

Anna Freud 1895-1982

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ANNA FREUD

1895-1982

Anna Freud died on October 9th, 1982, in her home in Maresfield Gardens. She had been ill for some months and had borne the effects of her declining health and physical strength with great fortitude. It seemed natural that in dying, as in living, her closeness to her father should be in evidence. Just as Freud had done forty-three years earlier in the closing weeks of his life, she enjoyed the beauty and tranquility of the garden as she rested there with her chow, Jofie, by her side.

No doubt much will still be written and conjectured about Anna Freud's relationship to her father by others; but she considered this a private matter and not one of significance or concern to the serious student of psychoanalysis. Moreover, she was in many ways a private person who did not readily discuss personal matters with colleagues. She was never reticent, however, in referring to her father's views or in quoting a telling comment or witty remark of his when it was of scientific or clinical relevance. When, for example, the problem of a Clinic patient's persistent request to change his therapist was once extensively debated at a meeting, she listened silently and eventually focused the discussion on the real issue with a charming anecdote. She described how, as a young analyst, she shared a waiting-room with her father and soon discovered that all her patients wanted to be seen by him. When she complained to him about this, he smilingly told her that he had similar difficulties with his patients who all wanted to be treated by her. Stories of this kind not only gave one a glimpse of the kind of psychoanalytic tutorship Freud had provided for his daughter. They also allowed one to experience a personal link with him. This personal link to Freud was conveyed even more through Anna Freud's own involvement in the early

history of psychoanalysis and her intimate knowledge of her father's written works. Her death has severed this link for all of us, and we have suffered a double loss.

Anna Freud started her working life as a schoolteacher during World War I. Although she followed this career for only a short time, it provided a firm foundation for her lifelong interest in work with children and in teaching. Her unusual capacity to understand children and make contact with them was evident even before she embarked on psychoanalytic work with them. I have often heard her discuss classroom discipline with teachers. She firmly maintained that problems of discipline did not arise for a teacher who knew how to arouse interest and keep her pupils' attention; anyone who ever heard Anna Freud speak in public will know that she was a master at this. She could enthrall her audience with her clarity of argument and her concise, simple, and natural style of delivery. If her profession formally changed, she remained a teacher all her life and was creative in her search for better ways to teach psychoanalysis.

In 1918, for the first time, Anna Freud attended a meeting of the Vienna Society as a guest, and from then on her "training" as a psychoanalyst began. There was no official training program in those days: one learned through one's own analysis, study of the literature, and one's work with patients, aided only by extensive discussion and exchange with colleagues. In 1922 she became a member of the Vienna Psychoanalytic Society following the presentation of a paper, "Beating Fantasies and Daydreams." In the years between she not only acquired experience in treating adult patients but was among the first to develop a technique to analyze children. In later life when she was awarded so many honors and doctorates, she took some pleasure in relating that she never went to university and had no formal psychoanalytic education. Perhaps it was this that made her always look at a person's knowledge, experience, and skills before considering his or her academic qualifications and why she always advocated greater flexibility in selection of can-

didates for psychoanalytic training, and greater flexibility in training programs, especially for child analysis.

Between 1950 and 1981 Anna Freud was awarded nine honorary degrees: five doctorates of Science, two doctorates in Law, one in Medicine, and the last one she received, a doctorate in Psychoanalysis. Her modesty—and she was a modest person though not lacking in self-confidence—tended to make her play down the pleasure she experienced on such occasions. Yet she did enjoy, in an almost childlike way, the pomp and ceremony connected with such events and the dressing up in academic robes. But, on more than one such occasion, in replying to the laudation, she regarded herself as a representative of her father.

For all her attachment to, and perhaps identification with, her father, Anna Freud was an independent and creative thinker in her own right. Her scientific contributions will long continue to be basic texts for students of psychoanalysis all over the world. For child analysis she was a pioneer and innovator, both in the realm of treatment technique and in training. Her many lasting contributions to the study of normality and pathology in childhood added a fresh developmental perspective to the understanding of the adult personality, and their importance extends far beyond the clinical field of child psychoanalysis.

Throughout her long professional life Anna Freud maintained an interest in the application of psychoanalysis to other disciplines; for example, to pediatrics, to family law, but especially to child welfare and the teaching professions. It motivated her to set up, direct, or participate in a variety of projects outside the clinical psychoanalyst's customary field. It started in the early 1920's when she accepted the invitation to give courses of lectures for teachers and parents, organized by the city of Vienna. Subsequently she gave seminars for many years which formed part of the training of Viennese nursery school teachers. In 1937, she and Dorothy Burlingham opened the Edith Jackson Nursery, an experimental crèche that provided

day care for a group of toddlers from Vienna's poorest families. It existed for only one year before it was closed down by the Nazis in 1938.

Between 1941 and 1945 she set up and administered, again together with Dorothy Burlingham, the Hampstead War Nurseries, providing residential care for approximately one hundred young children, who, in one way or another, were victims of the war. Anna Freud once described the Hampstead Nurseries as the "direct heirs to the Jackson Nursery in Vienna." What we had inherited, apart from some Nursery equipment which had emigrated with the Freud family to London, was indeed invaluable. Anna Freud brought to the formidable task of running this institution her unusual capacity for leadership, her moral courage and determination, and above all, her profound knowledge of and delight in young children. Most of the staff were refugees from Germany or Austria, and many were untrained adolescents, recently separated from their own families. Under her guidance they learned to provide for the children's individual needs, to understand them, and to discover for themselves the tenets of psychoanalytic child development. Although the well-being of the children always remained the central task, a student or co-worker at the War Nurseries became a member of Anna Freud's extended family. But the family bonds were firmly based on common interests, though everyone knew that they could rely on Anna Freud's personal guidance and support when needed.

When the War Nurseries closed, a devoted band of students felt the need for more formal and comprehensive training in therapeutic work with children and sought her help. This led to the setting up of the Hampstead Child Therapy Course in 1947. The opening of the Hampstead Clinic in 1952 was made possible by former colleagues, analysands, and supervisees from Vienna, now working in the United States, who helped to obtain the necessary financial support. For the next thirty years Anna Freud's tireless leadership and infectious enthusiasm ensured that this organization became a renowned psycho-

analytic center offering comprehensive child training, services, and research facilities. She trained and gathered about her a body of people who were able to utilize and extend her findings as these emerged, and who, through comprehensive methods of data collection and recording, provided a wealth of material on which she continued to build. She gave every help and encouragement to her staff to work independently and follow their own interests. In her appraisal of the work they produced she could be generous in her approval but on occasion quite forceful in her criticisms. At the time these could be quite shattering for the recipient but, in retrospect, they were usually felt to be just.

Anna Freud's conscientiousness and tireless commitment to work made her also expect of others what she expected of herself. However, no one knew better how to bring out the best in others, and she often saw capabilities which were unknown to their possessor. She offered freely of her time to discuss early drafts of papers and had an unerring ability instantly to point to significant, original thoughts or unusual clinical features in any report or presentation. Her rigorous intellect, clinical acumen, and phenomenal memory impressed one afresh in every meeting or group discussion she attended. She brought in details from cases treated at the Clinic (she always read every weekly case report and minutes of every study group) or from her own cases, some treated half a century ago in Vienna, to illustrate her point. She was patient when listening to longwinded or badly expressed contributions even when these were misunderstood or dismissed by others. She would then summarize and bring together, in a precise and succinct reformulation, the essence of what had been said.

Nor were these qualities only at the disposal of the Clinic staff. She read hundreds of papers and manuscripts from many parts of the world and brought to bear on them the same austerity of intellect and cogency of thought.

This last point serves to underline her many extramural activities. In addition to the voluntary and unpaid work of

the Clinic, she earned her living from private practice, engaged in a vast correspondence, gave countless personal interviews, and lectured and held seminars in many parts of the world. All this says nothing of the eight volumes of her *Collected Writings*, her Honorary Presidency of The International Psycho-Analytical Association, or responsibilities associated with other honorary appointments.

For all the fullness of her professional life, she still found time for leisure and recreation. She rode and swam until her early eighties in Walberswick where she spent her weekends. She loved to weave, knit, and crochet; and some of the many beautiful products of her work, auctioned at the Clinic, raised sufficient funds to found an annual Sigmund Freud Lecture at Hampstead. She thereby realized a wish which was always close to her heart.

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Anna Freud's Legacy

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ANNA FREUD'S LEGACY

BY PETER B. NEUBAUER, M.D.

Anna Freud was the leader of psychoanalysis for such a long time that a memorial essay could never encompass the tremendous range of her contributions or adequately portray her profound influence on the development of psychoanalysis. She often spoke about "a fourfold aim: to learn, to treat, to teach and to apply psychoanalytic knowledge . . ." (1975, p. ix). It would be difficult to say in which of these areas she showed more interest or more talent. And one must add another area of achievement, one which emerged early in her psychoanalytic career, namely, to organize psychoanalytic activities and to administer psychoanalytic programs.

Anna Freud fulfilled a dual role with exquisite care. She was the guardian of the psychoanalytic tradition of her father's legacy, and she pressed relentlessly toward new frontiers; she was conservative and at the same time innovative. This capacity to integrate the new with the known and to apply what she had observed about the developmental process of children, the step-by-step advances, this same approach to psychoanalytic science made her contribution less visible than the contributions of those who separated themselves from the main body of psychoanalysis by creating their own schools.

Early in life she was given leadership. She became a psychoanalyst when she was only twenty-seven years old and one of the few lay analysts. As she was a teacher, it was natural that she should become one of the first child analysts. In the 1920's there was a new psychoanalytic spirit which extended psychoanalytic treatment to new categories of disorders and new age groups. As Anna Freud (1966b) recounted,

In Vienna, it was Siegfried Bernfeld who began with the ana-

lytic study and treatment of *disturbed adolescents*; August Aichhorn who pioneered in the field of *wayward youth*; Sadger who specialized in *perversions*; Paul Federn who experimented with the treatment of *psychotics*. In Berlin, Alexander and Staub turned to the study of *criminals*. In this extended area of work, child analysis occupied no more than a section, represented almost simultaneously by Hug-Hellmuth and after her by me in Vienna . . . (p. 49).

But it was Anna Freud who gave the pivotal four lectures under the title, "Introduction to the Technique of Child Analysis," which was followed by a seminar in child analysis.

For Anna Freud, at that time and over the years, child analysis was adult analysis which needed to be modified by maintaining the basic aims and basic rules of psychoanalysis:

. . . we explored above all the alterations in the classical technique as they seemed to us necessitated by the child's inability to use free association, by the immaturity of his ego, the dependency of his superego, and by his resultant incapacity to deal unaided with pressures from the id. We were impressed by the strength of the child's defenses and resistances and by the difficulty of interpreting transference . . . (1966b, pp. 51-52).

We must keep in mind that during these years before the war, the analysts in Vienna engaged in many pioneering activities, which only much later became part of the activities of psychoanalysts in other countries. It is astonishing to see the wide range of exploration, research, and applications which were part of this era and which Anna Freud followed throughout her life, in the psychoanalytic treatment of disturbed children, the study of children's normal development, and the application of psychoanalytic knowledge to education and to the prevention of psychopathology.

S. Bernfeld and W. Hoffer's *Kinderheim Baumgarten* was the precursor of the Hampstead Nurseries and, later, the Hampstead Child-Therapy Clinic with its child therapy training division. It is here that Anna Freud developed the role of child analysis:

So far as teaching is concerned, it is therefore the most significant advance in recent years that we believe to have at last developed an independent approach to the analytic therapy of the child, and that we can now instruct people in this technique as an alternative to adult analysis, i.e., before, or simultaneously, or after their supervised adult cases. Or to put it differently: it does not matter as much any more at which end of the scale we initiate child training; just as child analysis can be acquired as an addition to adult training, so can adult training come in as a second period additional to child analysis (either, of course, based in the usual way on personal analysis plus course and seminar instruction) (1966b, p. 54).

As a founder of child analysis, she contributed numerous papers which addressed the basic theoretical and technical issues. What she accomplished for child analysis she achieved with equal significance for the development of ego psychology with her study, *The Ego and the Mechanisms of Defence* (1936). Here again we see Anna Freud utilizing one of Sigmund Freud's concepts—that defense, specifically repression, is the “cornerstone of psychoanalysis”—but she extended the concept and demonstrated her ability to explore any topic in a most systematic way. Not only did she describe all the previously cited defenses and add others, she also explored their role in relation to normal and pathological functioning. In addition, she discussed defenses in terms of their universality or their specificity for individual disorders, their timetable of emergence, their dynamic position vis-à-vis internal or external stimuli, etc. It is in the spirit of her psychoanalytic interests that she added sublimation to the other nine defenses and that she introduced ego restriction as a defense. Both have in common the nonneurotic, nonconflictual base. The former serves further development; the other is a response to external stimuli, in contradiction to inhibition, and is thereby a special form of avoidance, not related to phobic conflict. Thus we see how Anna Freud widened the conceptualization of ego activities and led the way to an understanding of developmental

deviation and to the creation of techniques beyond those employed for the neuroses. It is interesting to read the discussion of *The Ego and the Mechanisms of Defence* in the *Bulletin of the Hampstead Clinic* (A. Freud and J. Sandler, et al., 1982), for here, forty years later, we find that her book maintains its clarity and continues to be a base for the study of ego function, resistance, and defense.

Anna Freud's systematic approach and the clarity of her concepts made her work serve as a guideline and laid the foundation for others to explore the issues which demanded new investigations. Just as she played a pivotal role in co-establishing ego psychology, she gave the same impetus over the last decade to the developmental dimension. She used a clinical approach when she addressed herself to the study of normality and pathology, and she used the role of development as a yardstick for the assessment of the relationship between them.

Anna Freud never spoke of a developmental point of view; she did not propose that developmental considerations are equal to metapsychological concepts. Nevertheless, her proposal that the developmental sequences serve as a measure to assess normality and pathology, her introduction of the concept of developmental deviation, that is, of primary developmental disorder, her concepts of developmental lines, all these served to open new vistas for a psychoanalytic theory of development, for clinical services, and for research. The concept of developmental lines, which demands that certain developmental areas not be seen in isolation as linear sequences of single elements, but as coordinates which bind the functions from various structural components together in sequential organizations, adds to our psychoanalytic theory of development. Anna Freud (1965) stated: "What we are looking for are the basic *interactions* between id and ego and their various developmental levels, and also age-related sequences of them which, in importance, frequency, and regularity, are comparable to the maturational sequence of libidinal stages or the gradual unfolding of the

ego functions" (p. 63).

She proceeded to outline such developmental lines and considered as prototype the line from dependency to emotional self-reliance and adult object relationships. It is in this line that we can find the place of Winnicott, Mahler's separation-individuation phases, Melanie Klein's part object, Kohut's self-structure, etc. Anna Freud's developmental lines thus formed an outline which demanded that we give new attention to the task of integrating and coordinating various functions with each other. It is here that much needs to be done to enlarge the psychoanalytic theory of development. She has given us the outline; many steps need to be filled in.

The demand for correlation of developmental areas raises questions about the interrelationships of maturation and development; of id, ego, and superego; and then again of the developmental and maturational sequences of the ego apparatus and ego functions. The study of the interrelationship of various structural sequences and environmental interaction as seen in object relations throughout childhood was outlined in her book, *Normality and Pathology in Childhood* (1965). As part of the Metapsychological Profile, it forces the analyst to follow development throughout childhood and therefore tends to correct any overemphasis on one or another developmental stage, a problem which at present leads to so many new "schools." From a different point of view, Anna Freud (1970) expressed this finding: "What had appeared in reconstruction as single traumatic events revealed itself in child analysis as a sequence of such upsets, telescoped by recollection into cover memories" (p. 211). "Child analysis proved unique in one all-important respect: it was the only innovation which opened up the possibility of checking up on the correctness of reconstructions in adult analysis" (p. 210).

Anna Freud's scientific curiosity was without limit. She was as engaged in the confirmation of propositions and concepts as she was in the exploration of unknown areas. This is illustrated

by her suggestion (1966a) for the ideal psychoanalytic institute:

Theoretical courses will be no more than a method of guiding the candidate toward independent reading. Reading lists will be banned since they cannot list everything and their omissions might be misunderstood as pointers to what need not be read.

The Institute will consider itself successful only if it is able to create an atmosphere in the library where the whole of the existing literature is flung open and placed at the disposal of the future analyst. It is then up to him to select from what is offered and in this selection to be guided by points of interest arising from his personal analysis, or from his own case material, or from the cases of colleagues (p. 87).

She recommended that for the ideal institute the candidate should be on a full-time schedule that includes theoretical pursuits, independent reading, and incipient analytic research. The Metapsychological Profile—employed by very few, for it is considered by some to be a burdensome procedure—was her attempt to lead all students and analysts along the road of investigation, to test old formulations, to achieve a balanced assessment by avoiding premature or one-sided dynamic formulations. The discipline of applying the Profile outline was for Anna Freud only another instrument in the service of clinical investigations. It insists that all metapsychological points of view be equally considered in assessing the clinical data, that genetic-developmental sequences be followed throughout childhood, and that those areas as yet unknown become circumscribed.

Anna Freud created child analysis as it is practiced today, with a few exceptions. She opened the investigation of the ego which led to ego psychology. Moreover, she moved from the study of pathology to the examination of normality and gave us an approach which focuses on the developmental process. In her Hampstead Child-Therapy Clinic she was guided

. . . by the need to experiment with a full-time involvement of students in a program extending beyond therapy to psychoanalytic research and application, in contrast to the official in-

stitute's restriction to part-time training in clinical and basic theoretical matters only. But beyond these mere differences in organization and planning, I want to emphasize the importance of a different quality of experience that can be obtained in a clinic geared to childhood. There is indeed a need for a place where analytic studies of human development can be pursued not as an adjunct to the analytic therapy of adults but as a main subject in its own right (1975, p. x).

When we review her work, we can see her forever widening the scope of psychoanalysis. As a teacher, she asked from the student full dedication and independent thinking. As a clinician, she examined and re-examined propositions of psychoanalysis proper and of its application to prevention, to education, and to the alleviation of a wide variety of emotional disorders. As a researcher, she opened up new fields of investigation and offered us outlines and new concepts as guides to the future of psychoanalysis.

REFERENCES

- FREUD, A. (1936). *The Ego and the Mechanisms of Defence*. New York: Int. Univ. Press, 1946.
- (1965). *Normality and Pathology in Childhood. Assessments of Development*. New York: Int. Univ. Press.
- (1966a). The ideal psychoanalytic institute: a utopia. In *The Writings of Anna Freud, Vol. 7: Problems of Psychoanalytic Training, Diagnosis, and the Technique of Therapy, 1966-1970*. New York: Int. Univ. Press, 1971, pp. 73-93.
- (1966b). A short history of child analysis. In *Op. cit.*, pp. 48-58.
- (1970). Child analysis as a subspecialty of psychoanalysis. In *Op. cit.*, pp. 204-219.
- (1975). Foreword. In *Studies in Child Psychoanalysis: Pure and Applied. The Scientific Proceedings at the 20th Anniversary Celebrations of the Hampstead Child-Therapy Course and Clinic*. Monograph Series of the Psychoanalytic Study of the Child, No. 5. New Haven/London: Yale Univ. Press, pp. ix-xii.
- & SANDLER, J., et al. (1982). Discussions in the Hampstead Index on *The Ego and the Mechanisms of Defence*: IX. Restriction of the Ego. *The Bulletin of the Hampstead Clinic*, 5:253-266.

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The Structural Theory and the Representational World

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THE STRUCTURAL THEORY AND THE REPRESENTATIONAL WORLD

BY JACOB G. JACOBSON, M.D.

For a variety of historical and scientific reasons, representational world phenomena have tended to be conceptualized either apart from structural theory, as special psychologies of early phenomena; or so embedded within the structural theory that the details of the various elements do not stand out in sharp relief. Utilizing the concepts of ego state and the situations of danger, the author attempts to include representational world concepts within structural theory in a way applicable to all levels of development and psychopathology. The implications of this integration for the analytic process are explored, especially for psychopathology which involves significant preoedipal fixation.

