consonance Spruiell finds between frame theory and that relativistic view of psychic reality itself which Freud led us to in his original formulations regarding transference and the acquisition of the sense of reality. As Spruiell has noted, I have stated elsewhere (1981) that it has become a very necessary contention that psychic reality should not be viewed as just a primitive remnant of the childhood of the patient, but rather as the view of reality that all of us must settle for and strive to enhance, both in ourselves and our patients. I would wish he had quoted me a little more in my view that Freud had indeed enunciated this powerful thesis—the transferential basis for the place of psychic reality in determining the world view of each of us; but that he had backed away from the full implications of this, within the analytic situation, to assert the superior claim of the physician-scientist to a surer and more verifiable grasp of reality than was possible for the neurotic patient.

That Freud's earlier and more relativistic position leaves us, as analysts, to deal with infinite shades and shapings in the perception of reality even any two would attempt to share—well, *that* is a formidable challenge Spruiell would have us address in a fresh and flexible way.

The metaphor of “frame” at once suggests its societal, cul-

tural, and even esthetic origins, ways of imposing a contrived order upon the world—as in the structure of a home, in the enclosing of the space of a picture or a playing field. It is an abstraction sufficiently removed from the object of its imposition as to be applicable to the widest range of the human condition, yet able to “rack down” (to use the idiom of microscopy framing) to very small bits of behavior.

Here Spruiell makes contact with generations of thinkers who have sensed a close connection between play and culture, play and ritual, law, religion—and reality itself. Still an outstanding instance in our time of this pervasive view is Johan Huizinga’s (1944) concept of man as “*homo ludens*”—playing man—a most major effort to demonstrate across cultures the contribution of play to all elements of customs, art, sex, religion, and law, with language itself being the archetypical example of the centrality of play.

How Huizinga, a Dutch historian of phenomenological bent, defined and delineated “play” will likely evoke familiar resonances in those of us who have tried to structure the analytic situation, as well as in those who would aspire to “pure” research design. Let me both quote and paraphrase: “Play lies outside the antithesis of wisdom and folly . . . truth and falsehood” (p. 6). “The play concept must always remain distinct from all other forms of thought in which we express the structure of mental and social life” (p. 7). Play is voluntary activity whose freedom sets it apart from the natural and obligatory processes. It is a stepping out of real or ordinary life into a temporary sphere whose special disposition of pretending or acting “as if” is simultaneously less than, and yet far more than, the real world it approximates. It is distinct from ordinary life in its secluded or protected locality and the finiteness of time and space set for it. Within these contexts it contains its own course, validity and meaning (p. 9). Once “played,” it is endlessly replicable over time so long as its defined space and playground are simultaneously sustained. Inside this playground an absolute order prevails, for play “creates order, demands order, is

order" (p. 10), and hence blends imperceptibly into aesthetics and manners. Within the created order is engendered a tension of striving toward resolution, toward ending, based in the uncertainty of the attaining, given the binding constraints of the rules that "determine what 'holds' in the temporary world circumscribed by play" (p. 11). And here lie ties to ethical values: the fairness of the player, the purity of the success linked to the purity of observed process. Breach of the rules by whomever shatters the illusory realness of the play ("illusion" itself meaning "in-play"). Those who cannot live by the rules must be ejected as spoilsport, heretic, or outlaw (unanalyzable?); for "a play community generally becomes permanent even after the game is over . . . the feeling of being 'apart-together' in an exceptional situation . . . of mutually withdrawing from the rest of the world and rejecting the usual norms, retains its magic beyond the duration of the . . . game" (p. 12). Huizinga finds that the "play factor" pervades all cultural processes, that "civilization is, in the earliest phases, played. It does not come *from* play like a babe detaching itself from the womb; it arises *in* and *as* play, and never leaves it" (p. 173).

Even though he refers often to children playing, Huizinga holds resolutely to a phenomenological viewpoint, avoiding the claims of psychology and anthropology for the transcendental significance of play. Yet it is central to our topic that, in ending his book, he circles back to quote ancient wisdom: Plato in his "Laws" puts it: "though human affairs are not worthy of great seriousness it is yet necessary to be serious. . . . God alone is worthy of supreme seriousness, but man is God's plaything, and that is the best part of him. Therefore every man and woman should live life accordingly, and play the noblest games. . . . Life must be lived as a play." A similar note is struck in the Book of Proverbs (Douay translation) when Wisdom says: "The Lord possessed me—before he made anything from the beginning . . . I was with Him forming all things, and was delighted every day, playing before Him at all times, playing in

the world. And my delights were to be with the children of men" (quoted in Huizinga, pp. 211-212).

This brings us back, I think, to where Spruiell would have us linger: in that time of childhood-into-latency when the wonder of the power and widening of words, the testing of mutual confidence in things pronounced and known, the trying and sorting of the immense reach and carry of symbolic imagery, all were being played out and exercised in the contained dimensions of oedipal resolution and peer support beyond the confines and turmoil of oedipal triangulation. For nowhere else in human development do we know to find this concentration and intensity of playing-at-trust with the shaping, holding, and protective power of words as shield and frame for playing out what the world must be like. Here in the late oedipal-latency era is the primary training ground of learning about multiple and relative realities reflected by social intercourse with others.

Spruiell describes the child's acquisition of psychic structure (pp. 7, ff.) as reflecting not only separation responses but, as importantly, his eager learning of the do's and don't's from parents and siblings. These taught-and-learned rules of the game become the facilitating stuff out of which can evolve nicely integrated adaptation to ever-widening circles of social complexity beyond the nursery nexus; or as well can determine the "unfortunate developments in the ego and superego systems" (p. 9) he cites as later conditioning the less adaptive ways by which an individual shapes his world—or the analytic frame.

His dwelling on the "good" patient as one with the ability to create, respect, and play within the analytic frame, in contrast to those difficult patients who must broach the frame, points us to a fresh way of looking at issues crucial to analyzability. Further, his surmise regarding specific ego-superego capabilities for dealing with rule and game (p. 19) points us toward significant developmental and conflictual bases for what I think are higher-level capabilities. I would need to disagree with him that "logically, we would associate prescriptive rules with ego functions . . . the proscriptive rules with superego" (p. 19)

and that this restrictive view of the concept superego needs to be revised. I think that many of those who choose to conceptualize in structural and tripartite terms have long since decided either to assign the gratification of living-up-to-rules as a consequence of the ego ideal fulfilled, or have already broadened the concept of superego to include its being the approving factor in this internalized applause for the right thing done (Gedo, 1979; Schafer, 1960).

However, these are in main semantic and conceptual niceties that should not deflect us from the thrust of this paper, nor the appropriateness of the clinical vignette Spruiell has provided, the details of which could guide us in the direction his next paper (p. 20), I suspect, will carry us. He hints at this, I think, in a somewhat enigmatic comment (p. 8) where he notes that "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." Let me anticipate how it might go:

Going back in time to the pioneering work of Susan Isaacs (1933), roughly contemporary with Huizinga: in point-counterpoint with Piaget she kept insisting on and documenting the earlier *social* context of learned capacities in the developing child. He would say, and she would agree, that it is not until age seven or eight that the social instincts of cooperation, mutuality and reciprocity develop in clearcut form. But she devotes much of one book to the point that the younger child of three or four, "very largely a naive egoist" (p. 11), gradually learns to be otherwise. "With continuous support from adult justice and adult love, little children can carry on sustained cooperative pursuits; but this ability to do so seems to rest heavily upon this binding force of the love and approval of adults" (*ibid.*). She centers this learning and reinforcing intermix first in the dyadic social interaction with mother and, from six months onward, in the more complex interactions with both parents differently perceived (*ibid.*). Whatever the accuracy of

her timetable, this allusion to the crucial capacity to triangulate, to break out of the dyadic matrix, anticipates and allows us to appreciate the full implications of Edelheit's (1972) conception of oedipal triangulation as facilitating cognitive, imagic, abstractional, and symbolic representational thought: to be able to sample one *and* the other parent-responding-to-child, parent-responding-to-other-parent, and child-responding-to-both must surely provide the roots of multiple perspectives and the relativism of knowing. Were there no other bases than this, those analysts who insist upon oedipal level conflict and resolution as essential for full basic personality organization (e.g., Arlow and Brenner, 1964) would still have a strong case.

Yet Spruiell's thesis and clinical instance take us considerably beyond oedipal-stage issues, forward into the vicissitudes of early and late latency development. Here, we must be looking at those times and circumstances when crucial developmental acquisitions in symbolic and abstract thought processing, in the solidifying of trust in social processes and their structuring, are being made and consolidated. It is in this state of development that the (fortunate) child has the "milieu of calm, pliability and educability" (to quote Sarnoff [1976] in his useful compendial volume, *Latency*) that allows him to acquire and test out the reliability of the skills through which culture is absorbed, affirmed, and proven. To cite him further: ". . . without latency states, well organized cultural and moral norms would be hard to enforce . . . the work of latency is, in part, the production of receptive mechanisms [through which] the individual is able to acquire, and participate in, the myths of this culture" (p. 152).

What I see here as crucial is that these capacities of latency trust and cooperative venture in various levels of shared fantasy, as well as evolved secondary process thought, have to be ready-for-the-burgeoning in consequence of satisfactory oedipal triangulation; and *then* must be nurtured in the securing and expanding contexts of cooperative relations with peers, in complementarity to now-desexualized and wider-range involvements with the primary family members.

When I scan Spruiell's clinical vignette from these perspectives, I am struck with certain data that are consonant: that the patient had initially only a limited range of imagery and enactive skills to convey his rageful rebellion: "guerilla warfare . . . or just grumbling" (p. 20). That the analyst had eventually to set proscriptive rules to protect the analytic frame (as well as the patient's ego capacities) after a year of accommodative "holding" (p. 20); that this evoked inarticulate rage and extreme withdrawal; that it emerged that the patient had remained fixed to his mother and unable to triangulate in the lack of, and sexualized yearning for, an adequate father-presence; that in latency and adolescence he had no playmates and hated sports; that he learned the arts of imposture and deflating wit (in Huizinga's terms he was a fraud, or even worse, a spoilsport who broke the frame). For me these speak of a stunted latency superimposed upon/eventuating from the limitations and conflicts of an earlier floundered oedipus, such that the patient was not capable of engaging in the tasks of, or learning the lessons from, the latency Sarnoff and others have so well described. In sum, he could not play at the levels of cooperative fantasy and comfortable intimacy that would be possible for a reasonably adapted latency youth. To be sure, there must be regressive avoidance and compromise in all this. In the resolution of these deficits and blocks the power of the analytic relationship to foster new growth and structure must have drawn upon the strength of latent capacities the patient could not tap, for reasons of intrapsychic conflict, but could reach through the facilitations provided by the analyst. But if Spruiell's insights into the relevance of frame theory are as valid and beaconing as I see them to be, then I suspect it is specifically in the interplay of oedipal triangulation and subsequent latency elaboration that the capacities for multiperspective fantasy and relativism of knowing, so important for psychic maturity as well as the capacity for analytic engagement, have their major flowering and consolidation. It is into this not-well-explored area and period of personality development that I hope Spruiell's further searchings will take us.

SUMMARY

The application of frame theory to the psychoanalytic situation and process illuminates and is compatible with established psychoanalytic theory. The frame metaphor conveys the multiple levels of psychic reality both parties bring to the analytic relationship. It pictures the crucial shifts across these levels during analytic work, and particularly the confluence of levels occurring in the actualized transference and their redifferentiation in the discriminative processes of working through.

The important part played in frame theory by the rules and rituals that regulate and facilitate behavior in a culture has its equivalence in our shaping and maintenance of the analytic situation. The capacities of both parties to abide by and utilize these orderings to accomplish analytic work constitute indispensable attributes of analyzability. It is postulated that these complex capabilities are related to the child's learning to play with both words and actions, and specifically with those acquisitions of play capability that need to be acquired in the post-oedipal and latency phases when adaptation to the cultural surround is being accomplished.

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On the Concept of Analyzability

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ON THE CONCEPT OF ANALYZABILITY

BY HENRY M. BACHRACH, PH.D.

Much of our understanding of analyzability is based upon a model of inquiry that assumes a relative comparability among analysts as observing and influencing instruments. This paper suggests that the individuality in understanding and application of the psychoanalytic procedure inherent in the psychoanalytic enterprise raises questions about the comparability of clinical observation and data and must be taken into account in a realistic understanding of the factors that govern analyzability.

As analysts, we often refer to patients as analyzable or not, or analyzable to varying degrees. By this, we generally mean that the analyzable patient possesses the potential for engaging in the psychoanalytic process and, by implication, that pertinent structural change can be brought about by analytic means. Understood in this way, the idea of analyzability seems simple enough and has a certain heuristic appeal. A moment's reflection, however, dispels this illusion of simplicity. We recognize that the development of a psychoanalytic process requires the disciplined participation of a psychoanalyst who, by attitude and intervention, becomes an active ingredient in the process. Moreover, our understanding of analyzability can only have meaning within a common framework of what we understand as analytic means and change, and the extent to which there is a relative uniformity in this understanding. Indeed, the idea

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of analyzability rests upon a great deal—a model of the mind and related theories of psychopathology and therapy.

As Freudian analysts, we believe we share such a common framework which we bring to the consulting room with relative uniformity. We recognize that the clinical needs of our analysands and our own individuality give rise to a certain individuality in application of the psychoanalytic procedure and in expectations of structural change, but we generally assume that in the end such differences will be of small consequence. Indeed, the idea of analyzability demands this much: if the psychoanalytic procedure, or its application, or expectations for the final result were much varied, clinical data would lose their comparability and the concept of analyzability would have little specific meaning.

In what follows I shall explore the manner in which differences in the understanding and application of the psychoanalytic procedure affect the comparability of clinical observation and our understanding of analyzability. The theme will be that—despite a common framework given by the analyst's attitude and the rules of procedure, the structure of the psychoanalytic situation, the metapsychological principles, and the goal of structural change—there is and always has been considerable individuality in the understanding and application of the psychoanalytic procedure; that this individuality raises questions about the often assumed comparability of clinical observation and data; and that this individuality must be taken into consideration in a realistic understanding of the factors that govern analyzability. The first section of this essay will focus upon the individuality inherent in the psychoanalytic method and its consequence for the comparability of observation; the second section deals with the individuality and comparability of change; and the third section carries forward the implications of this individuality for the concept of analyzability.

THE PSYCHOANALYTIC METHOD AND THE
COMPARABILITY OF CLINICAL DATA

As the full development of transference is the consequence of analytic situation and analytic technique, changes of this situation or technique can considerably alter transference phenomena.

ROBERT WAELDER, 1956

Freud defined psychoanalysis as a method of observation, a therapeutic procedure, and a general psychological theory, *all interrelated*. He saw the therapeutic benefit of psychoanalysis essentially as "reclamation work" taking place within the ego and most particularly upon its synthetic functions. What first distinguished analysis from psychotherapy was the idea of reconstructing the infantile amnesia within the psychoanalytic process (Freud, 1904), and to the very end Freud (1940) held fast to the idea that interpretation of the transference neurosis and reconstruction of the infantile neurosis were two essential ingredients of therapeutic action.

Throughout his life Freud revised his ideas in concert with his therapeutic efforts and his evolving understanding of the mind. Theory and technique were always allied. His early model of hysteria was wedded to a therapeutica of discharge. Recognition of infantile sexuality and of the role of the oedipal conflict in neurosogenesis brought fresh understandings and changes of technique. In 1900 a new theory of mind was born (Chapter VII of *The Interpretation of Dreams*) and with it free association came to replace forced remembering; interpretation replaced suggestion; and the infantile neurosis was brought into the "here and now" as the transference neurosis.

While Freud was eager to lay down the details of his newly evolving theory, he did not feel he could set forth a systematic account of the psychoanalytic procedure, in part because to him each case was unique. He likened psychoanalysis to a game of chess in which only a few of the opening and closing moves could be prescribed, the rest having to be learned by playing

the game and studying the game with the masters. He wrote only one series of papers on technique (Freud, 1911-1915)—these after about ten years of experience with the psychoanalytic method proper—in which he limited himself to describing the outlines of the procedure, especially in relation to the opening phase, and emphasizing the importance of the analyst's attitudes, remembering, and interpretation of transference and resistance. A quarter of a century later Fenichel (1941) reaffirmed that "the infinite multiplicity of situations arising in analysis does not permit the formulation of general rules about how the analyst should act in every situation, because each situation is essentially unique" (p. 1). A place for individuality was therefore woven into the basic fabric of the clinical psychoanalytic model.

Indeed, when Glover sent out his now famous practice questionnaire to twenty-eight experienced members of the British Psychoanalytical Society during the late 1930's, "substantial variations" were found "in every imaginable way" regarding method of interpretation, frequency of visits, length of analysis, criteria for termination, etc., even among those "holding to the fundamental principles of psychoanalysis" (Symposium, 1937, p. 132). When Glover made mention of these findings in his introductory remarks at the Marienbad Symposium in 1936 on the theory of therapeutic results, many of the participants were not surprised, as they themselves were not of equal mind regarding an optimal technique and its theoretical underpinnings. It will be recalled that this symposium was held partly to air differences that had been developing and were brought to a ferment by Strachey's (1934) paper on the nature of therapeutic action. At Marienbad Strachey re-emphasized his views regarding introjection, superego modification, and transference interpretation as the solely mutative technical device of the analyst; Bergler focused upon alleviation of the unconscious sense of guilt; and Bibring, Fenichel, and Nunberg kept their focus upon the observing and synthetic functions of the ego (see, Symposium, 1937). The dialogue at Marienbad, however, was

only one of a series that had been central to the tradition of psychoanalysis as far back as the Wednesday meetings of the Vienna Psychoanalytic Society (Nunberg and Federn, 1962-1975) and that had already become an established part of the international scene by the Salzburg Congress of 1924.

Over the years new findings and perspectives have continually emerged—e.g., from child observation and analysis, from object relations theory, from logical and philosophical analysis as well as from rigorous application of the classical procedure (Panel, 1953, 1964, 1976, 1977, 1979)—and the main chapters in the book of psychoanalysis are about such matters and their consequences. Theory and technique are continually being questioned and re-evaluated. Today, for example, one finds spirited discussion about the management of anxiety, the nature of the analytic alliance, the roles of transference interpretation and reconstruction in technique, and the place of object relations theory and pregenital influences.

The significance of these differences and developments for our understanding of analyzability is that they can have important consequences for the conduct of analyses, including what analysands will come to experience in the analytic situation and recognize as the landmarks of their story. For example, Gill (1978, 1979) has taken the position that, when all is said and done, therapeutic change takes place only within a *here and now* analysis of the transference that minimizes the role of genetic interpretation and reconstruction. In contrast, Coltrera (1979) and Rangell (1979) have argued that such single-minded emphasis may impede the natural development of transference neurosis and effective working through. While the domain of the idea of analyzability may remain with the analysand, different approaches and emphases may bring out different things.

The heart of the matter, it seems to me, as with all matters pertaining to the psychoanalytic procedure, is the consequence of technique for the development of the transference neurosis and its subsequent modification *by interpretation*, without

which there would be no analysis. The analyst's attitudes and rules of procedure, including anonymity, constancy, nonintrusiveness, and concern, the single-minded emphasis upon meaning and understanding, the stance consistently equidistant between the analysand's conflictually interacting psychic structures, along with the recumbent position, the frequency of visits, and free association, are all catalytic toward this single end. The analytic procedure is akin to preparing a slide in a certain way and adjusting a microscope in a manner that maximizes the potential for observing intrapsychic conflict. The conditions of the analytic situation and procedure correspond to the way the slide is prepared; the analytic inference process, guided by the metapsychological perspectives, corresponds to the adjustments of the microscope. When any of the fundamental conditions of the procedure are systematically varied, as, for example, when the analyst alters his stance, the analysand's productions will be influenced. The resulting observations may no longer be comparable, and the reason for this is partly embedded in the nature of the analytic inference process. To obtain analytic data, the analyst does not direct his notice to anything in particular. He maintains

the same 'evenly-suspended attention'. . . in the face of all that one hears. . . . he must turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient. He must adjust himself to the patient as a telephone receiver is adjusted to the transmitting microphone. Just as the receiver converts back into sound waves the electric oscillations in the telephone line which were set up by sound waves, so the doctor's unconscious is able, from the derivatives of the unconscious which are communicated to him, to reconstruct that unconscious, which has determined the patient's free associations (Freud, 1911-1915, pp. 111-112, 115-116).

It is *this* mode of inference that the conditions of the analytic situation facilitate. Without relatively free associations or their equivalents, it would not be possible to obtain *analytic* data. Altering fundamental conditions is akin to preparing the slide

differently or adjusting the microscope to a different perspective. We may no longer be looking at the same things, or we may have influenced them to a point where they will no longer have the same meaning. For example, Shevrin (1979) has pointed out that the repeated limit-setting and confrontation that may be required in the treatment of certain borderline conditions may alter the relationship between the analyst and the free association process: "In becoming a more real force to contend with, we can no longer be certain that patients do what they do for the same reasons [that would have prevailed if we had] remained more neutral" (p. 17). Even in relation to the transference neuroses, if we alter our perspective, we shall no longer be able to explain our findings with a theory built upon their assumption (Panel, 1953). What I am therefore emphasizing is *the special relationship between the conditions of the analytic enterprise and the nature of observation generated by its application*. Fundamental alterations, clinically indicated or not, jeopardize the comparability of observation and inference. Conclusions about analyzability emerging from different perspectives on the psychoanalytic process or procedure, or from varied technical applications, may or may not be comparable. Rapaport's lectures on methodology (1944) and on metapsychology (1957), the 1955 Geneva Symposium on Problems of Transference (see Symposium, 1956), the 1953 New York Panel on The Traditional Psychoanalytic Technique and Its Variations, and Shevrin's (1979) analysis of the metapsychological principles are all very illuminating on this point.

In 1957—fifty years after the publication of Freud's papers on technique—Greenson, in his introduction to the Panel on Variations in Classical Psychoanalytic Technique held at the 20th International Congress in Paris (see Panel, 1958), addressed himself to the potential consequences of differences in understanding and application of the psychoanalytic procedure:

It is an accepted fact that every analyst works somewhat differently with each patient and that no two analysts employ iden-

tical techniques. Differences in technique run the gamut from mere stylistic variations well within the basic framework of psycho-analysis to alterations which change one or another essential procedure or aim of psycho-analysis (p. 200).

He felt it was important to distinguish between

variations of technique which in no way conflict with the *basic* rules or goals, *modifications* which may be necessary but temporary interruptions of our procedures and aims, or *deviations* which lead to a permanent change in the psycho-analytic method with a consequent renunciation of its results (p. 200).

The consensus of the panel was that differences in application are partly a function of the analyst's style and the unique circumstances of each case. Loewenstein stated, "The applicability of a rule in a given case or at a given moment will depend upon the patient's psychological state and on our estimate of the effect its application might have upon him at such time or in the future" (Panel, 1958, p. 204).

From the 1950's onward, considered efforts have been made to systematically define and differentiate the fundamental postulates and methods of object relations and ego-psychological perspectives, and subsequent discussions (e.g., Panel, 1964, 1979) have more sharply revealed the technical consequences of these differences. However, almost as soon as these perspectives were becoming more clearly distinguished, fresh insights from child analysis and observation came to demand consideration for their implications for method, process, and result (e.g., Panel, 1977, 1979). Within the past decade efforts have been made to question and re-evaluate more classical hypotheses and perspectives, clinically, conceptually, and philosophically (Panel, 1977, 1979). What is at issue is the consequences of these differing perspectives and their diversity for the comparability of clinical observation as it contributes to our understanding of analyzability.

THE INDIVIDUALITY AND COMPARABILITY OF CHANGE

. . . one must keep in mind that each of the definitions of the goals of psychoanalysis refers to one or another kind of psychological difficulty. . . . Which is the more important goal and which is merely an incidental one will depend upon the individual circumstances of each case. . . . The analytic goal will, therefore, vary from case to case in accordance with the consequences of conflict in each case.

CHARLES BRENNER, 1976

Throughout his life Freud was concerned with the distinction between changes brought about by application of the psychoanalytic method and those brought about by other means, especially suggestion. He cast his views about the goals of psychoanalysis in general terms because he saw the nature of change as too individualistic to warrant greater specificity. In *Analysis Terminable and Interminable* (1937) he put into words his final understanding of the goal of psychoanalysis as the "taming of the instinct." Cautioning against idealized, perfectionistic expectations, he wrote:

The termination of an analysis is, I think a practical matter. . . . Our aim will not be to rub off every peculiarity of human character for the sake of a schematic 'normality', nor yet to demand that the person who has been 'thoroughly analysed' shall feel no passions and develop no internal conflicts. The business of the analysis is to secure the best possible psychological conditions for the functions of the ego; with that it has discharged its task (pp. 249-250).

A quarter of a century later, in a retrospective symposium on *Analysis Terminable and Interminable* (Panel, 1963) both Loewenstein and Valenstein felt they could add no more.

Over the years efforts have been made to introduce a greater element of generalizability in defining and studying outcomes.

In 1936 Jones distinguished between "therapeutic" and "analytic" goals; the important therapeutic goals were the patient's subjective sense of strength and well-being, while the essential analytic goals were the lifting of trauma and infantile amnesia and an understanding of symptoms and character. Glover (Symposium, 1937), however, found considerable variability regarding the application of such criteria among the analysts he polled. In 1941, on the other side of the Atlantic, Oberndorf (1943) sent a questionnaire to twenty-four experienced psychoanalysts: "no two replies were very similar." He wrote:

[These results] confirm what [analysts] have long suspected—namely, great disagreements, dissimilarity and disparity of thought on really critical questions among mature psychoanalysts who have been more or less subdued by countless experiences with the struggles and dilemmas peculiar to psychoanalytic treatment. . . . Still, the extraordinary degree of individualism of analysts in procedure and results may exceed previous supposition. The great divergence exposed may be taken as an indication that the psycho-analytic method can have no fixed application (p. 113).

Earlier that same year Knight (1941) also made an effort to set forth criteria in a generalizable form: (1) disappearance of presenting symptoms; (2) improved reality adjustment; and (3) improvements in the mental economy (e.g., insight, autonomy). Two years previously Hartmann (1939) had cautioned against equating health with freedom from symptoms, i.e., a healthy person must have the capacity to suffer. "Individual conceptions of health differ widely among analysts themselves, varying with the aims which each has set for himself on the basis of his views concerning human nature, and also, of course, with his philosophy, political sympathies, etc." (p. 8). Hartmann considered the capacity for adaptation to be a more reliable criterion.

Oberndorf had a life-long interest in clarifying the results of psychoanalytic treatment and was instrumental in organizing the first Symposium (1948) on The Evaluation of Therapeutic Results which was held in Boston in 1948. The focus of this

symposium was different from that of its predecessors. Past gatherings had asked the question of what is, or should be, the result of psychoanalysis; in this one the question was how do we assess what these outcomes actually are. Here Kubie (Symposium, 1948) was the first to suggest that verbatim tape-recordings were the only reliable basis upon which assessments could be made; his banner was the most careful clinical description possible. Most participants were less than enthusiastic about the use of recordings: even recordings do not capture all the important data, and their analysis is time consuming and no less complex (it was to be yet another quarter of a century before computer technology could be brought in as an adjunct [Dahl, 1972]). The consensus was that the greatest difficulties in determining results centered on inadequate description of the therapeutic procedure, the limitations of the analyst as judge of the final result, and the exclusion of consideration of the analyst's personality in the treatment process. Oberndorf (Symposium, 1948) went so far as to say that questions about the outcomes of psychoanalysis could be meaningfully considered only in the light of "(1) which type of psychoanalysis . . . , (2) by which type of psycho-analyst, (3) at which particular time is best applicable to (4) which type of patient suffering from (5) a specific type of illness" (p. 11). Greenacre, however, summed up what she most felt:

The question of *methods* of evaluating therapeutic results of psycho-analytic treatment is an extraordinarily complicated one. I confess that it frightens me somewhat. . . . Since the psycho-analyst is not generally dealing with a specifically circumscribed disease process in the patient, but with a number of interweaving disturbed functions embedded in or consisting of the very fabric of the patient's existence, and since psycho-analytic treatment involves a relatively complicated set of techniques applied over a long period of time, with the additional variable of the human administration of these techniques and the peculiarly important rôle of the transference which is in itself an interaction between patient and analyst, because of all these we become

aware of, and as I said, frightened of the enormous intricacies of the job (p. 11).

The next year the British Psychoanalytical Society held two symposia on criteria for termination, in which there were almost as many viewpoints expressed as there were participants (see Symposium, 1950a, 1950b). Four years later Glover (1954a) wrote that "despite many symposia on the subject, there is no evidence that even an approximate consensus of opinion on therapeutic criteria has been reached" (p. 95).

Looking back through these many symposia moored in our traditional case study method, it is surprising, in fact, how much has been learned. The magnitude of the achievement becomes discernible when viewed within the limitations of the method. For example, when we use ourselves as judges of *our* results, we do so with vested interests. The same is true for the opinions of our analysands. This is why we rely upon complex process criteria in assessing progress—developments in the transference, free association, dreams, and the structure of fantasy and symptoms. But in so doing, we still depend upon those most unreliable of so-called autonomous ego functions: perception and memory. It is as if, in trusting ourselves to this extent, we ignore the very teachings of our enterprise. Another aspect is that the very nature of our work limits the number of cases with which we can have experience, and there are personal and external biases involved in our selections. We remain vulnerable to the fallacy of believing that our own experience is representative of that of our colleagues. We therefore submit our work to colleagues for discussion, but this too introduces a host of other influences, including transferences and unconscious group processes. And once our patients are discharged, we hardly ever see them again. Although much has been learned, the problem is that some of what has been learned may be imprecise or untrue.

Within the past few decades there have also been countervailing influences. In the 1962 symposium on *Analysis Terminable and Interminable* (see Panel, 1963), Pfeffer reported

on his experimental follow-up studies (1959, 1961) of well analyzed persons, in which he found recrudescences of transference neurosis during a series of unstructured follow-up interviews. When these findings were subsequently confirmed by Norman, et al. (1976) and Schlessinger and Robbins (1974), the idea of complete resolution of transference neurosis was brought into question. It is partly as a result of such work that we are now more cognizant of the fact that successful analysis results in a loss of poignancy of conflicts, rather than their removal.

In recent years there has also been a tendency to move from interest in fantasy and symptoms toward overall considerations of character in perspectives on change. This was the main difference between the Marienbad meeting in 1936 (Symposium, 1937) and the New York Panel (1976) on the psychoanalytic process. When the blocks in development created by conflict are resolved, the natural growth processes are freed to develop along less conflictual lines. This view, firmly anchored in *Analysis Terminable and Interminable*, is the point of departure from which Ticho (1972) distinguished treatment from life goals. Baum and Robbins (1975) found that, for a pivotal criterion for termination, a majority of the analysts they polled relied upon the impression that such an analytic growth process had been set in motion. Implicit in this view is the capacity for self-analysis.

That substantial changes occur in psychoanalysis is not at issue. The sheer weight of clinical experience and survey (e.g., Hamburg, et al., 1967) suggests this much. What is at issue, however, is the comparability of individual changes for our understanding of analyzability. That is, do certain kinds of analysands change in characteristic ways, and upon what perspectives do we rely? Different perspectives—that of the analyst, the analysand, the outside observer, or life developments subsequent to termination—carry different frames of reference and rest upon their own implicit assumptions. The idea of a single, uniform, and measurable criterion is an illusion. Indi-

vidual perspectives are inevitable, and what is important is to understand what each perspective reveals and why. The analytic vision holds that change is to be understood in structural terms, although the nature of the structures involved depends upon the circumstances of each case and the personal and theoretical perspectives of the analyst. What may be sufficient and germane change for one may or may not be for another. Differing perspectives may lead to different conclusions about analyzability, and it remains that our understanding of analyzability has not been founded upon consistent criteria of change.

IMPLICATIONS FOR THE CONCEPT OF ANALYZABILITY

We cannot discuss indications without taking the psychoanalyst into consideration. . . . Research about the worth of psychoanalysis has no importance whatever if the question of who is analysed, by whom, and for what is not taken seriously.

P. C. KUIPER, 1968

Even as Freud was developing his psychoanalytic method, he was concerned with specifying the kinds of persons and conditions to which it was most applicable. As early as 1905 he developed a view which he never substantially altered:

One should look beyond the patient's illness and form an estimate of his whole personality; those patients who do not possess a reasonable degree of education and a fairly reliable character should be refused. . . . one should limit one's choice of patients to those who possess a normal mental condition. . . (pp. 263-264).

The idea of analyzability takes its root in the effort to specify the applicability of the psychoanalytic procedure, and over the years analyzability has been studied in terms of patient types (Freud, 1916; Glover, 1954b), patient qualities (Aarons, 1962; Karush [Panel, 1960]), indications (A. Freud, 1954; Waldhorn,

1967), suitability (Panel, 1968; Tyson and Sandler, 1971), diagnostic and categorical groupings (Fenichel, 1945; Glover, 1954b), patient selection (Huxster, et al., 1975; Lower, et al., 1972), prognosis and prediction (Kernberg, et al., 1972; Panel, 1960; Sashin, et al., 1975; Zetzel, 1968). Despite differences of emphasis in these many discussions, the domain of the idea of analyzability has always remained with the person of the analysand: the "ability" to be "analyzed," the qualities of persons favorable or unfavorable to the analytic undertaking. Any systematic compendium of the findings of these many studies will reveal a sizable consensus that the more favorable the analysand's level of ego organization and functioning, the more favorable the prognosis (Bachrach and Leaff, 1978). For many decades now this has remained the central thrust of our understanding, as confirmed over and over again by the many individual studies. One might even say there is a redundancy afoot and wonder to what extent contributions continue to build upon one another leading to an evolution of knowledge. Similar findings obtain not only in all forms of psychotherapy (Luborsky, et al., 1971), but also in the history of nations, economies, and species.

Careful examination of studies of analyzability will reveal that reports of findings rarely provide a definition of psychoanalysis, the basis for observation and evidence in support of inferences. Typically, indications and contraindications are given at overly general and metapsychological levels far removed from the level of clinical observation that is the touchstone of our everyday work. Erle and Goldberg (1979) have made similar observations. Since there are today, as there always have been, many versions of the psychoanalytic procedure and of the nature of change (differing in their visions of human nature, models of the mind, neurogenesis, technique, etc.), comparability of observation, inference, and conclusion is therefore frequently in question.

In the absence of a precisely calibrated observing instrument, it is difficult to know when observations truly support one

another. What appears as confirmation or disconfirmation on the surface may really be an assertion about an entirely different matter. For example, assertions about the analyzability of borderline or narcissistic conditions, based on cases in which modifications of technique have altered the relationship between the analyst and the free association process, may involve a separate set of observations and findings about analyzability as compared with unmodified approaches to the transference neuroses. Kernberg (1975) is aware of this methodological point and attempts to keep matters straight by making distinctions between the findings obtained by modified applications to borderline patients. Kohut (1977), on the other hand, tends to obscure distinctions in referring to the *analyzability* of narcissistic conditions with a different meaning than the analyzability of disorders of intrapsychic conflict. The danger here is that the idea of analyzability can become reduced to a simple concept of treatability that homogenizes distinctions between clinical procedures, their effects, and applicabilities.

Even in applications of the psychoanalytic method to the transference neuroses, if we alter our metapsychological perspective (i.e., that psychoanalytic understanding must include dynamic, structural, genetic, adaptive, and quantitative aspects), it is possible for entirely different conclusions to follow from this altered stance on observation. For example, if one eliminates the dynamic perspective, it becomes possible to understand neurosis as a product of insufficient nurture alone. Without a structural perspective, it becomes possible to believe that conflict resolution can transform the patient into a *new* person. Even if we remain broadly within the confines of the classical procedure and vision, but emphasize one aspect of technique, such as transference interpretation, at the expense of another, such as reconstruction, the resulting observations may no longer be comparable. Even if such a tactic may seem to be more clinically indicated in a given case, we shall nonetheless have differentially influenced the analysand's productions. In fact, part of our skill as analysts is to know what tactics apply best

in what circumstances. The issue here is not clinical but methodological. Clinical (or technical) questions pertain to the optimal handling of a given case. Methodological questions pertain to the way technique influences observation and the comparability between observations.

Tyson and Sandler (1971) have taken issue with the concept of analyzability on the grounds that its multiple referents leave it meaning little more than treatability at best, and at worst obscure the vital distinction between whether the analyst can understand (analyze) the patient's productions and whether the patient can benefit from application of the psychoanalytic procedure. They are correct that a vague and overly general concept of analyzability has little meaning or utility. However, if the concept of analyzability is conceived more precisely in terms of factors within analysands that favor the development of a psychoanalytic process, then the concept can have considerable clinical specificity, consequence, import, and meaning. But a psychoanalytic process does not develop in isolation.

The psychoanalytic process, as I have emphasized, occurs as a consequence of application of the psychoanalytic procedure to persons with analytic potentials. It is not simply a consequence of therapeutic intent, nor does it develop in all therapeutic situations. Its occurrence depends upon the relative balance of intrapsychic conflict and developmental arrest in any given case *and* the ability of the analyst to engage the analysand analytically. This is where the skill, experience, vision, style, and other personal qualities of the analyst come into play—all of which, I think, are less separable than we often like to assume. However we may wish to conceive of the analyst's contribution to the evolution of a psychoanalytic process, that contribution always stands as the silent background of analyzability. Above all, our researches into analyzability over the years have assumed a relative uniformity in this silent background—namely, that an average expectable analysand is likely to evolve an average expectable analytic situation with an average expectable analyst and that the observations emerging are comparable.

In the early days of psychoanalysis the contribution of the person of the analyst to the treatment process was minimized because analysts were struggling to establish the validity of the procedure as distinguished from suggestion. As far back as 1939 however, the Balints wrote:

A question which frequently arises in psycho-analytical discussions on technical themes is whether the transference is brought about by the patient alone, or whether the behaviour of the analyst may have a part in it too. On such occasions one opinion is always put forward most emphatically by certain analysts. It runs roughly as follows: 'If and when the analyst has influenced the transference situation by any means other than his interpretations, he has made a grave mistake'. . . . We only wish to assert that there do exist differences in analytic atmosphere which are brought about by the analyst himself (pp. 223, 225).

Indeed, the time has long since passed when we were able to view the psychoanalytic procedure as a "uniform instrumentality" divorced from the person who carries it out, and over the years numerous analysts have studied the influence of the person of the analyst upon the treatment process (e.g., Eissler, 1953; Oberndorf [Symposium, 1948]; Stone, 1961; Ticho, 1973; Zetzel, 1956). The lesson generally learned from clinical experience is that the person of the analyst has surprisingly little consequence for the final result with regard to the transference neuroses (Balint and Balint, 1939; Stone, 1961; Ticho, 1973; Zetzel, 1956). The rule is that the analytic process and procedure are of sufficient moment to override the effects of individual differences of style and temperament. However, clinical experience has also taught that the effect of the person of the analyst takes on clinical significance proportionate to the ego weakness of the patient (Eissler, 1953; Glover [Symposium, 1937]; Ticho, 1973).

Our evidence regarding the effect of the person of the analyst upon the evolution of the psychoanalytic process is based upon two main sources: (1) the shared, but intimately individual experiences of practitioners spanning many decades of analytic

observation; and (2) the repeated findings of surveys conducted by institutes and societies from the 1920's onward which show improvement rates from sixty per cent to eighty per cent. Said Glover (Symposium, 1937, p. 132) of the findings of his survey, "So far as I can ascertain the results obtained by these various methods appear to be much the same." There are, however, problems with such evidence. First, it emerges from the traditional case study method in which comparability, as I have suggested, cannot necessarily be assumed. Second, the findings of these surveys tell us only that a certain proportion of analysands are seen as improved in the opinions of their analysts whose own criteria for improvement are frequently quite variable (*cf.*, Glover [Symposium, 1937]; Oberndorf, 1943). What such reports do not reveal are the kinds of changes that occurred; they therefore do not illuminate the nature of change obtained by varying applications with different kinds of analysands. The sixty per cent to eighty per cent improvement rate, in fact, is the figure generally quoted for all forms of psychotherapy (Garfield and Bergin, 1978).

What I am suggesting is that the presumption that basically reliable analysands are able to adapt to individual differences among average expectable analysts is only a general rule and that exceptions can be found. Here I am referring to the "match" between basically reliable analysts and analysands with its better recognized than understood import for the workability of transferences (A. Freud, 1954; Gaskill, 1980; Limentani, 1972; Pollock, 1960; Tyson and Sandler, 1971; Weber, 1977). There are still elusive distinctions to be made, about which we know far too little, between what makes *this* usually trusting and reliable analysand trusting or distrusting, reliable or unreliable, with *this* particular analyst and not another. Insofar as the factors involved in matches pertain to the fate of analyses, any understanding of analyzability that takes the person of the analysand as its *exclusive* scope must therefore be incomplete.

It may be objected that by including consideration of the role

of the analyst as an observing and influencing instrument in our understanding of analyzability, I am extending the concept beyond its generally accepted meaning. Yet, since our understanding of analyzability is a product of the accumulated experience of a wide variety of individual analysts between whom we cannot assume full comparability, the nature of the calibration of the observing instrument cannot escape consideration. Oberndorf (Symposium, 1948) and Kuiper (1968), among others, have already suggested that the most meaningful questions about analyzability are posed in terms of what kinds of changes occur, in what kinds of analysands, experiencing what kinds of difficulties, when the psychoanalytic procedure is applied in what kinds of ways by what kinds of analysts.

In considering the matter of analyzability we are dealing with fundamental questions about the factors that decide a given result. Thus far I have attempted to show that the individuality inherent in the analytic enterprise provides cause for questioning the assumption of comparability among analysts as observing instruments upon which our understanding of analyzability has been founded. What I should now raise for consideration is whether this assumption itself may be the basis for the redundancy of conclusions about analyzability and for difficulties in extracting fresh nuggets from our analytic mines. That is, if we assume a relative comparability among analysts as observing instruments, or uniformity in the silent background of analyzability, we shall only be able to derive what can be learned from what is uniform, constant, and generalizable when individual differences are removed from the process equation. It is in this way that our understanding of analyzability may be partly a product of the assumptions that have governed our mode of inquiry. A deepening of our understanding of the factors that govern analyzability may therefore require systematic inquiry into the consequences of individual differences.

According to the praxis, we now distinguish broadly between the analyzability of three classes of patients. The first are those reflective persons of basically reliable ego who are able to adapt

to the expectable range of differences among analysts and make the most productive use of their analytic opportunities. The second are those persons whose ego weaknesses or infantile character attitudes simply leave them unable to participate in the work of analysis. The third is a "borderline" group for whom the fate of the analytic work often more heavily depends upon the person and special talents of the analyst. However, the praxis still leaves us with many clinical and conceptual riddles. For example, what factors are involved and how do we understand those cases in which the match between the basically reliable analysands and analysts takes on unanticipated significance? To what extent is analyzability simply a function of ego strength, and to what extent do particular qualities (e.g., psychological mindedness, determination to change) stand out as more important than others (e.g., tolerance for separations) in particular characterological settings? Is a technique that places transference interpretation in the context of reconstruction optimal for all analysands with basically reliable egos or only for some (e.g., hysterical characters), and what are the consequences of a shift in the balance away from reconstruction? To all these questions and the many others that can easily be adumbrated, we shall, of course, answer "it depends." But inasmuch as the answer to all such questions bears upon the analyzability of a given case, our difficulties in providing more systematic answers do little to further our understanding of analyzability. The fundamental question of analyzability is: When do workable transferences evolve naturally between *average expectable* analysands and analysts, and when is their evolution more dependent upon the individual analytic dyad? This question cannot be answered as long as analyzability is viewed as a global concept, as long as our inquiries continue to take the person of the analysand as its nearly exclusive scope, and until we can be more assured of the levels of comparability among our observations. Ultimately, the most realistic understanding of the idea of analyzability depends upon the answer to this question.

SUMMARY

This paper has attempted to show that, despite a common framework given by the analyst's attitudes and rules of procedure, the structure of the psychoanalytic situation, the metapsychological principles, and the goal of structural change, there is, and always has been, considerable individuality in the understanding and application of the psychoanalytic procedure; this individuality raises questions about the often assumed comparability of clinical observation and data; and this individuality must be taken into consideration in a realistic understanding of the factors that govern analyzability.

It was suggested that much of our understanding of analyzability is partly a function of assumptions of comparability and uniformity among analysts which have governed our mode of inquiry and that a deepening of our understanding requires systematic inquiry into individual differences, including the contribution of the analyst to the development of the psychoanalytic process. Inasmuch as our understanding of analyzability is a product of the accumulated experience of a wide variety of analysts between whom comparability cannot always be assumed, the nature of the calibration of the observing instrument requires consideration. The conclusion is that the most meaningful questions about analyzability are posed in terms of what kinds of changes occur, in what kinds of analysands, experiencing what kinds of difficulties when the psychoanalytic procedure is applied in what kinds of ways by what kinds of analysts.

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SOME NARCISSISTIC CONSEQUENCES OF OBJECT LOSS: A DEVELOPMENTAL VIEW

BY ROBERT L. TYSON, M.D.

This paper examines the effects of object loss on narcissistic equilibrium from a developmental perspective. Such effects vary, depending on when the loss occurs in relation to the process of self-object differentiation, as well as on other characteristics in the loss situation. An effort is made to clarify the particular narcissistic elements which may be identified as involved in the experience of psychic pain following a loss. To this end, a distinction is made between feelings of omnipotence, of self-constancy, and of self-esteem, and their different developmental bases illustrated with clinical examples.

A sizable psychoanalytic literature is concerned with the libidinal aspects of object loss and the stages in adaptation to it, but there are only a few studies which specifically consider relevant narcissistic factors, particularly those of developmental significance (Jacobson, 1965; Rochlin, 1953a, 1959; Wolfenstein, 1969; and especially Perman, 1979). Most often general mention is made regarding ego impoverishment, narcissistic injury, mortification, supplies, or depletion, but there is little or no reference to the specifically narcissistic sources of psychic pain attendant on object loss. In what follows I will suggest a way to identify these sources and to make a developmental

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assessment of the patient's narcissistic status at the time of object loss or subsequently. Such an assessment can be an aid in the formulation of accurate, appropriate, and tactful interpretive interventions as part of the psychoanalytic process. For the purposes of this exposition, aspects of drive development, conflicts, and defenses essential to a complete assessment will not be considered, but should, of course, not be neglected in practice.

INTRODUCTION

Most writers on the subject of object loss deal with the inner or psychic consequences of the total loss of an external object. Loss through death of the object is held to be essentially different from the experience of other kinds of losses (E. Furman, 1974; Pollock, 1961). Whether or not children can mourn, as distinct from having other reactions to loss, has been debated chiefly on the grounds of whether or not they possess adequate psychic structure with which to accomplish the work of mourning. In an extensive review, E. Furman (1974) described the circumstances in which mourning in childhood can be carried on, and how the child analyst can facilitate the process, utilizing the available psychic structures. Because of the realistic dependence of children on their primary objects, the trauma of primary object loss in childhood with its obvious effects on libidinal development and psychic structure formation has commanded the attention of both child and adult analysts (Fleming and Altschul, 1963; E. Furman, 1974; Meiss, 1952; Neubauer, 1960; Pollock, 1961, 1978). Reactions to losses and impairment of the mourning process in adolescence and later tend to be understood either in terms of the repetition of reactions to early losses or as the investment of the current reality with unconscious meaning derived from persisting wishes, fantasies, conflicts, and defenses.

To separate out the narcissistic constituents in reaction to object loss and to develop the context for the discussion to come, I will give special emphasis to the *loss of a significant*

relationship and to the consequences of this loss for the individual, depending on the stage of development at the time. Considering *relationship loss* will also facilitate the study of links between the external object and the self and object representations conceived of as structures which encompass role relationships, conflicts, and affective tendencies as well (Eisnitz, 1981; J. Sandler, 1976; Sandler and Sandler, 1978). Thus, whenever the loss of a significant relationship occurs at any age, whether by death, disaster, or divorce, there are *internal* and *external* implications of the experience which need to be assessed. The assessment of the internal factor is concerned with evaluating the current level of functioning and with estimating the highest developmental level achieved by the person along various developmental lines (A. Freud, 1963, 1965). Such an assessment allows for distinctions between the person's current functioning and immediate reactions to the loss itself, and the impact of earlier influences on development (Rangell, 1967); it also helps us to evaluate the effects such a loss might have on personality structure, function, and further development. For example, Charlie, age five and a half, was placed in the custody of his mother following a divorce. Within six months, there was an eruption of psychotic behavior in Charlie which was thought to be a direct and simple consequence of the divorce until one of Charlie's older sisters fearfully described how the father would fondle Charlie's penis when the children visited him on weekends. One of the reasons the mother had sought the divorce was the father's sexual approaches to his daughters. Neither they nor Charlie had previously provided information about the homosexual incest. Clearly, the divorce affected Charlie, but the two years of precocious sexual excitement preceding that event could be seen in retrospect to have played a crucial role in his early enuresis, sleep disturbances, and behavioral problems at nursery school, as well as the later catastrophic regression.

Children react to loss differently in different developmental stages (A. Freud, 1960). For example, a very young child's loss

of a parent may result in a developmental interference (Nagera, 1970), because the loving attachments made between the child and the parent are the basis for harmonious personality growth, and the disruption of these attachments inhibits and distorts subsequent further development. It is true that sometimes adequate substitutes can be found, but if the lost relationship was a good one, it takes time to re-establish the kind of interchange between child and substitute which allows for the resumption of optimal personality development. Also, as Freud (1926, p. 169) pointed out, the infant is unable to distinguish the mother's temporary absence from a permanent one and needs to develop the capacity to anticipate her return. Slightly older children may experience the loss of a parent as a confirmation of their hostile omnipotence, based on the ambivalence inherent early in the process of separation-individuation (Mahler, et al., 1975). This early ambivalence is increasingly accompanied by death fantasies about the targets of the child's rage. Clinical experience teaches us that with development the overt expression of anger may come to be better controlled, but that death wishes persist in one form or another (Freud, 1928). Other children may feel the loss of a parent as a narcissistic wound of some sort, for example, by feeling that the parent has left—died or divorced—because the child himself was not lovable enough for the parent to stay.

Another advantage in assessing developmental level is that we are less likely to be misled by chronological age. For example, children need a concrete explanation of death and the attendant circumstances; they often misconstrue abstract, philosophical, or religious explanations (R. A. Furman, 1970). However, it is insufficiently appreciated that the stress of anxiety, conflict, or psychic pain often results in a regression even in older children and adults, and the capacity for abstract thinking may be compromised (e.g., Barnes, 1964).¹

¹ Children as young as three years of age can be taught about death through the child's normal contacts with animals and insects, at home and at nursery school (E. Furman, 1974). There seems to be a great discrepancy between the

External factors encompass the particular circumstances of loss and the external resources available to help in coping with the inner consequences. These factors will not be examined here in detail, a task which would require an examination of the effects of *impaired* relationships in addition to the effects of total object loss (e.g., Mahler, 1961; Rochlin, 1953b). However, in taking a close look at the narcissistic constituents of the personality and examining how they are variously affected by object loss, I will attempt to maintain a link between intrapsychic factors and the external circumstances and resources, between inner reality and outer reality.

NARCISSISM

For convenience here it will be assumed that theories are attempts to explain the clinical events and feelings with which we must deal every day, and perhaps to predict a little. It is a technical truism in analysis that it matters both what is said and how it is said. Indeed, much of what is now encompassed in contemporary theories of narcissism seems to have been understood long ago. For example, Kierkegaard declared in 1849 (in *The Sickness unto Death*):

Despair is never ultimately over the external object but always over ourselves. A girl loses her sweetheart and she despairs. It is not over the lost sweetheart, but over herself without the sweetheart. And so it is with all cases of loss. . . . The unbearable loss is not really in itself unbearable. What we cannot bear is in being stripped of the external object. We stand denuded and see the intolerable abyss of ourselves (*cf.*, Gaylin, 1968, p. 15).

Freud's (1914) well-known remark added a developmental dimension to the topic: "The development of the ego consists in a departure from primary narcissism and gives rise to a

eagerness with which some adults instruct children in the sexual area, and their reluctance to give children factual explanations about death and dying commensurate with the children's capacity to understand and in appropriate response to their questions. One too often hears, "Oh, he is too young to know about those things."

vigorous attempt to recover that state" (p. 100). The term "primary narcissism" is usually understood as referring to a hypothetical state of early undifferentiated mother-infant unity in which all the infant's needs are said to be met and which is lost as a consequence of development; at least the degree of gratification associated with that state is thought to be lost and sought for in subsequent phases.

Kierkegaard emphasizes the egocentric aspect of the pain consequent on the object loss; Freud's comment, in contrast, points to the narcissistic losses inherent in growth and development and to the strenuous efforts expended in compensating for them. Freud's remark also suggests the persistence of narcissistic elements in the developmental line of object relationships which begins, in Freud's terms, in the state of "primary narcissism" during the first few weeks of life. Mahler (Mahler, et al., 1975) names this beginning period the "normal autistic phase" (it has also been called the "quasi-autistic phase" [Harley and Weil, 1979, p. xiii, n.] and the "undifferentiated phase" [Hartmann, et al., 1946]), referring to a time before the infant makes any enduring differentiation representationally between the infant's self and another person, that is, before self-object differentiation. Of course, such a differentiation is quite a separate developmental achievement from the exercise of the newborn's built-in capacity to make distinctions between different sources of external stimuli. From the infant's point of view one cannot speak of object loss at this early stage of life because there is no object nor any "self" in terms of durable mental representations. Gradually, building on the child's biological dependence, a complex reciprocity between mother and infant provides a basis for a progressively more psychological relationship, leading into the stages of separation-individuation.

Optimally, the child will eventually attain a notably increased ability to tolerate separation from the mother without great distress or impact for longer and longer periods of time. The progressive consolidation of object constancy enables the child to look to the mother's return with a confident expecta-

tion which the good-enough mother will meet as she has met the child's expectations often enough in the past. The durability or constancy of the mental and emotional structure underlying such object constancy is only relative (McDevitt, 1975), and the death of, or excessively prolonged separation from the mother or substitute will break it down or seriously alter it and profoundly affect object relations thenceforward (A. Freud, 1952; McDevitt, 1967, 1971; Robertson and Robertson, 1971).

Clearly, the development of object relations is closely interwoven with narcissistic factors both in interpersonal relationships and in the relevant mental representations. Prior to self-object differentiation, during the time the biological relationship continues to be primary from the point of view of the infant, the departure of the mother or primary caretaker means death unless a substitute is provided. This provision can be made easily over a relatively brief period after birth, but many constraints are soon imposed by ongoing development, limiting the changes the infant can sustain without disturbance (A. Freud, 1952; Mahler, 1961). These constraints indicate the increasing number and strength of links between the infant and the specific primary object, links which also come to facilitate progressive self-object differentiation and the dawning awareness of feeling-states both pleasurable and unpleasurable. Elaborating an idea of Spruiell's (1975), I suggest that the clinical understanding of narcissistic phenomena is helped by separating out three metaphorical strands or components of narcissism: feelings of *omnipotence*, feelings of *self-constancy*, and feelings of *self-esteem*.

OMNIPOTENCE

Mahler refers to the gradual decrease in age-appropriate feelings of grandeur and magical omnipotence which ordinarily takes place from about the fifteenth month onward (Mahler, et al., 1975, p. 213): "In boys and girls alike, the repeated experience of relative helplessness punctures the toddler's inflated sense of omnipotence." Benefits from the optimal experi-

ence of this process include first the recognition and tolerance of the primary loved person as increasingly separate. This achievement offers the child a reassurance that the expression of hostile or nonhostile aggression does not result in loss of objects, thus facilitating the elaboration of further relationships with them (Winnicott, 1969). A second benefit is the important step thus taken toward the ultimate, but much later recognition that the primary loved person is *also* not omnipotent (Jacobson, 1946). A third advantage from the gradual loss of omnipotent feelings is a resulting protection from a "basic depressive mood" (Mahler, 1966), a mood which might otherwise result in intensive yearnings to restore the feelings of narcissistic well-being experienced in the earlier stages of individuation (Sandler and Joffe, 1965). Fantasies of omnipotence play an important role in the course of development as well as in pathological states (Ritvo, in Panel, 1974). Thus, if identification with the presumed omnipotence of the object has not taken place, then to the extent that feelings of omnipotence and power remain important in the person's narcissistic equilibrium and depend on the loved one for their persistence and potency, there exists a vulnerability to narcissistic injury in that area, by disappointment in or loss of the object.

Object Loss and Omnipotence

The impact of object loss on the metaphorical narcissistic constituent of omnipotence is given early focus in development because of crucial vulnerabilities first peaking, according to Mahler, about the fifteenth to sixteenth month as the practicing period comes to an end (Mahler, 1966, p. 63). There are children who fail to experience the age-appropriate, properly dosed series of disillusionments and deflations of their grandeur and omnipotence. They are consequently more vulnerable to loss of the loved object later on in life, since they have not had the phase-appropriate inoculations of loss beforehand. There are those children, too, whose experience of object loss coincides in time or in other ways with destructive fantasies and who

consequently feel themselves to be responsible for the loss and are terrified by what appears to be their dangerous omnipotence. The cognitive egocentricity appropriate to younger age groups combines with the intense, phase-appropriate conflicts over aggression to make such younger children especially vulnerable to being frightened by the apparent potency of their hostility. As an example of the effort to ward off the feared destruction while feeling responsible, a six-year-old boy with a three-year-old brother said, "Mommy, I wish I never said I wanted a baby, then we never would have gotten Eddie!" Another example of how small children assume themselves to be all-powerful is provided by a four-year-old boy; this child, in sad response to the sudden disappearance of his beloved nursery school teacher who had quit, tearfully asked, "Mommy, what did I do bad?"

These examples illustrate how early one may react more to the threat of apparent destructiveness than to the loss of the object alone. In addition to expressing feelings of responsibility or guilt at the time of the loss, a child may seek to escape these uncomfortable feelings by regressing to what feels safer, to a more infantile and helpless way of relating. In addition to the frightening evidence of their presumed power, both the regression and guilt will secondarily have the effect of lowering the child's self-esteem. Regression has this effect because the child wants to be big and grown up, but a regression is in the opposite direction. Therefore, in order to understand the nature of a person's reaction to object loss in terms of his feelings of omnipotence, it is important to assess what his developmental status was in regard to his ideals for himself, and the degree to which he attained a realistic view of his powers prior to the loss.

SELF-CONSTANCY

Self-constancy, the second metaphorical strand of narcissism, is a more complicated idea which concerns the continuity of the sense of identity over time. Self-constancy may be defined as the

enduring quality gradually acquired by the common elements in the many memories of oneself in many different experiences and situations. These mental representations have "both structural and experiential aspects, just as the object has, in the mind of the child" (A.-M. Sandler, 1977, p. 199). The emerging sense of self is reflected in the gradual attainment of self-constancy, which is an open-ended process just as is the attainment of object constancy (Mahler, et al., 1975, p. 112). Furthermore, the establishing of the emerging sense of self requires the ability to maintain an image of one's self which integrates different affectively toned "good" and "bad" self-representations; it also requires an ability to sustain this integration in the face of the relative lack of pleasurable, or of an excess of unpleasurable, reflections about one's self from a variety of sources.

To the extent that this integration has been achieved and to the extent that it retains its durability, this constant mental image of the self serves as an inner support, nourishing the child's sense of safety, autonomy, and mastery just as does the constant representation of the mother and others. Given reasonable object and self-constancy, the capacity for constant relationships (Burgner and Edgcumbe, 1972) becomes possible; a constant relationship is one in which the person maintains predominantly the same feeling about another individual regardless of the vicissitudes to which their relationship may be subjected. The real loss of a person with whom one has an important constant relationship affects the ability to sustain unchanged the mental representation of that person. The reason for this is that even in adulthood, apparently, some "refueling" (Mahler and Furer, 1963) from the real object is needed from time to time in order to maintain the corresponding mental representation. "Out of sight, out of mind" is a phrase which might describe the fate of this mental structure without sufficient "refueling." There is also evidence to indicate that the real object serves to "refuel" the constant self as well, as Kierkegaard has so sensitively described. The integrated self-image is no longer the source of comfort that once it was after some

period of absence of the real person, the refueling object. This bereft self-image may now become rather more a source of pain, especially in proportion to the degree to which the lost person served to bring about an agreeable integration in the face of otherwise deficient positive feelings about the self.

Object Loss and Self-Constancy

Let us turn now to the effects of object loss on the emerging sense of self. One frequently hears a comment made some months after a divorce or other loss, to the effect that it was "really a growth experience."² While it may reflect defense activity, such a comment could just as well signal both a sense of alteration in the self-representation and a challenge to one's self-constancy. Clearly, this experience is distinct from an injury to feelings of omnipotence and from alterations in self-esteem. To some extent, changes in the sense of self may take place as a consequence of identifications with the lost person (Freud, 1917), identifications which are usually not made very selectively. Since most, if not all, relationships are ambivalent to some degree, a loss of self-esteem will occur to the extent that identifications are made with hated aspects of the lost object.

Identifications with the lost object are made by children (Birtchnell, 1969; Jacobson, 1965) as well as by adults, and these childhood identifications may either facilitate or impede subsequent development (E. Furman, 1974, pp. 59-66; Jacobson, 1971). The usual motivations for making identifications with the lost object are to defend against the pain of the loss and to compensate for it by keeping the person through identifying with her or him, thereby denying the loss. In childhood these motivations also include efforts to avoid and to repair the painful state of self-without-the-object which threatens the constancy of the self and the not yet stabilized sense of self. The widely recognized value of staying in the familiar environment and of keeping things the same serves to lessen these fears and

² This kind of remark seems to be made much more often by adults than by children or adolescents.

to restore a sense of safety to the child. The wish to maintain the *status quo* appears to be much more explicitly stated and striven for by children suffering from object loss than by adults, or by the remaining parent of bereaved children; it is the adult who seems more prone to seek change. In addition to the pain of self-without-the-object, the threat to children lies in a painful menace to their self-constancy, since identifications with a lost object tend to be regressive, their self-object boundaries are not so secure as in adults, and the process of establishing self- and object constancy has not gone on so long or withstood as many trials. In contrast, adults in seeking change are not fearful of a loss of self-constancy, but they seek a person to assuage the pain of a change in their self-representation of the self-without-the-object. This is commonly referred to as "being on the rebound," and many authors describe the phases of adaptation to painful loss (e.g., Pollock, 1961).

An example to illustrate both aspects of this point is provided by the treatment of Doug, a fifteen-year-old boy who was precipitated into a painful state of despair, and thus into treatment, when his well-educated mother suddenly moved them to another house shortly after divorcing his father, an illiterate janitor who had left to live alone elsewhere. In what could be understood as signs of threatened self-constancy, Doug felt "changed inside," "neither fish nor fowl"; he lost all ambitions and goals, and he began to do poorly academically. He developed fears of being approached homosexually and complained bitterly of the apparently never-ending nature of his painful state. Doug also lamented the fact that his mother had not consulted him about this move. He was fearful of even hinting at his discontent with her, but gradually over the next year he began to lay plans to move out into an apartment. Doug always shared all his plans with his mother, and so he mentioned that a place had now become available that he was considering taking. He was devastated anew to find on return from school the very next day that all his belongings were efficiently packed up in boxes and waiting for him by the front door. Doug barely sur-

vived this further challenge; he was bedeviled by fantasies of suicide which gradually dissolved with the expression of his rage at his mother and with their appearance and interpretation in the transference. However, he dropped out of school, eventually took a menial job, and began a long series of affairs and liaisons with a number of girls. In the course of these relationships he attempted with some success to work through conflicts over hostility and over sexual identity and genital activity. While in the first phase of treatment Doug's sense of self-constancy was painfully threatened by the almost simultaneous loss of father and of familiar surroundings, in the later phase he came to grips with the task of finding an object to replace those he had lost. These efforts were discernible in, among other things, his choice of girlfriends, the earlier choices being uneducated, irresponsible, and impulsive girls who occasionally did unskilled jobs; his later choices gradually came to represent an amalgam of idealized representations of himself (having artistic and literary interests and talents similar to his own), and more realistic representations of his mother (in being educated, efficient, and with a steady, managerial job). In the transference I served these functions one after the other, as if I were being used as the leading edge of his development. When Doug found a girl who seemed to him to reciprocate his feelings adequately, he felt no longer in need of me or of treatment, and he brought it to an end.