I. INTRODUCTION AND HISTORICAL OVERVIEW

Although representational world concepts were included in Freud's writings, they were often obscured by terminological and conceptual ambiguities. *Das Ich* included concepts pertaining both to ego and to self, and the object representation was not always differentiated clearly from the object itself. Later theorists have proposed additions and refinements in these concepts, helping to delineate this domain with increasing clarity. Hartmann's (1950) concept of self-representation as coordinate with the concept of object representation proved especially valuable. Concepts involving the vicissitudes of the self- and object representational world have come to attention most forcefully in the study of certain primitive psychopathologies and at certain nodal points in early childhood development. As a consequence of this, they have been constantly

vulnerable to restriction to those areas. Explicit formulations of representational issues have developed as special psychologies, usually of preoedipal syndromes. These formulations of preoedipal syndromes have been integrated into the structural theory only with great difficulty, if at all.

There is now a considerable literature devoted to such special psychologies of the representational world. Some focus on the concept of the self (e.g., Kohut, 1977), while others stress object relations (e.g., Fairbairn, 1954). A formidable list of clinical and theoretical thinkers have endeavored to demarcate early psychopathology for clinical purposes. Fairbairn's "divided self" (1954); Winnicott's "false self" (1965); Balint's "basic fault" (1968); Guntrip's "basic ego weakness" (1969); Kohut's "self-object" (1971); Kernberg's "pathological internalized object relations" (1976); Gedo's "archaic transferences" (1977); Settlage's "rapprochement crisis" (1977); and Loewald's "psychotic core" (1979) represent some of the many attempts at formulations to aid our understanding of primitive mental states and early psychopathology. Some have gone on to claim the creation of a new paradigm, a new formulation which completely replaces structural theory for all levels of psychopathology. Fairbairn was an early example of this; Kohut's more recent work (1977, e.g.) also took this direction. Other writers, such as Gedo (1979), Loewald (1978) and Settlage (1977), retain the drive-defense aspects of structural theory, either reserved for later developmental and pathological issues or as an encompassing framework for potential integration. Blanck and Blanck (1974) represent one extreme point of view. While acknowledging that there are fluctuations in available ego capacities over time in a given patient, they make the strong stand that, "At a point in the process of structuralization, acquisition of an intact ego represents qualitative change in the personality" (p. 121).

These separate models for early psychopathology have arisen perhaps out of scientific necessity, and perhaps for historical reasons as well. Rangell has called the common tendency to

link issues of narcissism automatically to early pathology "a residual of tradition" (1982, p. 881), a sustained error of our history. Indeed, along with other historical influences, the tendency to sharply demarcate preoedipal from oedipal may have received unintended impetus from critiques of the lack of appreciation of ego development issues within the Kleinian psychoanalytic framework. In addressing the tendency of Kleinian analysts to make interpretations without taking account of issues of available ego and alliance with the analyst (Zetzel, 1956, for example), these critiques generated valuable theoretical and technical contributions regarding ego development in infancy and during the analytic process. They seem, however, to have fallen victim to a concretization in the notion that, during the period of early development of the ego, only issues of structure building and deficit need to be taken into account; that the concept of ego response to the impingement of the drives is irrelevant to the understanding of developmentally early psychopathology.

Each of these views deals with issues of clinical importance with implied or explicit technical precepts. Although they differ widely, the general implication is that primitive archaic psychopathology is conceptualized within one or another representational world framework more aptly than in structural terms. This conceptual preference reflects the likelihood that personalized self- and object representations will be utilized more prominently in the service of internal regulation earlier on, while recognizably discrete and depersonified ego and superego structures will become prominent later. The next step so often taken, however, is to divide the patient population, with what seems to be artificial sharpness, into those who need to be treated within a given representational world framework and those for whom the traditional structural framework is deemed adequate. The technical consequences of this move have been with us for some time, creating what Rangell (1981, p. 124) has aptly criticized as the "artificial dichotomy" of one model for early preoedipal issues and another for oedipal.

Patients are divided into groups according to their apparent predominant pathology and are given such designations as "self psychology" patients, in contrast with "structural conflict" patients. For each group there is a separate metapsychological framework and for each a separate form of psychoanalysis derived from that framework. Patients in both groups are thereby deprived of the potential insights and understandings offered by the view which allegedly does not apply to them.

The answers to these difficult problems will have to await clarification through further research and theoretical work. Our efforts to understand these complex issues will be enhanced by the collection of data over time by energetic and zealous practitioners who will push each of the relatively well-defined special viewpoints to the limits of its applicability. In addition, important aspects of the way may be pointed by those analysts who in various individual ways expand the structural theory to *its* limits, in their attempts to increase their understanding and effectiveness in treating patients with significant preoedipal contributions to their pathology. Stone (1981), Shengold (1967), and Richards (1981) represent further examples of this latter approach. We have no way of knowing which of the various special viewpoints may remain as permanent parts of our theory and technique, or whether a new theoretical vantage point may ultimately prove more comprehensively explanatory.

In the meantime, the clinician who is not a committed follower of one or another of these approaches needs a way to gather, understand, and address the clinical implications of such representational world issues as the development of self- and object constancy without commitment to issues of a suprapersonal self, the primacy of object relations, developmental deficit versus structural conflict, etc., and without having to relinquish the fruits of decades of development and enrichment of the structural model in understanding the ego's tasks in managing instinctual and superego tensions. Such a viewpoint should also free us to make selective use of certain of the representational world conceptualizations of such contributors as

Kohut and Kernberg, without feeling constrained to accept or reject their theoretical and clinical approaches in an all-or-none way. It is to the development of this much needed theoretical viewpoint, and the clinical tool it provides, that my efforts in this paper are directed.

II. THE TWO MODELS OF PSYCHIC FUNCTIONING

The signal model of anxiety, long familiar to analysts working within the structural theory, will be reviewed briefly. I will then present a less familiar but analogous model of the representational world as developed by Sandler and Joffe. The utilization of these two models together with the concept of ego state will enable an analyst to differentiate the two worlds of data, metapsychologically, developmentally, and clinically, in a way that is still consonant with the structural theory.

A. Drive and Defense: The Signal Model of Affect

The signal model of anxiety, which is the structural theory as applied to the moment-to-moment functioning of the psychic apparatus, was introduced by Freud in 1926. Brenner has remarked that "it is not too much to say that it inaugurated modern psychoanalytic technique" (1976, p. 97). Since Freud, the model of signal function has been expanded to apply to the full range of affects. It has received many important elaborations over the years, and many papers on drives, the defenses, the superego, fantasy, and affects deal with it at least indirectly. Within this model, a derivative of an instinctual drive presents itself to the ego, which first has the task of modulating the quantity of the impulse which it allows itself to sample. The ego next samples the drive in the context of its expectations from the id, from the external world, and from the superego. On the basis of these anticipations, the ego now undergoes an experience of signal anxiety (Rangell, 1968), a modulated

degree of anxiety at the presence of danger.

The classical analyst is quite familiar with psychopathology as manifested within this model. Psychopathology (neurosis, psychosis, or character disorder) may manifest itself as inadequacy of the ego's capacity to modulate the incoming influx of drive, for example, or as anachronistic fixations of the ego's appraisals of the dangers or other results of allowing the drive expression. The ego may fear being overrun, the state Anna Freud (1936) described as the dread of the strength of the instincts. Or, the ego may judge the external world in terms of the individual's childhood world, as in the patient who fears that success in his wishes will lead to his damage or destruction at the hand of a childhood rival. Loss of the object, loss of the love of the object, and castration are the classic dangers here. Or, the ego may anticipate retaliation from a rigid and primitive superego which will punish the impulse through guilt and suffering, illness, or self-destructive behavior. The ego, having sampled the consequences of the expression of the drive, may defend against it in a variety of ways or adaptively allow expression of derivative, modulated, or deflected versions of it.

B. A Model of the Representational World

Sandler and his associates, in a series of papers between 1960 and 1965, studied the representational world as it relates to such phenomena as childhood depression, pain, individuation, and the conditions for feelings of safety and well-being. He and Joffe (1965) utilized the concept of actual and ideal ego states. They described an ideal, wished-for state of well-being for each individual at a given moment, an affective state toward which the ego strives, and the attainment of which is closely linked with feelings of safety and security. This ideal state is a constellation involving a particular self-representation and certain relations to the world of objects, and may reflect varying degrees of rigidity and of defensively fantasied components of the self (such as magical powers and omnipotence); it may also reflect

varying degrees of rigidity and primitiveness of the demands upon the object world, from the insistent demand for the presence of a given object, to the more flexible and subtle "highest level of object love" (Joffe and Sandler, 1965, p. 399). The ego, which is the bearer and perceiver of these affectively charged desired states, and of the fantasies which perpetuated them, is at the same time perceiving the existing state of the representational world. Sandler and Joffe called this the actual state, but the more noncommittal term "perceived state" allows an evaluation of its objectivity or consensual validity as a separate step. A discrepancy between the wished-for and the perceived state results in an experience of pain. The desired object, organ, or body part is not there. The superior endowment or special regard from the object is not there. The perception of this discrepancy may precipitate a disruption of well-being, initiating a state of distress.

The similarity of this model to Freud's description of the mourning process in "Mourning and Melancholia" (1917) is quite apparent. When Freud returned to the topic of object loss after having established the structural theory, he noted the demand by reality testing that the bereaved person separate from the object, "since it no longer exists" (1926, p. 172). He also noted, as he had previously, "the peculiar painfulness" of the mourning process (p. 169). However, the current model expands that conception from the situation of mourning the lost object to encompass a full range of conditions in the representational world, including such states of the self as omnipotence, or specialness.

Departure from those representational world constellations which have come to function as the individual's conditions for safety and well-being results in pain and its consequences. The immediate pain of object loss is the acute reaction of grief, an outcry of pain at an unacceptable alteration of the representational world. This reaction evolves into the individual's particular ways of managing grief—mourning, depression, rage, denial, etc., familiar from the extensive literature on the

subject. The immediate psychic pain resulting from an insult to the self evolves into the complex and specific affective states consonant with the individual's defensive and adaptive responses to that event. This will be experienced as humiliation, shame, depression, denial of the event or of its significance, retaliatory rage, etc. Analogous to the case with object loss, the individual's past history in regard to insults to the self will condition the intensity of the reaction, the specific affective states which arise, and the degree of defensiveness or adaptiveness of the response.

Psychopathology may manifest itself in several areas as viewed from the representational world standpoint. There may be fixations in the wished-for state of the self and of the object world, such as rigid demands for omnipotence or superiority, or rigid demands for idealized omnipotent objects, the demand that one's body be intact or superior, that certain objects will never leave or have never left, or the demand that the entire object world be equipped with penises, lest there be an intolerable confrontation by an individual without one. Failure of current perceptions to match the particular requirement the individual demands of his representational world results in pain and the motivational impetus pain gives to the psychic apparatus. There is a range, obviously, from rigid demands for the earliest infantile constellations, as in patients with poorly defined differentiation of self from object, to the more differentiated wished-for state of being oedipal victor—for example, the unquestioned favorite of a particular object. There is also a range in the intensity with which a particular representational world state may be demanded and in the degree of pain to be expected should the condition not be met.

There may be pathology in the perceived state of the self and of the object world, as unconscious fantasy intrudes into the accuracy of the perception. The divergence between the perceived and the "actual state" (Sandler and Joffe, 1965, p. 92) represents the degree to which reality testing is impaired. Examples lie in the commonplace observation of gross mis-

perceptions of the self. One's own intelligence or attractiveness may be systematically misperceived in the direction of either over- or underestimation. There may also be perceptions that the vital object is admired or despised; or that one is omnipotent or weak, virtuous or bad. Kohut's earlier work (1966, 1971) outlined in illuminating detail the aggrandizements and depreciations of the self and the object which develop especially through the child's experiences during the period of indistinct boundaries of self-object differentiation and which result in trends toward grandiosity and idealization.

Psychopathology may reside also in pathological defenses against pain and its consequences. Consistent with the prominence of perceptual experiences in representational world phenomena, denial is a prominent defense in the areas to which this model applies: denial of smallness or weakness; denial of the absence of a penis; denial of the loss of a vital object; denial of the loss of a body part. Denial of painful perceptions may be bolstered by exhibitionistic, omnipotent, or other defensive fantasies or behavior (A. Freud, 1936).

From the representational point of view certain character traits can also profitably be looked at as rigid and insistent representational world constellations which serve to bind overwhelming quantities of unbearable affect or instinctual flooding.

C. Interrelationship of the Two Models

The drive-defense model of the structural theory involves grouping mental activities, by similarity of function and by distinctive modes of functioning, into the three divisions of the psychic apparatus (Loewald, 1978). In the id are included those which impel the psychic apparatus to activity in a search for gratification (discharge); in the ego, those having to do with perceiving, delaying, restraining, remembering, and with making judgments and choices; and in the superego, those which involve qualities of moral judgment. The drive-defense model is most useful clinically in situations initiated by an instinctual

impulse impinging upon the psychic apparatus, with conflict taking place across the tripartite boundaries.

Representational world concepts are closer to the world of experience, and the phenomena frequently are viewed as contents of psychic experience. They are also commonly relegated to a preconflictual world of structure formation and deficit. The representational world viewpoint as I am using it, however, involves, along with the self- and object representations themselves, the complex constellations of their id, ego, and superego cathexes, their longitudinal continuities, and the affective states associated with them. These complex constellations, when enduring or repetitive, have aspects of structure as well as content, involve conflict, and I believe represent less clearly visible aspects of our structural theory.

Both models involve a signal function, one activated by the instinctual drives, the other by the perceived discrepancy in the representational world, for the perception of discrepancy and the resulting pain function as a signal.¹ The prototype of drive-defense would be the infant grappling with hunger or sensual tensions, while the prototype of the representational world viewpoint would be the eight-month stranger anxiety. The infant at this stage is presented with a perceptual image and compares what is given in perception with a mental image he has become able to retain intrapsychically, whose presence in reality has become an ongoing demand. If an unfamiliar face appears where that of the mother is expected, pain and its consequences ensue.

The concept of ego state as developed by Sandler and others will enable us to integrate the two models for clinical analysis, for the two models converge in this concept. With further elaboration, the concept of ego state can serve as a helpful reminder of the constant interaction of the two fields of observation, encompassing data from both viewpoints and facilitating

¹ I am indebted to Dr. Robert N. Emde for pointing out, during a discussion of an earlier version of this paper at The Denver Psychoanalytic Society on October 19, 1981, this signal aspect of the representational model.

their integration into a single clinical unit. The ego state can usefully be defined as an affectively toned state involving a certain constellation of relationships between self and object, along with the drive derivatives, fantasies, defenses, superego reactions, and ego capacities of the time in question. Ego states form an important aspect of psychoanalytically informed infant and child observation as well. Mahler's inference of the experience of separateness which heralds the rapprochement subphase (Mahler, Pine, and Bergman, 1975) is an observation that reflects the observer's empathic understanding of the child's experience of his representational world, as well as his assessment of the capacity of the child's ego to master the problems it is presenting to him.

III. IMPLICATIONS FOR THE ANALYTIC PROCESS

What are the implications for the analytic process of the models I am proposing? Since analysts most often find a way to handle the relevant clinical data, is a discrete representational world viewpoint really necessary? The hazards of a theory limited to representational world concepts alone were catalogued by Friedman (1980). A representational world theory which eliminates structural concepts runs the danger of becoming a wishful and capricious enterprise. To formulate an identification, for example, without regard to whether the process includes the development within the ego of the pertinent skills and capacities may be quite misleading. It takes such structural considerations to differentiate a magical global identification from one which provides actual accretions to the functioning of the ego (Jacobson, 1954). We make this differentiation clinically with respect to patients' responses to an absence of the analyst. One patient may magically deny the analyst's absence by engaging in an activity, perhaps an impulsive purchase, which creates the unconscious symbolic illusion that he has become the lost analyst. Another patient, or that same patient at another point,

may have the capacity to identify specifically with the analyzing function, performing on himself the relevant functions of the absent analyst. This differentiation, involving issues of ego equipment, certainly requires application of the tripartite model with its detailed conceptualization of the ego.

However, Friedman (1980) also pointed out "the possibility that some *organizations of motive* that have been previously subsumed in the tripartite model of the mind may be profitably sorted out and given a standing of their own" (p. 231). The conceptualization of these phenomena can be sharpened and enriched by temporarily separating them out for closer scrutiny. A focus on the representational world aspects of various intensely held constellations of self and object provides clearer access to certain conflicts difficult to view as sharply from the usual vantage point of the drive-defense aspects of current structural theory alone. This aptness for formulating certain difficulties is partially responsible for the enthusiasm stimulated by the succession of representational world theories which have appeared on the scene. They promise a way to conceptualize clearly these clinical phenomena, which are captured less sharply in structural theory terms. The plight of the individual who unconsciously nurtures a cherished image of union with an omnipotent figure, but dreads the disappearance of the self in that process, is a predicament one can parse out laboriously, using the concepts of drive, defense, superego, and the self- and object representations per se. The same holds true for an omnipotent grandiose individual who feels entitled to continual evidences of admiration from a world of depreciated objects, yet unconsciously fears exposure as gravely defective. Such issues can be seen in bolder relief, however, by virtue of a detailed focus on the representational world.

A further example of an advantageous conceptualization made possible by such specific focus is presented by Sandler and Rosenblatt (1962). They distinguished identification, as a modification of the *self*-representation, from introjection, which involves a particular kind of hypercathexis of the *object*

representation, by which it is vested with "the authority and power of the real parents" (p. 138). This can help us distinguish certain oedipal identifications with the parent of the same sex, from the introjective prohibitions which operate specifically in the area of the incestuous sexual and aggressive strivings. When left embedded in all the complexities of the structural theory, without being temporarily isolated for illuminating focus, the helpful differentiation between these two concepts could frequently be lost.

The representational world vantage point can thus clarify and enrich certain conceptualizations, keeping the details in sharp relief and providing a clear boundary across which the conflict can be visualized as occurring. Certainly most analysts make such formulations for themselves when faced with enduring or repetitive themes and constellations which may dominate a patient's life. My effort here is to try to provide an explicit place in our theory for these valuable clinical formulations.

Freud's technical recommendation (1913, p. 140) stated that the analyst presents to the patient in an interpretation the "one short step more" he needs to grasp and understand the phenomena at hand. As the patient associates in the analytic situation, he will be presenting material that brings into focus now a drive derivative, now an affective response to it, now a defense against it, and so on. The analyst, in his efforts to achieve free-floating attention, places his analogous psychic apparatus as a receptor, attempting to allow it to resonate with the patient's productions. Through this process the analyst finds himself in possession of inside information about the patient's experience (Fliess, 1942) regarding the state of drive, the reaction of ego and superego to the drive, and the defensive or adaptive response to the resulting signal. He then frames interpretations from this information in terms of what he feels is the next bit of information the patient needs to know in order to understand his psychic functioning of that moment. In that sense, to Anna Freud's (1936) recommendation that the analyst in his listening place himself equidistant between id, ego, and super-

ego, the formulations of this paper would add a further task. The analyst should also place himself in a position to receive and interpret communications along the axis of the wished-for and perceived states of the representational world, noting in the patient's flow of associations his approaches toward, and retreats from, the perceptions of discrepancy and the pain which would result from them.