SELF-ESTEEM

To the areas of narcissistic vulnerability in feelings of omnipotence and in feelings of self-constancy, a third and last strand, that of self-esteem, may now be added. The appearance of feelings of greater or lesser self-worth developmentally follows close on the establishment of self-constancy. Mahler feels that early roots of self-esteem lie in the mother's "quasi-altruistic surrender of the infant's body to himself" during the practicing phase (1974, p. 98).³ Clearly this "surrender" is not an abandonment,

³ Fenichel (1945, p. 40) states that the first supply of satisfying nourishment

and the mother's continued and interested real presence is crucial to the development and maintenance of adequate feelings of self-esteem. These feelings of self-regard are closely intertwined with, but not identical to, the evolution and taming of omnipotent feelings; both the child's self-esteem and his feelings of omnipotence are linked to the mother's feelings about herself and her child, and to his emerging self-constancy.

An increased understanding of the development and functions of the superego (e.g., Beres, 1958) has clarified the part played by ideals in the inner regulation of self-esteem (Jacobson, 1954; Reich, 1960; J. Sandler, 1960; Sandler, et al., 1963; Tyson and Tyson, 1982). We have also been made aware of the importance of the "loving and beloved superego" in the attainment of an inner, durable sense of self-worth and comfort which is relatively independent of the presence of the object (Schafer, 1960).

The "ideal state of the self" may be thought of as one in which feelings of well-being and heightened self-esteem are a function of the discrepancy between the ideal state of the self and the perceived, actual state of the self; the greater the discrepancy, the greater the amount of mental pain suffered (Joffe and Sandler, 1965). The ideal state of the self can be shown to contain significant aspects of early, pleasurable experiences with the mother or primary caretaker; thus we would expect that the presence of the loved object or substitute in the external world would be an essential condition for approximating the actual self-representation to this inner ideal. At any age, the person's loss of such an important object must then inevitably result to some degree in mental pain and in a loss of self-esteem, offering thereby an explanation of Kierkegaard's observation. To the degree that the stable internalization of these ideals and these functions has been attained, and an external "policeman" is no longer needed to prompt the conscience, one may speak of superego autonomy. We usually see signs of this beginning by

from the external world restores "self-esteem and revives the narcissistic state" by removing a disturbing displeasure.

age five to seven years. To the degree that these ideals and functions are dependent on the presence of an external object, need to be refueled, or are subject to excessive enlargement, there exists an extra measure of narcissistic vulnerability in the area of self-esteem.

To reiterate this last point, prior to the establishment of superego autonomy, the child's self-esteem is closely linked with the mother's loving and concerned accessible presence, with her own self-regard, and with the esteem and pride with which she invests her child. With the progressive attainment of superego autonomy and thus of an inner means of regulating self-esteem, the child acquires some degree of insulation from the most crude assaults to self-esteem which result from object loss at this early age. The formation of ideals offers the child an opportunity to nourish the sense of self-worth by approximating to an inner ideal which is not so directly affected by object loss. However, these ideal self-representations are vulnerable to disruption if the loss occurs in the course of their formation. In addition, they may be subject to a magnification or overidealization, resulting in even wider discrepancies between the actual self-representation and the ideal, or they may be subject to erosion to the extent that they need to be "refueled" by the presence of the external object.

Object Loss and Self-Esteem

Once the issues of self-esteem have been distinguished from those of self-constancy and omnipotence, the clinician must assess to what degree the individual's self-esteem regulation is relatively independent of other people and based on the adequate functioning of the superego and its ideals, and to what extent the level of self-esteem is dependent on the presence of external objects who are relied upon to perform the observing, judging, and praising and rewarding, or criticizing and punishing functions. On close inspection, most references to "external narcissistic supplies" are actually references to circumstances in which the individual's self-regard is dependent in this way on

external objects. However, the previous discussion has pointed to two other uses to which "supplies" from an external source may be put, namely, in adding to feelings of omnipotence, and in maintaining an adequate sense of self-constancy. Therefore, some caution is needed not to confuse these issues, since the effectiveness of interventions will be in proportion to the accuracy with which the particular "needs" are assessed and responded to.

Mention has already been made of Freud's (1917) classical formulation regarding identifications with the ambivalently regarded lost person and the consequent loss of self-esteem. The discovery of additional components of the reaction to object loss has in no way decreased the frequency with which the identifications described by Freud occur. As a final illustration, Donald was eight years old when his manic-depressive father, a "practical joker," a "clown" at parties, and an embezzler, committed suicide. Prior problems with Donald were known to have existed. For example, he did not learn to urinate standing up until age four, and then only when his father made a point to teach him, urged on by his wife. Later evidence from his treatment, begun at age eleven years, suggested both a struggle against an identification with his father and identifications with his mother and an older sister made at that early age. Always an intensely passive boy, after his father's death Donald was found wandering down some train tracks, and he described a wish to commit suicide by throwing himself under a bus. Later, he indulged in various delinquencies, chiefly as a member of a gang which stole cars. From these activities he obtained a boost to his self-esteem from external sources—his co-delinquents—and confirmation from others of his own persistently highly critical view of himself. In early adolescence he became a "clown" in school where he was mimicked and teased, and he expected the same denigration from the therapist and from his mother and sister who had ridiculed the father. The low state of Donald's self-esteem can be seen to be derived from several sources. Not only did the family place a low value on being

male, but Donald's early identifications with his father were amplified subsequently by the loss of his father and by the identifications he made with the disturbed aspects of his father following his death.

SUMMARY

The pain of narcissistic injury is most often referred to in general terms which give only descriptive information. The experience of object loss offers an opportunity to investigate more closely the dynamics and constituents of narcissistic pain, especially in relation to the development of self-object differentiation and the progressive establishment of mental representations, and of self- and object constancy. Prior to some degree of self-object differentiation, loss of the primary caretaker does not result in object loss in the sense that such an experience will come to have later—that a meaningful relationship has been lost. A disruption in the equilibrium of the progressively more complex mother-infant reciprocity becomes progressively more difficult to repair, and complete substitution progressively less satisfactory. A developmental assessment is required in order to distinguish between the immediate impact of object loss, the influence of earlier factors on development, and the effects of object loss on subsequent development. Focusing on specifically narcissistic elements, three narcissistic constituents or strands are described as providing a clinically useful framework for such an assessment. These constituents are referred to as feelings of omnipotence, of self-constancy, and of self-esteem. Important landmarks along the developmental path of each element are described, linked to the relevant consequences of object loss, and illustrated by clinical examples.

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The Use of Color for the Secondary Elaboration of the Dream

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THE USE OF COLOR FOR THE SECONDARY ELABORATION OF THE DREAM

BY RICHARD V. YAZMAJIAN, M.D.

Freud's term sekundäre Bearbeitung has been translated as both "secondary revision" and "secondary elaboration." In keeping with a distinction made by Silber (1973), the term secondary elaboration is used in this paper to indicate the process by which further dream modification occurs after dream recall in order to deepen the disguise of the manifest content for the analyst. Clinical cases are presented in an attempt to demonstrate the sole use of color for the alteration of dreams subsequent to their initial recall. Secondary elaboration in these cases is attributed to resistance to transference. Further, the clinical material indicates that the secondary elaboration simultaneously serves a communicative function.

There was ambiguity in Freud's (1900, 1933) description of the ego function which he termed *sekundäre Bearbeitung*. Spanjaard (1969) and Breznitz (1971) have noted that vacillating definitions persisted throughout his writings. These variations are perhaps reflected in differing English translations of the German term. Brill (1913) translated Freud's term as "secondary elaboration" while Strachey (1953) used the term "secondary revision." The interchangeability and ambiguity of these terms have tended to persist in the literature. In his review of secondary revision and secondary elaboration Silber (1973) echoed the comments of Spanjaard and Breznitz.

Silber offered a clinically useful distinction between the two terms. He suggested that the term secondary revision be functionally defined as the unconscious addition to and modification of the representations of the dream work by the synthetic func-

tion of the ego with intent to disguise the latent content from the dreamer himself. He felt that the term secondary elaboration should be restricted to describing the unconscious process by which the ego's synthesizing function further amends or modifies the manifest content subsequent to initial dream recall. The intent of this elaboration is to deepen the disguise of the manifest content for the analyst to whom the dream is reported.

I feel that Silber's distinction is clinically useful, in that it clearly delineates a two-step ego process in the recollection and reporting of dreams. Silber indicated that when unconscious resistance is moderate in degree, the two-step progression *may* occur unconsciously in a "silent," amalgamated manner and may appear clinically to be a single-step process. This would result in the patient's reporting the final manifest content as though it were the dream as initially remembered. Silber noted that at times of heightened resistance the two-step process may become clinically discernible. The term secondary elaboration, as defined by Silber, will be referred to throughout this paper.

The resistance inherent in secondary elaboration was attributed by Silber to negative transference in the case which he presented. Over the course of several sessions, his patient described a progressively complex dream whose manifest content per se defied effective analysis because of intense negative transference. It was possible, however, to analyze the form of the patient's reporting of the dream.

This paper will attempt to demonstrate, with two clinical cases, that the threat of emerging positive transference may provide the stimulus for *resistance* to transference which manifests itself by secondary elaboration. The clinical observations are contrary to Silber's, which attributed secondary elaboration to negative transference. Further, my data indicate that secondary elaboration, in addition to serving as defense, can simultaneously serve a communicative function which facilitates analysis rather than blocking it as was true of Silber's case.

Silber also suggested that the quality of the working alliance

plays a role in secondary elaboration. This was a speculative statement. Certainly, his clinical material would not support such a conclusion. The working alliance of his patient was temporarily seriously ruptured due to intense negative transference. In my view, his clinical data would not validate his drawing the working alliance into such a direct role in secondary elaboration. I believe that it is sufficient to simply say, on the basis of his material, that the intensity of his patient's negative transference resulted in defensive secondary elaboration *and* a splintering of the working alliance.

In my own cases, the working alliances remained intact and facilitated significant transference analysis. As will be apparent in my clinical presentations, the color used for secondary elaboration served, in addition to defense, a communicative function. Communication to the analyst is certainly in the service of the working alliance. Nevertheless, I think that this contribution from the working alliance to the *form* of the secondary elaboration is a secondary one and that the basic initiating impetus to the secondary elaborations was resistance to transference. In fact, the contribution from the working alliance could be viewed as an attempt to undo the defensive intent of the resistance to transference and secondary elaboration. The modified manifest content would thus represent a compromise of defense and communicative intent.

This paper will also demonstrate that the specific addition of only color elements may serve the purpose of dream alteration. The sole use of color to modify the manifest content after dream recollection has not been described in the literature on color in dreams. Blum (1964) mentioned a personal communication from Keiser in which he indicated that color may be added to a dream subsequent to initial dream recall. However, no actual clinical data was cited. The patient discussed by Silber *appeared* to have added color elements, among many others, to the progressively complicated dream which he repeated during several sessions. However, it is not possible to positively establish whether the color was an actual addition or

was merely initially unreported. This is so because the intense negative transference, while not preventing analysis of the form of the reporting of the dream, did preclude direct analysis of the manifest content elements. The unique way in which color alone may be used in the service of secondary elaboration will be illustrated by two clinical presentations.

Case A

A woman of thirty with mixed neurotic symptoms, including a phobic fear of injury to the eyes, entered analysis because of recurring anxiety attacks. Of pertinence was her struggle against the development and conscious acknowledgment of erotic transference wishes. Despite repetitive, thinly disguised fantasies and relatively transparent erotic dreams, she was driven to deny, negate, and minimize her sexual transference. It took a few years of arduous analytic work for her to consciously accept the reality of transference fantasies and conflicts.

It was during that phase of the analysis when she had begun to acknowledge, with considerable anxiety, her transference fantasies that she reported the dream to be considered. Prior to this time she had often described dreams which were sprinkled with various color elements. At no time did there seem to be anything unusual about the quality of her dreams. The dream, reported at the outset of a session, was as follows:

I was walking alone through a well-forested area of Manhattan. It was as though I had gone back in time to precolonial days when there was no development at all. It was very pleasant until I noticed that an Indian was furtively following me. His headdress consisted of a long red feather. I kept walking more and more quickly, but he kept pace with me. Although alarmed, I kept walking and tried to throw him off my trail. I couldn't shake him. One thing that was very unusual about the dream was that the entire dream was suffused in a soft yellow light. Unable to shake the Indian, I began to panic and then awakened in a sweat with my heart pounding.

There were many associations to a man who in fact was

relentlessly pursuing her sexually. The Indian's long red feather was a symbolic reference to his erect penis which excited her despite her evasive tactics. Her sexual excitement in the dream was reflected in the progressively rapid walking and breathlessness. Although the transference implications were evident, she tenaciously adhered defensively to discussing her social and sexual problems with her ardent suitor.

Midway through the session I inquired about the soft yellow light which suffused the entire dream. She fell silent and then commented that on awakening she had not recalled any soft yellow light in the dream. She was sure that she would have noted it if it had been present because it gave the dream a unique quality. She felt quite perplexed about the situation. When I asked her to associate to the soft yellow light, she again became silent. Somewhat startled, she then stated, "I know where the yellow light comes from! It's the color of the light your lamp over there in the corner throws off!"

Appreciating the transference implications, she went on to identify me with the stalking Indian. The long red feather was an allusion to fantasies envisioning my erect penis. Certain aspects of the work of Calef (1954) and Knapp (1956) are pertinent here. Both authors stressed the frequent relationship of the appearance of color in dreams to the emergence of voyeuristic-exhibitionistic impulses and conflicts. She became sexually aroused and anxious while discussing these themes. My office was in Manhattan. Walking about Manhattan in its undeveloped state was an allusion to her childhood when she was "undeveloped" and struggling with masturbatory conflicts involving fantasies about her father's erect penis.

Since awakening that morning, she had not thought of the dream until lying down on the analytic couch. The secondary elaboration occurred at that point. It was evident that she modified the original manifest content by incorporating into the dream a visual stimulus from within the office.

Although the secondary elaboration occurred in response to heightened resistance to the transference, it would be a clinical

error to focus solely on the defensive aspects. In addition to defense, the new edition of the dream simultaneously served an important communicative function (Kanzer, 1958). The yellow light, which literally invited inquiry by me, would appear to be a symbolic exhibitionistic display of her vaginal excitement. Further, its direct reference to my office also made it a fine vehicle for expression of erotic transference material with a scopophilic theme. It is noteworthy that by provocatively inducing me to ask about the yellow light after she had already announced that it was quite unique, she had led me into "pursuing" her as did the Indian. I suspect that the bathing of the dream in a yellow light was also a reference to memories of the "color shock" which is commonly experienced by little girls (Greenacre, 1947) upon initial observation of the father's penis, especially in the erect state. However, no direct confirmatory associations emerged during the session.

Thus, one can see that secondary elaboration, in this case via the use only of color, served the defensive function of resistance to transference rather than being an expression of transference as cited by Silber. Further, though the secondary elaboration in Silber's case was employed to completely block analysis of the manifest content, in my patient its communicative function served to facilitate its analysis.

After reading this paper, a colleague inquired, "How do you *know* the yellow color was added as she insisted, rather than repressed at waking and then negated as it re-emerged in her awareness in the presence of your lamp?" It is a difficult question to answer with certainty. I think that in such a situation one must rely on the total perspective of the specific clinical vignette. First, there is the overall quality of the patient's affective response which clinically had a convincing ring to it. Second, I would have expected that repression upon waking might well have been reflected clinically in even more intense resistance to the transference than was demonstrated in the initial phase of the session. I say this because, if the yellow color had been there upon awakening and had then been repressed

because its transference implications were too threatening, one would expect that this resistance would have been appreciably strengthened when in my actual presence and that the yellow color would have gone unreported, at least in the initial description of the dream. Finally, in view of the fact that significant transference material emerged late in the session, one might possibly have expected accurate conscious recovery of the original waking dream at that time. It is a common experience for a dreamer to partially work through a reported dream and then suddenly recall other facets of the dream which had been repressed until that point. That did not happen in this instance.

Of course, my line of reasoning does not *prove* that the color was added to the dream in my consultation room, and perhaps other trains of thought could be brought to bear on this issue. Nonetheless, I am personally convinced of the clinical validity of my description. Still, the question posed by the reader was intriguing in that it points up the numerous subtle factors that may go into the complex dynamic process of dream recall, reporting, and analysis.

Case B

A twenty-two-year-old woman suffering from a hysterical character disorder sought analysis because of repetitive bouts of acute anxiety. The analysis proceeded well and was characterized initially by her intense fear of and struggle against her positive erotic transference reactions. A recurrent defensive pattern involved externalization of internal conflicts and conscious preoccupation with realistic considerations.

During these typically brief periods, this otherwise psychologically-minded person would become seemingly obtuse. She would simplistically explain away anxieties as being due to external factors, such as severe work pressures. Fantasies tended to be suppressed and repressed. Even her dreams portrayed "ordinary" life situations accompanied by rather neutral affects. Symbolic meanings of the dreams were denied. Similarly, the transference was denied, minimized, or negated.

Over the course of time she began to recognize this defensive style herself. At those times when she did not recognize the pattern, confrontation and interpretation easily disrupted the defensive mechanism. At one point during this phase of loosening defenses she reported the following dream:

I was alone in my kitchen warming up my husband's favorite meal in anticipation of his coming home soon. On the counter were blue, green, and yellow cookie boxes. I felt very relaxed in the dream.

Prior to the actual description of the dream she had once again been defensively fleeing into realistic concerns. After reporting the dream, she dismissed it as being rather "banal" and reflective of her desire to please her rather demanding husband. She was confronted with her familiar pattern of seeking haven in realistic considerations. After giggling a bit anxiously she commented, "I guess there's really something in that dream that I don't want to know about."

Indeed, there was much in the dream that she wished to evade. What emerged was that her husband's favorite meal was the "eating" of her. He had performed cunnilingus upon her shortly before she fell asleep. In the dream her anticipation of her husband's "coming home soon" was an allusion to her hoping during intercourse that he would be "coming" soon, since she knew that she would not have an orgasm herself. As in the dream, she had found the sexual activity relaxing but fell asleep still somewhat aroused. When I inquired about the colored cookie boxes, she responded, "I mentioned their being on the counter because that's where they always are, and the colors I described are their actual colors." She became completely silent and then quietly commented, "When I remembered the dream this morning there was no color in it." The cookie boxes were a symbolic reference to her "box" and the cunnilingus in which her husband had engaged. She anxiously recollected that while he was involved in cunnilingus, she had excitedly wondered what it would be like if I were there rather

than her husband. Although frightened by her transference fantasies, she was able to explore them further.

It would appear from the clinical data that, consistent with her defensive use of reality, the patient created a "realistic" dream to screen erotic memories and transference fantasies. When reporting the dream, she described it as she had recalled it in the morning until she was about to mention the cookie boxes. Since the latent associations to their representations were laden with erotic transference fantasies, she was unconsciously impelled to strengthen her defenses, and she suddenly invested them with their actual colors in order to make them even more realistic. Simultaneous with the tightening of her defenses she was calling attention to the dream's color elements, as did the previous patient. Color in a dream always highlights and dramatizes a particular representation and can serve the communicative function of "flagging" the analyst's attention. In this context the patient used color to exhibitionistically display her aroused "cookie box." This patient's "flagging" me also reflected her unconscious wish that I help her delve into transference fantasies whose importance she had really begun to appreciate but found too formidable to freely express of her own volition. In addition to genuinely wanting my aid and sanction in discussing her transference fantasies, on a deeper level she wanted me to demonstrate an active interest in her "cookie box" as had her husband. Thus, she seductively drew me into actively inquiring about the color elements, which was not her usual ego style in analyzing her dreams. With this subtle acting out she not only gratified her wish that I exhibit interest in her vagina, but specifically had me do so by inducing me to speak to her. I believe that the use of my "tongue" unconsciously represented to her the actualization of the cunnilingus transference fantasy.

DISCUSSION

I am not able to cite the prevalence of the sole use of color for the secondary elaboration of dreams. The two cases described

are the only ones I have personally encountered in which the phenomenon could be clearly identified. Several colleagues have informally commented that they could not recall any such clinical experiences. It would seem to be a most infrequent occurrence. Actually, it may be a much more frequent event than is apparent due to the amalgamation of secondary revision and elaboration in those instances in which a dreamer anticipates reporting the dream to the analyst even while initially remembering it. Thus, when fused with secondary revision during the initial dream recall, secondary elaboration, as such, would probably not be analyzable. This impression is based on the manner in which many patients describe their struggle to recall a dream upon awakening. For instance, patients often state something like the following: "When I woke up this morning, I remembered a somewhat vague dream dealing with my fear of my father. I realized it was important and wanted to bring it in to analyze it since we had discussed that very issue yesterday. As I thought about it, the entire dream slowly came back to me with vivid clarity." Resistance was evidently mobilized in the attempt to recover the dream which the patient wanted to present to the analyst. It is possible that the resistance resulted in secondary elaboration during the actual recall of the dream. If so, how could one delineate the original from the modified dream, since the original dream initially had not been given full conscious representation? Conversely, subsequent to initial dream recall, secondary elaboration associated with dream recall prior to an analytic session or while recounting the dream to the analyst would be amenable to analysis in some instances, as is illustrated by the case material.

Although the findings of this paper are at variance with Silber's, it does owe to Silber the attention which he drew to the possible importance of clinically scrutinizing the clearly related, but at times distinct, processes of dream recall and dream reporting. Such an approach might be regarded as artificially dichotomizing the complex process commonly referred to as secondary revision. I think not, and feel that it represents

one avenue of sharpening our views of dream revision, ego functioning, and the vicissitudes of transference and associated defenses.

SUMMARY

Freud's descriptions of what he called *sekundäre Bearbeitung* contained ambiguities that have perhaps been reflected in the differing English translations of the German term as secondary revision and secondary elaboration. Silber (1973) suggested that the term secondary revision be used to designate the process by which a dream is modified to disguise the latent content from the dreamer upon initial recall. He also suggested that the term secondary elaboration be used to indicate the process by which further dream modification occurs after dream recall in order to deepen the disguise of the manifest content for the analyst. Silber cited a patient who reported a progressively complex dream over the course of several sessions. He attributed this phenomenon, following initial dream recall, to intense negative transference which completely blocked analysis of the dream content.

This paper has attempted to demonstrate, with two clinical illustrations, the sole use of color for the alteration of the manifest content of dreams following their initial recollection. Secondary elaboration in these cases is attributed to resistance to transference rather than to transference per se. Further, the clinical material indicates that the secondary elaboration simultaneously served an important communicative function, in addition to the defensive one, which facilitated analysis rather than sabotaging it.

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Reflections on Freud's Reaction to the Death of his Mother

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REFLECTIONS ON FREUD'S REACTION TO THE DEATH OF HIS MOTHER

BY HERBERT LEHMANN, M.D.

Freud's reaction to the death of his mother as he reported it in letters to Ernest Jones and Sandor Ferenczi is discussed. The sense of liberation and the absence of grief which he emphasized is given some analytic consideration. An attempt is then made to gain an understanding of Freud's somewhat cryptic remark that a change in the "values of life" in the "deeper layers" will have occurred following his mother's death. His discussion of these concepts in Civilization and Its Discontents, which was published just before her death, is utilized. The question is raised of whether the death of his mother may have been related to the change in Freud's view of the significance of the preoedipal mother which he presented in "Female Sexuality," the first paper he wrote after her death.

It is well known that Freud's reaction to the death of his father had important consequences for the development of psychoanalysis. The death of his mother occurred thirty-four years later when Freud himself was an old man of seventy-four suffering from a debilitating and life-threatening illness. Neither Freud nor any subsequent biographer or historian made much of the event. There are few references to it in the literature and no suggestion that it left any imprint on the further development of psychoanalysis.

Amalie Freud died on September 12, 1930. As was her custom, she had spent the summer in Bad Ischl. Freud himself was at Grundlsee for the summer. His last visit with his mother occurred in August when he drove to Bad Ischl, about an hour away, to congratulate her on her ninety-fifth birthday. He wrote to a relative in England: "She is very weak, at times apathetic,

but not out of her senses. She recognizes people and is accessible to all kinds of emotions" (Clark, 1980, p. 482). Freud's mother returned to Vienna early in September, a few days before she died peacefully in her apartment.

Freud's own health had troubled him greatly that year. In April of 1930 he had gone to the Cottage Sanatorium for treatment of cardiac and intestinal distress. In May he had gone again to Berlin for work on his prosthesis which was causing him a great deal of discomfort. He spent about three months in Tegelsee, Berlin, and at the end of July arrived in Grundlsee for the summer. This was the summer when Freud received the Goethe Prize. Because he felt too frail to make the journey to Frankfurt, Anna Freud, on August 28th, read the brief paper which Freud had written for the occasion. This paper appears to have been Freud's only literary production of any significance in the year 1930.

Freud himself was puzzled by what he called his "curious reaction" to this "important event" (his mother's death). He left us only the briefest description of it in two letters he wrote to his friends, Jones and Ferenczi, almost immediately after his mother's death. He wrote to Jones on September 15th:

I will not disguise the fact that my reaction to this event has because of special circumstances been a curious one. Assuredly, there is no saying, what effects such an experience may produce in deeper layers, but on the surface I can detect only two things: an increase in personal freedom, since it was always a terrifying thought that she might come to hear of my death; and secondly, the satisfaction that at last she has achieved the deliverance for which she had earned a right after such a long life. No grief otherwise, such as my ten years younger brother is painfully experiencing. I was not at the funeral; again Anna represented me as at Frankfurt. Her value to me can hardly be heightened (Jones, 1957, p. 152).

In a letter to Ferenczi, written the next day, September 16th, Freud said:

It has affected me in a peculiar way, this great event. No pain,

no grief, which probably can be explained by the special circumstances—her great age, my pity for her helplessness toward the end; at the same time a feeling of liberation, of release, which I think I also understand. I was not free to die as long as she was alive, and now I am. The values of life will somehow have changed noticeably in the deeper layers.

I did not go to the funeral; Anna represented me there, too (E. L. Freud, 1960, p. 400).

A glance at these letters shows that Freud has not relinquished his self-analytic attitude. He examines his reactions according to surface and depth. His statement about noticeable changes in the values of life in the deeper layers is a cryptic one, but his actual feelings—of liberation, of release—are very clear. He records his curiosity about these feelings, because they are obviously not the usual ones after the loss of a mother. The feelings one would expect, and which his brother is experiencing, are pain and grief. His explanation for this in the second letter seems not quite satisfactory: the circumstances of her “great age” and the “pity for her helplessness toward the end.” If these factors were operating in dispelling pain and grief, we may ask why Alexander, the younger brother, is experiencing them. Was Freud’s reaction a denial? Did he not experience her death as a loss? Had he worked through the impending, expected loss of his mother before? Did he have a sense of an early reunion with her because of his own age and illness which protected him from feeling the loss? Did the reference to his daughter Anna—“her value to me can hardly be heightened”—echo what he had already written about in 1913 in “The Theme of the Three Caskets,” the role of the three women in a man’s life. In fact, Schur (1972) thought that the 1913 paper was written shortly after an illness of Freud’s mother. I do not think it is possible to find satisfactory answers to these questions. Freud did not attend the funeral. There is no reason to doubt that he was physically not strong enough, just as he was physically not strong enough to attend the Goethe Prize ceremony in Frankfurt a month earlier. But one is

tempted to seek psychological explanations. Thus Slochower (1975, p. 14) asked: Did Freud not want "to see" her buried? Did he try to avoid witnessing "proof" that the wish for unconditional everlasting attachment was to be "buried"?

Let us consider the feelings that Freud did experience. First, an increase in personal freedom, a feeling of liberation, of release. Second, satisfaction that at last she has achieved the deliverance for which she had earned a right after such a long life. Thus, not only does Freud feel liberated himself, but he feels satisfaction that his mother has been liberated as well. Deliverance means liberation (*Befreiung*) or release (*Erlösung*). This identification of Freud with his mother is perhaps related to the absence of grief and pain.

Freud explains the increase in personal freedom by revealing that "it was always a terrifying thought that she might come to hear of my death," and that "I was not free to die as long as she was alive, and now I am." (*Ich durfte ja nicht sterben, solange sie am Leben war, und jetzt darf ich.*) As far as I could ascertain, the psychoanalytic literature contains only one analytic comment on this particular reaction of Freud to the death of his mother. It was made by Eissler (1974) in the course of a "Gedenkrede" on the occasion of the thirtieth anniversary of Freud's death:

The idea of his own death, so it seems, had been unacceptable till now, because it encompassed the deep pain which the mother would have suffered with his death. At the same time the reaction proves the deep tie to his mother, since evidently the main anchor which chained Freud to life was the love of his mother. Thus in persons with great creative capacities there is no dissolution of the oedipus complex. The destruction of the oedipus complex, as Freud postulated it, occurs in normal and talented persons. In them the continuing existence of the oedipus complex would lead to disaster. For the person of genius it is a blessing (p. 45).

Eissler, in focusing on the psychological differences between the genius and the person of talent, restricts himself to the

oedipal aspect of the problem. However, the sheer intensity of the expression "it was always a terrifying thought . . ." arouses the suspicion that it reflects the persisting effect of important preoedipal trauma. It appears to be a desperate effort to prevent the repetition of an experience. We are indebted to Blum (1977) for an excellent discussion of the preoedipal period in Freud's life, the problems which the actual experience of the primal scene and the birth and death of siblings must have created for the young boy. He cites Freud's own reconstructions in his self-analysis which are recorded in the Fliess correspondence and in *The Interpretation of Dreams*. But Blum also points out that "the most important relationship at that period of Freud's life which is not delineated in his 1897 comments or in the analytic literature on his letters or dreams is the (rap-prochement) relationship with his mother" (p. 768). Blum makes the point that the preoedipal mother in the dream-book is hidden behind the pale shadow of his oedipal parent, usually the father. Blum (p. 768) quotes a Freud memory from the Fliess correspondence—"I was crying my heart out, because my mother was nowhere to be found"—and calls it a "poignant expression of his separation anxiety and infantile grief." Does the terrifying fear of dying before the mother then represent a projection onto the mother of a fear of being abandoned? Has the passive fear of abandonment been turned into the active abandoning of the mother and a reactive fear of such aggression toward the mother?

It is not difficult to reconstruct what must undoubtedly be an oversimplified, adultomorphic scenario. For example, Freud was one and a half years of age when his brother Julius was born and just under two years of age when Julius died. To appreciate the full impact that these events must have had on the little boy, one has only to recall that the Freud family lived in one room at the time (Schur, 1972). It is easy to picture the child's being present at the death of his baby brother and seeing his grief-stricken mother sink into a state of mourning, if not depression. In a close family such a catastrophe represents a

complex trauma for a small boy. Freud's later determination not to have his mother ever again subjected to hearing of the death of a son could have originated right then in the middle of this emotional turmoil. His sense of his increased importance to his mother as her surviving child must also have led to a pronounced sense of obligation toward her which persisted all his life—until he was released from it by her death. The feeling of personal freedom, of liberation, of release, no longer seems so curious.

There is one more point to be considered. This has to do with the different way in which Freud explains his sense of increase in personal freedom in his letter to Jones and his feeling of liberation and release in his letter to Ferenczi. To Jones he writes that it had always been a terrifying thought; to Ferenczi he writes that he had not been free to die before, clearly implying a prohibition. What was its source? When we examine the German text of the letter, we find that Freud speaks of "*ein Gefühl der Befreiung, der Losgesprochenheit*." There is no noun *Losgesprochenheit* in German. It is a noun that Freud formed from the verb *lossprechen*. The customary form of noun from this verb would be *die Lossprechung* or *das Lossprechen*. Significant as it must be, I can offer no speculation about why Freud would make up a new word in this context. The word *Losgesprochenheit* was quite correctly translated as "release." However, it can also be translated as "absolution" and as "acquittal." In that sense it could refer to a power like the Church or a court. This suggestion of the existence of a superior power who directs man's destiny, withholds or dispenses permission to die, would seem to approach matters of religion. Considering Freud's repudiations of religion, this would be regressive, but perhaps understandable in reaction to the impact of his mother's death. Could this be related to what Freud had in mind when he added the remark: "The values of life will somehow have changed noticeably in the deeper layers"?

This is an opportune moment to turn our attention to this

enigmatic remark which alludes to what undoubtedly would be the most profound effect of his mother's death on Freud. We cannot proceed without some clarification of the meaning of the terms "values of life" (*Lebenswerte*) and "deeper layers" (*Tiefere Schichten*) which Freud uses here.

Freud (1930) had only very recently published *Civilization and Its Discontents* in which he discussed these concepts in the first chapters. It is justifiable to assume that this discussion was in his mind when less than a year later he wrote of changes in the values of life in the deeper layers. The very first sentence of the book provides some illumination of the meaning of the term "values of life" (*Werte des Lebens*): "It is impossible to escape the impression that people commonly use false standards of measurement—that they seek power, success and wealth for themselves and admire them in others, and that they underestimate what is of true value in life" (p. 64). As we read on, we learn that what Freud believes to be of true value in life includes religion, science, and art.

The first chapter of *Civilization and Its Discontents* was actually published separately under the title "*Das Ozeanische Gefühl*" (Freud, 1929). It has received much attention because it is part of a dialogue between Freud and Romain Rolland on the subject of religion and mysticism. Freud introduces Rolland to his readers as one of those rare individuals who is admired for attributes and achievements that represent what is of true value in life. The relationship between the two men is well documented by Fisher (1975). Rolland is the profoundly religious artist, while Freud is the totally rational scientist. The two men profess true, but different values of life. The brief segment of their dialogue which is revealed in this first chapter may go to the core of our inquiry into Freud's thought about the change in values of life in the deeper layers which had been prompted by the death of his mother.

Freud responds here to Rolland's reproach that in his *Future of an Illusion* he had neglected to analyze "spontaneous religious feeling" and "religious sensation" (Fisher, 1975). Rolland

described a feeling which he and millions of others experience and which made him feel "profoundly religious." He called it oceanic, and he believed it to be the source of all religious feeling. Freud (1930), who cannot discover this oceanic feeling in himself, proceeds to attempt "to discover a psycho-analytic—that is, a genetic—explanation of such a feeling" (p. 65). In essence, Freud regards the oceanic feeling as seeking "something like the restoration of limitless narcissism" (p. 72), a primordial state of mind which existed once in the earliest infant-mother relationship when the sense of separateness and self had not yet developed. This accounts, for instance, for the feeling of oneness with the universe which is part of the oceanic feeling. Freud reasserts his own belief that religious needs derive from the child's helplessness and need for a father's protection. "I cannot think of any need in childhood as strong as the need for a father's protection" (p. 72).

Rolland's oceanic feeling re-establishes the sense of security from a blissful tie to the nurturing mother, whereas Freud's concept of religion means the freedom from fear achieved through the sense of protection by the all-powerful father. Thus, in this book written shortly before his mother's death, Freud continues to assign less importance (value?) to the preoedipal mother than to the father.

When Freud relates the oceanic feeling to a primordial state of mind, something from primitive beginnings that survives into maturity, he enters into an elaborate discussion of what he means by "layers." It is a representation of "historical sequence in spatial terms" (p. 70). In mental life nothing which has once been formed can perish—everything is somehow preserved, and in suitable circumstances (when, for instance, regression goes back far enough) it can once more be brought to light. To illustrate his point Freud uses the history of Rome as an archaeological analogy. The "deeper layers" of the mind, then, are meant to describe those aspects of the personality which represent residues from experiences of the earliest phases of development, the preoedipal period of development, and the

changes of which Freud speaks must refer to something of that period.

What is astonishing here is the discovery that Freud had (and was quite aware of) a strong aversion to dealing with and exploring the "deeper layers." In concluding his discussion of the oceanic feeling he writes:

Let me admit once more that it is very difficult for me to work with these almost intangible quantities. Another friend of mine, whose insatiable craving for knowledge has led him to make the most unusual experiments . . . has assured me that through the practices of Yoga . . . one can in fact evoke new sensations and coenaesthesias in oneself, which he regards as regressions to primordial states of mind which have long ago been *overlaid* [italics added]. He sees in them a physiological basis, as it were, of much of the wisdom of mysticism. It would not be hard to find connections here with a number of obscure modifications of mental life, such as trances and ecstasies. But I am moved to exclaim in the words of Schiller's diver:—

‘ . . . Es freue sich,
Wer da atmet im rosigten Licht.’
[Let him rejoice who breathes up here in the roseate
light!] (pp. 72-73).

We ask ourselves what is it about these earliest experiences, these deeper layers, that is so oppressive to Freud, who certainly never lacked courage in his explorations of the mind. The poet must have touched on it in some way when he moved Freud to quote his words. Schiller's poem, "The Diver" (Bowring, 1893), tells the story of a king who dares someone in his entourage to dive into the turbulent ocean and retrieve a golden goblet that he intends to hurl into its depth. No one has the courage except one youth. He dives into the dangerous water, brings back the goblet, and reports that his life was saved by a reef which broke his fall as well as the goblet's. He describes his vision of the terror down in the depths. The king tempts him once more to take the plunge and bring back word of what he saw in the nethermost depths of the sea. This time, in addition to honors

and jewels he offers his daughter as the prize. The youth dives in again, but this time fails to return. Nothing could equal the language of the poet in describing the wild sea and the visions of horror in the depths. Here are some samples: "A gaping chasm, its jaws open wide as if leading down to the depth of hell"; "Emerge from the all devouring grave"; "The waves from the ocean womb"; "How the salamanders' and dragons' dread forms filled those terrible jaws of hell with their swarms"; "Mid the monsters foul of that wilderness drear a something crawled near, and a hundred limbs it outflung and at me it snapped."

The absence of a mother figure from the list of *dramatis personae* of the poem leaves one in no doubt that she is represented by the ocean. What Rolland describes as the calm, serene, peaceful oceanic feeling, to Schiller is a seething oceanic terror. What to Rolland, according to Freud's interpretation, is a tender merging with the nurturing mother, to Schiller is a devouring incorporation by a passionate, monstrous mother. The female genital, rather than being a life-giving womb to which the offspring dreams eternally of returning, is a dark opening, in the depth of which is concealed a multitude of preying phalluses which will swallow up the daring explorer wishing to penetrate the mystery.

It is a ghastly vision of the mother which Freud conjures up with his quotation from Schiller's poem the year before his mother's death. It is a mother who is mysterious, but terrifying and devouring. Is it a change in this vision that he anticipates will occur after the death of his mother? Has some danger passed? Has the seething, threatening ocean come to rest? Is it possible now to descend into and explore those mysterious deeper layers?

It cannot be pure coincidence that the first significant paper which Freud (1931) wrote after the death of his mother was the paper entitled "Female Sexuality." He showed the first draft of this paper to Eitingon in February of 1931, so it must have been written within the first four months after his mother's

death. It is his first paper explicitly and exclusively devoted to the sexuality of women. It is tempting to think that it was written in the spirit of the liberation and release which Freud had reported experiencing immediately after the death of his mother. It should not come as a surprise that in this paper Freud speaks of "the phase of exclusive attachment to the mother" (p. 225) and for the first time calls it "the pre-Oedipus phase." The new discovery which Freud added to what he had written about the subject in the past was that "the pre-Oedipus phase in women gains an importance which we have not attributed to it hitherto" (p. 226) and that the little girl's pre-oedipal attachment to her mother is very intense and of longer duration than the little boy's. Freud's comparison of this discovery with the discovery of the Minoan-Mycenean civilization behind the civilization of Greece indicates how important he considered it to be. It can also be compared to acknowledging the existence of a matriarchy preceding the establishment of a patriarchy.

In a remarkable passage in the paper Freud states: "Everything in the sphere of this first attachment to the mother seemed to me so difficult to grasp in analysis—so grey with age and shadowy and almost impossible to revivify—that it was as if it had succumbed to an especially inexorable repression" (p. 226). Freud's explanation of why it seems to be easier for women analysts to work with this problem does not seem sufficient. He again acknowledges here his difficulty in looking and seeing: "Nor have I succeeded in seeing my way through any case completely . . ." (*Ich habe es auch nicht dahin gebracht einen Fall vollkommen zu durchschauen*) (p. 227). Apart from being able to work with a more easily established mother transference, women analysts may have less difficulty and conflict in looking and seeing in this area, not to speak of the greater ease of putting themselves into the role of the mother in the transference. It must be considered that one possible change in the "deeper layers" in the wake of the loss of his mother which Freud assumed might occur is a reinforcement of his identifica-

tion with her. He might have anticipated a greater ease in analyzing his patients' preoedipal problems.

In my search for the meaning of Freud's comment that somehow the values of life will have noticeably changed in the deeper layers, I have speculated about a number of issues around which a change might have been expected to occur. But the only concrete evidence of change must come from Freud's writings immediately before and after his mother's death. There is indeed a change in Freud's thinking about the "value" or significance of the preoedipal mother. Two quotations I have given epitomize that change: 1) "I cannot think of any need in childhood as strong as the need for a father's protection" (1930); 2) "the pre-Oedipus phase in women gains an importance which we have not attributed to it hitherto" (1931). (We should remember that in this discussion Freud pointed out that many features of the relationship to the preoedipal mother are the same for both sexes.)

We have to conclude that whatever changes the death of his mother produced, they probably came too late in Freud's life to ignite the same creative spark which the death of his father ignited thirty-four years earlier. The veil over his own preoedipal experiences, the anxieties, the traumas, the ambivalences, seemed to remain in place when he wrote in October 1931 to the Mayor of his birthplace, Příbor-Freiberg:

I left Freiberg at the age of three. . . . It is not easy for the now seventy-five-year-old man to recall those early days of whose rich content only a few fragments reach into his memory, but of one thing I am certain: deep within me, although *overlaid* [italics added], there continues to live the happy child from Freiberg, the first-born son of a youthful mother, the boy who received from this air, from this soil, the first indelible impressions (E. L. Freud, 1960, pp. 407-408).

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Psychoanalysis Abroad: A Report from Greece

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PSYCHOANALYSIS ABROAD: A REPORT FROM GREECE

BY PETER HARTOCOLLIS, M.D., PH.D.

One of the earliest translations of Freud in Greek, his *Three Essays on the Theory of Sexuality*, published around 1920 in Athens, was introduced with the following typical-for-the-times remarks:

A book like this, appearing here in a public edition before the War, would have provoked at least horror. Nowadays, however, the spread of psychic research has changed things. A book like this, putting many things in their place, is invaluable, especially for physicians, educators, judges, teachers, psychologists, and even biologists. And there is no danger that the present book will be considered disgusting, immoral or repulsive. Freud's great fame guarantees its acceptance.

Freud and psychoanalysis were known and discussed seriously by at least one group of Greek professionals, the progressive association of educationists known as "*Ekpaedeutikos Omilos*," since 1915, when Manolis Triantaphyllidis, a leading member of the group, presented them with his paper, "The Beginning of Language and Freudian Psychology." He and his associates were interested mainly in the application of psychoanalysis to education. In fact, some of them developed a liking for Adler. Psychoanalysis also attracted the attention of university students and avant-garde intellectuals, competing as an ideology with Marxism. The few clinicians who espoused its principles were at the time outside of official medicine, which, like the rest of the academic world, reacted to the new science with skepticism or outright hostility.

It was only after World War II that psychoanalysis began to acquire some respect among Greek psychiatrists and members

of academia. Freud's basic works were translated, and senior analysts from abroad, including Anna Freud, Max Schur, and Margaret Mahler, were invited to lecture in Athens before open medical audiences. Instrumental in this development was Marie Bonaparte. Married to a prominent member of the Greek royal family, she spent the first post-War years between Paris and Athens, using her influence abroad and locally to promote psychoanalysis in Greece. She brought together three practitioners possessing the basic qualifications, Demetrios Kouretas, George Zavitzianos, and Andreas Embirikos, and managed to have them recognized as a Study Group of the International Psychoanalytical Association under the auspices of the Paris Society. But the group soon fell apart, as Embirikos, a lay analyst and surrealist poet, criticized for treating patients without being a physician, left the country for France; almost simultaneously Zavitzianos emigrated to Canada, leaving at home only Kouretas¹ to carry the cause of psychoanalysis under the benevolent but now distant eye of the "Princess," who thereafter spent very little of her time in Greece. Kouretas, an enthusiastic lecturer and prolific writer, who specialized in psychoanalytic interpretations of ancient Greek myths, became eventually Professor and Chairman of Psychiatry at the University of Athens Medical School. He retired in 1969, too soon to be able to establish a base for psychoanalysis at the main Greek University of the time. And psychoanalysis as a profession barely survived the competition of biological psychiatry and pharmacotherapy.

Among the reasons contributing to the slow development of the psychoanalytic movement in Greece was the fact that, like many Greek scientists who went abroad for graduate studies, those who became psychoanalysts did not return to Greece, preferring to make their careers in the countries of their training, where circumstances and the opportunity to teach or to practice

¹ A fourth man, with probably as much of a background in psychoanalysis as the other three, the physician-"cosmopolitan" poet and novelist, Nikos Dracoulidis, was approached but eventually excluded from the group. All four had studied in Paris.

properly were more favorable. And the few psychoanalysts who did establish themselves in Athens in the more recent years, even though no longer experiencing serious problems in their professional lives, met with frustration in their efforts to form a group that might represent psychoanalysis authoritatively in the country. Their limited number and the elaborate process necessary to form an organization according to the rules of the International Psychoanalytical Association did not help. The different origin of their training and the distance from their parent institutes added to the difficulties.

In contrast to the past, psychoanalysis in Greece no longer has open enemies or even acknowledged critics. One might even say that there is now a very favorable climate not only among intellectuals and high-society women, as early apologists for psychoanalysis used to note with bitterness, but also among ordinary people without social or intellectual pretensions. There is a multitude of articles in newspapers and magazines—though far fewer in medical journals—that have psychoanalysis as their subject or refer respectfully to psychoanalysis and its founder, and there are books, translations in particular, including Freud's complete works, which have been produced by two different publishing houses. Money and how to pay for psychoanalysis without the benefit of insurance is a problem, but a surprising number of people are ready to make sacrifices in order to have the proper treatment, education, or both.

There is, indeed, considerable demand for personal analysis and psychoanalytic psychotherapy—which, incidentally, are often represented as synonymous. Such a confusion, prevalent once in the United States, is probably based on the fact that there are still too few psychoanalysts and psychotherapists with adequate training in Greece. One hears frequently about “psychoanalysis” conducted once or twice a week, or about “group” and “family psychoanalysis,” when by all evidence the reference is to therapies that merely borrow from Freudian, Adlerian, or more recently, Lacanian theory or practice. Such a misrepresentation, when not caused by sheer ignorance, has probably the purpose of meeting the wishes of people who want to be

“psychoanalyzed” but who do not know or care about the difference. And the term “psychoanalysis” (particularly for Greeks) sounds less psychiatric, provoking less fear of the stigma that traditionally accompanies psychiatry and psychiatric illness, in Greece as much as, or more than, anywhere else.

Finally, the country seems ripe for the proper didactic facility. Numerous young scientists—psychiatrists, psychologists, social workers—in Greece and abroad express lively interest in psychoanalysis and have made known their desire to be trained in Greece rather than leaving the country or prolonging their stay abroad. Characteristic of such an encouraging development is the fact that around the few local analysts there have formed various working groups which enthusiastically study psychoanalytic theory and engage in psychoanalytic applications. Psychoanalytically inspired symposia and seminars, conducted by local or visiting professionals, attract sizable groups of psychiatrists and other social scientists and students. Such a demonstration of interest allows for the optimistic prediction that Greece will soon have a coherent psychoanalytic movement, as do most other countries of the Western world. In fact, with the recent repatriation of a number of colleagues, negotiations have reopened for the recognition of the Greek analysts as a Study Group of the International and for the creation of a training and supervising facility accountable to the International as sponsor.²

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² Subsequent to the writing of this report, the Psychoanalytic Association of Greece was constituted as a Study Group of the International Psychoanalytical Association, with a Sponsoring Committee consisting of Joseph Sandler (Jerusalem), Chairman, and Janine Chasseguet-Smirgel (Paris), Stavros Mentzos (Frankfurt), and Janice de Saussure (Geneva), members. The Greek Study Group, composed of Peter Hartocollis, Chairman, and Athena Alexandris, Stavroula Beratis, Anna Potamianou, and Panayotis Sakellaropoulos, members, accepts inquiries about psychoanalytic training. The inquiries can be addressed to Dr. Hartocollis at the University of Patras Medical School.

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BOOK REVIEWS

PSYCHOANALYSIS IN FRANCE. Edited by Serge Lebovici and Daniel Widlöcher. New York: International Universities Press, Inc., 1980. 451 pp.

The work of twenty-four representative French authors belonging to different schools is gathered together in this volume. Most of the papers, which were published in French between 1968 and 1975, are clear, scholarly, and well documented. Whether influenced by the thinking of Winnicott, Melanie Klein, Balint, or Lacan, they maintain a dialogue with Freud's metapsychological writings. Indeed, French authors seem to like and to feel at ease with the elaboration of clinical material into metapsychological concepts. They also maintain a fluid connection between theory and technique. The ambiguous and poetic language used by some of the authors implies that no linear conceptualizations are fully acceptable. The expressive freedom they permit themselves leads to many neologisms and a general lack of a well-defined common technical language; it also creates some semantic confusion and at times impedes logical connection. Yet, this literary style does permit the expression of what otherwise, unaided by poetry, might remain ungraspable.

The best way to acquaint the reader with this important book might be to summarize some of the interesting papers, at least in terms of their central ideas. I will organize this presentation away from the categories chosen by the editors, with the intention of underlining some common threads and the diversity of positions to be found within these works.

Nicholas Abraham and Maria Torok differentiate incorporation, as a fantasy, from introjection, as a process, opening up a series of theoretical and technically relevant considerations. Through incorporation, they say, the subject does away with the sense of loss and also avoids acknowledgment of the part of oneself contained in what has been lost. This constitutes a refusal of introjection, which is a process of readjustment of the self in relation to that loss. In opposition to Freud's view, the authors feel that the melancholic is not dealing with an attempt to maintain the cathexis of the object but with a narcissistic and libidinal wound that must remain isolated

from the rest of the psyche. Through a clinical vignette the authors illustrate a fantasy of incorporation which they maintain has been the only way to perpetuate a clandestine pleasure after an object loss. The authors believe that there was unambivalent yet incestuous love for the object and that a real, traumatic loss interrupted that love. Since the object played the role of ego ideal, it had to be protected from the shame brought about by the incestuous liaison. Incorporation would therefore seek to heal a wounded ego ideal. To open the possibility for the patient to initiate a process of introjection and therefore of mourning, the analyst should be aware, they feel, that the patient primarily enacts a unity with the lost object; attempts to confront the patient with his aggression toward the object would be experienced as an attack by the analyst. Instead, the melancholic wants the analyst first to acknowledge that the patient has been loved by the object (and vice versa), even at the cost of undergoing dangerous transgressions.

Didier Anzieu presents a series of interesting conclusions based on his view of the function of the skin and of skin contact in early development. He directs attention to the pleasure of feeling and holding the mother's body, an instinctual need that is different from the oral one. He underlines the possibility that primary masochism may be connected to a traumatic alternation between overstimulation and deprivation of physical contact. He proposes the term "skin ego" as an image for the child's representation of itself during a period in which there is beginning differentiation between the psychic ego and the body ego. This image is based on several functions of the skin: as a sack holding the satisfaction derived from being suckled, as a surface marking boundaries and protecting the child from external aggression, and as the principal means, along with the mouth, for exchange with others.

Michel Fain and Leon Kreisler, both outstanding researchers, discuss the origin of representative functions. Through two fascinating case presentations they elaborate on the function of asthma arising in the children of mothers who impede autoerotic satisfaction. The "hypernormalizing" mother prevents fulfillment from taking place away from her. Because she interferes with the struggle her absence would provoke, the child is blocked from forming representations of sadistic impulses or of their projection. This acts as an anti-integrative situation, tending to perpetuate tension. The experience of the

stranger who is different from the mother, which would lead to Spitz's second nodal point of organization, the triangular relationship, is not satisfactorily achieved. Asthma would then appear as the result of primitive unorganized tensions which the child has never been able to represent.

Among the papers on metapsychology and theory, we find an analysis of Freud's death instinct theory by Robert Barande. For this author, fear of castration by the father is only a screen fantasy against the fear of annihilation by the mother through return to her genitals as a result of oedipal desire. Barande feels that Freud, in establishing a wish for "death per se," has reified what is in fact a neurotic compromise that avoids linking the longing for death with desire for the mother. Through a study of Freud's self-analysis he concludes that Freud's unawareness of his own incest taboo was at the core of the origination of his death instinct theory. For Barande, repetition compulsion is linked to the acceptance of a fantasy of incest, a striving to restore the interrupted unity with the mother from whom one was born.

Another view of Freud's dual instinct theory comes from Francis Pasche. Although this author fully accepts the dual instinct theory, he believes that a new concept of "antinarcissism" is necessary for its understanding and completion. "Antinarcissism" is defined as the impulse to give up part of oneself, as in object love. It is viewed as an orientation toward the outside world independent of hunger or need satisfaction. Rather than accepting a dichotomy between the instincts and narcissism, Pasche views narcissism and "antinarcissism" as a dual unity in which impulses originate. Both of these tendencies, similar in nature and intensity yet opposite in direction, he sees as deriving from Eros and Thanatos. In their extreme, both would be an expression of Thanatos, which means dispersion and separation, narcissism in a centripetal and "antinarcissism" in a centrifugal sense. Because of this basic bivalent orientation of the ego, Pasche feels that Hartmann's concept of a conflict-free ego is erroneous. The subject cannot be considered apart from the object; the natural unit is dual: "I" with the Other. Thus, the psychotic, who denies the reality of the Other, relives otherness within a single psychological field, either through hypochondriasis or through persecutory fantasies. This is a very interesting but difficult paper which demands careful reading.

For Serge Viderman, who offers yet another elaboration on the dual instinct theory, ceaseless recurrence of desire is linked to the death instinct. This author stresses that the aim of desire is not its own fulfillment. He explains the paradox of an intense bond to a frustrating object by stating that a deep narcissistic wound exacerbates aimless irrational desire. He connects it further with transgression of the oedipus and with the ego's annihilation through fusion with the incestuous object. Alternatively, fear of castration leads to the decline of the oedipus, its repression, the rise of unappeased desire, and the possible satisfaction of needs connected with the life instinct. Thus, he relates life and death instincts to the satisfaction of need and the ceaseless recurrence of desire respectively.

In his paper on sexualization and its economy, André Green raises several interesting points. Unlike Freud, he conceives of the pregenital stages as experienced differently by the two sexes. Sexualized aspects of anality, for instance, conflict with the genitality of the male, according to Green, while sexualized anality can collaborate in the female's genital development. Green also feels that a girl's decision to forgo an external discharge of pleasure is not, as Freud viewed it, linked to the possession of an inferior sexual organ but to the threatening nature of penetration of her inner space. In his view, rejection of femininity after the oedipus complex by both sexes is an attempt to abandon a passive, undifferentiated position in relation to the mother. In that sense, sexualization would appear to be a barrier raised against a frightening, nonsexualized maternal relationship.

Vladimir Granoff and François Perrier, with great clarity, apply Lacanian thinking to the subject of female sexuality and perversion in women. They give centrality to the distinction between need and desire, biology and libidinal development, instinct and the unconscious. The phallus is defined as the signifier of the acceptance of lack of symbiosis, of the meaningful existence of the subject in the absence of the object. Unlike Green, they embrace Freud's concept of similar early development in both sexes, in that, upon reaching the symbolic stage, the girl as well as the boy is considered to utilize the concept of the phallus as an antisymbiotic indicator. In the words of the authors: "As soon as the girl is caught up in the wheels of the signifier . . . she turns her sexual instinct into a libidinal

system (impulse, representation, repression, fantasy) which by definition subjects her to the law of the phallus, the same as the boy" (p. 242). Yet, for her to conceive of her femininity, they say, she has to go beyond the male's position and acknowledge and accept the reality of her own "lack." The castration complex which they place at the center of the passage to genitality would not only mean the abandonment of a fantasy but the renunciation of possessing, of "having," which would open up for the female the possibility of being. The homosexual woman has not renounced her incestuous object, but has abandoned it and transformed herself into that object, according to them. In other words, she represents the object of her lack; she fetishizes herself.

Reflecting upon the boundaries of what analysis can or cannot approach successfully, J.-B. Pontalis directs our attention to those cases in which the work of mourning for the primary object has not been completed and for whom the analyst has to construct a space which is lacking in the patient. Memory and representations pervade the whole relationship, while the analyst becomes the target of the externalization of fantasies. The analyst is tempted to interpret as transference that which is indeed repetitive acting out and a rejection of symbolization. Pontalis discusses the countertransference reactions arising in these situations and in others in which the compulsion to mentalize covers over a formless, frightening world. In such conditions, in which a psychic space presumed within Freud's formulation of topographical mental regions is absent, the binding of connections and the maintenance of the bond with the object are essential.

In her typically fluid style, Joyce McDougall brings alive to the reader this same kind of pathology, in the patient who maintains a concrete tie with the world, avoiding symbolization. She distinguishes these patients from the psychosomatic ones—described by Marty, de M'Uzan and David¹ in their 1963 book—with whom they have in common a poverty of verbal expression, an absence of emotional response, and a lack of conscious fantasy and dream life. These patients refuse to accept the separate reality of others, including that of the analyst. Interpretations are therefore experienced as a persecution, in that they signal the presence of someone different

¹ Marty, P., de M'Uzan, M. & David, C. (1963). *L'Investigation psychosomatique: sept observations cliniques*. Paris: Presses Universitaires de France.

from themselves. These "robot" analysands are unable to fill the gap of the absence of the Other, and have defensively constructed a psychic structure which approaches what Winnicott called the "false self," with an inner, imprisoned, sensitive self within an outer shell adapted to the world's demands.

The subject of symbolization is treated in depth by René Major. He describes the characteristic patterns of different modes of symbolization and their formation, along with a theoretical discussion of the acquisition of the process of symbolization.

In a beautiful paper on countertransference, de M'Uzan refers to the analyst's experience of being invaded by thoughts which are directly related to the patient's conflicts. He links this phenomenon with a temporary inhibition of the function that makes it possible to recognize others and to protect the boundaries of the self. He analyzes this phenomenon dynamically and theoretically, concluding with the following thought: "the individual being is formed through an uninterrupted succession of fantasized bereavements" (p. 451).

I should like at least to mention the excellent work of other authors, such as Guy Rosolato's on the narcissistic component of depression, Christian David's on love and transference, and Béla Grunberger's on deviationist schools, centering in particular on Ferenczi.

Although these summaries of some of the papers cannot adequately present their richness, they do at least reflect their multiple foci of interest. I would have wished that more of the papers might have dealt with issues of technique. How much, when, and how does the French analyst interpret? Does he analyze defenses per se or in terms of the conflicts which have precipitated them? To what extent would most French analysts agree with the view expressed by J. C. Lavie that "what man can say and how he can say it will be what he is . . . by hearing in analysis how he talks, the former child will be able to go back to a former period, brought to life again, and to refashion his speech, or, in essence, what he is" (p. 417)? Because in many of these papers there is a keen interest in the epigenesis of representations, symbolization, and the integration of the sense of loss in the context of the subject-object unit, I have wondered how French authors would react to the work of Margaret Mahler, who addresses issues related to symbiosis, separation, psychological birth, and their cognitive correlates from a genetic point

of view. I found this book most stimulating. Exposure to differences of style and perspective can, in my view, increase our knowledge and understanding of the human psyche. With this in mind, I hope that this book, along with the translation of related works, will bring about the beginning of an intense exchange of ideas between the French analysts and ourselves.

GRACIELA ABELIN (NEW YORK)

LE TEMPS D'UNE PSYCHANALYSE. (Psychoanalytic Time.) By Olivier Flournoy. Paris: Pierre Belfond, 1979. 245 pp.

The Swiss psychoanalyst, Olivier Flournoy, has produced in this book a fascinating study of time in psychoanalysis. It is not an easy book. It is repetitious, yet condensed, allusive, and cryptic. The thesis is not very well worked out. Still, it goes no small way toward developing a schema for understanding an important aspect of the intersubjective experience of the psychoanalytic process. It is much easier to place Flournoy's work on a conceptual map than to explicate his specific arguments. Placing the book within the conceptual framework of contemporary criticism of psychoanalytic theory might clarify why it is an important effort despite its difficulties and failings. Some of its shortcomings can be seen as a consequence of the newness of the epistemological problems with which the author is trying to deal.

There have been many sorts of criticism of psychoanalysis of late. One of the more persistent and noisy critiques on this side of the Atlantic has been about the scientific status of psychoanalysis. There has been question about the type of science that psychoanalysis represents. There has been criticism about the kind of theory we find in psychoanalysis. Some say it is hopelessly antiquated, hobbled by a nineteenth-century conception of science, and that something like computers or information theory would furnish a better model. Others have sought solace in linguistics. Still others would throw out all of metapsychology, arguing that psychoanalysis is not a science at all. They would opt for some sort of humanistic approach to psychoanalysis, revising our theoretical discourse with such barbarous neologisms as "personhood." A belated discovery of the reasons and causes debate, along with a misreading of Ryle and

philosophical action theorists, has led to a garbled new language for psychoanalysis. Some have even gone on to claim, sometimes without even a reading knowledge of German, that Strachey mistranslated and foisted upon Freud a scientific bias, while Freud actually was a humanist at heart. And so on.

Meanwhile, a much less noisy, but possibly more interesting approach has been developing on the Continent. Relying heavily on Winnicott's concept of transitional phenomena and on Spitz's notion of organizers, certain writers have attempted to conceptualize the psychoanalytic process as a transitional process evolving between the two participants in the psychoanalytic treatment. They suggest that one of the principal subjects for investigation should be the psychology of the psychoanalytic process itself, the development and evolution of this "group of two." Simple as this approach may seem, it has enormous implications. There is a shift in focus to the analyst/sand/analyst pair, leading to epistemological difficulties. It can readily be seen that providing the appropriate epistemological machinery for acquiring a deeper understanding of the psychoanalytic process and of the nature of the psychoanalytic cure is not an easy task when the observer/participant status is no longer distinct.

This approach severely questions some of the earlier assumptions about how the two-group functions. In particular, it questions the requirement of a neutral analyst, who provides an uncontaminated field within which the patient's memories and fantasies can emerge clearly, vividly, and, of course, with a high degree of veridicality. The classical assumption has been that even if an analysis does not yield such extensive veridical memories, there still are yet enough derivatives emerging to permit an accurate, that is, veridical, reconstruction of the patient's past. For these new critics of psychoanalysis, however, the function of memories and reconstructions is much more like that of transitional phenomena. Their truth value becomes largely irrelevant. Their principal value resides instead in their facilitation of psychological growth of the patient and the elaboration of a new personal myth that is curative.

This approach might at first seem antiscientific. It could be taken as an attack upon the claim of psychoanalysis to be a science. Some might feel that it runs the risk of turning psychoanalysis into a process of suggestion. It is true that these writers question some of

the scientific claims of psychoanalysis, especially those regarding the veridicality of memories and the depiction of psychoanalysis as an exquisite searching device for the past "as it really was." But it does not necessarily follow that this is a critique of the theory itself as a set of metapsychological explanations of the functioning of the mental apparatus. The focus is rather on the use of psychoanalysis as an investigative tool; the brunt of the theoretical criticisms seems to be directed at our understanding of the genetic hypothesis and the nature of the psychoanalytic process. In addition, this critique relies upon some rather well-established psychoanalytic concepts. Besides the concept of transitional phenomena, much use is made of the Freudian notion of "deferred action," (*après coup*, *Nachträglichung*), by which the events of the past are reconstrued and given psychological valence only after a time interval and in the light of subsequent events.