This kind of freely hovering attention of the analyst works best to the extent that he is free to follow the patient's flow of intrapsychic sequences (Gray, 1973). The constantly expanding fund of information from various sources regarding early ego deficits and defects can enrich our treatment and make it that much more appropriate and rational. At the same time, however, this knowledge can place a strain on the analyst's abilities to resonate freely with his patient, to follow him at the level he is expressing through his associations at the moment. Many of the cases we see in clinical practice involve intricate admixtures of preoedipal arrest, defensive regression to preoedipal levels of conflict, and preoedipal shaping of oedipal issues. The sharp demarcation of developmental levels places a premium on our capacity to make the often extremely difficult differentiation between the fixed ego deformities of developmental arrest and those phenomena, closely resembling them, which arise as a relative ego weakness in the course of defensive regression to points of significant preoedipal fixation.

Once he finds evidence he has a "deficit" patient, an "early" patient, a "self psychology" patient, a "rapprochement" patient, etc., today's analyst is encouraged by a variety of voices to abandon structural theory as inapplicable and promptly to institute not only special technical approaches, but often a different metapsychology as well. Such an approach may encourage the analyst unwittingly to listen exclusively for representational or structure-building issues in early psychopathology and drive-defense "conflict" issues only in later psychopathology, a division of convenience which in practice may have as many misleading as useful consequences. New material

arising from later stages of development, rather than shaking his convictions, may erroneously be heard and interpreted as a metaphoric expression of earlier narcissistic deficits and struggles. An initial diagnostic error may in that way be sustained by expectant and selective listening and response; or the analyst who is committed to a particular level may be left behind by a patient who moves from one developmental level to another in dealing with overdetermined issues. The principle of multiple function (Waelder, 1930), as well as our clinical experience with overdetermination, would suggest that the typical clinical situation is more complex and not so compartmentalized. Any wish directed toward an object, or toward the self as object, has aspects which can profitably be studied within the drive-defense model, even if the ego in question is immature and the structure incompletely formed. A patient who is approaching preoedipal structure-building issues by processes of identification and projection is almost certainly at the same time discharging primitive or developmentally later impulses upon the analyst, or defending himself against those impulses. To rule out issues of impulses and defenses against them in such cases of early deficit may compromise the analyst's potential for hearing and understanding the full picture and lead to his forgoing important explanatory possibilities.

I believe the model I am presenting here can serve the analyst's understanding of complex material, without placing theoretical encumbrances in the way of his freely listening and responding inwardly to his patient's productions from moment to moment, wherever they lead. An integrated view of the world of instinctual drives and their derivatives (traditionally understood within the structural theory) and the perceptual world of the representations (which frequently is blurred by the complexities of the structural theory, or develops as a separate alternative theory special to early psychopathology) may enhance already existing avenues for understanding the interrelationships between oedipal and preoedipal development and psychopathology. A common framework for these issues would

obviate the seeming necessity for a different metapsychology for each, with the clinical compartmentalization of patients and of the theory of technique which results from that.

IV. CLINICAL ILLUSTRATIONS

Some clinical examples may illustrate more clearly how the two models may be used effectively in clinical psychoanalysis. These examples will also illustrate my use of the concept of ego state and the self.

Case 1

The case of a young businessman in his early thirties, a man who suffered from a success neurosis, can serve to illustrate the intermeshing of the two viewpoints. After three years of analysis, when he was functioning more competently in his personal and professional life as well as in his analysis, he had a dream which presented the first glimmer of termination, a termination of a very special kind. In the dream I was his analyst, but I also owned a store in which I employed him. I was a composite masculine-feminine figure in the dream, bejeweled and with a purse-like briefcase suspended from my arm by a strap. I had to leave and was placing him in charge to mind the store. He associated to the dream that he was growing up, he could take care of things; he guessed it was time to think about leaving the analysis. As he associated further, it became clear that in leaving, he would still be in my psychoanalytic store, in a position of "minding" the rest of his life. He would have custody of it, but really he would be living his life for me, as an appendage of mine. That is how he had been living it for his powerful phallic mother, by achieving angrily and grudgingly, and how he had been living it for his fragile but threatening father, by failing, to avoid being a competitive threat to him. After another eighteen months of analytic work, as he approached the actual termination of the analysis, he felt sad

and apprehensive, but noted that it was not as bleak a prospect as he had imagined earlier. "I'd thought of it [the time after analysis would be over] as going to be 'all weekends,'" he said, referring to his feelings of incompleteness and intense longing for the analyst over weekends earlier in the analysis. Although all of this can be conceptualized within the drive-defense framework of our structural model, I believe it is helpful to conceptualize in representational terms the wished-for state of attachment of an incomplete inadequate self to an all-powerful protective omnipotent object. The perception of individuation under that circumstance causes pain ("all weekends") and must be protected against by denial in fantasy. He would leave the analysis all right, but secretly continue to be an appendage of the all-powerful analyst, as in the dream. The concepts of an "incomplete inadequate self" and an "all-powerful protective omnipotent object" are certainly not foreign to the tripartite structural model, but they are simply difficult to perceive clearly within it, and formulation becomes too cumbersome for immediate clinical use.

At the same time, reconstruction of the full richness of the patient's experience requires a reintroduction of the tripartite structural aspects of his ego state. Along with the unconscious fantasy that he was an appendage of the powerful object, he perceived himself unconsciously as possessing the ego equipment appropriate to that state: i.e., the ego capacity of the small child, woefully inadequate to cope with the demands of sustaining himself in the world. Simultaneously, this constellation was elegantly suited to defending himself against castration anxiety, an issue worked on extensively before and after the period being described here. A vivid dream of a surgeon amputating his foot had been central to that work. As long as he remains an inadequate, nonsexual child, he will not provoke dangerous retaliation from the doctor. Note that the threat posed by castration can itself be understood as an intolerable painful self-representation to be avoided at all cost.

Unraveling an unconscious fantasy of this kind reveals in

reverse order the integrative function of fantasy in the process of weaving instinctual drives, reactions to them, representational world configurations, and reactions to them, all into an integral whole. Arlow's notion (1969) of unconscious fantasy as presenting to the psychic apparatus an image from within, which the ego then compares to what is given in external perception, has application to both models under consideration here. Instinctual pressures ready our perceptual organization for certain kinds of perceptions, and the perceptual world may function as a temptation to the drives, inviting libidinal and aggressive investment. We are all familiar with the patient who, now angered, sees signs of anger and provocations to anger everywhere. Many transference and day residue phenomena lie largely within this realm, where unconscious fantasy and the perceptual world meet by way either of temptation or of perceptual readiness to provide experiences which function as powerful organizers of affect, of thought, and of behavior. Within the representational world model, the ego compares the wished-for and the perceived states of the representational world and reacts with pain to the perception of a discrepancy between the two. Unconscious fantasy and perceptual experience in this way join the concept of ego state as integrative concepts, binding the perceptions and experiences of both models into a unified whole of conscious and unconscious experiences.

Case 2

At a point in an analysis where it has become apparent to a patient that significant change has occurred, he may show evidence of mourning the passing of previous constellations of the self, much as he might mourn the loss of an object. A young professional man had, at such a point of change, a dream in which he was standing on the rear deck of a ship as it pulled away from shore. He was quite sad, tearfully waving goodbye to a figure being left on the dock, a figure he gradually recog-

nized as himself as a boy of eight or nine. In associating to the dream, he spoke of just having arranged a significant advancement in his professional life, a step previously blocked by guilt and inhibitions. The analysis had been occupied for some time by work on the oedipal conflicts underlying these difficulties. The period of his life that was brought to his mind by the dream image was the time of a threatening illness in a loved family member. This illness had resonated with, and reinforced, his earlier oedipal guilt and protective inhibitions. While concerns with the object of that time and his guilt-ridden love for her were clearly involved in the formation of this dream, it was convincing that he was taking leave here also of the associated *self*-representation, along with its rich interweaving of cathexes from id, ego, and superego, and the affective states associated with them. Not surprisingly, a number of much earlier self-representations, cathected in complex ways, were found to be condensed in the dream image from latency. Eisnitz (1981) has described the "mourning-like reaction" at such times of renunciation of an infantile aspect of the self-representation (p. 322). I believe viewing such a complex constellation as an entity for the moment, a "self,"² allows more poignant grasp of the continuities implied and therefore of the painful conflict involved in relinquishing highly cathected past states in the service of growth and individuation. The analyst may at the next moment note the emergence of an instinctual impulse directed toward him; libidinal impulses out of gratitude, perhaps, or competitive anger prompted by moving forward.

² Since the use of the term "self" as a psychoanalytic concept has been criticized as an unnecessary, possibly misleading addition to our theory, and one haunted by ambiguity (Spruiell, 1981, e.g.), some clarification of my usage of the term may be helpful. While the term admittedly is encumbered by ambiguity and imprecision, I believe it can nonetheless serve useful clinical and metapsychological purposes, especially as we may gradually refine its meaning. In using "self," I am not alluding to the self-representation alone or to a supraordinate system totally outside of our structural theory, nor do I use it in the everyday sense of the total organism. Rather, I use it to refer to the self-representation together with the complex interweaving of libidinal, aggressive, and neutralized cathexes of it from multiple sources within the personality structure. These constellations of cathexes may be enduring, evanescent, or repetitive in significant ways.

At that point, that impulse and its intrapsychic consequences become the focus of the analytic work, readily conceptualized within the usual drive-defense framework. I believe this description simply makes explicit the shifts we typically perform silently.

Case 3

Finally, a clinical vignette will illustrate the point that what I am suggesting is not a “new” kind of analysis, but rather that it makes explicit the shifts we already make silently between the two points of view in dealing with analytic material within the structural theory.

A woman, the youngest of the six children of a small-town New England family, leaves her analytic hour one day and finds another woman in the waiting room. Previously, she had not encountered anyone waiting at this time, normally a mid-afternoon break for me, and had reached the comfortable and comforting conclusion that no one succeeded her on this day each week. There was immediate pain and despair upon the unexpected perception of the other woman (a representational world constellation; what was primary as she left my office seemed not to be an active instinctual wish directed toward an object, but a complacent conviction that she occupied a special place with the analyst). “I thought I was the only patient of the day!” she exclaims in her next hour, intending to say “last patient of the day.” Her wish, mobilized by the disruption of the representational world constellation, intrudes in the form of the parapraxis (now there is an active wish, a vector within the drive-defense model). When she was fourteen and her next older sister had left home to marry, the patient had hoped that now, finally, as the last child at home she would be treasured by her father. Tragically, he died suddenly within several months of the sister’s departure. The patient handled his death by denial, which took the form initially of an episode of de-personalization in which she felt herself to be united with him,

an experience which was repeated on the couch in relation to a vacation early in the analysis. At the funeral, she had greeted with wonder the expressions of sorrow and condolence from those around her. Her father was not lost to her; she had never felt closer to him in her life.

The wish to be specially loved, currently reawakened and experienced in relation to the analyst, motivated a number of wishful fantasies and dreams (understandable in the drive-defense model). These opened the way to her recalling a series of devices she had used throughout her life to maintain the cherished perception (a representational world phenomenon) that she was indeed specially loved by her father, by the analyst, and by a number of figures in between. For example, with her father's death, she had had to relinquish the special pleasure, so recently acquired, of his driving her to school each day, an activity she had invested with great fantasied significance. Following his death, she would wait inside her house each morning until the school bus driver, now father's replacement, would sound his horn for her, a proof of his special love. She had subsequently re-enacted this with a number of figures in authority throughout her life, the succession of replacements serving to deny the painful state of object loss (a representational world concept). Not surprisingly, she had begun her analysis in this way as well, coming to the analyst to ask for short-term therapy and hoping (successfully) that he would see her need and recommend analysis for her. This in her eyes meant he was affirming his recognition of her true worth, re-establishing the cherished representational world perceptions of father's continued existence and of his special love for her.

In this example, the contribution of the representational world point of view is not unusual or striking. Yet, if the analyst is seeking evidence of active instinctual strivings at a moment when the patient is experiencing the unconscious re-establishment of a particular complex state of self and object, he may have difficulty in grasping or interpreting accurately the nature of her state. Further, with different metapsychologies

for preoedipal and oedipal psychopathology, we may lose the thread of associations as such a patient moves back and forth between those issues. In favorable circumstances I believe we make these shifts between two views of the situation without their necessarily coming to our attention.

V. AN ATTEMPT AT INTEGRATION

A number of psychoanalysts have indeed presented points of view which discourage the consigning of the representational and drive-defense phenomena to separate realms. Brenner's (1979) differentiation of the anxiety and depressive aspects of the oedipal conflict challenged the automatic relegation of phenomena of depression to the preoedipal phases. Spruiell (1975) discussed issues of narcissism in a way that maintains a common framework for the preoedipal and oedipal aspects. Blum (1981) viewed paranoid phenomena in a way that inter-relates their preoedipal determinants and oedipal elaborations. From time to time, more comprehensive attempts have been made to integrate these special theories into the structural theory. Examples of this would include Kohut in his earlier writings (1966, 1968, 1971); Jacobson (1954, 1964); Sandler and Sandler (1978); Segel (1981); Spruiell (1979). Eisnitz (1980, 1981) conceptualized the self-representation as integrated within the structural theory in a manner potentially applicable to all levels of development and psychopathology.

Kernberg (1976) has also offered an approach which attempts to integrate structural with representational world concepts. He has added structural considerations to what he aptly terms the "free-floating" object relations theories of Klein and her followers (p. 33). Drive derivatives and ego formation become linked to an initial representational world of internalized object relations. Early structure is characterized by "non-metabolized" internal object relations (p. 24) and the use of splitting in defense; later structure formation by "depersonified" higher level ego and superego structures (p. 42, after

Jacobson, 1964) and the use of repression in defense. In this way he developed structural theory out of representational world origins, with the superseding of splitting by repression marking "a fundamental difference between early and later ego development" (1976, p. 41). He found this sharp demarcation between earlier and later structures and defense mechanisms useful in differentiating borderline conditions, including narcissistic personality disorders, from the neuroses.

However, the drive-defense and representational world models for which I am arguing here differ from Kernberg's categories of structure and internalized object relations. I present them not as alternative, mutually exclusive explanatory devices, one of which succeeds the other over time, but rather as complementary views of mental functioning during all phases of development, each view clarifying certain aspects of a given clinical situation. The ego which tastes the instinctual drives and assesses their consequences is the same ego which notes discrepancies between the wished-for and perceived states of the representational world. From both standpoints the ego is conceptualized as the organ for perceiving the outer world and inner states, and assessing the future consequences of present states of affairs. This provides a means of articulation between the two. The analyst need not confine himself—and his patient—to a choice of one or the other view in a given case.

I suggest yet another path toward an integration of the drive-defense and representational world models. Within the signal model, Freud (1926) enumerated four classic danger situations. He rejected the possibility of annihilation as a fifth danger because "the unconscious seems to contain nothing that could give any content to our concept of the annihilation of life" (p. 129). With Anna Freud's (1936) concept of dread of the strength of the instincts, however, and with the concept of the self-representation, annihilation of the self has become readily visualizable and has found its clinical uses.

If we look at the five situations of danger within the signal model of anxiety (adding annihilation to Freud's four classic

danger situations), are we not seeing from another vantage point some of the identical issues I have been describing as constellations demanded of the representational world? The danger situations: 1) fear of annihilation, 2) fear of loss of the object, 3) fear of loss of love of the object, 4) fear of castration, and 5) fear of the superego, have their counterparts in the representational world demands, respectively: 1) that the self be intact, not annihilated; 2) that the object remain unalterably present, not be lost; 3) that the self be specially loved, not lose the object's love; 4) that the genital aspect of the self-representation be present, intact, and capable, not castrated; and 5) that one see the self as worthy, good, and lovable, not guilty. In other words, the five situations of danger of the signal model represent some of the important nodal points of the individual's requirements within the representational world model.

If this is so, then the two models reflect two ways in which these epigenetically and experientially unfolding danger situations, or requirements for safety and well-being, may be encountered. A wish from within may propel the organism toward the danger situation, in which case the ego samples the emerging drive, anticipates the danger, experiences anxiety, and includes that consideration in the resolution of the conflict. Or the requirements for safety may be endangered in a confrontation by reality experience, or by the analyst. The ego then perceives or anticipates a discrepancy which occasions the signal of pain and mobilizes its resources for dealing with that exigency.

In this sense, the representational world viewpoint chronicles the developmental history of the danger situations as they have evolved for the particular individual. We are sometimes reminded of the singular importance of that ontogenetic dimension when we are confronted by a case presentation in which the oedipal and preoedipal aspects are presented generically, without the flavor of the individual's unique experience. I believe the representational world viewpoint helps to capture the affective richness and individuality of the development and unfolding of the various danger situations and the requirements

for safety which have arisen around the instinctual experiences of the particular individual. The infant experiences times of intense instinctual wishes, such as hunger or sensual wishes to be held, and will come to look preferentially to the mother for their gratification. It is out of this series of experiences, presumably, that stranger anxiety will eventually precipitate as a recognizable constellation. While stranger anxiety involves expectations or demands in relation to the mother, it does not necessarily involve an instinctual wish at that moment, in the sense of having a source, an aim, and an impetus toward the object. Rather, it is a specific representational world constellation, the need for which becomes apparent when its "ongoing satisfaction is obstructed in some way" (Sandler and Sandler, 1978, p. 286). Built upon whatever epigenetic foundations it may have had, the need to see the mother's face has now become an enduring need in itself and will bear the stamp of the particular series of experiences through which it was formed in the given individual. Similarly, a series of experiences involving active wishes for omnipotence at times of helplessness, or wishes for omnipotence as meeting the standard of how one *ought* to be in order to please, or to complete, a narcissistically invested parent, may evolve into an enduring state in which the illusion of omnipotence has now become a requirement for intrapsychic equilibrium. It is in this sense that I speak of the representational world as cutting across, and combining in complex ways, issues of id, ego, and superego cathexis of the representations in a manner sometimes difficult to capture explicitly within our structural theory in its tripartite form.

I have mentioned along the way a variety of points of intersection between the drive-defense and representational world models, notably their simultaneous development out of the same crucial life experiences of the individual, as well as their convergence in the concept of the ego state, in the development of the superego, and in the individual's crucial and enduring unconscious fantasies (a subject which clearly moves us toward the complex area of the formation and perpetuation of char-

acter). If certain of the requirements the individual demands of the representational world represent in fact the ontogenetic unfolding of the classic situations of danger of the drive-defense model, and reflect important aspects of the formation of character, then here indeed is a focus for the meaningful integration of the two worlds of phenomena.

SUMMARY

I have attempted to articulate a means of incorporating representational world concepts firmly within the structural theory, while still maintaining their clarity, a view which I believe can be useful both clinically and theoretically. It can facilitate an analyst's working with complex clinical material that reflects conflicts at multiple developmental levels, without forcing a premature commitment to restrictive conceptualizations which could impede his listening to the full richness of the material. In addition, I have argued that the perpetual resurgences of representational world psychologies may be understood as an indication of the need for the inclusion of those phenomena in our theory in a clear and integrated way. Finally, I have presented some basis for suggesting that the drive-defense and the representational world models represent coordinate aspects of the structural theory, each with its vantage points for highlighting and clarifying certain phenomena, but best used complementarily in our observations of psychopathology at all levels of development.

I do not believe this represents a totally new view or departure within psychoanalytic thinking. On the contrary, I have assembled, organized, and attempted to make explicit certain understandings which I believe we often apply naturally through the use of empathy and intuitive gifts. In an analysis which is going well, an analyst operating within a drive-defense framework is almost certainly finding some natural way of dealing with self and object issues, even if he does not formulate them explicitly to himself. To set down and make explicit,

however, the functions we may much of the time perform without awareness is worthwhile preparation against times of difficulty in understanding a particular case. At those times we need at our disposal as specific, as inclusive, and as illuminating a theory as we can find to assist us. It is that clinical need which has guided me in these attempts at theoretical clarification.