The question of historicity in psychoanalysis has been around for some time. Philosophical critics of psychoanalysis (e.g., B. F. Farrell) raised these issues long ago. The veridicality of statements about the past is, of course, an old debate in the philosophy of history, as may be seen in the work of R. G. Collingwood. The problem was implicit in Freud's discovery that he had taken his patients' fantasies as actual memories early in the development of psychoanalysis. Freud discussed the issue at various times, for example, in "Remembering, Repeating and Working-Through" and in the Wolf Man case, both in 1914. The issues were re-evaluated in *Beyond the Pleasure Principle* in 1920 and in "Constructions in Analysis" in 1937. The debate has continued, especially in England, where some Kleinians have openly questioned the historical validity of constructions in psychoanalysis. The approach has been well represented in France, through Conrad Stein's *L'Enfant Imaginaire* (1971) and Jean Laplanche's *Life and Death in Psychoanalysis* (1971). The most important French study, however, is Serge Viderman's as yet untranslated volume, *La Construction de l'Espace Analytique* (*The Construction of Analytic Space*),¹ also published in 1971. This work engendered much discussion in France, and a colloquium was devoted to it in 1973. There have been continuing reverberations in the French literature since then. It is a view that has been voiced

¹ See, however, Viderman, S. (1979). The analytic space: meaning and problems. *Psychoanal. Q.*, 48:257-291.

in American psychoanalytic circles also, e.g., by disappointed participants in longitudinal studies of children and by child analysts who have had the opportunity to carry out long-term followups on some of their patients. Recently, Donald Spence has taken up the problem in *Narrative Truth and Historical Truth* (1982). The general drift of the French approach has been to claim that the end result of analysis is a re-edition of the past that is curative although not necessarily "historically true." We are left with many difficult questions about this theoretical move, of course. One must ask why the re-edition is any different from the deluding personal myths with which an individual enters therapy. The all-important problem of the analyst's power of suggestion remains with us. But it is a problem which needs to be considered and discussed rather than dismissed out of hand.

Just as Viderman had argued for the concept of psychoanalytic space as a transitional space in which healing takes place, Flournoy now argues in this work for the psychologizing of the temporal aspects of the psychoanalytic process. He claims that absorption of interest in the space aspect of the psychoanalytic process has made time a poor relation. To correct this he attempts to characterize the nature of psychoanalytic time in a more appropriate fashion. The main theme of the work is that the history of the patient acquires a new and acceptable meaning for the analyst and the analysand only in a particular time, which Flournoy would call "secondary time." Secondary time is not quotidian time, the commonplace time in which we all live. Nor is it the atemporality of the unconscious. Secondary time is an intermediate or transitional time of analysis that permits the atemporal unconscious to deploy its effects in quotidian time (p. 34). If the unconscious is atemporal, if nothing in the unconscious corresponds to the idea of time, and if the repressed remains unalterable with respect to time, then there are serious obstacles preventing change during the process of psychoanalytic treatment. Just how such change is made possible is what Flournoy sets out to explain.

He reviews Freud's discussions of time and temporality. Freud made little use of the notion of time in his theory, and even Freud's use of temporality in his discussion of temporal regression is misleading, for in temporal regression the elements are still timeless. Oral, anal, and phallic stages do not succeed each other in a clearly

demarcated fashion, as observers in the nursery are well aware. Similarly, for the neurotic analysand these stages are simply there all at once. The organization is a structural and developmental classification that is founded not so much upon chronological succession as upon the oedipal model as an organizer of experience. Flournoy develops at length the Freudian concept of deferred action, that is, the organization of experience after the event. According to this concept, a memory of an event becomes traumatic or leads to symptom formation after an interval during which it remains latent and then becomes structured by subsequent experience.

It is precisely the notion of deferred action which Flournoy applies to the psychoanalytic process itself. Analytic time serves the same function as the interval between event and symptom in the schema of deferred action. At the moment of the decision to enter analysis, an intersubjective, secondary time is set up and comes eventually to organize the chaotic material constituting the personal myth of the analysand. By the analyst's interpretations, material is forced out of the chaotic atemporality of the unconscious and into a historical context unique to this particular patient in this particular analysis.

Flournoy also develops what he calls the concept of "absence." The time of analysis is "the conjunction of the atemporality of the unconscious and the temporality of the absence of the analyst" (p. 43). The analyst is "absent" in the sense that he is unseen by the analysand on the couch. The coercive imposition of the analyst's ending of the hour subjects the patient to an even greater absence. The analyst's absences turn the consulting room into a space which comes to represent time, and give analytic time a periodicity and regularity that parallels a natural rhythm. It is a time that is convenient but still conventional, neither too long nor too short. The absent analyst becomes the idealized parent, evoking the patient's narcissistic aspirations and his oedipal desires without stifling, annihilating, or gratifying them. The analysand in spite of himself hopes to realize in this new relationship the narcissistic completeness for which he has always longed and the oedipal satisfactions which he has always sought. He is disappointed in his aspirations not by the analyst, but by the analyst's absence.

After the inaugural event, the decision to begin treatment, the

analyst and patient agree to meet tomorrow, and "yesterday will begin tomorrow" (p. 111). In the course of the treatment, the events, the facts, the details of a life leave their "actual" time and are inserted into the intersubjective time of the analysis. They become atemporal as they enter this secondary time. What the past was does not matter so much as does the role that evocation of the past plays in the analysis. The analyst, even though he eliminates his own concerns from this secondary time, is nonetheless involved by the rules and circumstances of the relationship to the degree that an intersubjective neurosis develops, not merely a transference neurosis. All the life of the analysand is condensed into communication with the analyst. There is always a dialogue, whether the analyst speaks or remains silent, for all that is said is addressed to the analyst. The past comes out chaotically and atemporally, without temporal order. The actual temporal order ("this happened and then that happened") is irrelevant, for memories and associations are reorganized in the course of the treatment. The two participants' examination of the derivatives of the unconscious of one of them permits the elaboration of the analysand's personal myth, which unconsciously has guided him to organize his life in a certain fashion. Out of the analytic work a new personal myth is developed, that is, a new historical version, upon which patient and analyst agree and which is sufficient and mutually satisfying.

Psychoanalysis reconstrues the material of the patient along three lines: the two myths of Oedipus and/or Narcissus and the analytic absences. The analyst imposes the oedipal and narcissistic myths on the personal myth of the patient to give order and to permit comprehension. This serves to name and to modify the personal myth, and to remove the hindrances which the personal myth has caused the analysand. The personal myth hovers between two poles, one of which is the narcissistic extreme of self-fascination with no interest in the analyst, and the other extreme of positive interest in the analyst with an oedipal insistence upon violent entry into the analyst's life. As the analysis develops, spurred ever onward by the analyst's absences, the analysand moves from the fascination and/or fear involved in these two poles toward object relatedness and sublimation.

In summary, Flournoy has written a book that is filled with stimulating suggestions and intuitions. It is a book rich in inven-

tions and in borrowings that are brilliantly reworked. Along the way there are provocative asides and revisions of the history of psychoanalysis, discussions of the specimen dream, of *Totem and Taboo*, of Freud's antifeminine bias and Melanie Klein's vengeful reaction, the place of Lacan and Hartmann in psychoanalytic theory, and much more, all developed with wit and charm. The discussion of screen images and screen memories is an especially important contribution; Flournoy attempts to construe even these along oedipal and narcissistic themes. But the main contribution of the book is the attempt to investigate the function of time, psychologically, within the analytic process.

The ultimate place of this work in psychoanalytic theorizing, indeed, the ultimate impact of the whole intersubjective approach in the criticism of psychoanalytic theory, remains to be decided. Serious questions and objections have to be raised about it. As yet unanswered are the objections that this reduces psychoanalysis to mere suggestion or to the power of the personal charisma of the analyst. If the search for veridical access to the past is given up as misguided, an important source of tension and of control over the analytic process may be lost. These are difficult problems which must be worked out if the intersubjective view of psychoanalysis as a transitional process is to be accepted. There is always a danger, when a theorist explores what may be a significant facet of the psychoanalytic process, that his approach may discard what is essential in analysis, replacing it with a new theory that is a simplistic reduction. Perhaps only time will tell.

EMMETT WILSON, JR. (PRINCETON)

ZUR PSYCHOANALYSE DER OBJEKTBEZIEHUNGEN. (Toward the Psychoanalysis of Object Relations.) Edited by Gemma Jappe and Carl Nedelmann. Stuttgart: Frommann-Holzboog, 1980. 264 pp.

The editors of this volume have collected eleven quite different essays with a wide range of individual perspectives. Although the title promises a set of contributions to the study of object relations, the various articles deal with a variety of topics. The unifying idea seems to be the book's dedication to one of the rare German psychoanalysts of the third generation, Wolfgang Loch, who indeed developed some new ideas about object relations theory. The editors

promise a wide range "which covers questions of the politics of science, of psychosomatic problems, and of fundamental social and human structures, as well as investigations of the psychoanalytic process proper, the formation of symbols and myths, interpretation of dreams, regression and primary repression" (p. 2)—a promise which is not always fulfilled.

A problem is presented by the use of a mixture of English and German in the book. Only two articles enable the reader who is not bilingual to get a clear idea of the book's focus. Most of the German contributions, furthermore, follow the academic tradition of a rather esoteric, philosophical orientation that is not always directly related to Loch's efforts to expand object relations theory.

According to the editors, the core of the book consists in a heretofore unpublished 1924-1928 correspondence between Freud and Ferenczi, with comments and reflections by Ilse Grubrich-Simitis. The content of these friendly communications about "how far technical innovations are compatible with the integrity of theory" has not lost its significance with the passage of time. The authors and editors believe that the papers in the book reflect similar current problems. They view the contributions as being linked together "by those personal elements which always are part of object relations and which lay emphasis on countertransference, the dialectic part of transference" (p. 2). Despite this optimistic generalization, however, only a few articles deal directly with the problems of transference and countertransference.

Enid Balint's "The Doctor-Patient Relationship in the 1980's" describes her and Michael Balint's experiences with groups of general practitioners during the past thirty years. In a very convincing way, she reports significant changes in the doctors' attitudes about approaching their patients and understanding their needs. Along the same lines, but on a more theoretical level, Thure von Uexkuell explores the concept of specific reciprocity between doctor and patient as having distinguishable roles and counter-roles, with variations depending on an organic or a psychological orientation. The interactional relationship between the two becomes clearer when "psychological medicine" adopts a new language. The interactional approach of the "organicism" centers on fear of "the magic of words," while the "psychicist," the psychoanalytically oriented physician, tries to avoid "the magic of hands," i.e., touching or "manipula-

tion." In elaborating on the different systems, Uexkuell describes the basic medical problem as how to understand the whole patient and his need to verbalize his life situation rather than simply diagnosing and treating the illness with a minimum of verbal interaction.

Hans W. Loewald's general considerations on regression (in English) relate in part to his earlier publication, "The Waning of the Oedipus Complex." He raises the questions of whether "regression in the service of the ego" is indeed "regressive" in all respects and in all circumstances, and whether "deviations from an (assumed?) norm of rationality may be at times progressive" (p. 203). In essence, he points out that considering regression from the standpoint of internal communication "within a continuum of structures of systems, within a continuum of rational and irrational modes and contents of mentation," has the advantage "that here the organization and functioning of the adult mind is in view" (p. 198). Loewald indirectly underlines Loch's theoretical view that the course of the transference neurosis is codetermined by "the analyst's adequately conveyed responsiveness," with "responding" perceived as a move that is empathic. Thus the patient's progression and regression are seen as being codetermined by his object relations "at every phase of development."

In K. R. Eissler's essay (in German), "The Archaic Smile—A Fantasy," he exhibits a profound knowledge of mythology as it is reflected in ancient sculptures, in myths, and in literature. He focuses on the differences between early and later occidental cultures and the transition from one to the other. Denial of the (alleged?) senselessness and cruelty of human existence and of its transitory character is mirrored in the pessimistic themes of Greek literature, as well as in contemporary views. This is contrasted with the timeless, archaic smile of Kouros, the sixth century marble sculpture that expresses a capacity for detachment from the world. A change is noted that enabled mankind to make further development through a new kind of perception. Eissler's creative fantasy also deals with male narcissism. The missing mirror image of maleness in historical, heterosexual relationships seems to reflect deeper roots of male castration anxiety. The paper contains a stimulating breadth of ideas. It ends with an expression of some hope, but with serious doubts about the possibility of new creativity in the occident—which seems to be contradicted by Eissler's own creativity.

Gemma Jappe, in "Observations on the Theme of the Three Caskets" (in German), focuses on Shakespeare's *King Lear*. In her conclusions, she arrives at an interesting new interpretation of the problem of choice in Freud's article: (1) the third object *must* be chosen; (2) the third object represents death (of the representation of the primary object); (3) the myths represent the three forms of female love objects—mother, lover, and daughter. This interesting essay helps to illuminate the meaning of rescue fantasies. In her final conclusion, Jappe tries to overcome Freud's pessimism. "The acceptance of fate creates the new object," she states. Her effort clearly is in the direction of Loch's intention "to increase objects."

F. W. Eickhoff reanalyzes Freud's *Interpretation of Dreams* by examining his dream about Irma's injection from the point of view of countertransference. Eickhoff's thesis is that the meaning of dreams goes beyond intrapsychic significance, since transference and countertransference must have existed from the beginning of the analysis. In a social sense the communicating of dreams triggers emotional reactions in the analyst in which he uses himself as a yardstick to understand his patient's reactions—as Freud did in the case of Irma, according to Eickhoff.

Hellmut Becker and Carl Nedelmann use the history of psychoanalysis in Germany before, during, and after the Nazi period to discuss the problem of the limitations and potential new openings for psychoanalysis within existing social systems. They question the value of current restrictions resulting from lengthy administrative negotiations with the German National Health System. The compromise attitude of accepting the time limitations imposed by the insurance agencies carries the risk of sacrificing proper psychoanalysis by giving in to conditions which do not permit sufficient freedom for analysis to take place. They also raise the question of whether greater openness, including wider cultural knowledge by analysts and freedom from the inhibiting myth of techniques, might enable psychoanalytic thinking to escape the danger of getting caught in a narrow, administrative, medical model. The latter can result in false hopes or, worse, in the misuse of psychoanalysis as a social technique in the hands of bureaucratic manipulators. Considering that such tendencies have arisen in various countries, especially in those which prefer a predominant pragmatic orientation, these reflections appear to have value.

Hans A. Thorner, in his contribution (in German), describes the "either/or" position of a psychotic patient who was unable to connect conscious and unconscious as existing simultaneously. Thorner's view is based on the work of Melanie Klein, Hanna Segal, and Wilfred Bion.

Samir Stephanos illustrates, via a case example, his way of applying Winnicott's idea of taking care of patients by "offering oneself as an object" and/or "letting oneself be used as an object" by the patient. His theory is based on the use of the whole network of object relations of the patient as the preferred method in psychosomatic cases.

There is an introductory essay in the book by the philosopher, Rainer Marten. His intention is to define the "life compromised by compromising." He presents a discussion of individual, collective, and shared responsibility. There is a certain fascination in his distinction between reason and conscience as the basic conditions of human responsibility. He alludes to recent German political history without mentioning it directly. There is an important warning about the danger of unanimity in public reasoning. Marten considers the public conscience, grounded in social reciprocity, to be the most essential ingredient in society. His distinction between a false identification with the public reasoning about norms and the need to identify instead with individual and collective responsibility is focused on his understanding of object relations. He feels that it is essential to accept responsibility for life as a socially shared experience—a philosophical approach to the psychoanalytic theory of object relations which seems to be in the best tradition of the work of stimulating German philosophers.

This book is indeed a "flowering, wide field" of contrasting ideas, concepts, and specific details. Its contents might surprise and stimulate the bilingual reader. To a certain degree, the contents reveal the ways in which European thinking differs from Anglo-Saxon pragmatism. Considering that psychoanalysis started from zero, with only a few psychoanalysts left, after World War II and the cruel arbitrariness of the Nazis, this book reflects hope for the revitalization of psychoanalysis in a country which has not yet fully overcome the shadows of the past.

BEYOND INTERPRETATION. Toward a Revised Theory for Psychoanalysis. By John E. Gedo, M.D. New York: International Universities Press, Inc., 1979. 280 pp.

In going far "beyond interpretation," John Gedo has charted some bold alternatives to our familiar soundings of the mind. His coordinates are derived from those drawn in 1973 in collaboration with Arnold Goldberg,¹ in which they hypothesized a progressive organization of the mind through five sequential childhood phases of birth, body boundary differentiation, consolidation of self-organization, superego formation, and formation of a repression barrier. Their intent was to demonstrate the relevance of each of Freud's models of the mind to a particular level of mental functioning. They applied his reflex arc model to the prepsychological mode following birth (Mode I), his tripartite model to the much higher, structural organization following superego formation (Mode IV), and his topographic model to the next higher (Mode V) level of conscious-preconscious tension. They filled the pregenital gap in this sequence with two improvisations drawn from object relations theory and studies of narcissism: a Mode II, initiated by body boundary differentiation, consisting of the nuclei of self and objects, and a Mode III, the consolidation of the self-organization.

Their substitution of "self" for "ego" reflected the wish to avoid the conception of "ego" as a superordinate regulatory system and to confine it to a place in the tripartite model as just one of three agencies involved in intrapsychic conflict. Their intent was to salvage from Freud's paradigms what they found acceptable, while scrapping the concept of psychic energy. They wanted to provide a frame and organization for the wide range of clinical phenomena being explored by contemporary psychoanalysts and to articulate a rationale for those aspects of analytic technique (pacification, unification, and holding) which always have been a part of analytic work but have not been given specific attention as such.

Now, six years later, the author has broken with this relatively conservative approach rooted in ego psychology, out of dissatisfaction with the limitations he sees in formulations based upon struc-

¹ Gedo, J. E. & Goldberg, A. (1973). *Models of the Mind: A Psychoanalytic Theory*. Chicago: Univ. Chicago Press. Reviewed in *This Quarterly*, Vol. 43, 1974, pp. 674-677.

tural conflict involving the oedipus complex and out of the wish to address the role of early development in the genesis of character disturbances. His wish is "to articulate a new clinical theory for psychoanalysis" (p. x) that will let us be done with "the forty-year effort to make do with the theoretical legacy of Freud through piecemeal patching" (p. 9). His central organizing thesis involves the epigenesis of the self-organization, "the entire hierarchy of goals and wishes, in both conscious and unconscious aspects, which form a person's primary identity" (p. 11).

The drives or instinctual givens of traditional theory are assigned primacy only in the "prepsychological" beginnings of infancy as "nonexperiential-organismic needs" (p. 12) such as "appetite satisfaction" (p. 174). They persist thereafter as substrates, subtly informing and shaping the subsequent layers of subjective wishes and aims that form in the second year of life and thereafter. In this unfolding the endless interplay between infant and caretakers is the crucial shaper of development. Wishes and aims in relation to self and others very early become the stuff of human concern rather than impersonal drives and urgencies.

Gedo asserts that his theoretical approach "permits us to dispense with the entire set of physicalistic metaphors Freud was constrained to borrow from nineteenth century science—that of mental apparatus, energies and forces . . ." (p. 10). "Placing the epigenesis of the self-organization at the center of the theories of psychoanalytic psychology entails the abandonment of drive theory as the *universal* explanatory framework underlying psychoanalytic views of mental life" (p. 182). Its application to the clinical situation, he feels, allows a broader view of the human condition, of its huge range of motives and goals, "in marked contrast to the emphasis of early psychoanalysis on the dualities of incest and parricide as the truly significant ambitions of man" (p. 171). He finds it superior as well to Kohut's² theories about narcissism, in which "strivings for excellence in the realms of beauty, knowledge or power" (p. 172) are stressed.

Gedo advances an abstract set of primary goals to supplant psychosexual development and intrapsychic conflict. He sees four of these—autonomy, perfection, intimacy, and the pleasure of pleasing others

² Kohut, H. (1971). *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. New York: Int. Univ. Press. Reviewed in *This Quarterly*, Vol. 42, 1973, pp. 441-451.

—as “the quartet of goals that well may be characteristic of most people” (p. 172). In the three cases which comprise the clinical base for his exposition, “the goal of personal autonomy occupied the summit of the hierarchy of aims. I expect that this finding will turn out to be an absolute invariable” (p. 173).

Gedo emphasizes that, while he is forced by his clinical experience to highlight the realm of subjectivity, his conception of the self-organization acknowledges that “man is also constrained by organismic goals which always remain subjectively alien to him” (p. 23). He sees his construct as defining “a basic psychobiological phenomenon—incapable of detection through self-awareness and not to be confused with a development characterized by motivation” (p. 178). Here he breaks with Gill and Schafer, who, with their theoretical base in subjectivity and introspection, he sees as failing to encompass the continuing influence of the sensorimotor, pre-psychological patterning of the child’s beginning. He indicates that analysis, through its combined pacification, holding, and interpretive components, “should, in secondary process language, raise the unrecognized biological goals of the human organism to the level of the person’s conscious awareness in order to weave these aims into the self-organization in an optimally adaptive manner” (p. 23), in keeping with “the general propensity of the nervous system to create order” (p. 180).

What is it like to do analytic work charted by this hierarchical ordering of a multimodal self-organization? Gedo acknowledges (pp. 26, ff.) that the traditionally-minded may not regard his work as analytic. For him its analytic validity and worth resides in his recognizing and working with early level issues that are quite different from the later modes of psychic dysfunction for which the oedipus is indeed nuclear. He states that it is reductionistic and erroneous to insist that pregenital issues are but regressive evasions of oedipal conflict. From his epigenetic perspective, “the conflicts of relatively later phases of development, such as the oedipal complex in its entire configuration, actually consist of mental attributes maintained as a consequence of the other ongoing conflicts that are legacies of earlier phases of development. . . . Only by altering the outcome of each of the earlier developmental vicissitudes does a more favorable resolution of later conflicts become possible” (p. 33).

Gedo uses three clinical illustrations to exemplify the analysis of

problems at different developmental levels. One depicts a single man of twenty-five in analysis for over three years for what is described as a relatively high level disturbance of the self-organization. The second patient is a married woman in her mid-thirties with a more primitive level fixation upon archaic goals and values, and the third is a thirty-five-year-old married man whose problems are seen to reflect quite high level, conflicting systems of values. While all made considerable progress, Gedo is careful to disclaim cure or completeness. Rather they are cited "to illustrate certain technical procedures and principles and to challenge the theoretical framework hitherto employed to illuminate psychoanalytic observations" (p. 37).

For all three he provides a first formulation of the case in the framework and idiom of "traditional" psychoanalysis (with an emphasis upon self psychology and narcissism) and the careful exclusion of "anthropomorphizing, reifying and energetic assumptions" to which he objects. He then provides a reformulation couched in the language of personal goals, values, and intentions, centered on the vicissitudes of the self-organization and emphasizing the consequence of the qualities, favorable and otherwise, of the caretaking experienced by the child in his formative years.

Gedo's intent is to demonstrate the superiority of his formulations in capturing "the essence of the patient's human complexity" (p. 66), rendering the case material clearer and making "the task of empathy with this person easier than the traditional manner of summarizing the case" (p. 69). Unfortunately, the clinical data do not make it possible to be sufficiently informed about the cases to allow sound judgments about the author's special emphasis.

He stresses the indispensability for productive analytic work of certain early interactions between him and two of his patients. In one instance (Case III) he conjectured to his suicidally inclined patient that the latter's purpose might be a last effort to arrange a flawless event of grandeur and purity, a work of art involving a fantasy of psychic fusion with Nature; the patient agreed. In the other instance (Case I) he responded to the patient's asking about his attitude toward his habitual use of street drugs, by saying that he doubted that the patient could afford drugs and analysis at the same time. A little later he told the patient that his eccentric manner of dress made him feel that the patient was impersonating

a character out of a Toulouse-Lautrec poster. Still in the beginning of the work, Gedo was directive in helping the patient resolve a dilemma about accepting his mother's financial help. The patient was surprised and delighted by the first comment, glowed with the pleasure of being understood through the utter accuracy of the second, and organized his actions effectively around the third. For Gedo, these opening, noninterpretive interventions were crucial in establishing a therapeutic alliance, addressed themselves to adaptive issues outside the patient's organizing awareness, and actualized the "holding environment" that is present in every sound analysis yet is not properly accounted for, he feels, in our theories of technique. Gedo may be right that a holding function was served, but he does not indicate awareness that such opening cues can powerfully mold the analytic relationship and shape its outcome in accordance with the analyst's biases and interests. (His book contains only two references to "countertransference," neither one in connection with these cases.)

Throughout the clinical sections the reader is steadily challenged to make his own evaluation of the relative merit and cogency of the conflicting viewpoints presented. He must do so with data which are shaped by the author's selectivity and organizing bias in all levels of the discourse. A conscientious effort to respond to this challenge is merited, however, by the high level of intellectual rigor and keen analytic vision contained in them.

The verdict belongs to the Scots. To this reviewer it does indeed appear that the author's reformulations of his three cases in the language of motives and values stay close to the level of each clinical summary and reflect the humanity of its subjects. Yet a very serious shortcoming is that the "primary data" of each case are couched in a fashion that does not allow the patient to speak for himself through his own voice, imagery, and idiom. Gedo presents the patients in a way that is very much shaped by his own views and expository style. It would be expectable to find a closer "fit" between the clinical data and Gedo's preferred mode of formulation, therefore, than between them and the "traditional" formulations whose shortcomings he wishes to make evident.

While it is not possible to capture the essence of the differences in a brief review, it seems valid to assert that Gedo's clinical descriptions and formulations very likely *do* speak for the patient and his

central concerns. The justification for this assumption-on-faith lies at the heart of what, to this reader, is the essential analytic authenticity of the author's viewpoint, setting aside the differences we might have about certain of the theoretical extrapolations he draws. Gedo's hierarchical, multimodal conception of the individual's psychic development should *in principle* foster and justify consistently attending to and respecting the psychic reality and uniqueness of each patient, no matter what the transference shapings of these may be. In his closing reprise on the mode of action of psychoanalytic therapy he achieves a beautifully balanced perspective on the relativistic nature of analytic knowing and on the contributions which both parties to the analytic task have the potential (and limitation) to make.

Gedo scuttles much of our theory, however, in ways that will both outrage and stimulate. The drastic revisions and deletions that he would have us make are so widely encompassing and intricately argued as to be beyond fair and accurate condensation in any review of reasonable length. A sampling must suffice. The prepsychological beginnings of earliest infancy, Gedo asserts, are better understood if we put aside Freud's "reflex arc" model, his assumption of hallucinatory wish fulfillment in the neonate, and his accounting for the infant's behavior in terms of innate drive tension accumulation and reduction. For Gedo, following Basch,³ the distress and ultimate disorganization of the infant in what Spitz termed "anaclitic depression" result from caretaker "failure to provide a comprehensible environment" (p. 201) suitably responsive to the innate expressive signals programmed subcortically in the old brain. These signals are not subjectively experienced emotions but rather are the substrate for the later development of cortically controlled and symbolically elaborated emotional experience. Thus the economic viewpoint becomes for Gedo mainly applicable to measuring the degree to which an event can arouse the original sensorimotor adaptive patterns of early infancy, and avoidance of unpleasure (trauma) is really the avoidance of disorganization.

The toddler's brash adventurousness, which Mahler would attribute to phase appropriate, magical-omnipotent thought and which Kohut would assign to the "grandiose self," to Gedo represents no

³ Basch, M. F. (1975). Perception, consciousness and Freud's "Project." *Annual Psychoanal.*, 3:3-20.

more than "the unintended consequences of thoughtlessness or inexperience" (p. 203) in a child barely establishing neocortical control over the prior dominance of his old brain. He states: "In my experience magical thinking is acquired only from the faulty instruction of the caretakers; it is not an innate maturational given" (pp. 188-189, n.). Gedo understands the toddler's realization that he needs parental assistance as "the beginning of true psychological relatedness to other persons" (p. 203).

Pleasurable and frustrating events, passively experienced through caretaking behaviors, become "encoded as cognitive schemata that will serve as guideposts—as motives—as basic goals of individual behavior" (p. 204). The schemata, says Gedo, gradually unify into one cohesive organization during the second year, as the child acquires symbol capacity, the ability to say "no," and a "primary identity."⁴ This is still a time of fluctuation between self-regulated behaviors (Mode III) and dependence on stabilizing by caretakers (Mode II) in handling both pleasure and unpleasure. In this context, "separation anxiety" is more accurately conceptualized as the threat of lapsing into confusion in the absence of the caretaker's guidance.

Gedo sees this kind of fluctuation in an adult as the mark of a self-cohesion disturbance whose pathognomonic expression is some form of hypochondriasis. Here he sharply disagrees with Freud's view of hypochondriasis as the transformation of object libido into narcissistic libido via its investment in a body part or function as a defense against loss. Gedo prefers a formulation, utterly divorced from the concept of narcissism, that is based upon P. Tolpin's⁵ postulating of a maturational sequence for handling successive levels of pleasure in parallel with Freud's developmental line for anxiety. Tolpin's notion is that controlled use of memories of former somatic pleasures may play an essential, perhaps exclusive, part in regulating anxiety, so that the developmental lines for both become inextricably intertwined (p. 210). Memories of somatic gratification become used to offset expectancies of unpleasure.

⁴ Lichtenstein, H. (1964). The role of narcissism in the emergence and maintenance of primary identity. *Int. J. Psychoanal.*, 45:49-56.

⁵ Tolpin, P. H. (1974). On the regulation of anxiety: its relation to "the timelessness of the unconscious and its capacity for hallucination." *Annual Psychoanal.*, 2:150-177.

Hypochondriasis can thus be seen as a "successful adaptive response to a threatened disintegration of the cohesive self through the reliving of a specific infantile experience. . . . It is this experience of heightened self-awareness that preserves a modicum of behavioral integration. . . . 'Dolet, ergo sum'—it hurts, therefore I am" (pp. 211-212). Gedo extends this to perceive Descartes' "*Cogito, ergo sum*" as one of a series of ruminative affirmations of individual existence and integration in which hypochondriasis has its own place. There is a regressive path from obsessing about everyday plans to rumination over one's ability to resolve problems through inner weighing—"the self as potential agent has become regressively equated with a 'mental apparatus' which might malfunction" (p. 272)—whose resemblance to structural theory Gedo would not have us miss.

With further epigenetic maturation, we are told, the caretaker-dependent self-organization of the infantile phase becomes more or less replaced by a new integration of ambitions and ideals which becomes structured as the superego. What is relinquished or put aside as incompatible with the new comes to be experienced as alien "id" content. Assignment to id or to ego for Gedo is a relativistic matter of incompatibility with or acceptability to the prevailing goals and aims of the self-organization at a given time. Gedo joins Schafer⁶ in viewing "the moral ideals of the superego as but one aspect of the system of values codified in the self-organization—the first of a series of transformations of the self-organization that characterize the optimal maturation of the personality" (p. 224). He rejects, as a turn-of-the-century artifact of punitive child-rearing practices, Freud's stress upon superego formation arising out of oedipal castration anxiety. Instead, he states that the unacceptable erotic and aggressive aims of the oedipal child are relinquished *because* he has accepted the morality of admired parents who have provided him with a loving and beloved superego. Such a revision, he feels, eliminates in a single sweep (a) Freud's untenable view that a woman's superego formation is different from a man's because of the relative absence of castration anxiety; (b) awkward distinctions between superego and ego ideal; and (c) such unmanageable

⁶ Schafer, R. (1960). The loving and beloved superego in Freud's structural theory. *Psychoanal. Study Child*, 15:163-188.

formulations as Kohut's⁷ concept of transformations of narcissism as a consequence of structure-building.

In an extended critique of structural theory (Chapter 14) Gedo takes issue with most of what is generally attributed to ego and id, redefining them as "hierarchies of potential for actions—changing throughout life under the impact of changes in the overall self-organization, especially in terms of changing value systems" (p. 240). Gedo properly recognizes (Chapter 15) that discarding the energetic hypothesis leaves current metapsychology without a central organizer or "universal explanatory framework." He argues that this has been our sorry lot as a result of the majority of American psychoanalysts having rejected or ignored Freud's necessary dual instinct revision of his drive theory. He solves, or sidesteps, the issue by claiming that his self-organization approach provides greater coherence and a superior organizing sweep:

From the person's subjective viewpoint, both his relations with significant others and his sexual and aggressive motivations (the latter understood in biological terms as well as psychologically as derivative wishes) can be understood as subsets within the hierarchy of goals and values. The epigenesis of this hierarchy yields relevant information about every phase of development: in other words, it has universal clinical applicability (p. 252).

Whatever the merits of his wholesale dismissal of most of present theory, Gedo is difficult to contest in this last point. His organizing perspective can claim general utility just because it is cast in the broadest possible terms. It is conceivably useful that we box the compass of our analytic venturing in the world of human need and expectation with just a quartet of abstract goals: perfection, intimacy, and pleasure in pleasing others, with autonomy being Gedo's Big Dipper. Such a very general mapping could bring us to the rocks and shoals of each individual's waters with a collaborative readiness to let him be pilot for the channels only he can sound. This, in fact, is the thrust of Gedo's closing précis on the way psychoanalytic therapy works, and few will contest his stance of openness, relativism, and sensitive apperception of each patient. Yet, the guts and vitality of the analytic process, the pull and tug of emotional intensities on both sides of the couch, and especially the force and sweep of human sexuality and aggression are oddly absent or muted

⁷ Kohut, H. (1966). Forms and transformations of narcissism. *J. Amer. Psychoanal. Assn.*, 14:243-272.

in the highly intellectualized and abstract set of concepts he would press us to accept in place of those we have known so well.