REFERENCES

- ARLOW, J.A. (1969). Fantasy, memory, and reality testing. *Psychoanal. Q.*, 38: 28-51.
- BALINT, M. (1968). *The Basic Fault. Therapeutic Aspects of Regression*. London: Tavistock.
- BLANCK, G. & BLANCK, R. (1974). *Ego Psychology: Theory and Practice*. New York: Columbia Univ. Press.
- BLUM, H.P. (1981). Object inconstancy and paranoid conspiracy. *J. Amer. Psychoanal. Assn.*, 29:789-813.
- BRENNER, C. (1976). *Psychoanalytic Technique and Psychic Conflict*. New York: Int. Univ. Press.
- (1979). Depressive affect, anxiety, and psychic conflict in the phallic-oedipal phase. *Psychoanal. Q.*, 48:177-197.
- EISNITZ, A.J. (1980). The organization of the self-representation and its influence on pathology. *Psychoanal. Q.*, 49:361-392.
- (1981). The perspective of the self-representation: some clinical implications. *J. Amer. Psychoanal. Assn.*, 29:309-336.
- FAIRBAIRN, W.R.D. (1954). *An Object-Relations Theory of the Personality*. New York: Basic Books.
- FLIESS, R. (1942). The metapsychology of the analyst. *Psychoanal. Q.*, 11:211-227.
- FREUD, A. (1936). *The Ego and the Mechanisms of Defence*. New York: Int. Univ. Press, 1946.
- FREUD, S. (1913). On beginning the treatment (further recommendations on the technique of psycho-analysis I). *S.E.*, 12.
- (1917). Mourning and melancholia. *S.E.*, 14.
- (1926). Inhibitions, symptoms and anxiety. *S.E.*, 20.
- FRIEDMAN, L. (1980). The barren prospect of a representational world. *Psychoanal. Q.*, 49:215-233.
- GEDO, J.E. (1977). Notes on the psychoanalytic management of archaic transferences. *J. Amer. Psychoanal. Assn.*, 25:787-803.
- (1979). *Beyond Interpretation. Toward a Revised Theory for Psychoanalysis*. New York: Int. Univ. Press.
- GRAY, P. (1973). Psychoanalytic technique and the ego's capacity for viewing intrapsychic activity. *J. Amer. Psychoanal. Assn.*, 21:474-494.

- GUNTRIP, H. (1969). *Schizoid Phenomena, Object Relations and the Self*. New York: Int. Univ. Press.
- HARTMANN, H. (1950). Comments on the psychoanalytic theory of the ego. *Psychoanal. Study Child*, 5:74-96.
- JACOBSON, E. (1954). The self and the object world. Vicissitudes of their infantile cathexes and their influence on ideational and affective development. *Psychoanal. Study Child*, 9:75-127.
- (1964). *The Self and the Object World*. New York: Int. Univ. Press.
- JOFFE, W.G. & SANDLER, J. (1965). Notes on pain, depression, and individuation. *Psychoanal. Study Child*, 20:394-424.
- KERNBERG, O. (1976). *Object Relations Theory and Clinical Psychoanalysis*. New York: Aronson.
- KOHUT, H. (1966). Forms and transformations of narcissism. *J. Amer. Psychoanal. Assn.*, 14:243-272.
- (1968). The psychoanalytic treatment of narcissistic personality disorders. Outline of a systematic approach. *Psychoanal. Study Child*, 23:86-113.
- (1971). *The Analysis of the Self. A Systematic Approach to the Psychoanalytic Treatment of Narcissistic Personality Disorders*. New York: Int. Univ. Press.
- (1977). *The Restoration of the Self*. New York: Int. Univ. Press.
- LOEWALD, H.W. (1978). Instinct theory, object relations, and psychic-structure formation. *J. Amer. Psychoanal. Assn.*, 26:493-506.
- (1979). The waning of the oedipus complex. *J. Amer. Psychoanal. Assn.*, 27:751-775.
- MAHLER, M.S., PINE, F. & BERGMAN, A. (1975). *The Psychological Birth of the Human Infant. Symbiosis and Individuation*. New York: Basic Books.
- RANGELL, L. (1968). A further attempt to resolve the "problem of anxiety." *J. Amer. Psychoanal. Assn.*, 16:371-404.
- (1981). From insight to change. *J. Amer. Psychoanal. Assn.*, 29:119-141.
- (1982). The self in psychoanalytic theory. *J. Amer. Psychoanal. Assn.*, 30:863-891.
- RICHARDS, A.D. (1981). Self theory, conflict theory, and the problem of hypochondriasis. *Psychoanal. Study Child*, 36:319-337.
- SANDLER, J. (1960). The background of safety. *Int. J. Psychoanal.*, 41:352-356.
- & JOFFE, W.G. (1965). Notes on childhood depression. *Int. J. Psychoanal.*, 46:88-96.
- & ROSENBLATT, B. (1962). The concept of the representational world. *Psychoanal. Study Child*, 17:128-145.
- & SANDLER, A.-M. (1978). On the development of object relationships and affects. *Int. J. Psychoanal.*, 59:285-296.
- SEGEL, N.P. (1981). Narcissism and adaptation to indignity. *Int. J. Psychoanal.*, 62:465-476.
- SETTLAGE, C.F. (1977). The psychoanalytic understanding of narcissistic and borderline personality disorders: advances in developmental theory. *J. Amer. Psychoanal. Assn.*, 25:805-833.

- SHENGOLD, L. (1967). The effects of overstimulation: rat people. *Int. J. Psychoanal.*, 48:403-415.
- SPRUIELL, V. (1975). Three strands of narcissism. *Psychoanal. Q.*, 44:577-595.
- (1979). Object relations theory: clinical perspectives. *J. Amer. Psychoanal. Assn.*, 27:387-398.
- (1981). The self and the ego. *Psychoanal. Q.*, 50:319-344.
- STONE, L. (1981). Notes on the noninterpretive elements in the psychoanalytic situation and process. *J. Amer. Psychoanal. Assn.*, 29:89-118.
- WAELDER, R. (1930). The principle of multiple function: observations on over-determination. *Psychoanal. Q.*, 1936, 5:45-62.
- WINNICOTT, D.W. (1965). *The Maturation Processes and the Facilitating Environment. Studies in the Theory of Emotional Development*. New York: Int. Univ. Press.
- ZETZEL, E.R. (1956). Current concepts of transference. *Int. J. Psychoanal.*, 37: 369-376.

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THE STRUCTURAL THEORY AND THE REPRESENTATIONAL WORLD: DEVELOPMENTAL AND BIOLOGICAL CONSIDERATIONS

BY JACOB G. JACOBSON, M.D.

In this paper an attempt is made to provide developmental, ethological, and psychophysiological data as demonstrations of the value of maintaining a discrete representational world point of view identified within the structural theory of psychoanalysis.

In the preceding paper (J. G. Jacobson, 1983) I attempted to separate within the structural theory a representational world viewpoint. This I defined as involving certain enduring and repetitive constellations of self- and object representations and their complex interweaving cathexes from id, ego, and superego. Departure of the perceived world of self and objects from the demands the individual makes of it (for omnipotence, for fusion with the object, for separateness) causes pain and brings into play the defensive and adaptive means of handling pain which the individual's specific developmental history has shaped.

Where in the previous paper I argued on clinical grounds for the value of developing a specific representational world point of view, I would like here to deepen its definition by providing a developmental schema for it, analogous to that for the drive-defense viewpoint. I will also attempt to demonstrate that even though one or the other viewpoint may allow particular access in a given situation, both are discernible in and have relevance to all phases of development. In this I am countering the tendency to conceptualize the representational world point of view as relevant only to early development, a tendency which often takes the form of advocating special psychologies of preoedipal psychopathology. I reviewed in the previous paper the technical

and clinical hazards that I believe reside in having separate self or object relations metapsychologies for early development and psychopathology.

In this paper, I will explore the issue of possible biological underpinnings for representational world phenomena. These phenomena for some reason have tended to be viewed as cognitive and ideational, in contrast with the more earthy, phylogenetically derived foundations of drive and defense. I will discuss a series of ethological and psychophysiological phenomena which I believe are productively viewed from the representational world point of view. They may provide for that world of data the kind of evolutionary biological underpinning which is provided for drive-defense by such phenomena as the sex hormones, the progression of psychosexual stages, etc.

I will begin with a brief schematic description of some nodal points in the developmental line of each model, to clarify the clusters of phenomena I mean to include within each.

I: DEVELOPMENTAL CONSIDERATIONS

A. The Signal Model of Affect, or Drive-Defense Model, of the Structural Theory

In the early undifferentiated state, poorly defined tensions impinge upon the congenitally available ego and its apparatus. Over time, the instinctual drives and the ego develop through the epigenetic unfolding of predetermined patterns (the psychosexual stages, the readiness for speech, locomotion, and other ego functions), according to an approximate internal timetable, as well as through interaction with the caretakers and the environment. As infant observation has become more widespread and sophisticated, we have learned of more and more ego equipment and perceptual capacity present earlier in life than was formerly believed, as well as more sensitivity to, and registration of, interactions with significant caretakers. Benedek (1938) early presented a psychoanalytic model of the development of tension-

regulating structure, as the epigenetically unfolding ego operates within an empathic environment, when the tension to which the child is subjected is kept within an optimal range. The development along this axis is from cruder and less efficient tension- and drive-regulating capacities toward the capacity to modulate the stimuli impinging upon the ego; to experience highly differentiated and well-modulated signal affects; and to deploy with some flexibility the defensive and adaptive responses appropriate to maintaining psychic equilibrium. The oedipus is characterized in this model by the prominence of particular drives, such as phallic exhibitionism, competitive aggressions, sexual excitement, and by a certain level of ego functioning. Development of the ego also includes increased capacity for the establishment of the self- and object representations which are the foundations of the representational world. With the resolution of the phallic-oedipal phase, the development of the superego serves to promote autonomy from the actual objects and to provide significant protection against erratic shifts of forces within the psychic apparatus. The superego, with its capacity to influence feelings of well-being and safety, and to produce the pain of guilt and disapproval, is, alongside its drive-regulating functions, an integrative concept tying together the threads represented in both models.

B. The Representational World Model

The undifferentiated state here is considered in terms of the absence of clear demarcation of self from object (E. Jacobson, 1954; Mahler and Furer, 1968), or internality from externality (Loewald, 1962). Benedek's description (1938) of the development of confidence has aspects which can be understood within this model as well. The capacity to delay, to anticipate, to wait confidently, is developed along with, and through, the capacity to form and retain a reliable representation of the object. Confidence, she said, "corresponds to a state of ego development in which the borders between ego and 'you' are not yet marked as

definitely as in later life" (p. 207). As the boundaries between the self and the object begin to form, transitory stages make their appearance, such as the sign-gestalt (Spitz, 1965), in which the figures of a nose, two eyes, and a hairline, in nodding motion, will elicit a smiling response when presented by a parent, by a stranger, or by a two-dimensional representation on cardboard. Recent research on infant bodily and behavioral responses places the registration, if not recognition, of significant figures earlier than previously thought. Gaensbauer (1982), for example, described a sexually differentiated fearful response to strangers in an infant under four months of age who had been physically abused by the father. The exact significance of findings of this type for the clinically recoverable self- and object representations remains to be defined.

Further landmarks in the development of progressively more finely discriminated object representations include the appearance, later in the first year of life, of the selective smiling response to the mother, followed by the eight-month stranger anxiety (Spitz, 1965), and the phenomena of transitional objects described by Winnicott (1953). The eight-month stranger anxiety, when the infant, even though seemingly not in an actively wishful state, scans the image which presents itself in his perception and compares it to a mental image, might well serve as a prototype of the representational world model. The object at this moment is not necessarily the target through which an instinctual drive, with a source, an impetus, and an aim, is striving for the gratification of discharge. Rather, the infant, presented with a perceptual image, is comparing what is given in perception with a mental image he has become able to retain intrapsychically. If the images do not match, pain and its consequences ensue. Freud (1926) noted the infant's anxiety in that situation, but added that "the expression of its face and its reaction of crying indicate that it is feeling pain as well" (p. 169).

Mahler postulated a phase of symbiotic fusion with the mother, from which state intrapsychic boundaries between self-

and object representations form gradually from their original nuclei in experiences of pleasure and pain. She described the task of the second eighteen months of life as the correction by the small child of his "delusional overestimation of his own omnipotence" (Mahler and Furer, 1968, p. 23). Kohut (1966) has provided us with a detailed elaboration of the unfolding of the grandiose trends (aggrandizing the self-representation) and the idealizing trends (aggrandizing the object representation) which develop in varying degrees and intensities, related to the child's experiences during this period of indistinct self-object boundaries. Mahler (Mahler and Furer, 1968) postulated for this period experiences of separateness which are at first threatening, leading to the rapprochement subphase, which then prepares the child for further self-object differentiation and eventual object constancy. The formation of sexual identity, involving particular self-representations with their natural and instinctualized cathexes, is a process which can be viewed to advantage from the representational world standpoint. Stoller (1976), Galenson and Roiphe (1976), and others have in recent years provided detailed observational studies of the process by which the child comes to include sexual identity within the self-representation. In addition to ego aspects, this process obviously involves wishful aspects derived from the instinctual drives, as well as moral aspects derived from the internalization of important interactions with both parents.

The child, now with more or less firm boundaries around the self- and object representations, and with his or her own sexual identity and sexual identification of the parents and siblings established, is led by genital sensations (within the drive-defense model) and by the available capacity to discriminate among objects (an ego capacity whose effects often present themselves most readily within a representational model), to experience the intensities of the oedipal conflicts. These intensities will have been shaped by the particular child's own special endowments, development, and experiences. Previous experiences with separation, grandiosity, idealized omnipotent objects, and

drive regulation will be crucial in determining the outcome the child will be able to achieve.

The development of the superego, as viewed through this model, involves the progression from object representation to introject (Sandler and Rosenblatt, 1962) and then to an internalized structure of moral precepts autonomous from the original objects. The particular cathexis of an object representation by virtue of which it becomes an introject, with the power to confer the pleasurable comfort of approval or the pain of disapproval, is an integrative nodal point between the drive-defense and representational world models. The further process of depersonification of an introject involves the detachment of the ideals and prohibitions from the object representations in relation to which they were originally formed, with the drive-regulating functions moving toward the ego core (Loewald, 1962) and the self-representation becoming the regulating agent (Beres and Joseph, 1970). This also is certainly a point of integration between the two models, as Hartmann and Loewenstein (1962) anticipated when they described the early prerequisites and determinants of superego formation as involving object relations, as well as the development of the ego and the instinctual drives. Sandler and Rosenblatt (1962) have described the regressive re-externalization and repersonification of the superego during the analytic process, a shift in which representational world concepts can aid the clarity and distinctness of our conceptualizations.

C. The Interrelationship of the Two Models

This abbreviated presentation of some developmental nodal points obviously makes no claim to completeness. Rather, its purpose is to define the two viewpoints operationally by outlining some of the kinds of phenomena included in each, and to underscore that phenomena from birth on through the oedipus, latency, adolescence, and the rest of the life cycle will

present themselves on both models. Certain aspects will be more readily conceptualized from one standpoint, other aspects more clearly from the other, but I believe neither has a monopoly on any particular phase. Each, from its relatively amorphous beginnings, gains increasing form and individual specificity during the crucial periods of early childhood through the interaction of epigenetic unfolding and the individual's particular life experiences, and each undergoes repetitions and periods of development throughout life.

Do these two viewpoints represent simply two conceptual tools, each providing a view into the psychic apparatus which illuminates certain phenomena at the expense of others? In this view, requiring two viewpoints would represent the limitations of our ability to keep in mind more than a certain number of variables at any given moment. We need, artificially and in as logically consistent a way as we can, to divide the phenomena along certain lines for our convenience, and then promptly to put them back together. This is a heuristic tool, defensible on the grounds of clinical and theoretical clarity and usefulness.

Or may there be two threads in the human constitution and its development, represented in the two lines of psychological organization illuminated by the drive-defense and representational world viewpoints? The two organizations of motives would then be continually interacting, enhancing, or interfering with one another, and would be requiring continuous integrative efforts from the individual. In that case, the integrative efforts of the psychoanalytic clinician or theoretician, rather than being an artificial task imposed by our theories, would simply be reflecting the analogous integrative task demanded of each of us in our moment-to-moment functioning in life and in the analytic situation. The biological bases of certain drive-defense phenomena are fairly familiar to us, such as the sex hormones, the progression of psychosexual phases, the cerebral structures which underlie the capacity to perceive, to judge, and to remember, and the psychobiological substrate

of the various specific affects. Are there evidences of possible biological bases of the phenomena of the representational world, as well?

II: THE QUESTION OF BIOLOGICAL BASES OF REPRESENTATIONAL WORLD PHENOMENA

A. Ethological Findings

Ethologists have for many years been describing the important phenomena of imprinting in animals. Lorenz (1935) early made observations of a pattern in accordance with which newly hatched geese and ducks would follow and treat as the mother (i.e., imprint) the first organism seen within a specified time after hatching. This suggests that certain representational world phenomena, in this case the formation of an object image of crucial adaptive significance, may have biological determinants influencing when and how the content shall become filled in from experience. There are similar implications to the discovery by Lorenz and Tinbergen that geese with no prior experience of predatory birds possessed an inborn capacity to distinguish, with the full repertoire of alarm reactions, predators (with forward-placed wings) from ordinary mid-winged birds (Tinbergen, 1951). These phenomena, involving specific constellations of subject and object with issues of safety and well-being at stake, suggest the possible influence of biological givens upon developmentally crucial object representations. In light of the phylogenetic divergence between birds and mammals, the direct evolution of these mechanisms from birds to humans is most unlikely. The obvious survival value which resides in the recognition of the caretaker and of enemies, however, makes it worth pondering whether neurobiological givens analogous to those in birds may have arisen independently in the mammalian line and underlie the complex be-

havior of attachment, bonding, and stranger anxiety in humans.¹

In a species more closely related to ours, I. C. Kaufman (1977) has demonstrated that infant monkeys, who had recovered from conservation withdrawal after separation from the mother, would resume the typical depressed aspect and behavior when the mother was placed within their sight but inaccessible to them. When she would again be removed from their sight, they would once again show signs of recovery. The infant monkeys could be described as responding, once reminded of their loss, to a painful discrepancy between the desired and perceived states of their representational worlds. They seemingly could not retain an image of the lost object, but, when confronted with the reminder of the loss in their perception, would again become depressed, the state of affairs Fraiberg (1969) has termed "recognition memory" (p. 23). Adler and Buie (1979), studying childhood developmental issues in borderline psychopathology, discussed related issues of recognition and evocative memory in the response of children to object loss.

In a series of publications, Reite and his group have documented in meticulous detail the behavioral and pathophysiological consequences for infant monkeys of the depression which ensued upon disruption of attachment. After an initial period of agitation and distress following upon separation from the mother, there developed a slowing of movement, the slouched posture of depression, and an apparent redirection of attention inward from the environment toward internal stimuli. The period of behavioral depression was accompanied by some

¹ Bowlby (e.g., 1969) has reviewed a variety of ethological literature quite extensively and has attempted to integrate those findings into his theories. The data, goals, inferences, and vantage point of his investigations, however, differ markedly from what I am presenting here. For example, his "instinctive" and "attachment" behaviors do not cover the same fields of phenomena, nor do they have the same meanings as the two models under discussion here, and they would overlap and intersect in complex ways.

of the pathophysiological accompaniments of depression familiar from humans, including lowering of heart rate and body temperature, sleep disturbances, and changes in certain aspects of the REM periods and the sleep EEG. They specified that these shifts are by no means trivial, but are "major alterations in physiological functions sustained over many days" (Reite, Short, and Hoffman, 1981, p. 161), and both the agitated and depressed periods are very probably underlain by autonomic mechanisms. Spontaneous adoption of one infant monkey by a childless female did not interrupt these typical behavioral and physiological findings. From that, they made the plausible inference that what is critical is the loss of the *specific* mother to whom the attachment has been formed, rather than loss of the need-satisfying mothering functions in general. They concluded that, "The findings have important implications for our understanding of the pathophysiology of grief, and the physiological concomitants of separation, loss, and depression in children" (p. 166).