There is much to endorse in Gedo's epigenetic, hierarchical schema. It is as rich in heuristic value and organizing utility now as it was when it was fresh on the scene in 1973. His interweaving of pregenital issues with later accretions allows a flexible apperception of both in ways that accommodate new perspectives from information theory and child observation while yet remaining solidly centered in the introspective mode.

But it is not evident that much is to be gained, other than the conceptual elegance Gedo finds so important, from his centering on an elusive conception of self-organization and an abstract quartet of goals derived from the very object relations theory he criticizes. The notion of a self-organization bent on autonomy and fearful of its dissolution at worst merely substitutes another set of reifiable abstractions for the old. At best it is so generalizing and inclusive that it requires continuing redefinition and refinement if it is to prove clinically useful.

In sum, the book is a challenging, provocative, closely reasoned tour de force by a solidly psychoanalytic scholar. It has the quiet arrogance to promise much, the wisdom and knowledge to deliver a lot, and the spirit to seek an honest joust.

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OBJECT AND SELF: A DEVELOPMENTAL APPROACH. ESSAYS IN HONOR OF EDITH JACOBSON. Edited by Saul Tuttmann, Carole Kaye, and Muriel Zimmerman. New York: International Universities Press, Inc., 1981. 548 pp.

The goal of this volume is twofold: to present a survey of Edith Jacobson's work and to provide a selection of new essays on object relations theory.

The first section of the book easily justifies the editors' initial aim by providing an excellent review of Jacobson's contributions. The papers clearly illustrate the historical influence of her ideas upon the current interest in object relations theory. This is the best part of the volume. Jacobson's meticulous observations and her development of them into theory generated a series of outstanding psychoanalytic writings over a twenty-five-year period. Her papers

and books have had a profound and deserved effect upon the direction of clinical work and the course of theory development within the analytic community. *The Self and the Object World* is one of the most seminal works in the literature (this over-used term does seem appropriate in this instance of analytic writing, and by no means only in terms of object relations theory).

Unfortunately, her writing style was often obtuse, and it is difficult at times to integrate and grasp her ideas in one sitting. The discussions of her work by Arlow, Gero, Tuttmann, and Kernberg in this volume provide excellent commentaries that serve to translate her ideas into a more easily comprehended form. These essays alone would make a fine small volume.

Several of the contributors remind us that Jacobson was a prisoner of the Nazis for almost three years. She made use of this terrible time to observe and study the psychological effects of interrogation and imprisonment. As Freud did with the Dora case, and perhaps for similar reasons, Jacobson waited a number of years before publishing her experiences. "Observations on the Psychological Effect of Imprisonment on Female Political Prisoners" was not printed until 1949. It preceded the revelations of twenty-five and thirty years later of the subjective experiences of political imprisonment as described in the more skillful prose of Solzhenitsyn and Jacobo Timerman. It is a fascinating paper that, among other things, contains suggestions of some of the origins of Jacobson's preoccupation with and working over of the concepts of the self, depersonalization, and identification. The self and the phenomena and vicissitudes of identification have been persistent elements in Jacobson's thinking and concept formulation from the beginning. It is reasonable to guess that their importance to her arose in part from introspection about her own psychological reactions while a political prisoner.

It was inevitable that her clinical interest would be directed toward the study of depression, a condition whose psychological content (despite the genetic and/or neurophysiological aspects of its etiology) is concerned with pathological identification. Arlow uses this as a starting point in his essay for a useful, clear, articulate discussion of the role of identification as a response to object loss in various clinical conditions besides depression.

Kernberg reviews Jacobson's work under the three rubrics of

affect theory, depression, and object relations theory. He graciously credits Jacobson's concepts as the basis for "my theoretical frame of reference and, in fact, my theory of technique and actual therapeutic strategy with borderline cases and narcissistic pathology" (p. 121).

Her theory of affects went beyond the consideration of discharge processes alone. By emphasizing that feelings are invested in both self and object representations, she pioneered in investigating the significance of self-esteem regulation, probably the most important stimulus to the beginning of the self psychologies of today. In the process she broadened the classical formulation of affects beyond the energetic discharge process postulated by Freud.

The essays in the second two sections of the book are grouped under "Issues of Theory and Treatment" and "Applications." Essays by Arnold Goldberg and Theodore Dorpat review definitions of terms used in psychoanalytic theory. These aim at eliminating the Tower of Babel that confuses psychoanalytic concepts and contributes to controversies arising out of misinterpretation.

Attempts at restructuring analytic theory tend to be dry and unexciting, but theory does stimulate new clinical observation, just as new theory evolves out of clinical observation. It is a truism that how we listen to our patients usually determines what we hear. Similarly, how we say things to our patients often determines the events of the analysis itself. Schafer has elaborated an entire theory and clinical approach to psychoanalysis by emphasizing this viewpoint.

Dorpat's article is an excellent attempt at clarification, although it is somewhat self-defeating by being too long and overly detailed. His elucidations of splitting, internalization, and object relations are immensely useful, in that he presents the history of each concept and clarifies the way in which the terms have been used by various theorists in the past.

Some analysts maintain that there is danger of deterioration of the newer and more useful object relations theories by contamination with residues of older metapsychological concepts and what they claim to be their fallacious reasoning. Dorpat's paper typifies the attempts one encounters in the course of new theory development to purify thinking by exorcising older constructions and redefining or reclassifying theoretical terms and language. Probably, this kind of linguistic debridement is intermittently necessary.

E. J. Anthony's essay, "Shame, Guilt and the Feminine Self and Psychoanalysis," contains a timely discussion of Freud's "givens" about female psychology—that envy and jealousy are more characteristic of the mental life of women than of men and that the lack of a penis has profound consequences for woman's emotional life. Anthony does not disagree with Freud, and his paper is a clinically detailed (though not fully convincing) exposition of his support of Freud's views. He states that shame is more prominent in women and that women are not as analyzable as men: "A woman is born psychologically into shame and must develop out of shame before she can become a feminine being" (p. 197). However, he modifies his stance by claiming that if the analysis of shame in a female patient is thoroughly and systematically undertaken, analysis can then proceed successfully. He states that "shame is less practicable to change, unless it is first transformed and brought into the ambience of guilt" (p. 206). He also believes that the analysis of shame is complicated by inevitable paranoia and guilt and that these in turn require protracted treatment before analysis can be successfully completed. Anthony adds to our clinical knowledge by describing several clinical syndromes whose hallmark is a preponderance of shame and inferiority over guilt reactions.

Jacobson was one of the earliest analysts to emphasize the clinical distinction between shame and guilt, and in *The Self and the Object World* she carefully distinguished the characteristics of each. At other times she claimed (I believe unsuccessfully) that a preponderance of shame over guilt in a depression was a sign of a very profound regression, i.e., of a psychotic depression or schizophrenia.¹

Vamik D. Volkan examines the role of internal objects in transference-countertransference reactions. He uses multiple schematic diagrams to illustrate his thesis. Some readers may find this a useful aid, but I do not.

The final essay in this volume is an interesting piece on the myth of Narcissus written by Stanley Rosenman. He uses the myth to illustrate the pathology of the negative self and of some characteristics of the object relations of narcissistic characters. He uses it to

¹ Jacobson, E. (1966). Problems in the differentiation between schizophrenic and melancholic states of depression. In *Psychoanalysis—A General Psychology: Essays in Honor of Heinz Hartmann*, ed. R. M. Loewenstein, et al. New York: Int. Univ. Press, pp. 499-518.

explicate the frequent feeling of the narcissist of being "surrounded by repulsive and hostile creatures" and clarifies how and why the severe narcissist typically evokes unpleasant and envious feelings in his objects.

I would have liked such a volume to include a more complete discussion of Jacobson's work, with an appraisal of her more controversial ideas. There are several areas that come to mind: (1) Searles pointed out in his 1965 review of *The Self and the Object World*² that Jacobson was overstressing the role of individuation at the expense of social interaction and values. (2) Her understanding of depression was achieved before much knowledge of the biochemistry and genetics of depression was available, which led to some incorrect deductions. She believed that the tendency for manic-depressives to decompensate when they have achieved success was attributable entirely to moral masochism and guilt conflicts. Many of us now believe it is more probably attributable to their fragility to *any* stress. (3) Unaware, as were we all, of the biochemical basis to the disorder, she claimed that certain personality types were more prone to developing a bipolar illness. With similar reasoning, she believed that manic-depressive patients, in between psychotic episodes, tended to be warm, loving, and unusually fine family people, an observation I do not believe has been found to be clinically valid.

Jacobson's very difficult writing style does deserve comment. Kernberg's paper is the only one that mentions "the complex, terse, highly elaborated nature" of Jacobson's writings. "All of this," he says, "makes the study of her work difficult, and militates against an easy abstraction from it of an 'exportable,' simple scheme" (p. 122). As a result she has not "been the object of one of those transitory fashions that from time to time develop within the psychoanalytic field and seem to clarify all complex issues by means of a few simple generalizations" (p. 122). But Kernberg correctly adds that her influence on psychoanalytic theory formation has been and continues to be profound.

This collection of papers is an interesting addition to the literature of the newer object relations theory. As tends to be true of collections of essays, however, the papers are not of equal worth. Those pieces that demonstrate the debt which today's analysts owe

² Searles, H. F. (1965). Review of *The Self and the Object World*. *Int. J. Psychoanal.*, 46:529-532.

to Jacobson are of value in illustrating the historical movements within psychoanalytic theory. Some of the original articles, including those by James, Rosenman, Dorpat, and Giovacchini are excellent, provocative, and well worth reading.

STUART S. ASCH (NEW YORK)

HOMOSEXUALITY. By Charles W. Socarides, M.D. New York: Jason Aronson, 1978. 642 pp.

Socarides's book on homosexuality is a welcome addition to the psychoanalytic literature. I know of no other volume offering as complete a psychoanalytic approach to this subject. The book is divided into several sections, the first of which discusses theoretical issues. It includes an excellent summary of the literature, the development of a basic theoretical position, and the selection of a classification system which, while in accord with a standard developmental approach, introduces some useful modifications.

The introductory chapters include a careful review of Freud's publications on the perversions as well as summaries of the work of many other contributors to our knowledge of perversions, particularly homosexuality. Socarides focuses special attention on Hanns Sachs's paper, "On the Genesis of Perversions," which he considers essential to our understanding of this topic. A translation of the paper is included as an appendix to the book. Margaret Mahler's developmental theories are also singled out as especially significant.

In terms of maturational sequences, Socarides states that the primary, phase-specific developmental difficulty is in the separation-individuation period. He points out that it is during this phase that the healthy development of gender identity occurs. He concludes that the homosexual fails to traverse this period successfully. Improper parenting, he states, contributes materially to a homosexual outcome. Socarides thus is a proponent of the view that homosexuality is primarily preoedipal in origin, although oedipal factors play an important additional role in some instances.

W. H. Gillespie¹ first clearly discussed this matter. His work, reviewed by Socarides, expressed the view that oedipal versus pre-

¹ Gillespie, W. H. (1956). The general theory of sexual perversion. *Int. J. Psychoanal.*, 37:396-403.

oedipal etiology is a key issue. As I have discussed,² it is my impression that an either-or approach is restrictive. I believe it most useful to evaluate the pathology found in each phase and to study the effects of early pathology on succeeding phases. Skewing during earlier phases imposes limitations in choice during the oedipal phase. In "oedipal" homosexuality, earlier skewing has already set the stage for the development of homosexuality during later developmental phases, as Socarides, too, points out.

Socarides offers a classification of homosexuality that divides it into preoedipal and oedipal types. Two types of preoedipal homosexuality are included, Type II demonstrating a greater degree of pathology than Type I. The preoedipal types are characterized by obligatory homosexuality and a severe gender identity disturbance. In addition, according to Socarides, these patients suffer from an insistent anxiety which drives them to seek same-sex partners in a manner that is experienced as ego-syntonic. The anxiety consists of fears of engulfment, of ego dissolution, and of loss of self and ego boundaries. Primitive mechanisms predominate, and acting out is common. Socarides also describes an oedipal form of homosexuality. The homosexuality in these individuals is not obligatory, and heterosexuality is usually the conscious choice. The homosexual acts of this group are attempts to ward off anxiety, satisfy dependency needs, and gain power. The author indicates that primitive, archaic mechanisms may appear, but in these cases he attributes their emergence to regression. Other types of homosexuality are also listed. They include situational, variational, and latent types.

In emphasizing the importance of preoedipal factors in homosexuality, the author states that it rests upon three pillars. The first consists in fixations very early in life. He indicates that difficulties occur even earlier than the rapprochement phase. He refers, for example, to an exaggerated, parasitic symbiotic phase which contributes to such eventual difficulties as fear of engulfment and intense conscious as well as unconscious aggressive urges. The second pillar upon which the preoedipal theory rests involves the Sachs mechanism for the development of perversion, the formula for

² Dicks, R. (1971). Factors in the development of male homosexuality. In *The Unconscious Today: Essays in Honor of Max Schur*, ed. M. Kanzer. New York: Int. Univ. Press, pp. 258-273.

which may be briefly stated: "a perversion, the ego-syntonic remnant of infantile sexuality, becomes the ally of the ego in its repressive efforts directed against other component instincts as well as against the positive oedipus complex and castration fear. A small fragment of infantile sexuality survives puberty and becomes the pre-condition of sexual gratification. All other components of sexuality become repressed" (p. 11). The third pillar involves René Spitz's theory of "synchronicity," namely, a maturational and psychological developmental compliance.

Separate chapters are devoted to male and female homosexuality. Male homosexuality is presented within the framework mentioned above. More detail and a fuller clinical exposition is available to the reader following the text than in the section on female homosexuality. Socarides's views on female homosexuality deserve mention. As oedipal factors in female homosexuality, he includes the dread of vaginal injury first noted by Horney. Anxiety and guilt over clitoral masturbation may lead to the production of a fictitious male role which protects the subject against libidinous wishes toward the father. An identification with the father then helps repress positive oedipal wishes. A severely ambivalent relationship to the mother plays an important part. Preoedipal factors include projection of the subject's own femininity onto the mother, and via this projection there is enjoyment of femininity in another rather than in oneself. Ambivalence plays a very important role. Expressions of rage and aggression against the mother are evident and may lead to the reversal, "I do not hate you, I love you." This is then displaced onto substitutes. Still other factors are adduced by Socarides to explain the eventual choice of homosexuality, but space limitations preclude their consideration here.

In following chapters, some specific mechanisms involved in the homosexual's situation are described. Singled out are identification, projection, erotization of aggression and of anxiety, a breast-penis equation, and others.

The second section of the book contains a series of cases illustrating the views presented in Section I. The presentations are detailed and adequately document the theoretical formulations. Scattered throughout this section is information concerning the technical management of the cases.

The third section of the book is devoted to therapeutic considerations. Attention is paid to selection of patients, transference phenomena, and other facets of therapy. One somewhat controversial chapter contains a discussion of modifications of technique considered by Socarides to be necessary. The author makes the point that variations in technique become necessary whenever the manifestations of transference or resistance are of such a nature that they threaten to rupture the alliance with the therapist and endanger the treatment beyond repair. We can be reminded of Anna Freud's advice, however, that modifications of technique should be based upon the structure of the emotional condition being treated and should always be introduced with due regard for analytic principles of good practice.

Socarides asserts that certain dangers must be anticipated, which necessarily require modifications of standard analytic technique. During intervals of severe aggression, for example, he feels that the analyst should increase the number of sessions so as to allow the patient to ventilate the aggressive urges rather than suppressing them or acting them out. Erotic transference demands by a woman patient may reach such intensity that she insists on actual gratification. Interpretation, he feels, must be offered early and repetitively to avoid such a situation. At times, because of a lack of sufficient structuralization of the psychic apparatus, the analyst must "lend" needed ego resources to the patient. Other parameters may also have to be used for some patients.

Purists may object to these technical variations. It seems to me, however, that we must fit our techniques to our patients' needs rather than forcing them into the constraints of a Procrustean couch.

This review has done no more than briefly mention the wealth of thought-provoking theoretical and clinical material presented by the author. While not everyone will agree with all of the author's conclusions, this is the most complete text of its kind available today, and therefore it is a significant addition to the analytic literature. It merits reading by all analysts because of its broad scope and because of its heuristic value as a contribution to our understanding of sexual development and sexual problems.

ROBERT DICKES (NEW YORK)

JEWISH ORIGINS OF THE PSYCHOANALYTIC MOVEMENT. By Dennis B. Klein. New York: Praeger Publishers, 1981. 198 pp.

Since the creator of psychoanalysis was a Jew, the extent to which psychoanalysis is rooted in the Jewish tradition has been the source of heated controversy. On the one hand, there is Jewish pride that would like to claim Freud as an heir to the Jewish tradition. On the other hand, there is the Nazi accusation that psychoanalysis is a Jewish invention, designed to corrupt innocent Aryans. In theory, there need not be any connection between the sociological origins of psychoanalysis and the validity of its findings. However, this line of demarcation is seldom honored.

Freud himself felt that the resistance against psychoanalysis would have been less had it not been discovered by a Jew. Elsewhere¹ this reviewer pointed out that the Jewish tradition to which Freud was heir was that of the Jewish enlightenment (*Haskala* in Hebrew). This movement equated Judaism with the religion of reason. Freud's own sense of Jewish identity was expressed by a term he coined when he called himself a "Jewish infidel."

The main thesis of the book under review, which echoes Freud's own title of 1914,² can be summarized as follows. By the end of the nineteenth century the faith of the Viennese Jews in the ability of liberalism and enlightenment to put an end to anti-Semitism was shaken. The infidel Jews, to use Freud's term for those Jews who lost their religious ties, turned either to socialism or to Zionism as solutions to the Jewish problem. Klein suggests that Jews were attracted to psychoanalysis because it, too, offered the hope of overcoming anti-Semitism. They felt that anti-Semitism would disappear, Klein states, when a new society, free from sexual repression, had replaced the current neurotic one.

A hitherto unpublished essay by Rank, "The Nature of Judaism" (translated by the author), is the main support for Klein's thesis. In that essay Rank claimed that only the Jews, less neurotic than their neighbors, could engineer the struggle against repression. Klein

¹ Bergmann, M. S. (1976). Moses and the evolution of Freud's Jewish identity. Reprinted in *Judaism and Psychoanalysis*, ed. M. Ostow. New York: Ktav Publ., Inc., 1982, pp. 113-141.

² Freud, S. (1914). On the history of the psycho-analytic movement. *S.E.*, 14.

quotes a remark Freud made to Abraham which he feels is in support of Rank's thesis: ³

Please be tolerant and do not forget that it is really easier for you than it is for Jung to follow my ideas, for in the first place you are completely independent, and then you are closer to my intellectual constitution because of racial kinship, while he as a Christian and a pastor's son finds his way to me only against great resistances. His association with us is the more valuable for that. I nearly said that it was only by his appearance on the scene that psychoanalysis escaped the danger of becoming a Jewish national affair (p. 34).

Klein's juxtaposition of Rank's paper and Freud's comment is questionable. To this reviewer Freud's statement seems eminently reasonable. It merely implies that a pastor's son can be expected to have difficulty in accepting psychoanalysis. Rank's statement absolving the Jews from neurosis, which parallels his view of the artist as being antineurotic, on the other hand, is eminently unreasonable.

The author points out that the first twenty members of Freud's circle were Jews, gentiles becoming members only after 1907. It is possible that some Jewish analysts harbored the kind of hopes described by Klein and some support for his thesis can be found in Freud's most optimistic paper, in 1910.⁴ On the other hand, the content of the meetings of the Vienna Psychoanalytic Society fail to support it.

Even if one remains skeptical about Klein's central thesis, the book does add to our knowledge of Freud's relationship to Jewish issues, a subject neglected in Jones's biography. It is useful to know that in 1855, a year before Freud's birth, there were six thousand Jews in Vienna, constituting less than one percent of the population. In 1870, when Freud was an adolescent, there were forty thousand Jews in Vienna, over six percent of the population. In 1900, when *The Interpretation of Dreams* was published, there were one hundred forty-seven thousand or nine percent of the population. In 1867, when Freud was eleven years old, the Bürger Ministerium was established, which marked the high point of Austrian liberalism. One of Freud's dreams, "the uncle with the yellow beard," refers to this. By contrast, 1897, a period known to us through the *Fliess*

³ Abraham, H. C. & Freud, E. L., eds. (1965). *A Psychoanalytic Dialogue: The Letters of Sigmund Freud and Karl Abraham, 1907-1926*. New York: Basic Books.

⁴ Freud, S. (1910). The future prospects of psycho-analytic therapy. *S.E.*, 11.

correspondence, was the year in which the anti-Semite, Karl Lueger, became Mayor of Vienna. It is also of interest to know that Professor Billroth, who appears in Jones's biography as an inspiring teacher and the man who in 1871 proposed that Freud be given a professorial title, was also the author of an anti-Semitic pamphlet that in 1875 precipitated anti-Jewish riots in the medical school.

The book concludes with a summary of Freud's lecture to the B'nai B'rith. However, an earlier article by Knoepfmacher⁵ covers the same territory. The book contains a valuable bibliography.

MARTIN S. BERGMANN (NEW YORK)

THE WORK OF HANNA SEGAL: A KLEINIAN APPROACH TO CLINICAL PRACTICE. By Hanna Segal, M.D. New York/London: Jason Aronson, Inc., 1981. 240 pp.

This volume is a collection of Segal's principal works from 1950 to 1978. They are arranged in such a manner as to address specific topics in the Kleinian approach to clinical practice. The first two chapters, which serve as an introduction, summarize Klein's conceptions of psychoanalytic technique for adults and children. The remaining chapters contain Segal's papers on theoretical, clinical, and applied psychoanalytic topics, with postscripts added to reflect her second thoughts after the passage of time.

Segal remains the most lucid of Kleinian writers. Whether one differs with her or not, at least one comes away with a crystal-clear notion of her ideas and their source. They are and always have been mainstream Kleinian ideas, modified somewhat by Bion's contributions. They postulate a very early mental life, with a succession of paranoid-schizoid and depressive positions. The three-week-old infant is postulated to "organize" experiences of bodily need satisfaction by the maternal object so that frustration and satisfaction become differentiated and personified as "good and bad breast" experiences. The hallmark of this is fantasy, the unconscious mental representation of instincts. The instincts are perceived of as object-seeking rather than as discharging. Introjective identification with a good or satisfying breast is seen as mediating progression into

⁵ Knoepfmacher, H. (1979). Sigmund Freud and the B'nai B'rith. *J. Amer. Psychoanal. Assn.*, 27:441-449.

the depressive position. The infant renounces the schizoid mechanisms of omnipotence, splitting into good and bad breast images, projective identification, idealization, and magical omnipotent denial. Acceptance of the need for the maternal object, who is now experienced ambivalently and wholly, ushers in the beginning of reality testing and also of the oedipus complex, since the mother is now experienced as an object with her own needs, including the need for someone other than the infant.

How do these ideas stand up today? The recent contributions of Galenson and Roiphe seem to suggest that the oedipal phase occurs much earlier than has been thought. There has been, in fact, a tendency in psychoanalysis to shift the focus from the genital- or phallic-oedipal phase to earlier stages of development. Some of the contributors to this have been Spitz, Jacobson, Mahler, Kernberg, and Kohut. The composite impact of their contributions has been the validation of the importance of early mental life. Kernberg, with his origins in South America, where Kleinian ideas have long been held in higher esteem than they have in this country, has brought such Kleinian concepts as splitting and projective identification into greater acceptance.

Recent contributions by observers of infants have produced evidence that is pushing back the time at which the infant can be postulated to have a mental life. Stern, for instance, has found suggestive traces of reinforcement memory and even evocative memory in the first few weeks of life.¹ The disputation over Klein's calendrical emphasis on development has been a heated one. One wonders if Klein would have achieved greater credibility had she addressed herself to "deep" rather than to "early." Segal inadvertently refers to this in her paper, "Notes on Symbol Formation." She states that the symbolic representation of the object is established in the depressive position and that it not only furthers ego functioning in general, but serves in the retrieval of experiences of the preverbal period (the paranoid-schizoid position). Thus, the earliest, preverbal experiences require the help of symbols from a later time to find representation. The verbal retrieval of preverbal experiences is tantamount to a retrospective elaboration of earlier experiences so as to permit their integration into the progressing psyche. This

¹ Stern, D. N. (1982). The first relationship: mother and infant. Presented to the meeting of The American Psychoanalytic Association, May 15th.

idea is in line with classical ideas about regression to points of earlier fixation.

Perhaps the major difference between Kleinian and classical ideas lies in the Kleinian dating of the units of genetic continuity. Kleinian theory states that the infant begins to construct a notion of his/her world from the very beginning, whereas the classical notion seems to be that a period of narcissistic (autistic) unawareness occurs first and then is followed by the hatching phase of separation-individuation, which is putatively the beginnings of mental life. This dispute is as yet unresolved.

The Ariadne's thread running through Segal's contributions concerns the apogee of the depressive position, mourning. Clinical depressive illness, according to Segal, is characterized by a manic defense that omnipotently seeks to triumph over the object, control it, and attack it with contempt. The depressive position proper is characterized by renunciation of omnipotent ownership of the object and recognition of its separateness. The consequences of this are missing, longing, and pining for the object, and attempts are made to atone for the greedy possessiveness, envious attacks, etc., which may have contributed to the object's fantasied or real distress.

Segal has important things to say about symbol formation, aesthetics, freedom of speech, artistic creativity, and the treatment of psychotic states. She postulates that the infant, immediately prior to the attainment of the depressive position, relates to derivative objects as if they were the maternal object itself. The derivative object becomes a protosymbol for the absent object, i.e., it is treated by the infant not yet as an abstract symbol, but as a *concrete equivalent* (or "symbolic equation") of the object. The infant's thumb or finger, for example, is used as a substitute for the mother's body rather than as an abstract link to it. This idea seems to resemble Winnicott's concept of transitional phenomena, but Segal takes great pains to differentiate the two. I myself believe that the symbolic equation Segal postulates can be viewed as the mental correlate of the transitional object and of transitional phenomena. It may represent the beginning of the development of that mental space in which the infant begins to acknowledge a gap of separateness between itself and the object, but cannot yet fully allow for it.

Segal first conceptualized this while treating a schizophrenic patient who could not differentiate between playing the violin and

masturbating. From this and similar observations Segal concluded that psychotics cannot acknowledge separateness from their objects and therefore cannot mourn their absence or loss or allow for an external or internal space in which their objects can be lost. Another way of saying this is that the psychotic cannot handle separateness and abolishes it through excessive projective identification with the object so as to create a world in which there is no separation between self and object or between object and object. In this cosmos of boundarylessness any object can stand for any other, and any phenomenon can become multirepresentational. True symbol formation, according to Segal, requires the capacity (a) to allow for the object to be separate, (b) to be able to mourn the loss of the object and (c) to offer reparations to the object, all of which are characteristic of the depressive position. The treatment of psychotics centers on analytically interpretive defusion of the dangers of separateness, so that the psychotic patient can slowly but surely learn to develop a progressive feeling of safety in experiencing separateness and the mourning which is its consequence.

Thus, the attainment of the depressive position seems for Segal and her fellow Kleinians to be synonymous with ego development and maturing object relations. According to Segal, the Kleinians do not ignore reality, but they consider it to be much less important in its own right than in its effect of reifying destructive and self-destructive fantasies arising from within the individual. It is not the outside world *per se* that is so important, they feel, but the way the infant *experiences* this outside world as a result of the impact of the instincts which, through fantasy formation (via splitting and projective identification), compel the development of self-created pictures of an internal and external world.

The theme of the need to learn to tolerate separateness runs through Segal's writings on aesthetics, artistic creativity, and freedom of speech. By lack of freedom of speech she is referring mainly to those qualities of the superego which are archaic and talion-like and therefore do not allow the ego the freedom of self-expression. The Kleinian idea of the development of the superego, in particular the archaic superego, differs from the classic conception. It is based upon the belief that the infant reintrojects the consequences of its own primitive projective identifications. Another way of stating this is that the archaic superego is based upon primitive mental mech-

anisms from a stage in which separateness between self and object is disallowed. It cannot allow freedom of self or of object, since separation would be the consequence.

Segal takes a similar approach to aesthetics and artistic creativity. She postulates that the capacity of an artist to produce something beautiful indicates the ability to allow oneself to become separate from the object, to experience the pain of its loss, and to feel impelled to re-create it reparatively as a creative or aesthetic monument to its goodness and meaning. True creativity is a testimony, Segal believes, to the unconscious pain of object loss.

Classical students of psychoanalysis may be deterred by Segal's lack of reference to current classical contributions, especially in her postscripts. While this is a typical characteristic of most Kleinian writing, it may be partially understood by the realization that, unlike classical analysts, the Kleinians speak from the point of view of very primitive phenomenology which is phantasmal, epical, mythical, and spiritual. They address themselves to fundamentally different metaphors than those employed by classical analysts because of their different focus. To paraphrase Kohut, their argot is very experience-near vis-à-vis the infant and very experience-distant vis-à-vis the adult. They relate to a stage and a phenomenology that become even more buried and forgotten than does the classical infantile neurosis. If they are right, however, it is a stage which we ignore at our peril.

I recommend this book to all psychoanalysts, Kleinian and classical alike, and to other mental health workers. It is useful because of the clarity of its presentation and the sweep of its scope.

JAMES S. GROTSSTEIN (BEVERLY HILLS)

EXISTENTIALISM AND PSYCHOANALYSIS. By Charles Hanly. New York: International Universities Press, Inc., 1979. 298 pp.

This ambitious, wide-ranging book proclaims itself to be "a work in the field of applied psychoanalysis" (p. 1). In particular, it applies psychoanalytic doctrine and technique to the ideas of Sartre and Merleau-Ponty, considered as the leading exponents of existentialism and phenomenology respectively. The method of application is both conceptual and empirical. The book's avowed aim is to exhibit the liabilities and limitations of existential-phenomenological

thought insofar as it denies or neglects the causal efficacy of unconscious psychic processes. This aim is carried out in the first four chapters, entitled "Method," "The Self," "Interpersonal Relations," and "The Self and the Natural World." A final chapter, "The Nature of Freedom," pursues a more constructive course by expounding Hanly's own preferred theory of freedom, a theory regarded as strictly compatible with the findings of psychoanalysis.

Existentialism and Psychoanalysis has special virtues which will appeal to philosophically minded readers of diverse persuasions. It is a lucidly written and well-organized book. It is coherent and consistent in its point of view. It offers a fairly detailed introduction to the writings of Merleau-Ponty and Sartre. Hanly shows himself to be sensitive to the complexity of choosing and willing in his resolute opposition to Sartre's endorsement of radical freedom. He makes the intriguing suggestion that "Merleau-Ponty has found a phenomenological basis for probabilistic and statistical thinking about human behavior" (p. 103). The occasional use of clinical examples is illuminating and instructive. Altogether, the book represents a rare effort to bring philosophy and psychoanalysis together in a spirit of open confrontation.

The outcome of this confrontation is made insistently clear as the book progresses. Despite the elegance of its descriptions, the existential-phenomenological view of human experience is not to be trusted, according to Hanly. In fact, it is to be deeply distrusted on fundamental matters. Its conception of consciousness, for example, is judged to be "a narcissistically motivated, intellectualizing denial of a basic fact of the human condition" (p. 233). The "basic fact" alluded to is universal psychic causation, the appreciation of which is what psychoanalysis (though anticipated in this regard by Spinoza) has contributed to our understanding of human nature. Indeed, the single most pervasive theme of the entire book is furnished by the claims made for psychic causation, and I shall focus exclusively on these claims and their consequences.

(1) *Description versus explanation.* The universality of psychic determinism is said to be "an accurate description of the facts of psychic existence" (p. 232); and yet its status is held to be strictly *explanatory* in relation to human action. Such action is to be explained by its causes, which are presumed to provide us with a more profound understanding than can mere descriptive structures.