Clearly, one must be cautious, as sophisticated investigators such as Kaufman and Reite certainly are, in extrapolating to humans from another species, even from another species among the primates. I do believe one is entitled to argue, however, that these experimentally induced disruptions of attachment behavior represent for these primate subjects disruptions in the representational world configurations required by them. The changes induced by the disruptions resemble very closely the behavioral and physiological changes characteristic of depression in humans, suggesting the possibility of homologous neurophysiological substrates to these representational world phenomena. I will be referring shortly to possible immunological linkages, as well.

Territorial phenomena provide further suggestive data in these matters. Animals making threatening displays and vocalizations at the periphery of their territory are demarcating a boundary between what is theirs and what is the outer world; in representational world terms, between self and nonself. Their

demand seems to be that they be within their territorial boundaries and that rivals of their species be kept without. It is ethologically well established that animals tend to be stronger, more comfortable, and more difficult to vanquish in the heartland of their territory, losing this as they near the periphery. There is at least an analogy here with the experience of security and safety that comes with certain reassuring perceptions of the self and what is included within its boundaries, and the mobilizing of powerful reactions when those perceptions are breached. Animals will sometimes maintain the integrity of their territories even at the expense of sacrificing sexual opportunities. Certain species of monkeys, on the other hand, are known to violate their territorial boundaries for the specific purpose of mating, a hint of the possibility of two threads of functioning, one involving the drives and the other involving demands of the representational world, which may at times conflict with one another for control of the organism's executive apparatus. Mason (1966) described the *Callicebus* monkey of South America as defining almost daily its well-demarcated territory, each group drawing more closely knit as it vocalizes elaborately and with "tension and agitation" (p. 26) across the boundary at the neighboring group. When a female is in oestrus, however, and especially with the seasonal peak of sexual activity, mating occurs freely across the usually inviolate boundary, the female and male soon thereafter rejoining their accustomed mates and groups. These phenomena can be conceptualized as sexual drive demands temporarily overrunning the animal's usual representational world demands of territorial integrity.

I would like to pursue a bit further the implications for humans of these evidences in animal research of epigenetic patternings and timings which influence the choice of objects for mothering, for mating, and for distinguishing enemies. Emde, in his research with Gaensbauer and Harmon (1976), as well as in reviewing recent research on infant development (1981), indicated the capacity of the infant to have impact upon

the mother, to elicit certain preferential responses. "The infant is biologically organized for social interaction and contributes in a primary and intricate way to the 'socialization' relationships with caregivers" (1981, pp. 190-191). Weil (1970) spoke of a variety of ego capacities, precursors that "may foster the development of a dawning awareness of . . . the mother" (p. 451) and indicated that "object-directed behaviors have from the very beginning a considerable psychological impact on the mother" (p. 450). Sander (1962) spoke of the "cues the baby gives of his state, necessary for him to live and thrive" in the earliest months of life (p. 146). It makes evolutionary biological sense that selection would favor infant capacities for eliciting phase-appropriate bonding responses from an average expectable environment. It is not clear, however, whether this infant equipment would have at its foundation structures and timing patterns homologous to the imprinting, receptor images, and territorial behaviors of the animal world. Upon our eventual answer to that will hinge the decision of whether we are dealing in these ethological findings with analogies of indirect metaphoric interest, or with a biological and phylogenetic basis for separating a cluster of representational world phenomena from phenomena related directly to the instinctual drives and their adaptational and defensive consequences.

B. Data from Immunological Studies

Increased mortality and morbidity of various kinds following upon grief and bereavement has been a long-standing clinical and epidemiologic finding (Parkes, 1972, e.g.). As early as 1959, Le Shan, reviewing the literature on the relationship of psychological states to malignant disease, indicated that "the most consistently reported psychological factor has been the loss of a major emotional relationship prior to the first-noted symptoms of the neoplasm" (p. 15). Eisendrath (1969), in his study of forty-eight kidney transplant cases, noted that those who died of complications had suffered a high incidence of abandonment

by important objects (eight of the eleven who died). Viederman (1975) described a case in which fatal rejection of a kidney transplant followed a series of object losses which reawakened the traumatic sudden death of the patient's father in adolescence. In 1977, Bartrop and his associates demonstrated in a prospective study that severe psychological stress, in the form of recent bereavement, could "produce a measurable abnormality in immune function" (p. 834). Morillo and Gardner (1979) have recently demonstrated a linkage between bereavement and thyrotoxicosis, with the presence of a specific histocompatibility antigen postulated as the pathophysiological mediator. In the case of rheumatoid arthritis, another condition believed to be immunologically mediated, Henoch, et al. (1978) found object loss associated with the onset of arthritis in a significant proportion of eighty-eight juvenile cases. Reite, Harbeck, and Hoffman (1981) have provided some phylogenetic continuity by their preliminary documentation of a dramatic depression of lymphocyte response following the sudden experimental separation of two infant monkeys who had been reared together from the first week of life.

In addition to the immunologic effects of object loss, interesting questions are raised by the autoimmune phenomena of psychogenic purpura, a condition caused by sensitivity to one's own red blood cells and/or DNA (Ratnoff, 1980). A significant number of cases of psychogenic purpura follow closely upon an experience of distortion of the self-representation, directly (injury, hysterectomy, or other surgery in sixteen of twenty-seven cases), or indirectly, by way of lower limb amputation, mutilation, and disability in close relatives, frequently male (Ratnoff, 1980; Ratnoff and Agle, 1968). Here we seem to be dealing with a profound autoimmunological reaction not to the more frequently studied issue of object loss, but in reaction to a direct or indirect insult to the demanded state of the *self*-representation. Dausset, in accepting the 1980 Nobel Prize in Physiology and Medicine for his research in immunological phenomena, said of the immune system: "We, as well as others

. . . have suggested that the essential function of these structures resides in self-recognition. These structures are, in fact, the identity card of the entire organism" (1981, p. 1469). We do not yet have at our disposal, of course, the intervening linkages which would be required in order to relate the fundamental biological demarcation of the self, as described by the immunologists at an organismic level, to self as a component of the psychological world of representations. The rage which so frequently accompanies the painful disruption of demanded representational world configurations of the self and of the object world could possibly function as one of the mediators between the psychological and the pathophysiological phenomena in these instances.

The subject of the psychogenic purpuras brings to our attention the issue of disruptions of the representational world having to do with the self-representation and *its* cathexes, analogous to the more familiar constellations involving the object. We have long known clinically that disruptions of demanded states of the self may induce behavioral and physiological changes identical with those induced by object loss. The phenomena of grief, mourning, and depression which follow the loss of a body part or a body function are equivalent to those which follow the loss of a loved object. Kessler (1951), for example, found in his work with amputees that: "The emotion most persons feel when told that they must lose a limb has been well compared with the emotion of grief at the death of a loved one" (p. 107). Elaborating on the damage to the self represented by amputation, he added: "A part of one's body is to be irrevocably lost; the victim is 'incomplete,' he is no longer a whole man" (p. 107). Adelaide Johnson, at a Mayo Clinic Staff Conference in 1952, made a similar comparison of the response to object loss and to an insult to the self: "to lose a hand or leg or breast arouses feelings of sadness and real mourning for the long familiar part. . . . I can only liken it qualitatively to the normal mourning over contemplated loss of a member of one's family" (*cf.*, Robinson, 1969, p. 109).

It has long been a tenet of clinical wisdom that efforts to rehabilitate an amputee or a recently blinded individual are doomed to failure unless a prior condition has been met. The individual must have been given the opportunity to face, experience, and work through the grief and to mourn the loss, much as an individual suffering an object loss must do before he can resume his life. Some of the other clinical and experimental findings of the psychological and pathophysiological consequences of object loss may in like manner prove relevant to the understanding of injuries in the area of the self. The evidences of equivalence between loss of an object and loss of a body part or function suggest the complementary nature of the object phenomena and the self phenomena which together comprise the representational world. I believe we can hear and conceptualize these phenomena in our patients' material with greater clarity, through having at our disposal a representational world point of view, separated out for the moment from the complexities of the structural theory in its entirety.

C. Evidences from Observations of Infants and Children

In human development, the regularity of the appearance of the smiling response to the sign-gestalt, the selective smiling response to the mother, and the eight-month stranger reaction suggest epigenetic prepatternings which await the particular life experiences of the individual infant. I earlier used the child's close inspection of the strange face, followed then by the response of pain, displeasure, and distress when it proves not to be the "right" face, as a prototype of the situation of the perception of a discrepancy between the required state of the representational world and the perceived state. It serves also to differentiate the two fields of phenomena I am describing. In one, an instinctual drive, such as hunger, impels the psychic apparatus toward achieving relief of the stimulation through gratification; in the other, the demand for a certain state of the representational world functions as one of the organism's

ongoing requirements for stability, unleashing its demands upon the psychic apparatus when the perceptual world breaches the requirement. Fraiberg (1982) reported an abused infant who repeatedly submitted with heartbreaking laughter to a "game" in which the mother sadistically would withdraw the bottle from his mouth at a moment when the hungry infant had just begun eagerly to suck. It is an example of an instinctual drive, in this case hunger, being forcibly held in abeyance, apparently in favor of maintaining some semblance of stability in the representational world. This is reminiscent of Winnicott's (1965) formulation of the "false self," in which the mother "repeatedly fails to meet the infant gesture; instead, she substitutes her own," by which process the infant is "seduced into a compliance" (pp. 145, 146).

Anna Freud and Dorothy Burlingham (1944) found in their wartime orphanage that the oedipal boys, who had never known their fathers, seemed to go to great lengths to find male figures, scarce in that environment, with whom to have admiring, competitive, and fearful fantasied relationships. It was as though they had to have an oedipus at a certain time, even if it meant utilizing for the purpose a casual visitor who might come to the orphanage for a brief stay. Are certain schema built into us in some outline form, such as a general time sequence for the various separation-individuation and oedipal phenomena, general outlines to be filled in and shaped by experience? Freud (1924) speculated that, in addition to castration anxiety and the hopelessness of victory, the oedipus may come to an end at a certain predetermined time for each child "just as the milk-teeth fall out when the permanent ones begin to grow," in a timed pattern (p. 173). One can compare this with the concept of "critical periods" during which imprinting takes place in birds, described by Hess (1964, p. 1128). Lorenz's hapless ducks seem to have a "watch this space" object representation structure which they must fill within a specified critical period during their first week of life. Do humans, as well, have constraining timetables for crucial representational world develop-

mental steps, or is it a problem of the animal world which we do not share?

The significant phylogenetic divergence between birds and mammals provides good reason to question the equivalence of the biological status of their representational world situations. I have tried, however, in the experimental data from primates and the observational data from infants and children, to demonstrate that there are indeed certain regularities in the development of the representational world constellations and in the responses to their disruption. I believe these regularities suggest just such a biological underpinning to the form and unfolding of representational world phenomena. The autonomic and immunologic reactions to object loss and possibly to disruptions of the self may eventually provide for the representational world the same kind of biological and phylogenetic substrate which the sex hormones or the epigenetic myelination of certain nerve tracts provide for the world of drives and defenses, namely, by exerting important limiting and conditioning constraints on intrapsychic life without being a part of that intrapsychic life directly. Similarly, along the path from their primordial beginnings toward becoming actual representations, the regular unfolding of such epigenetic sequences as the sign-gestalt, selective smiling, and stranger anxiety may constitute the representational world equivalents of the epigenetic unfolding of the psychosexual stages, or of the potentials of the ego for drive control. The establishment of bridges between such basic biological phenomena as cellular immunity and the intrapsychic world of the representations remains to be done. Until then, the possibility of continuities between representational world phenomena and certain biological and phylogenetic underpinnings, though uncertain, is nonetheless worthy of psychoanalytic thought and speculation.

I have enlarged upon these biological inferences here because of their intrinsic interest and possible clinical relevance in cases with significant psychophysiological concomitants, and to counter a tendency toward viewing the drives and ego defenses

as biologically based, while representational world phenomena are viewed as ideational content, derived from experience alone (see Fairbairn [1954]; Gedo [1979]; or Kohut's [1977] emphasis on environmental failure as the etiology of early disturbances in the development of the self).

SUMMARY

Although the intriguing question of whether the division into two viewpoints within the structural theory is a theoretical convenience or whether it mirrors fundamental psychobiological truths is not capable of full resolution at the moment, fortunately that resolution is not required for our usual clinical purposes. I believe that analytic work presents us with data readily conceptualized now from one, now from the other, viewpoint, so that analytic understanding benefits from the analyst's shifting his frame of reference from moment to moment in listening and associating to the patient's material. I believe that in every event within the analytic situation or in a person's life, our understanding is deepened and made more complete by approaching the phenomena from both vantage points, bearing in mind that the same ego we conceptualize as testing, assessing, and evaluating emergent drives is also assessing the congruence or discrepancy between the wished-for and perceived states of the representational world. These processes are occurring both in the analysand and in the analyst who is attempting to resonate with and understand the intrapsychic functioning of his patient. They constitute two observational vantage points within the structural theory, organizations of motives (Friedman, 1980) either of which may offer the most immediate access to understanding a particular segment of clinical material. I believe our understanding is most often deepened, however, by subsequent scrutiny in the light of the other model. I have tried here to supplement my previous exposition of a representational world point of view (J. G. Jacobson, 1983) by providing some of its developmental,

ethological, and psychophysiological landmarks and underpinnings.

REFERENCES

- ADLER, G. & BUIE, D.H. (1979). Aloneness and borderline psychopathology: the possible relevance of child development issues. *Int. J. Psychoanal.*, 60:83-96.
- BARTROP, R., et al. (1977). Depressed lymphocyte function after bereavement. *Lancet*, 1:834-836.
- BENEDEK, T. (1938). Adaptation to reality in early infancy. *Psychoanal. Q.*, 7:200-215.
- BERES, D. & JOSEPH, E.D. (1970). The concept of mental representation in psychoanalysis. *Int. J. Psychoanal.*, 51:1-9.
- BOWLBY, J. (1969). *Attachment and Loss. Volume I. Attachment*. New York: Basic Books.
- DAUSSET, J. (1981). The major histocompatibility complex in man. *Science*, 213:1469-1474.
- EISENDRATH, R.M. (1969). The role of grief and fear in the death of kidney transplant patients. *Amer. J. Psychiat.*, 126:381-387.
- EMDE, R.N. (1981). Changing models of infancy and the nature of early development: remodeling the foundation. *J. Amer. Psychoanal. Assn.*, 29:179-219.
- GAENSBAUER, T.J. & HARMON, R.J. (1976). *Emotional Expression in Infancy. A Biobehavioral Study. Psychol. Issues, Monogr.* 37. New York: Int. Univ. Press.
- FAIRBAIRN, W.R.D. (1954). *An Object-Relations Theory of the Personality*. New York: Basic Books.
- FRAIBERG, S. (1969). Libidinal object constancy and mental representation. *Psychoanal. Study Child*, 24:9-47.
- (1982). Pathological defenses in infancy. *Psychoanal. Q.*, 51:612-636.
- FREUD, A. & BURLINGHAM, D.T. (1944). *Infants Without Families*. New York: Int. Univ. Press.
- FREUD, S. (1924). The dissolution of the oedipus complex. *S.E.*, 19.
- (1926). Inhibitions, symptoms and anxiety. *S.E.*, 20.
- FRIEDMAN, L. (1980). The barren prospect of a representational world. *Psychoanal. Q.*, 49:215-233.
- GAENSBAUER, T.J. (1982). The differentiation of discrete affects. A case report. *Psychoanal. Study Child*, 37:29-66.
- GALENSON, E. & ROIPHE, H. (1976). Some suggested revisions concerning early female development. *J. Amer. Psychoanal. Assn., Suppl.*, 24:29-57.
- GEDO, J.E. (1979). Theories of object relations: a metapsychological assessment. *J. Amer. Psychoanal. Assn.*, 27:361-373.
- HARTMANN, H. & LOEWENSTEIN, R.M. (1962). Notes on the superego. *Psychoanal. Study Child*, 17:42-81.
- HENOCH, M., BATSON, J. & BAUM, J. (1978). Psychosocial factors in rheumatoid arthritis. *Arth. & Rheum.*, 21:229-233.
- HESS, E. (1964). Imprinting in birds. *Science*, 146:1128-1139.

- JACOBSON, E. (1954). The self and the object world. Vicissitudes of their infantile cathexes and their influence on ideational and affective development. *Psychoanal. Study Child*, 9:75-127.
- JACOBSON, J.G. (1983). The structural theory and the representational world. *Psychoanal. Q.*, 52:514-542.
- KAUFMAN, I.C. (1977). Developmental considerations of anxiety and depression: psychobiological studies in monkeys. In *Psychoanalysis and Contemporary Science*, Vol. 5, ed. T. Shapiro. New York: Int. Univ. Press, pp. 317-363.
- KESSLER, H. (1951). Psychological preparation of the amputee. *Industr. Med. & Surg.*, 20:107-108.
- KOHUT, H. (1966). Forms and transformations of narcissism. *J. Amer. Psychoanal. Assn.*, 14:243-272.
- (1977). *The Restoration of the Self*. New York: Int. Univ. Press.
- LE SHAN, L.L. (1959). Psychological states as factors in the development of malignant disease: a critical review. *J. Natl. Cancer Inst.*, 22:1-18.
- LOEWALD, H.W. (1962). Internalization, separation, mourning, and the superego. *Psychoanal. Q.*, 31:483-504.
- LORENZ, K. (1935). Companionship in bird life. In *Instinctive Behavior*, transl. & ed. C. Schiller. New York: Int. Univ. Press.
- MAHLER, M.S. & FURER, M. (1968). *On Human Symbiosis and the Vicissitudes of Individuation. Vol. I. Infantile Psychosis*. New York: Int. Univ. Press.
- MASON, W. (1966). Social organization of the South American monkey, *Callicebus moloch*: a preliminary report. *Tulane Studies in Zoology*, 13:23-28.
- MORILLO, E. & GARDNER, L. (1979). Bereavement as an antecedent factor in thyrotoxicosis of childhood: four case studies with survey of possible metabolic pathways. *Psychosom. Med.*, 41:545-555.
- PARKES, C.M. (1972). *Bereavement. Studies of Grief in Adult Life*. New York: Int. Univ. Press.
- RATNOFF, E. (1980). The psychogenic purpuras: a review of autoerythrocyte sensitization, autosensitization to DNA, "hysterical" and factitial bleeding, and the religious stigmata. *Sem. on Hematology*, 17:192-213.
- & AGLE, O. (1968). Psychogenic purpura: a re-evaluation of the syndrome of autoerythrocyte sensitization. *Medicine*, 47:475-500.
- REITE, M., SHORT, R. & HOFFMAN, A. (1981). Attachment, loss, and depression. *J. Child. Psychol. Psychiat.*, 22:141-169.
- HARBECK, R. & HOFFMAN, A. (1981). Altered cellular immune response following peer separation. *Life Sciences*, 29:1133-1136.
- ROBINSON, D.B., Editor (1969). *Experience, Affect and Behavior. Psychoanalytic Explorations of Dr. Adelaide McFayden Johnson*. Chicago: Univ. Chicago Press.
- SANDER, L. (1962). Issues in early mother-child interaction. *J. Amer. Acad. Child Psychiat.*, 1:141-166.
- SANDLER, J. & ROSENBLATT, B. (1962). The concept of the representational world. *Psychoanal. Study Child*, 17:128-145.
- SPITZ, R.A. (1965). *The First Year of Life. A Psychoanalytic Study of Normal and Deviant Development of Object Relations*. New York: Int. Univ. Press.

- STOLLER, R.J. (1976). Primary femininity. *J. Amer. Psychoanal. Assn.*, Suppl., 24:59-78.
- TINBERGEN, N. (1951). *The Study of Instinct*. London/New York: Oxford Univ. Press, 1969.
- VEDERMAN, M. (1975). Psychogenic factors in kidney transplant rejection: a case study. *Amer. J. Psychiat.*, 132:957-959.
- WEIL, A.P. (1970). The basic core. *Psychoanal. Study Child*, 25:442-460.
- WINNICOTT, D.W. (1953). Transitional objects and transitional phenomena. A study of the first not-me possession. *Int. J. Psychoanal.*, 34:89-97.
- (1965). *The Maturational Processes and the Facilitating Environment. Studies in the Theory of Emotional Development*. New York: Int. Univ. Press.

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The Problem of Mental Representation in Self and Object Theory

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ON A RETRACTILE TESTIS AND AN INFANTILE UMBILICUS PHOBIA

BY RICHARD V. YAZMAJIAN, M.D.

The Psychoanalytic Quarterly has published a series of three brief communications, by Waltzer (1974), Heilbrunn (1975), and Friedman (1976), which are the only papers in the literature directly addressing the issue of the umbilicus assuming unconscious symbolic meaning. Waltzer noted in a "borderline psychotic" female patient that the umbilicus had clearly symbolically represented the vagina. Heilbrunn observed that a "borderline schizophrenic" male patient had intensely erotized the navel and treated it as an actual sexual organ. He tentatively suggested that the navel had taken on a bisexual symbolic role for his patient. Friedman was more explicit in ascribing to the umbilicus bisexual symbolic meaning for an adult neurotic female patient as well as for two little girls. Roiphe (1968) and Galenson and Roiphe (1971) made similar brief observations in papers which dealt with broad developmental considerations involving genital phase conflicts starting as early as eighteen months.

This communication will describe an infantile umbilicus phobia of a neurotic adult patient which was due to the displacement to the umbilicus of conflicts revolving around a retractile testis and its inguinal canal. As a result of this displacement, the umbilicus was utilized to symbolize the inguinal canal. Contact with the umbilicus then became phobically dreaded.

Case Illustration

A thirty-six-year-old neurotic businessman entered analysis because of recurrent attacks of anxiety and depression. Im-

portant components of both symptoms stemmed from conflicts around a highly retractile right testis. Since the onset of pubertal masturbation he had been aware at times that especially intense sexual excitement caused his testis to be pulled up against his perineal area. Several times the cremasteric contraction was sufficiently strong to lodge the testis in the presumably larger than normal opening of the inguinal canal. On these occasions the testis was so tightly wedged that it could only be dislodged by the patient actively "milking" it loose. The anxiety stimulated by these experiences was so intense that masturbation was grossly inhibited consciously as well as unconsciously, as was adult heterosexual activity.

Memories of childhood masturbation, associated fantasies, and related experiences had been deeply repressed. Analytic reconstruction suggested that not only had the testis been retractile in childhood, but that it had actually re-entered the abdominal cavity at times and had precipitated over-whelming traumatic anxiety. This experience is not uncommon in little boys whose inguinal canal openings have not closed sufficiently (Bell, 1961, 1965, 1975; Druss, 1978; Glenn, 1969; Myers, 1976, 1977; Yazmajian, 1967). His father was a physician who attended to many of his medical needs. The analysis also permitted the reconstruction that the father had examined the patient's inguinal canals several times and that there had been talk of possible surgery.

These childhood and adolescent events and the accompanying fantasies reflected themselves in a profound fear of object loss and a terror of any kind of surgery. Although the patient viewed all surgery as forbidding, even the fantasy of inguinal surgery caused him intense anxiety. During a routine medical examination as an adult, when the physician attempted to digitally inspect his inguinal canal, he almost fainted.

The patient remembered with clarity that the umbilicus phobia was present at ages four and five. During those years he dreaded being bathed by his mother because she would use a wash cloth to thoroughly cleanse his umbilicus. His

general tension during the bath mounted to unbearable terror when his mother began to probe his umbilicus with her cloth covered finger.

This clinical material emerged in various contexts during the analysis. One session will be cited which illustrates the dynamics involved. As he lay down on the couch one day, he became visibly anxious. He reported that he felt very scared and stated, "Lying down, I felt as if I was in an operating room and was about to be operated on." He recalled talking about his terror of inguinal surgery. Quickly switching his thoughts, he spoke of his apprehension about a luncheon speech which he was scheduled to make in a few days. He felt poorly prepared and hoped that he wouldn't become tongue-tied. Then he complained of being an excessively shy person. This line of thought was suddenly interrupted by recurring obsessive doubts about whether he had zippered his fly after urinating prior to the session.

As his thoughts focused upon his penis and testes, he became very anxious and could not understand what was distressing him. Memories of his father attending him as a child during a stomach ailment occurred to him, as did the recollection of his father admonishing him not to "touch" his penis. He began to speak of his fear-inspiring retractile testis and then experienced a flurry of memories of his mother cleansing his umbilicus. As he recalled his terror during her ministrations, he began to re-experience it. The mounting anxiety caused him to abruptly speak of his deep concern about his general physical health and his fear that his chronic anxiety would ultimately destroy his body.

One can see the tightly interlaced associations of exhibitionistic anxieties, allusions to childhood masturbation, and fears pertaining to his retractile testis and the threat of surgery. Suddenly, there was a shift to memories of his mother's "probing" his umbilicus. This was accompanied by a re-experiencing of his childhood phobic anxiety about his umbilicus and was defensively followed by further displacement of his fears to

his body in general. At that point the patient was so caught up in the immediate anxiety he was experiencing that he lost contact with the associative drift which had preceded it throughout the session. I reminded him that he had spoken of the fear of exposing himself in public, had alluded to childhood masturbation, and had then talked of fears pertaining to his retractile testis and the threat of surgery. Further, I commented that the fear was so intense when he was a child that he resorted to a defensive displacement to the umbilicus, which resulted in the formation of a phobia. I told him that he was re-experiencing the phobic fear on the couch, which was why he so anxiously recalled his mother cleansing the umbilicus. Finally, I noted that even that way of protecting himself from fear on the couch proved inadequate and that he was compelled to displace his fears to his body in general.

The interpretations initially made sense to the patient. However, he became very anxious and then tried to negate the interpretations by insisting that he still could not actually remember his childhood masturbation and associated terrors. Defiantly, he suggested that my interpretations were "probably not the whole story." Of course, he was correct in his rebellious assertion, but it was essentially an attempt to take flight from a feeling of passive helplessness in relation to me. He closed the session by remarking that he was getting sleepy and wished that he could enjoy the secure, peaceful sleep he had observed in the infant daughter of a friend. My impression was that he reacted with an attempt at negation, defensive hostility, and then regressiveness because he experienced, via displacement, my interpretations as a frightening "probing" of his brain.

The infantile umbilicus phobia had apparently disappeared by the time the patient was six. Its passing may have occurred spontaneously, as do many childhood phobias, with increasing ego maturation and strengthening of defenses. Still, it is noteworthy that it ceased to be a problem at approximately the same time that his mother stopped bathing him. The patient was not sure of the reason his mother turned over the bathing

to him, but did think it may have been in response to his evident anxiety when she bathed him. As an adult he could touch his navel without anxiety. He did not know whether a woman touching it could evoke anxiety. As he pointed out, none of his lovers ever "played around" with his navel.

A colleague has posed the question, "Is it not possible that the problem with the retractile testis was correlational with the umbilical phobia rather than causative of it?" I definitely think not. I say this because the patient's affective responses and associations on other occasions, as well as on the one described, were so closely interwoven that they created a sharp clinical "fit" that was most convincing to me.

Subsequent analysis of the patient suggested that the inguinal canal conflicts and the infantile umbilicus phobia also involved unconscious homosexual conflicts, with the umbilicus symbolically representing the vagina, as described by Heilbrunn and Waltzer. This could not be definitively established since the analysis had to be terminated in the fourth year when a unique career opportunity required him to leave the area.

REFERENCES

- BELL, A.I. (1961). Some observations on the role of the scrotal sac and testicles. *J. Amer. Psychoanal. Assn.*, 9:261-286.
- (1965). The significance of scrotal sac and testicles for the prepuberty male. *Psychoanal. Q.*, 34:182-206.
- (1975). Male anxiety during sleep. *Int. J. Psychoanal.*, 56:455-464.
- DRUSS, R.G. (1978). Cryptorchism and body image: The psychoanalysis of a case. *J. Amer. Psychoanal. Assn.*, 26:69-85.
- FRIEDMAN, S. (1976). On the umbilicus as bisexual genital. *Psychoanal. Q.*, 45: 296-298.
- GALENSON, E. & ROIPHE, H. (1971). The impact of early sexual discovery on mood, defensive organization, and symbolization. *Psychoanal. Study Child*, 26: 195-216.
- GLENN, J. (1969). Testicular and scrotal masturbation. *Int. J. Psychoanal.*, 50: 353-362.
- HEILBRUNN, G. (1975). On the erotization of the umbilicus. *Psychoanal. Q.*, 44: 269-273.
- MYERS, W.A. (1976). The psychological significance of testicular problems. *J. Amer. Psychoanal. Assn.*, 24:609-629.

-
- (1977). Micropsia and testicular retractions. *Psychoanal. Q.*, 46:580-604.
- ROIPHE, H. (1968). On the early genital phase. With an addendum on Genesis. *Psychoanal. Study Child*, 23:348-365.
- WALTZER, H. (1974). The umbilicus as vagina substitute. A clinical note. *Psychoanal. Q.*, 43:493-496.
- YAZMAJIAN, R.V. (1967). The influence of testicular sensory stimuli on the dream. *J. Amer. Psychoanal. Assn.*, 15:83-98.

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ON WORDS AND MUSIC: A PERSONAL COMMENTARY

BY DANIEL S. JAFFE, M.D.

Music has always been very important in my inner life, as it no doubt has been for many people in one way or another. I had always assumed that for me it has been part of an individual heritage, transmitted through my father, who was an avid listener to programs of classical music in the days when radio broadcasts were the chief means of public dissemination. This was augmented for me by music lessons, first on the violin, then the piano, but never seriously pursued; also by some attendance at concerts and opera during my early student years.

It was not until well along into middle age, and long after my personal psychoanalysis, that a particular experience threw unexpected light on a special factor that was undoubtedly of central importance among the many determinants contributing to my particular sensitivity to and mode of utilization of music. This last point requires further elaboration.

In moments of reverie or introspection, my random flow of thoughts would often be accompanied by some musical theme. I had never paid much attention to potential meanings until analytic training revealed the many possibilities for insight that could become available through the associative process. Clearly, one's own affective experience can resonate with what the composer must have been feeling when he conceived of and executed the musical theme, with or without the accompanying lyrics. The latter may serve to program the mood, from the sadness of "None But the Lonely Heart" to the exuberance of "Oh, What a Beautiful Morning!" It is only natural, and probably universal, to find one's own mood being expressed or reinforced by a musical accompaniment.

Further, when one is in touch with communications from

another, empathy may involve the sounding of a musical theme that carries the tone of the affect appropriate to the situation.¹ In listening to patients, in the course of the transient identifications that characterize empathy, I have found my own mood shifts at times getting signaled by specific musical themes that I have come to attend to, in the nature of leitmotifs. The shift from a tone of lightness to one of pathos, for example, has regularly set off in my inner ear the sound of Mozart's *G Minor Symphony*; or a turbulent mood changing to a peaceful one will reverberate in my mind with that very progression in Beethoven's *Pastoral Symphony*.

Frequently, for me, the inner musical experience will come so quickly that it precedes the cognitive processing as unconscious moves to preconscious-conscious. As an example, even before a patient's communications may have become repetitive enough to register as such, the overtones that are set up as preliminaries can foretell what is ahead by the theme of a familiar rondo starting to go through my mind. At times, I have slipped away from the knowledge of the overdetermined nature of the musical cues, only to be reminded of it by the insistent quality of the inner experience, whereupon some further association perhaps to the accompanying words has often led to an "aha!" experience, sometimes with a sense of hilarity. Just a few days ago, during an analytic session, an old doggerel type of tune ran through my mind in a quite idle way, so that I was not at all sensing any significance to it. But its very insistence made me pay attention and find the words: "*Frère Jacques, Frère Jacques, dormez-vous? dormez-vous?*," etc. With the emphasis on and repetition of "*dormez-vous*," I realized that the patient was acting in, with very lulling, seductive tones, as a reaction-formation against his deep-seated rage at the frustration of his wishes for omnipotence.

An experience that also involved the dawning realization of

¹ The reader will be reminded of the elaboration of this theme in the works of Reik (1948, 1953) and in the related papers by Kohut (1955, 1957) and Hannett (1964).

the actual words of a "mental tune" remains in my memory from many years ago. A most impressive dream had presaged the termination phase of my own analysis. In the dream I was undergoing open heart surgery for a heart valve defect that had been responsible for a crippling state of debility. As I watched the surgeon's skillful technique, I came to realize that it was not so difficult a problem. I could clearly see the adhesions that were interfering with the functioning of the valve. I reached in and promptly released the *chordae tendineae*, resulting in an immediate correction of the circulation and a marvelous restoration of healthy, vigorous function.

In due course my analysis ended, and I proceeded to conduct an active analytic practice. Fully ten years later, while dealing with a very difficult obsessional patient, I awoke one morning with the perception, unusual for that time of day, that a tune was running through my mind. Again, I had to stop to think about what it was, had a moment's hesitation, and then aha!, with that sense of hilarity, the title came: "Zing Go the Strings of My Heart!" The solution to my counteridentificatory block in trying to help the patient make further progress was then readily available.

The experience that told me more than I had previously recognized about the deeper meanings of music for me occurred during a visit with my then aged mother. We were clearing away the supper dishes when I became aware that she was humming very softly, almost inaudibly. I asked about it, and she said that she had always sort of hummed to herself when pre-occupied or troubled. It had never clearly registered for me, or only subliminally. But there was the basis for a new insight: for me, the cognitive mode is akin to a second language; music is my mother tongue.

REFERENCES

- HANNETT, F. (1964). The personal and social significance of American popular songs. *Psychoanal. Q.*, 33:226-269.

-
- KOHUT, H. (1955). Review of *The Haunting Melody* by T. Reik. *Psychoanal. Q.*, 24:134-137.
- (1957). Observations on the psychological functions of music. *J. Amer. Psychoanal. Assn.*, 5:389-407.
- REIK, T. (1948). *Listening with the Third Ear. The Inner Experience of a Psychoanalyst*. New York: Farrar, Strauss.
- (1953). *The Haunting Melody. Psychoanalytic Experiences in Life and Music*. New York: Farrar, Strauss & Young.

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On Words and Music: A Personal Commentary

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AN ATHLETIC EXAMPLE OF THE TYPICAL EXAMINATION DREAM

BY WAYNE A. MYERS, M.D.

A businessman, who had been a daredevil skier in his youth and who continued to ski for pleasure during the course of his analysis, repeatedly dreamed of "wiping out" on an especially difficult slope. In reality, he had always successfully navigated this particular ski run. The dream occurred for the first time in the treatment before an actual ski trip, but on four subsequent occasions, it had occurred before important business presentations, or prior to sexual encounters or interpersonal confrontations with his family.

On the five occasions when the patient had the dream, he visualized himself skiing down the dangerous slope absolutely alone. Suddenly, he would feel himself losing control on a patch of ice. He would then envision himself flying through the air with his arms flailing wildly as he waited to crash to the ground. Although the subject matter of the manifest content of these dreams did not deal with "examinations" per se, the anxiety aroused in the patient and his feelings of reassurance that it was only a dream upon awakening seemed typical of that kind of dream.

In the first three instances when the patient had the dream, the topography of the ski run appeared to be blurred and of little consequence. It was simply referred to as a downhill race course. The patient felt certain that the mountain where the course was located was one where he had frequently skied with his family during his youth, although he could not recall the exact name of the run in question. He was sure, however, that he had never "wiped out" anywhere on that particular face of the mountain, though he did recall falls on the other side of the peak.

The fourth time the patient reported the dream in the analysis was two days after I had returned to my office from a spring skiing vacation of my own. The patient had correctly perceived me as a skier in the session the day before, when he interpreted the white rings around my eyes as having been caused by my ski goggles and the lack of a tan on my forehead as the telltale sign of my ski cap's having blocked out the sun.

In the session in question, the patient spoke of having impulsively arranged a sexual liaison with a friend's wife. He seemed quite fearful that their impending affair might be discovered by his friend, and he noted that even talking of this possibility gave him "goose bumps." He then spoke about his fear of my disapproval for this "action" and fell silent. When he resumed speaking, he began to speculate about whether I was a better skier than he was. He further wondered if my wife enjoyed "participating in sports" with me.

I suggested to him that perhaps the sport he was referring to was actually the one he planned to engage in with his friend's wife. I wondered with him if he felt that my apparent encroachment on his domain (skiing) had given him the freedom to fantasize encroaching upon mine (my wife). I further commented that the sexual and aggressive feelings he seemed to be having toward my wife and me were likely the basis of the "impulsive action" he had taken with his friend's wife the day before.

In response to my interpretation, the patient again fell silent for a few moments before proceeding to relate the skiing dream. On this occasion, however, the topography of the slope was more clearly delineated in the manifest dream. He reported it to be a long, narrow, exceptionally steep slope, with some giant moguls (mounds of snow carved out on the face of the slope by the braking turns of previous skiers) located at the midway point on the course. This was the spot where he had "wiped out" in the dream.

The patient mentioned that on awakening from the dream, he had instantly recalled the name of the ski run in question

and that it had immediately reminded him of his mother's name. He associated the moguls on the slope to his father (a tycoon, who was currently refusing to "relinquish control" of the family business to the patient and his brother) and to the "goose bumps" which he had felt during the session, inasmuch as common ski slang for moguls is "bumps." The bumps were further associated to a painful skin rash which the patient had suffered from in his childhood, at which time the family doctor had advised the patient's mother to either "glove or tie him" so that he would not be able to keep on "scratching himself." The obvious connection between this latter phrase and repeated parental injunctions against childhood masturbation then became apparent to the patient, as did his fear of my presumed desire to "tie" him down in order to vitiate his tendency to act out his rivalrous desires toward my wife. The gloves and ties (the latter being associated to the runaway straps which he had attached to his skis in order to prevent them from careening down a steep slope if he fell) referred directly to the ski equipment itself. In addition, they were also related by us to the patient's wish to defend himself against the castration anxiety engendered by the sexual and aggressive feelings aroused in his oedipal rivalry with me, with his friend, and with his father. The skis here had an obvious phallic connotation.

The dreams described in this paper, as opposed to the usual type of examination dreams, contained no other visible participants in their manifest content. No teachers, examiners, or doctors were overtly present to flesh out the *dramatis personae* of these nighttime dramas. Both of the patient's parents were, however, covertly represented in the name of the slope and in the topography of the ski run itself. In addition, the moguls on the slope indicated the presence of previous skiers (father and analyst) on "terrain" which the patient wished to have been his "sole domain" (the mother).

The patient's associations to these dreams were consistent with the findings of a number of investigators in the past, who have emphasized the reassurance aspect of this type of dream in

the face of anxieties aroused by the need to perform and to prove oneself in the sexual sphere (Freud, 1900; Sadger, 1920; Stengel, 1936). In addition, the linkages between dreams of this type and traumatic dreams, originally described by Bonaparte (1947) and later elaborated by others (Kafka, 1979; McLaughlin, 1961; Renik, 1981; Stewart, 1967; and Ward, 1961) seemed especially pertinent in my patient's case material.

The connection between examination dreams and traumatic dreams became clear in the fifth and final report of the patient's ski dream in the analysis, which occurred the night before a tumultuous confrontation with his father over the fate of the family business. In the early morning session with me before the meeting with his father, the patient voiced the fear that he would become uncontrollably angry and would strike his father. "I'm furious with him," he said. "Maybe I should be held down, so that I won't kill him." At this point, he was reminded of earlier discussions we had had about a repetitive traumatic dream which had haunted his childhood and latency years. The dream was an essentially unmodified representation of a childhood trauma: he had been subjected to an ice bath and an ice water enema in order to bring down an exceptionally high fever which his pediatrician feared might lead to "uncontrollable convulsions" and "brain damage." He recalled shivering and crying inconsolably, as his father held him still and his mother administered the enema.