Sartre and Merleau-Ponty are both charged with a "complete abandonment of [causal] analysis and explanation in favor of description" (p. 104). But it is not self-evident that causal explanation gives us more insight into human existence than does description, which is the preferred method of approach not only for Sartre and Merleau-Ponty but also for Wittgenstein (whose motto "Describe—don't explain!" has inspired Anglo-American analytical philosophy). In any case, to claim that causal explanation in psychoanalysis is itself based on "an accurate *description* of the facts of psychic existence" is to court running in a methodological circle.

(2) *Explanation versus interpretation*. Nor can we assume that explanation is the privileged method even within psychoanalysis itself. To claim baldly that "to interpret a dream and to explain it causally are the same thing" (p. 228) is to overlook the hermeneutical dimension of psychoanalytic practice. We need to be explicitly aware of this dimension whether we agree with Ricoeur (in *Freud and Philosophy*) that it complements the explanatory approach or with Leavy (in *The Psychoanalytic Dialogue*) that it is of pre-eminent importance. In his zeal to delimit the scope of description, Hanly has neglected the activity of interpretation.

(3) *Causation versus motivation*. A corollary drawn from universal psychic causation is that there is no meaningful distinction to be drawn between causes and motives (*cf.*, pp. 111, 128, 232, 255). This is to ignore the writings of philosophers, such as Peters and MacIntyre, who insist on maintaining this distinction, as well as the warnings of psychoanalysts, such as Loewald and Schafer, that the distinction needs to be respected at the peril of conceptual reductionism.

(4) *Efficient versus other forms of causation*. The notion of cause which is adopted by Hanly would have been entitled "efficient" by Aristotle. It is a matter of a push-and-pull force, propulsive and repulsive in the manner of the dynamics of instinctual forces (*cf.* especially, pp. 109-110). But Aristotle himself pointed to other kinds of causes—i.e., formal, material, and final—and there doubtless are still others to be considered as being actively at work in psychic life. For instance, a distinction between *enabling* and *restrictive* causes is pertinent to Hanly's discussion of freedom (e.g., p. 252).

(5) *Freedom versus determinism*. Hanly's most passionately held thesis is that "psychoanalysis implies 'hard determinism'" (p. 257).

Not only are all human actions caused but the very choices between them are also caused (*ibid.*). Hanly rejects Sartrean absolute freedom (dismissing its basis in nihilation as merely defensive) as well as all varieties of compatibilism and indeterminism (whereby freedom and determinism would become reconciled). Hard determinism is regarded as supplying the "foundations" of psychic life, whose surface is described by phenomenology "with subtle detail" (p. 133). But these foundations, on closer inspection, are curiously hollow. For hard determinism reduces in the end to what Isaiah Berlin has called "negative freedom," that is, freedom *from* obstacles of various sorts. Such freedom had been embraced by Hobbes, and it is re-embraced by Hanly: "behavior is free insofar as it does not need to encounter and does not encounter either internal or external impediments" (p. 258). That there can be "grades of freedom" (p. 259), and even a remnant of responsibility (pp. 266-267), does not mitigate the dichotomizing inherent in Hanly's final position. On the one hand, he substitutes for the dogmatism of the autonomy of consciousness the counter-dogmatism of the strict determinism of unconscious causes; on the other, the positive freedom of a Sartrean for-itself is replaced by the negative freedom of a lack of hindrance by the in-itself. One must ask: is this progress or is it not instead a case of mere reversal, i.e., of argument by recourse to the diametrically opposed view?

EDWARD S. CASEY (STONY BROOK, N.Y.)

CLASSIC CONTRIBUTIONS IN THE ADDICTIONS. Edited, with commentary, by Howard Shaffer, Ph.D., and Milton Earl Burglass, M.D. New York: Brunner/Mazel, 1981. 502 pp.

Abuse of alcohol, marijuana, sedative-hypnotics, or stimulants does not necessarily contraindicate analysis for an otherwise adequately functioning individual who can attend sessions regularly in a sober state and who otherwise fulfills the accepted criteria of analyzability. Since these criteria effectively exclude the chronic severe abuser, however, a psychoanalyst interested in substance abuse must turn to the writings of the small handful of colleagues with extensive drug experience and to the literature of other disciplines.

This volume is a valuable *vade mecum* that has transcended inter-

disciplinary barriers to enter the cross-filled thicket of the literature on addictions. No mere scissors-and-paste job, this anthology of theoretical approaches is framed by an extensive introductory overview and a useful epilogue. The selections are linked with one another by editorial prefaces to the six categories in which the papers are grouped: Perspectives on History and Related Social Policy, Psychodynamics, Psychosocial Perspectives, Behavioral Approaches, Physiological Formulations, and Research Issues.

Excerpts from Edward M. Brecher's *Licit and Illicit Drugs* open the history and policy section. They adumbrate the distinction between the direct pharmacological effects of drugs and the often deleterious consequences of largely irrational laws and policies. This thoughtful, balanced approach is followed by two positions which are unremittingly radical. Consistent with his familiar views on mental illness, Thomas Szasz marshals his syllogisms to deny the existence of drug abuse as a legitimate problem, while he castigates the medical and psychiatric professions. Andrew Weil, whose *The Natural Mind* became the manifesto of the drug counterculture, follows Szasz. His notion of an "alternate" (rather than an "altered") state of consciousness has done for marijuana what DSM III has done for homosexuality. By sampling Szasz and Weil in excerpt, the reader is spared the possibility of overdose.

The sociological papers include Maxwell Jones on the therapeutic community and some interesting observations on Synanon. Norman E. Zinberg, et al., argue that the drug subculture has evolved social sanctions and rituals that support moderate use and mitigate against compulsive abuse. David P. Ausubel's more fundamental, multifactorial conceptualization of chronic and reactive addictions is supported by the observation that only a relatively small percentage of veterans retain a persistent heroin habit, despite the high prevalence of physiologic dependence among members of the armed forces during their active duty in Vietnam.

The section on physiological formulations is comprised of a review of the literature on endorphins and of two early contributions of Vincent P. Dole and Marie Nyswander on methadone maintenance, in which they postulate an unspecified metabolic deficiency in the etiology of heroin addiction. Clinically, reducing the methadone dose below 20-40 mg. per day leads to the resurfacing of serious psychopathology in the best functioning, most stabilized patients,

according to Leon Wurmser. In the 1970's, stereospecific opiate-binding sites and endogenous morphine-like substances, as well as specific benzodiazepine receptors, were discovered in the brain. Combining the babywatchers' theorizings about the mother as modulator and integrator in the development of the infant's multiple self-regulatory processes with recent psychoneuroendocrinological notions raises the intriguing possibility that early mother-infant interaction may permanently affect the capacity to produce these endogenous substances, as well as the number and distribution of the receptor sites.

Several important psychoanalytic contributions are included in the psychodynamics section, most notably those of Rado, Wurmser, and Krystal and Raskin. Rado's seminal 1935 thesis that it is not the drug but the individual's impulse to use it that produces an addict was reminiscent of Freud's 1887 view that cocaine addiction comes about only in those who have been addicted to other drugs and that cocaine itself cannot be blamed.¹ Rado also emphasized ego considerations, the adaptive function, and the role of narcissism in drug addiction.

The book's title does not reflect its regrettable exclusion of alcohol, cannabis, sedative-hypnotics, stimulants, tobacco, and overeating from consideration. The narrow focus on the opiates alone severely interferes with consideration of the fascinating phenomenon of the specific choice of a drug as a result of the mutual interaction of its pharmacological effects, the symbolic significance of the drug, and the intrapsychic deficits and conflicts of the drugtaker.

The concentrated samplings of different theoretical approaches from a variety of disciplines, which is the main virtue of the volume, may also account for its rather academic aura of a history of ideas. Moreover, a parochial tendency is suggested by the Harvard connection of at least a fourth of the authors who are canonized within its pages.

To the psychoanalyst seeking enlightenment from the literature on compulsive drug abuse, I would recommend Wurmser's *The Hidden Dimension*,² a work by a first-rate psychoanalytic clinician

¹ See, Abstracts of the scientific writings of Dr. Sigm. Freud, XVII: Remarks on addiction to cocaine and the fear of cocaine. *S.E.*, 3:239.

² Wurmser, L. (1978). *The Hidden Dimension. Psychodynamics in Compulsive Drug Use*. New York: Aronson.

and theoretician with extensive experience in the therapy of severe drug abuse and alcoholism. Wurmser reviews many of the papers cited in this volume, within a more stringent psychoanalytic framework. Then I would recommend Krystal and Raskin's *Drug Dependence: Aspects of Ego Functions*.³ Their illuminating concepts of affect regression and dedifferentiation are based on equally impressive clinical experience. To these, Shaffer and Burglass's book provides a valuable supplement.

EUGENE H. KAPLAN (GREAT NECK, N.Y.)

FAMILY THERAPY AND MAJOR PSYCHOPATHOLOGY. Edited by Melvin R. Lansky, M.D. New York: Grune & Stratton, 1981. 431 pp.

In view of the finding of the American Psychoanalytic Association's 1976 Survey of Psychoanalytic Practice that fifty per cent of psychoanalysts' office practice consists of "other modes of care than analysis *per se*"¹ the book *Family Therapy and Major Psychopathology* may be of interest to more psychoanalysts than one might think. After all, family therapy is one of the several therapeutic modalities which psychoanalysts use in that part of their office work which is not devoted to psychoanalysis. In addition, those psychoanalysts who work in inpatient facilities and community mental health centers as clinicians, administrators, and teachers have been familiar with family therapy for many years.

Melvin R. Lansky has brought together the experiences of twenty-one authors, including himself, who have applied family therapy techniques to clinical problems at the severe end of the spectrum. These include schizophrenia, major affective disorders, severe personality disorders manifested by suicidal activity and marital disharmony, alcoholism, anorexia nervosa, organic brain syndrome, and others. They are not the usual ones subjected to psychoanalytic investigation, although all of them have been studied by analysts at one time or another. These conditions have been treated largely

³ Krystal, H. & Raskin, H. A. (1970). *Drug Dependence. Aspects of Ego Functions*. Detroit: Wayne State Univ. Press.

¹ Survey of psychoanalytic practice: a summation, presented to the membership of The American Psychoanalytic Association by the Ad Hoc Committee on Psychoanalytic Practice, Daniel Shapiro, M.D., Co-Chairman, November, 1981, p. 3.

with psychotherapy, medication, and hospitalization. The contributors to this book document convincingly that family therapy can play a significant role in the treatment of these potentially catastrophic illnesses, primarily in combination with other treatment modalities. None of the authors attempts to convince the reader that family therapy can cure these conditions, alone or together with other forms of treatment, but they do demonstrate that including family members in the treatment process improves the results of treatment.

A striking example is reported by Michael J. Goldstein in his chapter, "Family Therapy During the Aftercare Treatment of Acute Schizophrenia." The relapse rate observed after six months was lowest (0%) if discharged patients received six weeks of both a relatively high dose of long-acting, injectable phenothiazine and a course of crisis-oriented family therapy aimed at minimizing pathogenic life stresses. Patients who received a lower dose of the same medication and whose families were not involved in the treatment had the highest relapse rate (48%). Results were better if brief family therapy accompanied the use of phenothiazines, regardless of the dose employed.

Equally compelling, but more anecdotal, are two chapters on the use of multiple family therapy, one by Carol R. Bley with single male schizophrenics and their families of origin and the other by Yolande B. Davenport with married patients with bipolar affective illness and their spouses. The schizophrenic young men and their families met in groups of five or six families and two cotherapists for an hour every other week. The groups were open-ended, with families terminating periodically to be replaced by others in which a son had recently been hospitalized. Other therapeutic modalities were used concurrently, but the multiple family group became in time the most important for many of the families. Numerous brief clinical examples illustrate why this is so. Opportunities abound for identification with others in a similar predicament, and great support is felt by family members when their counterparts in other families understand and encourage them. It is well known that confrontation is more acceptable when it comes from a person one regards as having gone through the same ordeal as oneself.

Davenport describes similar benefits accruing to couples, one of whom suffers from bipolar affective illness, when they meet with two

cotherapists and two to four similar couples on a weekly basis. When a group member becomes depressed or manic, the others support the affected couple by discussing the plight of spouses when hospitalization is required, or by suggesting measures which facilitate rapid action by the spouse. A "spouse syndrome," occurring after a manic or depressive episode has subsided, was delineated by one group. The patient, now feeling well and often having repressed memories of offensive behavior during the episode, expects that affection and sexual interest from the spouse will return to the usual level. The spouse, typically feeling angry and exploited, requires a waiting period before this is possible. Unless this is acknowledged and verbalized, there is confusion, and additional emotional complications occur. Although the sample is too small for statistical analysis, Davenport gives ample evidence to support her impression "that combined therapy including homogeneous [couple] groups is significantly more powerful—often decisively so—than drug treatment alone" (p. 141).

An interesting chapter by Joseph Richman on suicide and the family demonstrates the value of evaluating the suicidal patient's family and including them in the treatment of the affective disturbance which often underlies it. Family members' hopelessness and aggression often contribute to the patient's motivation to destroy himself and can be dealt with optimally only if conjoint family therapy is included in the treatment plan.

Lansky contributes a chapter titled "Treating the Narcissistically Vulnerable Marriage," in which two individuals are in unconscious collusion to defend against awareness of their own feelings of inadequacy by constantly blaming each other. He notes that individual treatment of a person in such a marriage with psychoanalysis or psychotherapy usually becomes stalemated by repetitious complaining about the spouse unless marital psychotherapy is also used to facilitate the individual therapeutic work.

A remarkably balanced view of the relationship between the development of anorexia nervosa and the family dynamics of such patients is given by Joel Yager, who also describes his use of family therapy as a component of the treatment of this disorder. While recognizing that most serious cases come from the most seriously disturbed families, he also realizes that the range of family psychopathology is wide and may not be specific to this illness. We are

cautioned about excesses of enthusiasm in the literature on this syndrome, which is replete with methodological errors. Some of the family psychopathology which has been described, for example, is very likely a response to the illness of the child rather than its cause. Great variability exists in the personalities of anorectics' parents, as well as in the parent-child interactions. These observations tend to reduce the validity of such monolithic systems as Salvador Minuchin's, which emphasizes a single set of family factors which he believes produces the syndrome in every instance.

Two chapters are devoted to the problems of severely disturbed adolescents and their families. One, by David A. Berkowitz, is an outgrowth of an NIMH study which has been the source of other reports. It emphasizes the bind in which these adolescents are placed by their families: to grow and develop is to risk abandonment, and to preserve their relationship with their parents means sacrificing their own autonomy. The other, by Kathryn L. West, is a description of a research project in which adolescents and their parents were evaluated, treated, and then followed up five years later. She found that adolescents whose parents were unable to communicate with their family members in a clear, focused way and who were excessively critical and guilt-inducing toward their children had poor outcomes after five years. She concludes that attending to these factors in family treatment should be given careful consideration.

Unusual applications of family therapy are described in chapters on the treatment of alcoholism, organic brain syndrome, and cancer in disturbed families. The book is rounded out by thoughtful chapters by Stephen Marder on methodological issues and by Lansky on the uses of family therapy combined with medication and as utilized in the psychiatric hospital.

While it may be a reflection of the type of pathology studied by many of these authors that sexuality seems to play a minor role alongside conflicts over separation, autonomy, and control, it could also signify reluctance to attend to this issue in their patients. Lansky is the only one who even mentions psychoanalysis as a possible treatment modality for members of the families he treats, although Davenport notes the usefulness of therapists consulting regularly with a senior psychoanalyst for continuity, support, and discussion of pathology, dynamics, treatment, and research. Despite the fact that the interesting content of some of the chapters is

marred by a bland style of presentation, this book should interest those whose professional activities extend beyond the usual confines of the couch to areas that may be considered applied analysis.

MARVIN A. NIERENBERG (NEW YORK)

THE ARTS IN THERAPY. By Bob Fleshman and Jerry L. Fryrear. Chicago: Nelson-Hall, 1981. 234 pp.

This book attempts to provide an introduction to the subject of the arts therapies and their place in the field of mental health. It offers a general discussion of the topic followed by more detailed chapters on the specific modalities of psychodrama, music, and the visual, movement, language, media, creative-expressive, and mixed media arts. Unfortunately, the authors have put together a simplistic and in many instances an inaccurate overview.

Fleshman and Fryrear see the arts therapies as falling within one of three main schools of psychological thought—the “intrapsychic,” “behavioristic,” and “humanistic” schools. It is the last which they see as currently dominating the arts therapies and as most applicable to them. They dismiss the behavioristic school as insignificant for the arts therapies because in it art is only used as a reward. They claim that art is employed primarily as a diagnostic tool within the “intrapsychic framework,” although it has also been used adjunctively within this framework for its cathartic effects and as a window into the unconscious. When they present the humanistic approach to the arts therapies, their claims grow much grander, and they elevate the creative process to a “model for mental health—the art of living” (p. 35). Apparently ignorant of the significance of ego psychology and object relations theory for the arts therapies, they claim that the truly therapeutic potential of art is understood only by the humanists.

Although the authors profess to be objective, their humanistic bias pervades the text in every aspect. When they use terms or discuss concepts derived from psychoanalysis, their misapprehension of it as a body of knowledge is very evident. This is not forgivable in a book on this subject, since some of the major theoretical writings and clinical approaches in the arts therapies are grounded on psychoanalytic understanding.

It is ironic that the more traditional modalities of art therapy,

dance therapy, and music therapy receive less attention in the book than newly arrived humanistic approaches. The former are practiced by the greatest number of "creative arts therapists" in the United States, have been in existence longest, and have national professional organizations which have been most rigorous in setting standards of training and practice. The authors are aware of this, since they recently completed a national survey to obtain data on the numbers of arts therapists working in mental health in the United States (*Arts in Psychotherapy*, Vol. 8, 1981).

The chapters on language arts (bibliotherapy, poetry, and storytelling) and media arts (videotape, photography, audiotape, and film) lead the reader to the impression that the authors have a deeper appreciation for recreation than for therapy. Typical of their attitude, perhaps based on the commonly held humanistic idea that anything good for you is therapy, is the way the authors outline the basic precepts of bibliotherapy: "a librarian will direct an individual's reading based on the psychological or informational needs of the reader," which will be effective only if, "1, the therapist is familiar with the reading materials, 2, the therapist offers suggestions for reading materials, accompanied by short explanations, 3, the therapist recognizes the symbiotic relation between the literature and the client's life-style, and 4, there is a follow-up in the context of a meaningful and caring relationship" (pp. 145-146). Recreational and behavioral approaches dominate the presentation to such an extent that having background music on a hospital ward is referred to as therapy.

Fleshman and Fryrear make the claim early that the arts therapies are closely related to and grow out of occupational and recreational therapy. They seem not to understand the differences between these two sets of modalities. The task-oriented, structured approaches that are so useful to occupational therapy are, for the most part, diametrically opposed to the nature of the arts therapies, which build and are built upon the patient's capacities to freely choose the direction and expression of his needs through the arts. The unique and striking capability of the arts to help people integrate their internal and external vision of the world in a framework of symbolic expression is not duplicated by occupational or recreational therapy. The arts therapies require that practitioners have a profound understanding both of their art and of psychology.

Arts therapists are schooled in normal and abnormal psychology and have studied ways to adapt their media to serve the psychotherapeutic needs of their patients. Unlike occupational therapists and recreational therapists, they are generally trained at the graduate level, and they spend hundreds of hours in closely supervised clinical internships.

In the art therapy chapter, the field is divided into the psychoanalytic approach, the creativity approach, and the humanistic/existential approach. There are major flaws here of the type that run throughout the book. For example, Margaret Naumburg, the pioneering art therapist most closely identified with psychoanalytic thinking, is not mentioned, although her technique is presented. The authors identify "the creativity approach" as Edith Kramer's, although Kramer's theoretical position and practice are based on psychoanalytic theory, particularly ego psychology. Kramer's point is that through encouraging the healthy defense of sublimation, one can help disturbed people to move toward less defensive and better psychologically integrated functioning. The authors present her thinking out of context and make her appear like a well-intentioned art teacher rather than a leading spokesperson for the psychoanalytic approach to art therapy. They draw the simplistic conclusion that an art therapist who focuses on the connection between words and "free association" to their images is psychoanalytic, while one who places the greatest emphasis on the therapeutic action of art is not. Even the smallest amount of serious reading should have disabused the authors of this. Kramer has written three books, and the *American Journal of Art Therapy* is filled with articles by art therapists who have integrated the recent psychoanalytic observations of Mahler, Kohut, Winnicott, and others into their use of art materials and processes to help their patients. Mahler's focus on early developmental stages has helped art therapists working with the developmentally disabled to understand nonverbal behavior with art materials in the context of developmental phases. Kohut's writings on narcissism have been used to explain some aspects of the artist's and patient's relationship to art and to the viewer—the art therapist.

The authors' insufficient comprehension of the literature they discuss is epitomized in their summary of an article written by a humanistic/existential psychologist, James M. Denny, who put to-

gether a compendium of techniques culled from the literature of art therapy and testing psychology. It cites techniques used by Margaret Naumburg, Mardi Horowitz, Richard Gardner, Florence Goodenough, Karen Machover, and Hanna Kwiatkowska—all psychoanalytically oriented. In fact, it covers every technique employing art materials with people which the author could find. It is widely known among art therapists as a "recipe" article written by someone with a penchant for collecting, rather than comprehending. Fortunately, most art therapists eschew techniques of this sort or at most use them only as warm-up exercises before the real work of art therapy, which is to provide people with the opportunity to create visual images that constitute symbolic equivalents for experiences, thoughts, feelings, and fantasies. Through the use of these symbolic images patients are helped to perceive, identify, and communicate their conscious and unconscious conflicts by projecting them outside themselves onto their artwork. In selecting Denny's article, the authors once again reveal their ignorance of the fields they purport to survey.

In addition to all this, the level of scholarship in the book is very poor. Terms are not defined clearly; bibliographic entries are frequently misspelled; reading lists omit important sources while they include inappropriate ones. Perhaps the most blatant example of poor scholarship is to be found in the penultimate chapter, "Creative-Expressive and Mixed Media Arts." These approaches are presented as the very latest word. To quote the authors, their "history is what is happening now." Naturally, they are founded on the "theoretical principles of humanism," with the exception of the material on the work of Judith Rubin and Eleanor Irwin, which does not belong in this chapter at all. The documentation for the approaches presented in this chapter derives from promotional material sent to the authors by the training institutes, associations, and workshop leaders whose work they have cited and zealously applauded.

There is need for a book that fairly and accurately depicts the range of arts therapies currently in existence, but it has not been met by this work.

LAURIE WILSON (NEW YORK)

The Psychoanalytic Study of the Child, XXXV. 1980.

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ABSTRACTS

The Psychoanalytic Study of the Child, XXXV. 1980.

Abstracted by H. Robert Blank.

The Family and the Psychoanalytic Process in Children. E. James Anthony. Pp. 3-34.

Anthony attempts to construct a dynamic model useful to the child analyst and discusses the family's impingement on the treatment. He traces the spotty history of the family in psychoanalytic theory from Freud to present-day child psychoanalysts, for whom the family is obviously a far more important challenge than it is to psychoanalysts who treat only adults. Among child analysts there are many differences regarding the involvement of the family in the child's analysis. The author's procedure is initially to learn as much as he can about the family from the parents. This working model of the real family is subject to modifications as changes occur during treatment. With the working through of the oedipal conflict in the transference, the relationships within the family often improve. Anthony reports an unusual case of a nine-year-old girl to exemplify his views and his analytic technique. The divorced parents far away from the scene authorized the author by letter to analyze the child. The child was brought to the sessions by her seventeen-year-old sister who had been left to manage the home and the younger children. During the first year of treatment, one could see the impingement of family pathology on the treatment, the formation of the "family complex," the reactivation of the family romance within the transference, the interplay between the "unconscious" family, the representational family, the actual family, and the analyst's hypothetical family. Anthony feels that the child analyst should bring the family as a psychic phenomenon more fully and frequently into the analytic work while recognizing the impact of the actual family on the analytic process.

A Historical Sketch of the Use and Disuse of Reconstruction. Phyllis Greenacre. Pp. 35-40.

In recent years reconstruction seems to have almost completely dropped out of the psychoanalytic literature. Reconstruction initially gained status in our vocabulary probably as a result of the disruption of the original theory of the traumatic basis of neurosis and of the fact that the cathartic method of treatment had proved inadequate. With the publication of Freud's metapsychology papers, which were enthusiastically received by analysts, the importance of trauma, the traumatic theory of neurosis and reconstruction, was minimized and remained less important for decades, even though Freud, in one of his last papers in 1937, clearly indicated the value of assessing the role of trauma and the use of reconstruction. He had not abandoned reconstruction as of basic importance in analytic technique, and he underlined this position in a postscript to *Moses*

and *Monotheism* in 1939. Greenacre believes that reconstruction is the cornerstone of psychoanalytic practice, understanding, and research and that screen memories—of marginal importance to many analysts—form the fundamental skeleton of reconstructive methods.

Cognition in Personality and the Treatment Process: A Psychoanalytic View. Sebastiano Santostefano. Pp. 41-66.

The goal of this paper is to illustrate how the psychology of cognition which has grown out of psychoanalytically oriented research within ego psychology is a viable alternative to Piaget's model which has examined cognition separate from personality. The limitations of Piaget's model are delineated. Psychoanalysis needs a model which systematically takes into account the following issues: (1) individual differences, regression, progression, and fixation in cognitive functioning; (2) multiple cognitive functions which operate simultaneously at all stages; (3) cognitive functions which gather information from the external environment and from fantasies and memories; (4) cognitive functions which participate in balancing and regulating affects; and (5) language as one cognitive ego activity which is located developmentally among others. The author's model approaches this goal by integrating two concepts: *cognitive controls* and the concept of *action, fantasy, and language as developmentally ordered ego modes*. The usefulness of the model is demonstrated in the analyses of two children and an adult.

Consciousness of Self and Painful Self-Consciousness. Beulah Kramer Amsterdam and Morton Levitt. Pp. 67-83.

The authors review data from recent infant research of others in addition to their own. These lead to an extension of current formulations regarding narcissism, particularly the development of shame. While Amsterdam and Levitt do not minimize the mother-child relationship, they do emphasize three additional factors in the second year of life: the beginning of representational thinking, the onset of upright locomotion, and the start of intentional genital behavior. These interacting developments accentuate the self-other polarity and contribute to the separation-individuation process.

The Development of the Self: A Psychoanalytic Perspective. Gerald Stechler and Samuel Kaplan. Pp. 85-105.

Years of longitudinal study of infants and children yielded data that could not be sufficiently explained by metapsychological concepts. Furthermore, there was no way of bridging the gap between metapsychology and the data emerging from such fields as neurophysiology, ethology, and Piagetian psychology. The authors attempt to demonstrate that the infant's inevitable crises foster the development of self-regulating functions which in turn evolve into organizing principles (previously called psychic structures). Breaches of integration have a cardinal role in this formulation. This helps clarify the concept of conflict, especially as it leads to the conceptualization of the self as the central psychoanalytic proposition. The self is seen as arising via a series of syntheses which

are the active resolutions of experienced conflict. The theory is an extension of Louis Sander's developmental model of mutual adaptation and regulation between mother and infant. The authors' views are exemplified by observational data of an infant girl interacting with mother and father over the first year of life.

Some Potential Effects of Adoption on Self and Object Representations. Paul M. Brinich. Pp. 107-133.

Brinich outlines how some adopted children have organized their representational worlds and discusses the ways in which their representations of themselves and their objects have affected their object relationships. There appears to be a consistent trend in the symptomatology of the adopted children referred for treatment, namely, behavior described as impulsive, provocative, aggressive, and antisocial. One of the major problems is the adoptive mother's difficulty in cathecting the child with narcissistic libido, especially insofar as the adopted child emphasizes her own infertility. Several authors have noted that some adoptive parents appear to feel as if they had stolen their adopted children. Such feelings can create special problems in the separation-individuation phase of the adoptive child. These parents have difficulty allowing the child normal separation experiences. The child frequently has difficulty fusing the intrapsychic good and bad parent images and must include two separate sets of parents within her or his representational world. The split in parental images creates problems at each developmental phase. Since the children do not know the identity of their blood relatives, they are thrust precisely into the position of Oedipus. This genealogical ignorance can produce powerful family romance fantasies and may be responsible for the frequency of sexual promiscuity in the symptomatology of adopted children. These and other considerations are exemplified in three case presentations.

Siblings of Twins. Beth A. Bernstein. Pp. 135-154.

The effect of twinship on twins themselves has long been studied. In this paper the author investigates the effect of twinship on other members of the family, particularly the siblings. She presents three cases showing that siblings of twins suffer from an intensified sibling rivalry. The mother of twins must in reality devote more time and care to two new babies. In addition, producing twins provides a narcissistic gratification for some mothers whose adulation of their new babies then compounds the hostility and envy normally felt by a single child at the birth of a sibling. Siblings of twins feel excluded from the rest of the family pairs—the father and mother, and the twins. They try to compensate for their feelings of loneliness and incompleteness by unconsciously but unsuccessfully and interminably seeking a twin surrogate.

Asceticism in Adolescence and Anorexia Nervosa. S. Louis Mogul. Pp. 155-178.

The author explores the relationship between adolescent development and anorexia nervosa, and the ways in which asceticism links them. Adaptive adoles-

cent asceticism is distinguished from pathological asceticism by the degree to which the asceticism becomes an end in itself. The anorectic's asceticism is considered from three viewpoints: (1) as a defense against drives; (2) as a defense against the sense of powerlessness; and (3) as the expression of a wish for aesthetic and moral transcendence. The advantages of this developmental orientation are demonstrated in the report of the treatment of an anorectic adolescent.

Children's Dreams Reconsidered. Steven Luria Ablon and John E. Mack. Pp. 179-217.

The literature on dreams of children is reviewed, including the neurobiological research on sleep and dreaming. The data from the sleep laboratory and the emphasis of many workers on the information-processing and adaptive functions of the dream are compatible with classical Freudian dream theory, according to the authors. The discovery that infants and toddlers spend an especially high percentage of their sleeping hours in the D-state or REM sleep should encourage our continued study of children's dreams in treatment settings.

Sleep Disturbance and Father Hunger in 18- to 28-Month-Old Boys: The Erkökönig Syndrome. James M. Herzog. Pp. 219-233.

The syndrome resembling night terrors was observed in twelve boys within four months of their fathers' departures from the home. Three cases are presented to demonstrate developmental and other differences based on age and other factors among the children who presented essentially the same syndrome. The psychoanalytic implications are discussed, particularly the vulnerability of the little boy in this phase. He needs his father for the formation of a sense of self, the completion of separation-individuation, the consolidation of gender identity, and the modulation of libidinal and especially aggressive drives.

Constructive and Reconstructive Activities in the Analysis of a Depressed Child. Donald J. Cohen. Pp. 237-266.

This report covers the three-year analysis of a depressed boy (from the age of seven through ten) who was sad, failing in school, said little, lay on the floor sucking his thumb, ate with his hands, and crawled and barked like a dog. His mother had been depressed for many years, and the parents separated when the child was six years old. During the analysis he saw his mother only twice, and she repeatedly broke promises to visit. The analysis was unique in that the child communicated chiefly nonverbally and responded favorably to interpretations. Pertinent developmental theory is reviewed. This case is a noteworthy example of the combination of hereditary predisposition and environmental influences in producing the depressive disorder.

Transference and Externalization in Latency. Erna Furman. Pp. 267-284.

The author follows the categorization of transference by Joseph Sandler and his co-workers: (1) transference predominantly of past experiences revived in the

analysis; (2) transference predominantly of current relationships; and (3) transference predominantly of character traits, habitual modes of relating to the world as a whole. Various forms of externalization are included in these transferences. Externalization is defined as the attribution of any aspect of the person to the external world. Projection is a specific form of externalization, namely, the attribution to another of a wish or impulse of one's own. This is then felt by the subject as being directed back against himself. Superego externalization is a normal phase-specific defense in early latency, and the child's parents and teachers should be helped to help the child accept his own painful feelings. The analytic treatment of a boy of seven and a half years is used to demonstrate the importance of early recognition of superego externalization and the need to differentiate it from transference phenomena. Countertransference externalization is also briefly discussed.

Countertransference and the Psychoanalytic Process in Children and Adolescents.

Irwin M. Marcus. Pp. 285-298.