The embarrassing loss of anal control resulting from the icewater enema (which he now associated to the term "wiping out") was matched shortly thereafter by the loss of control in having to scratch himself, as the high fever had been followed by the onset of the childhood skin rash. The patient's concomitant masturbation was both a reassurance of his phallic integrity and a defiance of his "icy" parents. His inability to control his masturbation not only aroused castration anxiety because of the doctor's and the parents' threats, but also led to a further humiliating loss of self-esteem. Thus the later skiing dream could further be seen as a reassurance against the threat

of a revival of the early impairments to his self-esteem. This mechanism has been previously described in traumatic dreams and in examination dreams by Chasseguet-Smirgel (1976). In the skiing dream his arms flailing about also represented a belated attempt at active mastery of the early passive immobilization incurred in the enema trauma. Kafka's (1979) findings regarding traumatic early interactions with doctors can clearly be seen in this case, in the early traumatic interaction with the pediatrician, which was later revived in the patient's transference fantasies of my punishing him for his sexual acting out. In view of these findings, it seems reasonable to suggest that the repetitive dream of an athletic misadventure described in this paper should be subsumed under the category of the examination dream, as originally delineated by Freud (1900).

REFERENCES

- BONAPARTE, M. (1947). A lion hunter's dreams. *Psychoanal. Q.*, 16:1-10.
- CHASSEGUET-SMIRGEL, J. (1976). Some thoughts on the ego ideal. A contribution to the study of the 'illness of ideality.' *Psychoanal. Q.*, 45:345-373.
- FREUD, S. (1900). The interpretation of dreams. *S.E.*, 4/5.
- KAFKA, E. (1979). On examination dreams. *Psychoanal. Q.*, 48:426-447.
- McLAUGHLIN, J.T. (1961). The analyst and the Hippocratic oath. *J. Amer. Psychoanal. Assn.*, 9:106-123.
- RENIK, O. (1981). Typical examination dreams, "superego dreams," and traumatic dreams. *Psychoanal. Q.*, 50:159-189.
- SADGER, J. (1920). Über Prüfungsangst und Prüfungsträume. *Int. Ztschr. f. Psychoanal.*, 6:140-150.
- STENGEL, E. (1936). Prüfungsangst und Prüfungsneurose. *Ztschr. f. Psychoanal. Pädagogik*, 10:300-320.
- STEWART, W.A. (1967). Comments on the manifest content of certain types of unusual dreams. *Psychoanal. Q.*, 36:329-341.
- WARD, C.H. (1961). Some further thoughts on the examination dream. *Psychiat.*, 24:324-336.

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An Athletic Example of the Typical Examination Dream

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ON SURMISE

BY WARREN S. POLAND, M.D.

Much current psychoanalytic study addresses the question of how the analyst comes to know that about the patient which he then interprets. Listening to a patient, the analyst tries to attend to both words and music, forming tentative hypotheses as he proceeds. He surmises the patient's meanings, testing out those tentative formulations and trying to stay faithful to the patient's import. It can be no accident that in everyday conversation "imply" and "infer" are so often interchanged.

Let us consider "surmise," the word we use to speak of inferring or drawing hypotheses on the basis of slight or preliminary evidence. When we surmise, we take hints from what we hear or see or otherwise sense. But it was not always so. "Surmise" comes to us from the French, and before that the Latin. In the French, *sur* is "on"; *mise*, the past participle of *mettre*, "to put." Thus, *surmise*, put onto. Indeed, the intervening old French word was *surmise*, the past participle of *surmettre*, which meant not simply "to put onto" but more specifically "to accuse." It was similar to the Latin from which it in its turn came: *supermittere*, "to throw on."

Therefore, we discover that our word for inferring has developed from our word for implying, in fact from our word even more strong than that, for accusing. We may have found a linguistic specimen similar to the law that ontogeny recapitulates phylogeny. Perhaps the development of the word recapitulates the psychologic development.

In our early one-person psychology the word, as Sharpe (1940) pointed out, may serve as a metaphor for a bodily function, the earliest ego being a body ego. But then there develops a dawning awareness of the other. Along with infantile reaching out, there is that very early psychologic split from the other that

led Freud (1915, p. 136) to note, "At the very beginning, it seems, the external world, objects, and what is hated are identical." Freud thus described the primitive sense that what is good is on the inside, what is bad is on the outside; this coincides with what Klein later described as the paranoid position.

According to our language, our early way of knowing the other with an awareness of the otherness of the outside was, as Freud suggested, to accuse. Yet with increasing development we become able to do as the colloquial idiom says, to put ourselves into the other's shoes, to size others up for what they, not we, are.

Surmise, the word, reflects our progressive mastery of our self-centered egoism, our ability not simply to accuse or to put what we have onto the other, but to come to a position where we can infer, to come to know the other.

We cannot simply set aside our psychologic history manifest in our language. (As has been noted, language may be structured like the unconscious.) If we try to skip these stages of our own maturation and mastery, if we act as if we could skip this inner growth of our own, then what confronts us is not *surmettre*, "to put onto," but *surprendre*, using the French word for "to take" rather than "to put." Then the past participle reveals that we were unprepared; instead of surmise, we are left with surprise.

REFERENCES

- FREUD, S. (1915). Instincts and their vicissitudes. *S.E.*, 14.
SHARPE, E.F. (1940). Psycho-physical problems revealed in language: an examination of metaphor. *Int. J. Psychoanal.*, 21:201-213.

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On Surmise

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BOOK REVIEWS

ANALYSIS OF TRANSFERENCE, VOLUME I. THEORY AND TECHNIQUE. (Psychological Issues, Monograph 53.) By Merton M. Gill. New York: International Universities Press, Inc., 1982. 193 pp.

ANALYSIS OF TRANSFERENCE, VOLUME II. STUDIES OF NINE AUDIO-RECORDED PSYCHOANALYTIC SESSIONS. (Psychological Issues, Monograph 54.) By Merton M. Gill and Irwin Z. Hoffman. New York: International Universities Press, Inc., 1982. 236 pp.

These two monographs should be read as a unit. In Volume I, Gill presents an extensive elaboration of the literature on psychoanalytic technique and its relationship to transference, as well as an exposition of his own current position about the centrality of the analysis of the transference in psychoanalytic treatment. Volume II contains nine transcriptions of audio-recorded therapeutic sessions presenting the verbatim data of the therapeutic interaction and interchange. At various points, Gill and Hoffman intersperse their own critique, evaluation, and comments as to how they see the material unfolding, chiefly from the perspective espoused in Volume I.

Gill's position is that the patient's experience of the therapeutic interaction and relationship is firmly rooted in the actual interpersonal interactions that occur during any therapeutic session. He sees the patient's transference experience as activated by some observable behavior or response of the therapist in the treatment setting. The patient's interpretation of the meaning of the therapist's behavior is significantly influenced by the current interpersonal reality as well as by the patient's past expectations, relationships, experiences, etc., which are the traditionally defined elements of transference. Gill's main emphasis is that the therapist must acknowledge and take account of his own behavior in stimulating and activating the patient's transference responses, and that he must see the patient's transference reactions as an appropriate interpretation of the therapist's behavior, based upon limited knowledge of the therapist and his motivations. In this way Gill places a major emphasis on the here-and-now component of transference experience, which he likens to the day residue in the process of dream formation.

The therapist's interventions in response to the patient's trans-

ference expressions should be directed, according to Gill, to two major areas. The first is to the patient's inability to recognize the existence of the transference and to the various resistances maintained against awareness that a transference reaction is occurring. In this context, Gill sees almost all of the patient's communications as related to and ultimately interpretable as indirect allusions to the therapeutic process and interaction. The therapist's role is to translate the manifestly disguised and displaced transference expressions into a more direct, conscious, focused experience and presentation of them.

Once the transference has been made more directly and consciously manifest to the patient, the next source of major resistance is the patient's reluctance to resolve or give up the transference wishes and experiences. The thrust of the therapist's actions now should be focused toward the patient's interpersonal interactions and resistances against the resolution of the transference.

Gill argues that "the analyst's technical and personal behaviors are both real, and that the patient responds in transference and realistic ways to both. In particular the analyst's personal behavior may well have unintended repercussions on the transference which must be analyzed" (p. 105). He emphasizes that the patient receives innumerable cues about the analyst and his real behavior and that even the silent analyst is expressing to the patient various behaviors which in and of themselves may evoke responses to the analyst's silence. He does *not* recommend confession to the patient by the analyst of countertransference or other feeling states, nor does he recommend a denial of such responses, but he emphasizes that the analyst must be aware of the repercussions of such responses in interpersonal as well as intrapsychic levels of experience for the patient.

In the resolution of the transference, Gill emphasizes the importance of the patient's new experience in the analysis, which turns out to be significantly different from the patient's expectations of such an experience: "It is important to recognize that the resolution of the transference in the here-and-now is accomplished not only by virtue of the examination of the relation between the patient's attitudes and the features of the actual analytic situation which serve as their point of departure, but also because in the very act of interpreting the transference, the analyst behaves differently from what the

patient has come to expect and even to provoke" (p. 118). "This estimation of not only the inevitability, but even the desirability of the new experience with the analyst seems counter to the analyst's reluctance to intervene in an effort to minimize the role of the analytic relationship as a factor in the result. Yet it is becoming increasingly recognized in our literature that the effects of an analysis are due not merely to insight but to the experience of a new relationship" (p. 119).

"This new relationship is a very different matter from the deliberately engaged in 'corrective emotional experience' à la Alexander, for it is not a specific tactical undertaking with the goal of influencing the patient. It is, nevertheless, inevitable that both the analyst's technical interventions and his personal non-technical relationship with the patient will be experienced by the patient as important interpersonal influences" (p. 119). "I have already expressed my view that a major trend in current practice is to expunge the personal relationship instead of recognizing it as part of the inevitably existing actuality of the analytic situation which must be dealt with by analyzing its effects on the transference" (p. 141).

Gill believes that "the definitive technique of psychoanalysis was established by Freud soon after he abandoned directed association for free association, and catharsis for the analysis of resistance and transference, surely by 1900. Moreover, I would argue that although his application of these essential principles of technique may have improved, he did not change them in his lifetime and that analytic technique has not improved since his death. Insofar as there has been a change, it has been in the progressive limitation of the analyst's responsiveness with the correlated overexpansion of what is encompassed in technique and the elevation of silence to a technique" (p. 139).

"From this view, if the transference is the result of the interaction between the patient and the analyst, it follows that the transference is ubiquitously present from the beginning of and throughout the analysis. It is often concealed, however, because both the patient and the analyst resist its implications. The most common concealment is by allusion in associations which are not manifestly about the transference" (p. 178).

Gill argues that interpretations of the resistance to the awareness of transference must precede the resolution of the transference and

that "the resolution of the transference must also largely take place in the analysis of the transference. I believe it does so in two major ways. First, the clarification of the contribution of the analytic situation to the transference leads to the recognition that the way the patient has experienced the analytic situation is idiosyncratic. . . . Second, barring impeding countertransference, the examination of the transference inevitably involves an interpersonal experience with the analyst which is more beneficent than the transference experience. This constitutes a 'corrective emotional experience' not sought for as such, but an essential by-product of the work" (p. 179).

Throughout this volume, Gill demonstrates his extraordinary synthetic and skillful scholarship in his multiple references to and reviews of technical precepts and concepts, not only through an extensive discussion of Freud's writings, but also with a critical review and synthesis of the views of a variety of authors who have written on the subjects.

The book contains much stimulating, provocative, and interesting material, and I am in considerable personal agreement with many of the concepts and constructs that Gill describes. His calling attention to the interpersonal elements of the psychoanalytic process and his emphasis that change and cure involve more than merely cognitive or even affective insight are probably obvious to many clinicians, but few have had the courage that Gill demonstrates in presenting this concept in such a direct, forthright fashion in our literature. His distinctions between interventions aimed at the defenses against awareness of the transference, in contrast to interventions aimed at the resolution of the transference, in some respects are relatively obvious, but they serve a useful repetitive function. I find Gill's formulations of his theoretical and technical perspectives highly compatible with what I have concluded from my own experience. They are not particularly revolutionary or surprising, but are useful inasmuch as they represent the current thinking of an established creative mind among psychoanalytic writers.

My main source of disagreement and disappointment relates to Volume II, in which Gill and Hoffman present their verbatim transcripts of the audio-recordings of nine sessions from nine different patients. Six of these nine sessions are taken from "the usual analytic situation, although one patient (f) was sitting up" and three others were patients being seen once a week. Four of the sessions were con-

ducted by the same therapist, two by one other, the others by different individual therapists. Gill, Hoffman, and their colleagues are to be congratulated for their willingness to expose to the reader the actual data and process of the treatment that was undertaken. I agree completely with Gill that "only by making the original data public can clinical hypotheses be subjected to the kind of critical scrutiny that science requires" (p. 1).

However, as one reads the detailed case material, the therapeutic process and interaction presented are, from my own clinical perspective, poorly illustrative of the thesis that Gill has emphasized in Volume I. Throughout these nine sessions (in varying degrees and in varying ways), the techniques utilized by the analysts are far from typical of the usual psychoanalytic technique and process. In patient A, for example, the analyst is totally silent throughout the entire hour, even though in reading the material one can find multiple areas and places where it seems he might usefully have intervened. In contrast, some of the other illustrated sessions show the analyst in a very active, directive, at times critical, pressuring, and judgmental posture while for long stretches the patient becomes a passive listener and acquiesces to the therapist's direct or implied demands.

Interspersed throughout all the sessions are annotations by the authors in regard to their current perception of the process, as well as their recommendations of what might more appropriately have been done by the therapist. The reader may also make his own judgments and suggestions as to how the material might have been differently understood or differently responded to in the clinical situation. My own impressions were that the authors frequently seemed to "force" the indirect transference references from the vantage point of their own theoretical bias; at other times they seemed to emphasize relatively small points rather than addressing themselves to major elements in the interaction.

For this reader, much of the clinical material in Volume II involves an active, directive, give-and-take dialogue in which there is very little manifestation of regressive experience in the patient and in which the allusions to the transference are predominantly remote, indirect, relatively nonaffective, and almost always organized in accordance with secondary process thinking and perception. The analyst's interventions also reflect a secondary-process, reality-oriented,

nonregressive experience and posture. Missing in these clinical sessions are what to me reflect the hallmark of a fully developed transference neurosis: deeply, directly, and openly experienced affects; direct and immediate perceptions and distortions of the analyst; primitive and primary process responses to the analyst's behavior or interpretations; and the self-observing recognition that in spite of adequate reality testing, for the patient the experience of the analyst and of the analytic process involves a sense of regressive distortion and involvement in the current therapeutic setting and situation.

Each of the sessions is presented as a separate occurrence, and we have no information in the material as to what preceded it. This is done by experimental design, and my notation of it is not in any way a criticism of the data. However, such a form of presentation makes it difficult to determine whether the nature of the therapeutic interaction and process is a result of the technical precepts which Gill and Hoffman recommend about the handling and management of transference and transference interpretation or whether it epitomizes the type of transference interaction typical of these particular patients independent of the therapeutic approach. Given the indirect and at times remote references to transference interactions and phenomena which these patients manifest and which Gill and Hoffman identify as significant, and given the technical suggestions annotatively interspersed by them, my hunch is that the type of transference material presented is a result of their technical style and understanding. I would suggest that most of these patients, if exposed to a different therapeutic posture and stance (without audio-recording), might well have experienced the transference in a more direct, different, less remote, less intellectualized way.

Despite the above reservations, these two volumes represent an important contribution to the literature on psychoanalytic process and technique. Gill's discussion of theory and technique in Volume I represents an extremely useful summary and synthesis. The detailed clinical material presented in Volume II represents a genuine and important contribution as a model of where psychoanalytic thinking and research must go if it is to progress significantly in the future. Although I may have serious differences with the techniques illustrated in Volume II (after much agreement at a general conceptual level), that very fact illustrates the importance of the methodological issues. Only when one has access to unselected and

detailed clinical material under discussion can there be serious, scientifically meaningful dialogue about the complexities of the process we call psychoanalysis.

I recommend these books as important reading for all individuals interested in the therapeutic process, regardless of their theoretical or technical differences with the authors. They are important too for anyone interested in the ways in which research and understanding of the technical process of psychoanalysis can be developed and enhanced.

PAUL A. DEWALD (ST. LOUIS)

FREE ASSOCIATION. METHOD AND PROCESS. By Anton O. Kris. New Haven/London: Yale University Press, 1982. 133 pp.

Much of Freud's written work encompasses the creation of "a new scientific discipline," centered on a theory of the mind constructed with the use of a new investigative approach. The latter is simultaneously a method of treatment and a means of investigation of otherwise inaccessible mental processes. It relies upon the free association method, a therapeutic device, the introduction of which led to extraordinarily far-reaching consequences. Victor Calef, in a personal communication, has pointed out that an important contribution made by Freud was his ability to separate and combine deductive and inductive reasoning, beginning with elementary assumptions. Freud always remained close to the evidence as he used deductive reasoning to create, test, and refine the evolving theoretical conclusions that emerged from the clinical observations that were his original source of data. He made use of an inductive process, on the other hand, to produce theoretical generalizations of sweeping, sometimes breathtaking ingenuity.

While a comprehensive theory of the mind may have been one of Freud's major goals, a theory of the psychoanalytic process surely captured his most immediate attention. It seems doubtful that he confused these two spheres of theory-building, but, as A. Kris suggests, analysts since Freud repeatedly have done so, risking confusion both in their clinical work and in their theoretical understanding. At the end of his monograph, as in his prefatory remarks, Kris emphasizes the importance of distinguishing between the two (theory

of treatment process and theory of mind), noticing in particular where they intersect. In effect, Kris invites analysts to apply Freud's clinical methodology by observing how the free association method sets the analytic process in motion. To Kris, in fact, the analytic process is synonymous with the free association process. He invites analysts to look at the way in which free association promotes the emergence of analytic data, the attainment of insight, a regressive transference neurosis, and neurotic symptom resolution. Besides its primary role as a source of psychoanalytic data, Kris argues, the free association method is of unparalleled value in organizing clinical material and defining the treatment process itself.

Expressing himself clearly and succinctly, Kris provokes thought, informs, and persuades in his monograph. The chapters are brief, averaging eight pages each. Only one is as long as twenty-four pages ("Illustrations of the Free Association Process"). But brevity does not spawn oversimplification. Instead, a consistent, expanding focus is sustained. Continuity (a vital function of free association, to Kris) is assured via the artfully altered repetition of the themes of which his major thesis is composed. Some ideas appearing in one connection are fittingly elaborated upon in other chapters. Kris also avoids the danger of throwing too small a net as he studies and relates many salient aspects of the psychoanalytic and neurotic processes to the free association method. The reader is awakened to thinking about theoretical constructions in the context of the clinical situation. Kris cements his arguments with exemplary clinical examples, which he generously sprinkles throughout the volume. Though his vignettes are models of enviable brevity, a lengthier and more detailed example (pp. 76-93) makes fascinating reading as an illustration of "the texture of the free association process and its relationship to the complexity of the patient's neurosis."

Kris loses no time in establishing one of his central themes: that the free association process is a joint venture, a dialectic, in which the contributions of both parties are vital and indispensable. The analytic work assures "the goal of enhancing the expression of the patient's free associations. The complex and extraordinary consequence of this mutual activity is the free association process" (p. 3). Both participants determine the varieties of free association. In a chapter titled "The Method of Free Association" Kris concentrates on the analyst's responsibilities in promoting the process. But ample

attention is subsequently given to the patient's tasks as well.