Countertransference is defined as a specific unconscious reaction which is complexly overdetermined. Countertransference reactions are distinguished from normal conflict-free reactions of the analyst and from externalizations. Different levels of the child's development are likely to evoke countertransference problems characteristic for each level. Countertransference in the different phases of the analysis is discussed.

Negative Therapeutic Motivation and Negative Therapeutic Alliance. Jack Novick.

Pp. 299-320.

The negative therapeutic motivation is an unconscious wish to go into analysis or therapy in order to make the analyst fail. This motivation is part of every treatment, regardless of degree or type of pathology. The phenomenon is, however, more visible in certain types of patients, such as those with severe masochistic disturbances, and at certain ages, such as adolescence. Material from several cases, especially suicidal adolescent cases, is used to illustrate the patient's need to make the analyst fail in order to maintain an idealized image of a loving, loved, and omnipotent mother. The defensive need to maintain the illusion of a purified pleasure dyad and the inability of both patient and mother to move beyond the stage of dyadic omnipotence underlie the negative therapeutic motivation. The analyst's omnipotence fantasies and interpretive zeal can interact with the patient's need to make him fail, producing a negative therapeutic alliance.

The Gender of the Analyst: In Relation to Transference and Countertransference Manifestations in Prelatency Children. Phyllis Tyson. Pp. 321-338.

In child analysis, the gender of the analyst can enhance the transference, provide a focus for resistance to the transference, highlight the use of transference as a resistance, and serve a developmental need which may then enhance the transference. In the treatment of children fixated at anal sadistic levels, the

analyst's gender may be important in two additional ways: in regard to the countertransference and to the mother's transference to the child's analyst. Case material is used for demonstration and clarification.

The Cornerstone Treatment of a Preschool Boy from an Extremely Impoverished Environment. Thomas Lopez and Gilbert W. Kliman. Pp. 341-375.

The "cornerstone method," in the context of a community clinic, attempts to integrate psychoanalytic therapy with the therapeutic nursery education of preschool children. The analyst works in the classroom alongside two teachers for about two of the daily three hours of class time, four to five times a week. The authors report the case of a boy who was the second of three sons of an impoverished black couple. When he was two and a half, the mother developed an acute paranoid psychosis following the birth of the youngest child, and had a prolonged hospitalization. When she returned home, the father left and remained away for two years. At the onset of treatment at age four, the boy had profound developmental lags and grossly atypical behavior. He had practically no ability to relate to peers or adults, used little speech, his gaze wandered, his facial musculature was lax and unexpressive. His I.Q. on the Wechsler Intelligence Scale for Children was 53, but there were some positive affective and cognitive responses to the examiner. The treatment is described in considerable detail. In spite of an initially stormy course, the child progressively improved in every area of functioning, revealing an unanticipated responsiveness to psychoanalytic interpretation. Treatment ended after two years when the mother moved the family to a rural community in the South to be with her own mother. Follow-up three and a half years later produced enthusiastic reports from the mother and child's teacher about his behavior and accelerated learning. He was ready to be moved up to grade level. Many clinical and theoretical aspects of the case are discussed.

Adolescent Love and Self-Analysis as Contributors to Flaubert's Creativity. Francis D. Baudry. Pp. 377-416.

The unsuccessful resolution of the conflicts engendered by a platonic love affair at fourteen years of age was probably a major determinant of (1) Flaubert's subsequent turning away from any lasting relationship with a woman and (2) the choice of a literary career. This study focuses on Flaubert's adolescent literary productions; the basic recurrent themes of his subsequent writings can be found in these adolescent works. From fourteen years of age he was already pre-occupied with love, incest, adultery, and sadomasochistic fantasies. The drive behind his prodigious literary output can be interpreted as an unconscious attempt to master his deep-seated conflicts. Inferences drawn from Flaubert's fiction are clearly supported by his correspondence and diary notations.

Psychoanalysis and Academic Psychiatry—Bridges. Robert S. Wallerstein. Pp. 419-448.

Listed under the heading, "Special Article," this paper is indeed special; it deserves study by *every* psychoanalyst and psychiatrist. Wallerstein's penetrating

analysis of the problems within and between psychoanalysis and academic psychiatry is clearly related to the problems confronting the nonacademic practitioner as well. He presents a lucid history of the subject, highlighting the differences between developments in Europe and the United States. Wallerstein describes the tremendous post-World War II growth of psychoanalytic influence and prestige in medical school teaching and training of psychiatrists. This reached its peak in the mid-1950's. He then traces the gradual decline of psychoanalytic influence as it had to make room for the burgeoning fields of psychopharmacology, learning theory, behavior modification, the humanistic psychotherapy based on European existentialist phenomenological philosophy, the community mental health center movement, social systems theory, etc. Among other topics, Wallerstein instructively discusses the state of psychoanalytically oriented psychotherapy vis-à-vis the increasingly popular short-term substitutes, the declining number of medical students specializing in psychiatry, and the declining number of psychiatrists in training who are seeking psychoanalytic training. Obviously, there are no easy solutions to these complex problems. Wallerstein presents a number of options and suggestions of others as well as his own. These constitute an operational agenda for further exploration and discussion.

The Psychoanalytic Study of Society, VIII. 1979.

Abstracted by Daniel S. Birger.

Unconscious Factors in the Response to Social Crisis: A Case Study from Central Africa. Arnold Leonard Epstein. Pp. 3-39.

A description of social unrest with superstitious and paranoid flavor that took place in Central Africa during the early 1950's opens this article. The specificity of the components of that reaction is discussed in reference to the developmental stages of the African child within the unique context of the tribal family. An explanation of the symbolism of the phenomena of the social unrest based on specific features of infant care and weaning in that society is proposed. The structure of the article is somewhat disjointed, enhancing the impression that the data are insufficient to prove the causality proposed, and perhaps even the connection between the African child's development and the political events described.

Pre-oedipal Dynamics in a Case of Eskimo Arctic Hysteria. Edward F. Foulks; Daniel M. A. Freeman; Patricia A. Freeman. Pp. 41-69.

This paper is part of the authors' efforts to correlate psychopathological phenomena in non-Western societies with phases of separation-individuation as described by Mahler and co-workers. A case study of Eskimo Arctic hysteria, presented against the background of the specific patterns of child-rearing in that culture, seems to offer convincing support for the authors' main thesis. In their view, Arctic hysteria is a regression in the face of separation in individuals who have not yet achieved libidinal object constancy. The Eskimo mythology is an illuminating repository of symbolized perceptions of personality development

and major dynamic conflicts governing it. The authors use several myths to bolster their central thesis.

The Shaman's Dream Journey: Psychoanalytic and Structural Complementarity in Myth Interpretation. Charles P. Ducey. Pp. 71-117.

The structuralistic approach to myth interpretation focuses on its form and structure rather than its content. Lévi-Strauss, a prime representative of that approach, believes that a myth can be understood as a series of binary oppositional elements and elements which mediate oppositions. The mediatory elements in turn give rise, in Hegelian fashion, to new oppositions that require mediation. The ultimate purpose of myths, according to Lévi-Strauss, is "to provide a logical model capable of overcoming contradictions." The psychoanalytic approach emphasizes the content of the myth rather than its form. It views myths as attempted resolutions of emotional conflicts inherent in human experience rather than as the mastery of intellectual contradiction that the structural approach limits itself to. The author contends that only a combination of both approaches gives us a full understanding of myth. He demonstrates his point by analyzing a Siberian shamanistic legend according to both psychoanalytic and structural methods, leading to a combined model of understanding of the myth. His conclusion is that myth is a shared fantasy in which psychological conflict is identified and gradually brought to a resolution through the dialectical process of progressive mediations between contrasting elements of the tale on ever-higher levels of synthesis.

Dreaming in Kagwahiv: Dream Beliefs and Their Psychic Uses in an Amazonian Indian Culture. Waud H. Kracke. Pp. 119-171.

The author reports the results of a thorough investigation of a dream belief system in a primitive society. He demonstrates that individuals in the society will tend to use different elements of the belief system according to their characterological capabilities and needs. The Kagwahiv, dwelling in the Amazon region of Brazil, have specific concepts of dreaming. These concepts consist of viewing dreams as predictors of real life events, as caused by malevolent spirits called "*anang*," as evidence that someone is thinking of the dreamer, as continuation of nocturnal thinking, or as wish-fulfillment. Three male informants discussed their dream experiences with the author, who described their personality structures and defensive systems. It is clearly demonstrated that the individual will tend to choose the elements of the belief system that will most approximate his ego strengths and the level of his dynamic conflict. The perception of the dream's meaning may serve highly important psychological functions of anxiety-reducing mechanisms and assist in coping with conflictual tensions. The higher the developmental level achieved by the individual, the more insight-oriented his dream comprehension tends to be.

Hysteria—The Greek Disease. Bennett Simon. Pp. 175-215.

This article is a wide-ranging study of the concept of hysteria, including its clinical and psychodynamic modern meanings and its origins in Classical Greece.

Hysteria is traced through its meaning in ancient Greek medicine, its reflection of the degraded position of women in Greek society, and its connection with the concepts of "group hysteria" and "Bacchic frenzy." The position of women in Greek society and the attitude toward their sexuality as reflected in the Classical tragedies, in Plato's account of the wandering uterus, in the medical and biological theories of conception, and in the phenomenon of motivated ignorance regarding female sexuality are discussed in scholarly detail. All the different aspects of the Classical period mentioned above are seen as indications of significant social stresses as well as an index of a great creative ferment reflected in the relations between the sexes.

Between a Hostile World and Me: Organization and Disorganization in Van Gogh's Life and Work. Anne Stiles Wylie and Arthur Valenstein. Pp. 219-250.

Vincent Van Gogh's specific form, style, and artistic creativity are viewed as direct reflections of conflicts and their resolutions in his solitary and anguished personality. His dilemma of both fearing and longing for close personal contacts found its expression in his specific and ingenious portrayal of space, distance, and perspective of objects. His experience of himself as an outsider to real life and relationships was expressed in his overdetermined use of a window-like frame employed by artists of his time. Within this frame, Van Gogh fused and flattened his objects into forms of rigid angularity of intense strength. Driven to become involved, longing to fuse himself with particular individuals, and at the same time terrified of destruction by the real world, he found a symbolical solution to his dilemma through this technique. Van Gogh's unrequited love for his cousin Kee, a central trauma in his adult life, found its denial and sublimation in his artistic work. The outlines of his angular figures can be seen as intersecting representations of the letters "V" and "K," achieving thereby in the artistic creation a union denied him in reality.

William Faulkner's "Light in August": The Orchestration of Time in the Psychology of Artistic Style. Gilbert J. Rose. Pp. 251-276.

In this eloquently written discussion of Faulkner's aesthetic form and style and the components of his artistic creativity as reflected in *Light in August*, the author focuses largely upon the concept of time. The deliberate ambiguity, fluid reversibility between past and present, circular repetitiveness, and rhythmic oscillation in his style create a sense of timelessness in Faulkner's writing. The characters in *Light in August* are portrayed as living in both a linear time progression and a subjective, amorphous sense of existence in which past and present blend to form their own reality. Although the characters represent single, dominant, almost monolithic concepts such as deadened detachment, vindictive moralism, wishful undoing, etc., they are by no means unidimensional. Their conflicts are searing and violent; they are haunted, tragic figures. Central themes of loss, violence, guilt, and traumatic primal scene exposure run through the dramatic narrative, evoking echoes of primitive undifferentiated experiences. Faulkner offers no solutions, but presents with most powerful aesthetic creativity

the tragic universal dialectic between man's finiteness and his illusory timelessness.

Joseph Conrad: His Development as an Artist, 1889-1910. James W. Hamilton. Pp. 277-329.

A short biography of Conrad, emphasizing the centrality of the early loss of his parents, ushers the reader into a detailed description of elements in his literary work, in which guilt and expiation are dominant themes. His first novel, *Almayer's Folly*, is depicted as an attempt, through a creative process, to master the trauma of the loss of his mother when he was seven. His failure to mourn her death and the death of his father four years later gave rise to a chronic depression in which themes of survivor guilt, oral incorporative wishes and fears, internalization of rage, and somatization were active components. Those themes found their recurrent, persistent expressions in his literary creations between 1895 and 1910. His fascination with the sea, both in his career as a seaman and in his writings, is viewed as longing for union with a preoedipal mother image. Conrad's psychotic episode in 1910 followed the completion of *Under Western Eyes*, in which patricidal conflicts are central. The decline of his artistic standards following that episode is understood to be a result of the fragility of his subsequent adaptation.

On the Problem of Inference in Applied Psychoanalysis: Flaubert's "Madame Bovary." Francis D. Baudry. Pp. 331-358.

Baudry addresses himself to the dilemma of the application of psychoanalysis, basically a clinical explorative science, to the study of literary work, a creative production of imagination as distinct from free association in the clinical setting. He offers an approach designed to enrich the understanding of the complex relation between the work of art and its creator, using psychoanalytic concepts and observations. A brief passage from *Madame Bovary* is used as an illustrative sample for his methodological approach. A sudden and incongruous outburst of sentimental tenderness experienced by Emma Bovary toward her young daughter and the emotional context in which it occurs are explored. The author concludes that a full understanding of that episode cannot be obtained without including certain known facts and some reasonable assumptions about the author's life and psychic functioning. If those elements are added, it is possible to develop a deeper comprehension and sense of certainty regarding the motivation and behavior of the fictional characters as they resonate with elements of the inner life of the author. This article represents a serious and scholarly attempt to resolve the formidable problems in the field of applied psychoanalysis.

Meetings of the New York Psychoanalytic Society

Daniel Birger & Harold R. Galef

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

April 14, 1981. SUBLIMATION: AN INQUIRY (The 31st Freud Anniversary Lecture).
Hans W. Loewald, M.D.

Dr. Loewald began by describing the ambiguous attitude toward the concept of sublimation in psychoanalysis. On the one hand it represents the spiritual and creative achievements of man; but on the other it contains within itself the disillusioning recognition that humanity's greatest achievements are just a "cover-up" of the underlying crude psychic reality. If biological instinctual life is seen as true, authentic reality, then sublimation is ultimately spurious, inauthentic.

The concept of sublimation as a defense evokes a great deal of theoretical ambiguity as well. It remains unclear whether we should use the term sublimation only for specific functions that lead to higher cultural pursuits, or whether it can be used to denote any defensive function that does not dam up or counter-cathect instinctual drives, but organizes and channels them for discharge in a conflict-free manner. Regardless of its ambiguity, the concept points to something of exceeding importance: without this function of transformation from lower to higher levels of mentation, man would not be man. The relationship between sublimation and civilization is complex. Freud speculated that civilization is a process that the human race undergoes in a manner similar to the process of biological maturation of the individual. Sublimation gives rise to civilization, but the process is reciprocal—"civilizing" constraints, coming with education, promote and enhance sublimation in the individual.

Dr. Loewald then presented examples from Freud's description of Leonardo da Vinci's mental activity. Da Vinci's insatiable thirst for knowledge, which makes him appear to be devoid of emotional responses, was but a thinly disguised transformation of passion that could lead him to experiencing sublime ecstasy. Freud described the gradual transformation of the worship of the genitals and their activity into different forms of official religion. Sexuality gradually lost the divine quality attributed to it originally, but the concept of the divine was also impoverished in the process of distancing it from its instinctual roots. Such a process of mutual deprivation, the source of many discontentments in civilization, is seen by Loewald as an example of "inauthentic sublimation."

Sublimation in the chemical meaning and in its psychoanalytic sense connotes some sort of conversion from a lower to a higher, presumably purer, level of existence, be it transmutation from solid to vapor or from instinctual impulse to human creation. The psychoanalytic concept of conversion indicates movement in the opposite direction—from the higher level of psychic function to a lower level of somatic expression. From a certain point of view, the highest and the lowest are enfolded as one within an original unitary experience. One *is* the other. Sublimation is a symbolic linkage, maintaining the fundamental *oneness*

of the instinctual-spiritual experience. The original undifferentiated phase between the instinctual and the sublime is also the phase in which no differentiation between self and the object world exists.

In focusing on the metapsychological concepts of narcissism, libido, and ego theory, and their relevance to the understanding of sublimation, Dr. Loewald traced the development of the theoretical distinction between narcissistic libido and object libido and the revision of the concept of narcissism that led to the following conclusions. (1) The libido concept has come to encompass not only object relations but the entire fabric of intrapsychic structure. This wider definition of sexuality culminated in Freud's concept of Eros, the life instinct. (2) The process of differentiation of narcissistic and object libido out of the primary "reservoir of libido" leads to formation of id, ego, and object as more or less distinct from each other. This primary differentiation is attained by processes of internalization and externalization, which are different from the later process of identification during superego formation. In the latter process we transform object libido into narcissistic libido by desexualizing it. Narcissistic and object bonds, even after differentiation, remain intermingled and strongly influenced by one another.

Sublimation comes about by a change of object libido into narcissistic libido, by internalizing passion for an object and turning it into an intrapsychic interaction between id and ego. Sublimation represents a reconciliation and a bridge over the dichotomized object libido and narcissistic libido, between the self and the object world. Although some similarities between Hartmann's concept of neutralization and this proposed concept of sublimation do exist, they differ in their perception of their source of energy. Hartmann proposed a nonlibidinal neutral energy source while Dr. Loewald traces the origins of sublimatory energy to narcissistic libido.

From a developmental approach, sublimation can be seen as aiming at re-instituting the harmony of the mother-infant matrix of psychic life, or primary narcissism before its differentiation into object libido and narcissistic libido. From that point of view, sublimation brings together what had become separate. This view of sublimation is close to Winnicott's hypothesis regarding transitional phenomena and cultural experience, although it is expressed in different terms. According to developmental theory, in departure from the classical psychoanalytic hypothesis, original instinctual activity should be seen as taking place in the mother-infant matrix rather than in the infant's psyche as a separate unit. At this phase, libido cannot be differentiated as to object and self. The transformation of passion in sublimation is an activation of the unity of experience of the most fundamental, harmonious mother-child entity. This expands the understanding of sublimation to much more than the restricted cultural meaning we ordinarily attribute to it. The new definition refers to elements that are present in the natural development of the ego itself (i.e., "a love affair with the world").

Additional points made by Dr. Loewald regarding sublimation are the following. (1) In contrast to repression, impulses are not warded off, but diverted from their direct aim of satisfaction in immediate discharge. They are made more acceptable by disguise and their discharge is a form of displacement. Whereas repression excludes instinctual currents from the coherent ego and thus impover-

ishes it, sublimation includes these currents within the ego organization, preventing defensive depletion of it and helping in its organization. (2) Reaction-formation has many features similar to sublimation, but the former involves repression or counteracthexis while the latter does not. (3) In its actual mechanism, the process of repression does not differ from sublimation in respect to the fact that impulses blocked by it eventually find their way of discharge through dreams or symptom formations. The difference lies in the fact that in sublimation the discharge is toward higher values and purposes, including the value we attribute to the ego itself as a higher form of psychic organization. What we call "higher value" has the elements of shared illusion and self-deceit, but we cannot dispense with them. Introducing value judgment is inevitable if we view psychic life itself as a privileged realm of existence.

In conclusion, Dr. Loewald described the ultimate sublimatory elements in the process of psychoanalysis itself, and finally the sense of awesome magic evoked by great human creations. Such magic is connected with the achieved reconciliation and union of polarities of our basic mental structure. "Sublimation may be a mourning and celebration of original oneness which we lost."

DANIEL BIRGER

October 27, 1981. NARCISSISM IN OUR TIME: SOME PSYCHOANALYTIC REFLECTIONS ON ITS GENESIS. Martin Wangh, M.D.

Dr. Wangh presented his topic from four perspectives: 1) the synchrony of the psychoanalytic concept with the spirit and needs of our time; 2) the relationship of narcissistic phenomena in our time to changes in family structures; 3) the emphasis on empathy in our present clinical work in our search for the cause of the cultural tensions of today; and 4) the view that narcissistic phenomenology has become so prevalent because of immense concern with self-preservation in the face of fears of apocalypse. As in previous eras, psychoanalysis has again responded to the psychosocial problems of the time. And in turn, as with the "sexual revolution," psychoanalytic insights have contributed to social change. Currently, we must ask whether there have indeed been decisive, fundamental, structural changes in our society to have produced narcissistic personalities in sufficient numbers to label society as a whole with a term previously used in connection with pathology.

Dr. Wangh turned to the middle strata of Western society to see what alterations in family structure could cause a shift toward a narcissistic character structure. During the last decades there has been a considerable transformation of the extended family into the nuclear family; suburban living has often made special demands on the nuclear family; and the nuclear family has often been further reduced to the single-parent family. Among the effects of parental divorce are an intense libidinal attachment to the sole parent and an intense longing for the absent parent. Both of these feelings are warded off by an emphasis on narcissistic, self-centered needs. In adult life this becomes an impediment to achieving permanent heterosexual attachments as well as isosexual friendships. Often seen in treatment are patients who retreat from an instinctual overcharge

founded in relatively later-based interpersonal conflicts with the only present parent. In the inner search for help against this conflictual attachment there arises the intense longing for the absent parent. In consequence of the resulting instinctual overload in this one-parent situation, castration anxiety as well as separation anxiety are greatly increased, and the closeness of mother and child may give rise to fears of engulfment. In this overheated situation there are usually few, if any, objects available for displacement. Where the family consists essentially of only the nuclear family, a similar psychological dilemma may exist. This is particularly so in suburban life. The loss of the extended family is of great significance. Fewer familial relations or intimate friends live close by. There are also fewer, if any, steady servants living in the family home. Children are therefore more often overexposed to their parents, with libidinal attachments being too exclusive. Dr. Wangh concluded that many of the behavioral phenomena which appear to be narcissistic represent a defensive stance against an overload of instinctual attachments, rather than being indicative of profound narcissistic character pathology.

As contrasted with earlier periods in psychoanalysis, the term "empathy" is widely used today. In Kohut's view, the psychopathological phenomena of narcissism are ultimately grounded in the crisis of the separation-individuation phase when the mother is said to have been insufficiently empathic with her infant. The call for repair of a widespread deficiency in mothering runs counter to Dr. Wangh's view of the overloading of the instinctual relationship of mother and child. He objects to blaming a whole generation of mothers for the anxieties of present-day life.

To seek an explanation for the apparently epidemic proportion of narcissistic attitudes in our time, we must take into consideration the widespread doubt about the future existence of civilization. With the invention of nuclear weapons, world destruction, formerly only a fantasy, became a real possibility. Dr. Wangh attempted to obtain clinical observations of reactions to this situation from colleagues and found a remarkable absence of data. However, he has found a great degree of skepticism and pessimism in young people and a marked denial in older persons. Young persons have "gotten into transcendental meditation," or have become "Jesus freaks." They have retreated to become carpenters or farmers, or have just "dropped out." Dr. Wangh feels that psychoanalysts have an unconscious aversion to facing up to this issue. He speculated that in the regression-fostering context of analysis the anxiety about nuclear annihilation tends, on a libidinal plane, toward the development of an unconscious fantasy of dying in love together, or on an aggressive plane, toward a fantasy of mutual extinction. To cope with the magnitude of the subconscious (near to consciousness) anxiety present, a whole range of magical defenses have evolved in our society. These are inherently regressive, i.e., omnipotent and in "primary narcissism," which means being once more part of the preseparation, preindividuation, presumably tension-free mother-child unit. Religious beliefs flourish. Drug-induced, psychedelic, solipsistic experiences abound. Many live in consumerism, "as though there were no tomorrow." And all around us senseless aggression occurs. There are, however, also socially reparative efforts at work. Alienation is

opposed by striving for closeness. The missing extended family is now often replaced by group living. Affects and magic wishes are to be expressed freely. In sum, the strong tendency toward egotistical and magic retreat is a manifestation of a heightened level of unconscious preoccupation with self-preservation. Thus, the two factors involved in the present-day prevalence of social narcissistic phenomenology are: 1) the defensive function of narcissism as a barrier against an instinctual overload, and 2) a high degree of existential concern over the survival of mankind brought about by the advent of nuclear bombs. This makes the present preoccupation with *self* a prime concern in our psychology as well as in psychoanalytic theorizing.

DISCUSSION: Dr. Peter B. Neubauer noted that Dr. Wangh is one of the few analysts who study the relationship between social and cultural phenomena. As soon as one extends individual psychology to cultural dimensions, more complexity is introduced, and not all variables are equally verifiable by our analytic method. In this paper Dr. Wangh had addressed himself primarily to a specific middle-class group. Dr. Neubauer questioned whether the fear of the apocalypse also casts its shadow on the general population, or whether this fear becomes potent only when it is linked to an underlying developmental weakness, as Dr. Wangh suggested. Dr. Neubauer presented data regarding Sweden, which has economic security and stability of an unparalleled degree—yet there is much alcoholism, a high suicide rate, many learning disabled children, and a very high divorce rate. He also presented material about the Chinese population, in which many families have only one child. There is an overconcern with this one child by parents and grandparents, for the child represents their future, and there is great concern about the future generation. In both of these situations he felt Dr. Wangh could invoke his connection between the narcissistic problems and the overload of narcissistic investment in the children. However, Dr. Neubauer found it difficult to arrive at an explanatory statement which unifies the various disorders under the heading of narcissistic deviations. He also asked whether Dr. Wangh can similarly explain the children of Kibbutzim turning from the ideology of their parents toward a stronger family tie. Could these shifts represent corrective reaction formations to undo the narcissistic wounding of a social structure which gave the children primary significance? Dr. Neubauer's study of the one-parent child indicated that it is necessary to consider a wide variety of psychic constellations and conditions, and that only the search for the specific individual life history will give us an understanding of why a child will move in one direction or another. Professor Daniel Yankelovich felt it important to distinguish narcissistic phenomena from narcissistic personality disorders: perhaps their geneses represent two different issues. Professor Yankelovich believes that we will witness a reduction of narcissistic phenomena in the 1980's, but not necessarily of personality disorders. Superego phenomena are highly malleable and can affect social norms in short periods of time—too short for shifts in basic character structure. He felt that Christopher Lasch erred by not keeping the two separate and by viewing character issues rather than narcissistic phenomena as being widespread in the culture. Referring to Dr. Wangh's two causative areas, Professor Yankelovich felt that the overload factor is an important one,

but that its influence is not yet clear; and that our current apocalyptic concerns are responsible more for narcissistic phenomena than for character disorders.

HAROLD R. GALEF

MEETING OF THE PSYCHOANALYTIC INSTITUTE OF NEW ENGLAND, EAST

January 11, 1982. EMPATHY—A MODE OF ANALYTIC LISTENING. Evelyne Schwaber, M.D.

Dr. Schwaber discussed the use of empathy as a method of observation. By defining empathy as method, Dr. Schwaber hoped to extract it from the value-laden theoretical positions of current psychoanalytic practice. She presented some clinical vignettes which emphasized the difference between adopting an "outer perspective," i.e., the analyst standing apart from the patient's experience as it is observed, and an "inner perspective," i.e., the analyst including his own participation as intrinsic to the patient's experience.

Dr. Schwaber briefly reviewed the history of some of the vicissitudes in the nature of psychoanalytic clinical observation, noting certain parallels to shifts in the nature of scientific observation. She stated that the original concept of transference, from the perspective of the analyst-observer standing outside the field of observation, did not include the analyst's contribution to the patient's perception as fundamental to its very nature. She cited Kris and Loewald as particularly eloquent spokesmen for including the milieu, or psychic field, in understanding human development, although they did not extend that understanding explicitly to the conceptualization of transference. Dr. Schwaber reviewed studies which, in the past twenty years, placed emphasis on the changing psychic world of infants and their reciprocal interaction and adaptation within it.

Kohut's contribution to empathy-introspection was mentioned. Dr. Schwaber noted that his use of empathy as a primary mode of data gathering permitted him to suspend the inferential imposition of a reality from without, leading to the discovery of the variety of transferences he subsequently elaborated. The analyst's listening stance, however, as proposed by Dr. Schwaber, is different from that of the theoretical position which Kohut elaborated, for the self psychological perspective may also be used to impose a view from without, as evidenced in some of the case reports written by its proponents. Dr. Schwaber suggested using the self-object concept in a sharply defined, idiosyncratic way—as a mode of ordering clinical data—bringing self and object into a system she called *a contextual unit*. The concept can be used to emphasize the immediacy of the surround as being intrinsic to the organization and perception of the intra-psychic experience. She noted that failures in empathy are not synonymous with errors in technique. Empathic failure speaks to the subjective experience of the patient and cannot be assessed in any other way. The observer becomes part of the field observed. For many patients whose difficulty lies in the sense of uncertainty or lack of reality about their inner experience, a detailed attempt at recognition and articulation of what may be only vaguely felt affects, states, or

perceptions is especially meaningful. Sometimes the struggle to achieve empathy highlights the fact that we are dealing with very early developmental issues which may be at the level of presymbolic expression. When analysts try to maintain empathy, their own affective responses and perceptual shifts into an outer perspective become signals. The analyst may find himself feeling allied with the view of someone in the patient's world or turning to theory-bound inference. These shifts may signal affective communications, which, if attention is heightened and the focus sharpened upon them, may serve to deepen the genetic unfolding and understanding of the patient. Concomitant with this view, the concept of transference would no longer be understood as a distortion to be modified, but rather, as a perception—interwoven with emerging intrapsychic concerns, to be articulated and recognized. Several excellent detailed clinical examples were presented and discussed.

DISCUSSION: Dr. Sheldon Roth noted that empathy attunes to different psychic phenomena in analysis, depending on the different phases of the analytic process. For example, in the early phase, there is a drive toward symbiosis; when the analyst then stands "apart" to make observations, it may be jarring, disrupting the patient's invitations for fusion. Dr. Arthur Valenstein observed that empathy is a word as old as time. It is the cornerstone of our psychological mindedness and "without it we'd be plumbers." Trial identification is akin to it but not the same. It is the capacity for participating in another person versus reading into the person certain attributes. This is an old debate: Is analysis an open or closed system? Bibring had observed how attributes of the analyst can be a problem for "tilting the transference." It is not that we are fully neutral; it is just that we aim to reduce our input. If we did not have neutrality, we would still try to invent it. Dr. Valenstein recalled Roy Grinker's saying, "I squeeze the analytic relationship for past experience before acknowledging the current relationship." Dr. Samuel Silverman noted that Freud, in keeping with the scientific environment of his time, tried to consider only the inside milieu. Freud did not underscore his input, although he was aware of it. Dr. Silverman raised a question about one of the vignettes cited from the literature. The analyst, listening from the position of "outside" observer, had made a comment which led the patient to feel as if he were "not being understood." Silverman wondered why the analyst had not pursued this reaction to his comment rather than "insisting" that he was right and the patient defensive. Dr. M. Robert Gardner agreed with Dr. Silverman and went on to note that the paper tended to oppose examples of good technique from the "inside" point of view and "bad" technique from the "outside" point of view. "Surely," he said, "there are good examples of the latter, and it may be useful to contrast them with good examples of listening 'from within'." Dr. Ana-Maria Rizzuto raised concerns about the use of the terms external reality and internal reality, noting that this adopts a physicalistic stance. Analysts should not be concerned with reality as an objective fact. We have no tools for "knowing" subjective reality, only patients' interpretation of subjective reality.

THE BOSTON PSYCHOANALYTIC SOCIETY AND INSTITUTE announces a Symposium, titled "Psychoanalysis Today: The Integration of Theory and Practice," to be held October 29-30, 1983, at the Boston Park Plaza Hotel. For further information, contact: Ralph J. Kahana, M.D., Boston Psychoanalytic Society, 15 Commonwealth Ave., Boston, Mass. 02116.

The 2nd INTERNATIONAL CONGRESS ON DRUGS AND ALCOHOL will be held in Tel Aviv, Israel, December 18-22, 1983. For further information, contact: Congress Secretariat, P. O. Box 394, Tel Aviv 61003, Israel.

The 7th WORLD CONGRESS OF THE INTERNATIONAL COLLEGE OF PSYCHOSOMATIC MEDICINE will be held July 1983 in Hamburg, Germany. For further information, contact: Secretariat, Psychosomatics 83, Congress Organisation, Postfach 30 23 60, D2000 Hamburg 36, Germany.

The INTERNATIONAL SYMPOSIUM ON THE FUTURE OF THE MENTALLY ILL IN SOCIETY will be held October 2-7, 1983, in Jerusalem, Israel. For further information, contact: Secretariat, P.O.B. 29313, Tel Aviv 61292, Israel.