The analyst has a dual assignment. First, he must discover the forces which organize the patient's unconscious ideas, paying close attention to impeding elements and to motives for obstruction. In the author's words, "It is one of the analyst's most important interpretive functions to grasp both an emerging principle of organization of the free associations and a principle of encroachment upon them" (p. 35). Second, the analyst must communicate his understanding to his patient in ways calculated to gradually enlarge the patient's conscious awareness of and comprehension of the obstacles involved. Interpretation is an indispensable part of the free association method and is bound up with the concept of resistance in the analytic process. This is demonstrated in several places in the book, with each variation convincingly illustrated with clinical vignettes.

For example, in a rather novel and subtly reasoned chapter, Kris describes how two kinds of conflict, one intersystemic (conflicts of defense) and the other intrasystemic (conflicts of ambivalence), organize free associations in particular ways. In another chapter, he applies his model to the phenomenon of transference by explicitly defining it as circumscribing "a form of free association whose organizing principle has three basic elements." Discrimination among these elements is taken to be the key to effective interpretation and resolution.

In the chapter, "The Dynamics of Free Association," Kris takes up some of the special problems arising in the analysis of unconscious guilt, one of the most powerful sources of opposition to free association. Particular difficulties are encountered as an understanding is gained into how the patient's guilt insidiously penetrates the analytic relationship. This is fostered by the revival in the transference of unconscious identifications and memories of criticism. Kris shows how certain patients experience the analyst as a silent partner in self-criticism, often interpreting the analyst's remarks as critical and at times attempting to provoke just such reactions. What triggers the guilty feelings becomes blocked from view, out of the unconscious fear of and wish for the analyst's rebuke. The analytic process is opposed and distorted by these guilt-centered resistances. Kris's discussion of the special problems involved in elucidating and interpreting these neurotic patterns in the patient's free associations is interesting and informative.

The wider subject of resistance deserves and receives a chapter of its own entitled "Reluctance, Resistance, and Negative Attitudes." Kris begins by saying that "nothing is more characteristic of the free association method than the varieties of opposition that are encountered when patient and analyst set about to use it" (p. 31). In discussing these he distinguishes between (unconscious) resistance and (conscious) reluctance. Although his argument is interesting, the validity and utility of this distinction is open to question. Freud insisted "that *whatever interrupts the progress of analytic work is a resistance.*"¹ It is a fundamental theoretical proposition that unconscious elements operate either primarily or secondarily. Both intentions to resist and opportunities to do so are ubiquitous. An accidental physical disability, for example, can serve as an opportunity for epinosis gain, and a necessary business trip can conveniently hide unconscious hostile wishes toward the analyst. Kris's view that resistance and reluctance may be, but are not necessarily, linked posits that a consciously reluctant attitude *need not* have unconscious connections. Although there may be some theoretical validity to this, its practical application can invite license to relax one's analytic guard, despite Freud's cogent warning. More plausible and consistent across theory and practice might be the idea that reluctance is a clinical subspecies of resistance that shares in a fundamental unconscious function, although expressing itself differently.

Kris also expresses the idea that resistance "always means unconscious opposition to freedom of association—not opposition to treatment, to cure, or to the analyst" (p. 33). This sounds like a tendentious effort to truncate a vital clinical concept unnecessarily. When Kris states in his next sentence that he limits his "attention to resistance as obstacle in psychoanalytic treatment," his viewpoint becomes uncharacteristically muddy. He offers no clarification of this contradiction and does not explain how unconscious opposition to cure or to the analyst is represented and experienced in the free association process.

A negative attitude, a third category of opposition to free association, is defined as conscious "hostile and critical thoughts and feelings towards the analyst and the analysis" (p. 36). In a clinical illustration, such an attitude is said to express a hostile transference resulting "from attempts to ward off loving transferences" (p. 37).

¹ Freud, S. (1900). The interpretation of dreams. *S.E.*, 5, p. 517.

The material simply and convincingly presents a patient's anxious reaction to an early emerging erotic transference (a threatened return of the repressed) in the form of a conscious wish to leave the analytic hour. Calling this a negative attitude stretches and almost contradicts the author's definition. When Kris describes the same reaction by this patient (in another chapter, p. 68), more than three years later, he explains her acting on the impulse to leave in terms of "transference *as* resistance." Kris distinguishes the two reactions quantitatively: in the later reaction the transference operated "to a greater extent" than it had done earlier. On the second occasion, the patient's free associations met an obstacle in the form of a more strongly experienced sexual impulse in the analytic transference. But this hardly qualifies as the basis for making a categorical distinction about the origin and quality of the opposition in the two instances.

Even with the exceptions just mentioned (which perhaps are minor criticisms), the monograph is very much worth reading. In fact, it is just not enough of a good thing, especially in its brief concluding chapters ("Free Association in Psychotherapy" and "Prospects for Education and Research"). The author's trenchant remarks beg for expansion. The earlier chapters might also benefit from judicious elaboration. The volume may be of interest to other mental health professionals, but because its focus is on the methodology of psychoanalysis, it will appeal mainly to the practicing psychoanalyst and analytic candidate. Its organization and style permit easy perusal, but a more careful reading is well worth the effort. It deserves consideration as a teaching tool, since it convincingly reintroduces analytic interest in the free association method at the very center of the theory of psychoanalytic technique and clinical practice.

SAMUEL HOCH (SAN FRANCISCO)

LA FORMATION DU PSYCHANALYSTE. ESQUISSE D'UNE THÉORIE. (Psychoanalytic Training. Outline of a Theory.) By Jean-Paul Valabrega. Paris: Pierre Belfond, 1979. 224 pp.

Suppose an analyst puts up some political poster or other form of manifesto on his office wall, or wears a political emblem in his lapel. What would we think? Assuredly, says Valabrega, if someone can-

not restrain his desire to show himself, he would do better to do something other than analysis. Such an analyst would be no different, for Valabrega, from one who wears a pectoral cross, or does his analyses under a crucifix. Such a person might be able to be a confessor, but not an analyst. And one must be just as wary of insignias, totems, and emblems that are carried, as it were, in the interior as of those placed on the analyst's wall or lapel. The effects would be just as questionable, perhaps even more so, since they would be less apparent (pp. 197-198). In France, the dual phenomena of political activism and the history of Lacanian discipleship have made many analysts acutely aware of these problems; and their discussion promises to be a continuing one.¹

Valabrega's book details his views on the master/pupil relationship in psychoanalysis and on the problem of ideologies, whether analytic or political. It is a collection of six essays written between 1969 and 1977 on the theme of psychoanalytic education and training. The background to the essays is interesting, for it illustrates the turmoil through which psychoanalysis in France has recently passed. For a while, splitting seemed to be the main defensive reaction to internal problems within institutes in France. The original French analytic society, the *Société Parisienne de Psychanalyse*, was founded in 1926, with a venerable membership and a well-known journal, the *Revue Française de Psychanalyse*. When difficulties over Lacan and his adherents began to develop within the society during the early 1950's, the Lacanians withdrew as a group to form the *Société Française de Psychanalyse*. Mitosis in this second society occurred in turn in 1964, with the residual members forming the *Association Psychanalytique de France*, consisting of a group of analysts influenced by Lacan but closer to traditional views on psychoanalytic training and theory. Lacan and adherents still faithful to him formed the presumptuously named *École Freudienne*. However, be-

¹ The response of François Roustang, another French analyst who has struggled with the effects of Lacan on the French analytic scene, has recently appeared in English as *Dire Mastery: Discipleship from Freud to Lacan* (Baltimore: Johns Hopkins Univ. Press, 1982). The complicated history of developments in French psychoanalysis is discussed in detail by Alain de Mijolla in *Histoire de la psychanalyse*, edited by Roland Jaccard (Paris: Hachette, 1982), and by Pamela Tytell in *La plume sur le divan* (Paris: Aubier, 1982). Tytell also traces the more recent events concerning the Lacanian groups following the dissolution of the *École Freudienne* in 1980.

cause of Lacan's peculiar views on training and education, another split occurred, with the splintering off in 1969 of the appropriately named *Quatrième Groupe* (Fourth Group), formed in reaction to Lacanian ideas on the training of analysts. Valabrega was one of the key persons involved in this move. The present volume details some of the debate about the nature of psychoanalytic education associated with the formation of the Fourth Group.

The subject, however, is wider than the parochial infighting which this might suggest. Valabrega's essays range over the whole subject of psychoanalytic education, and the book is relevant to its continuing discussion in whatever institute and context. Valabrega is cognizant of the diversity of techniques and procedures which are called analytic by practitioners who claim directly or indirectly to be analytic in orientation. He considers it urgent to undertake a thorough study of the nature of analytic training, of what is transmitted in it about psychoanalysis as a body of theory, and whether such training is even possible.

For Valabrega, in the past few decades the course of psychoanalytic education in institutes has oscillated between two extremes. On the one hand, there is a tendency, as in all human institutions, toward the entrenchment of a powerful bureaucracy and the abuse of power. At this extreme, supposedly objective criteria for admission and training are applied in the interest of preservation of the *status quo*, leading to the exclusion of what may be the more original future practitioners of psychoanalysis. At the other extreme, the free access propounded by some has not brought about a solution of the problems of training; and a tendency toward the re-establishment of a stultifying bureaucracy has appeared in these so-called minimal institutes, which have been just as guilty, at least in France, of the "cult of the personality." It seems that historically the two main dangers to the development of the psychoanalytic movement have been expansion and retrenchment. Both have led to problems.

The first essay considers affinities between psychoanalytic education, the Aristotelian concept of *catharsis*, and the Socratic technique of midwifery, in particular, in Plato's dialogue *Meno*. The maieutic principle is to be seen also, according to Valabrega, in *The Interpretation of Dreams*. Freud's claim that the sense of the dream comes from the dreamer rather than from the interpreter is similar to Socrates' maieutic approach. Yet, surprisingly, Freud himself

never referred to the maieutic technique of Socrates, even though he referred to classical views of the dream. This is even more remarkable in view of the similarities between Freud's approach and the emphasis on reminiscence in the *Meno*. Valabrega suggests that myth served the same function for Plato as the unconscious did for Freud. The rest of the essay draws an elegant parallel between Socrates' often repeated question, "Can virtue be taught?," and the question of the teachability of psychoanalysis. It is an easy move for Valabrega to find sophists among the would-be teachers of psychoanalysis; and the question of whether there can be teachers of psychoanalysis is as difficult a puzzle for him as Socrates' concern about whether there can be teachers of virtue.

The second essay contains a lengthy consideration of the development of encrusted, self-protecting bureaucracies in psychoanalytic institutes, with ensuing power struggles and attempts to safeguard the power that is gained. The scission phenomenon is considered in some detail, as are the vituperation and the state of quarantine that come to be exerted against the separated members. One of the principle sources of difficulty for the evolution of psychoanalytic groups has been the training analysis, with its derivative problems of "allegiance" and of the networks created by the influence of particular analysts. Valabrega criticizes the transmission of psychoanalysis in a system in which training analysts and their analysands, known as pupils, are organized into networks in which the principle function seems to be to maintain devotion to the "master." This makes training an instrument of the reigning bureaucracy. Much of the discussion is a direct critique of Lacan and Lacanian methods of training, but it also can be applied to the wider question of the structure of psychoanalytic education and psychoanalytic bureaucracy.

Valabrega presents a substantive proposal which he calls "the fourth analysis." It is an attempt to involve multiple analysts in the training process, especially with regard to the control analysis. The aim is to confer a "dimension, a significance, and a scope which are truly analytic" (p. 77) to the training. He replaces the "control analysis" system with a pluri-referential one. There is to be: (1) the patient in analysis; (2) the candidate who is the analyst of this patient; (3) the candidate's analyst; and (4) another analyst (the fourth referent). Although such a procedure would raise many new problems for the analyst and the candidate, this is basically its pur-

pose. "Interanalytic sessions" (p. 81) would be required in this system to discuss every step of the candidate's work with his patient. The procedure is intended to facilitate the clear emergence of the most problematic points of style and technique, as well as related theoretical suppositions and concepts. According to Valabrega, it is precisely these contradictions between theory and clinical technique which so often escape notice in control analyses. Valabrega hopes that his approach would highlight and make obvious the "lateral transference reactions" of the candidate by removing them from the support and consequent obfuscation of the master/pupil relation of the control analysis, with its essential dimensions of mutual seduction, tyranny, and coercion.

The third essay contains a discussion of criticisms of Valabrega's proposal and an attempt to answer them. It draws heavily on the contribution of Conrad Stein, who introduced the concept of "the reserved section" of the transference. By this he refers to the analyst's "allegiances," that is, his ideology, which makes the double concept of transference-countertransference more appropriate than the misleading notion of transference. There are two more essays, in which the author attempts to work out in detail the "fourth analysis" as an approach to the problems associated with control analysis, latent interpretation, and residual transference in the candidate. An example of the problem of latent interpretation is provided in a study of some of the details of Freud's analysis of the Rat Man, in which Valabrega suggests that elements from Freud's own memories intruded into his treatment of the patient.

The final essay of the book was written in 1970 but could not be published for a decade, according to Valabrega, because of its contents. It is titled "Ideology and Mythology from the Angle of Psychoanalysis." It begins with a consideration of the Marxist critique of ideology and notes that there is a tendency for ideology to absorb science and philosophy. One might think that psychoanalysis could provide a special place from which to view ideology, without becoming absorbed by it. Yet the dangers of reduction, annexation, and amalgamation hold for it also. Valabrega widens his critique of the adverse influences on psychoanalysis beyond the power struggles and cult of personality to which he already had addressed himself. He considers various intellectual amalgams and hybrids such as "freudomarxism," "freudo-structuralism," and "freudo-marxo-

structuralism," which have brought only painful terminology and speculative contributions to ideology without profit either for Marxism or for psychoanalysis. Valabrega explores the interrelationship between myth and ideology and concludes that ideology has the function of a myth and the structure of a symptom. He feels that ideology must be analyzed, whether it is in the patient or in the analyst, or it will come to occupy the place of analysis. He sees no place for ideology in analysis. Freud was well aware of the problem and issued a strong caveat against any attempt to introduce an ideology into analysis or to make analysis an ideological tool. Valabrega is making an obvious reference to Lacanian ideology in citing this. According to him, Lacanians replaced the theory of analysis with a myth of the analyst. Ideologies are an intrinsic, inevitable part of contemporary life, he points out, and psychoanalysis cannot avoid analyzing ideology. Indeed it is imperative that it use its own special vantage point, which is unique among the sciences, to carry out the study of ideology. But psychoanalysis must avoid becoming in any sense an instrument of ideology, whether it is internal to the psychoanalytic movement, in the form of a personality cult, or external to it, in the form of a political movement.

The impossible profession, psychoanalysis, to maintain its existence, must struggle with the other two impossible professions, education (in its transmission of itself to new practitioners) and politics. This book addresses itself to this struggle and is a document illustrative of it.

EMMETT WILSON, JR. (PRINCETON, N.J.)

LINKING OBJECTS AND LINKING PHENOMENA. A STUDY OF THE FORMS, SYMPTOMS, METAPSYCHOLOGY, AND THERAPY OF COMPLICATED MOURNING. By Vamik D. Volkan, M.D. New York: International Universities Press, Inc., 1981. 398 pp.

This book derives from fifteen years of clinical study and treatment of the complications of mourning. Buttressed by examination of the literature and a wealth of rich clinical material, it develops a nosology of the complications of mourning and a varied approach to its treatment. The latter ranges from psychoanalysis proper to a form of brief psychotherapy described as "consonant with psychoanalysis, in spite of its avoidance of a ripened transference neurosis" (p. 212).

Throughout the work Volkan bases his formulations on his understanding of psychoanalytic object relations theory, and he offers some of his observations as a contribution to that theory.

In the first section of the book, the author discusses the stages of mourning as observed in his patients and presents a review of the literature. He differentiates between uncomplicated and complicated mourning. He describes complications in the initial stage, but places more emphasis on complications in the ongoing work of mourning. He notes two relatively distinct entities: reactive depression and what he terms established pathological mourning. The description of reactive depression follows Freud's *Mourning and Melancholia* in its emphasis upon total identification with the ambivalently cathected lost object, with ensuing ego disruptions. Established pathological mourning differs from this, he says, in that the mourner does not identify with the representation of the lost object, but internalizes it as an introject and then partially externalizes it onto the outside world. The patient is seen as struggling between efforts to get rid of the representation ("killing" it) and efforts to maintain it ("not killing" it). Volkan makes a determined attempt to clarify his terms via a careful review of the literature on identification, introjection, internalization, externalization, and projection—no mean feat, indeed.

Elaboration of the concept of "established pathological mourning" occupies quite a bit of the book. The idea is brought to life with vivid and moving clinical material. The recurrent dreams of pathological mourners are described in detail, along with other clinical phenomena that make it easy for the reader to make connections to his own patients and perhaps to his own experiences of mourning as well.

A key concept, which Volkan develops in considerable detail and which forms the title of the book, is that of the linking object. In Volkan's words:

While the person in established pathological mourning keeps inner contact with the representation of the deceased by means of an introject, and thereby maintains the illusion of absolute control over it, he also maintains the illusion of external contact with it by means of a linking object. A linking object is something actually present in the environment that is psychologically contaminated with various aspects of the dead and the self (p. 101).

Patients' choices of and relations to their linking objects are amply

described. Volkan calls attention to the observation that the linking object is kept safe, but usually is kept out of sight and is not put to its ordinary use. For example, a handkerchief with special meaning is kept in a back pocket but is never used (p. 150). Volkan adduces evidence to interpret this as an expression of the mourner's conflicted wish for and dread of the lost object's return from the grave.

The observation that mourning patients use certain objects for various purposes of defense and mastery is clinically astute and useful. Volkan's coining of a special term and his attempt to elevate the observation to a level of metapsychological significance, however, seem overdone and uncalled for. Winnicott's concept of the transitional object (with which the "linking object" is compared in the last section of the book) is important because of its significance in clarifying the development of a capacity for object relations and related ego functions, but it is difficult to view the "linking object" in such a special way. The use of an external, inanimate (or animate) object to symbolize aspects of self- and object representations so as to maintain control over an object relationship is frequently observed in analysis in many different contexts.

The second section of the book contains an exposition of the various treatment strategies which Volkan has evolved for complicated mourning. He sees a mourning process that has gone awry as not only causing undue suffering, but as also interfering with the treatment of other psychopathology until the problems involved in the mourning are addressed. Cases are presented of what is described as psychoanalytic psychotherapy, in which the therapist focuses his interpretive efforts on the resistances to mourning and their transference manifestations. The case reports describe a progression of treatment to a point at which the underlying psychopathology becomes accessible. These case examples lead to a description of a form of brief therapy designed specifically to enable a patient to grieve for his or her lost object. Volkan designates this form of treatment as "re-grief" therapy.

In this type of brief therapy, the therapist meets three or four times a week with the patient for a period of two to three months. The patients for whom this treatment is deemed appropriate are those with "established pathological mourning." A good deal of emphasis is placed on the timely elucidation of the role of the "link-

ing object." It is clear from the clinical material and Volkan's caveats that he recognizes the danger of this leading to a process of intellectualization. The therapist is cautioned to maintain therapeutic neutrality and to refrain from sharing formulations prematurely. Attention is to be directed to transference manifestations, as an aid to helping the patient work through some of the conflicts that interfere with mourning, but the development of an infantile transference neurosis is to be avoided. Volkan views "re-grief" therapy as compatible with, though distinct from, analysis. He presents an illustrative case, in which a patient entered analysis some time after the successful conclusion of "re-grief" therapy (p. 212).

A few criticisms can be raised about the section on treatment. One of the most important to analysts is that, although there are many references to transference manifestations, a clear picture of the way in which the author works with and views the transference is not developed. Despite reassurances to the contrary, the clinical material presented emphasizes genetic reconstructions which are not always derived from an understanding of the transference. In a different vein, it is unfortunate that the author is not more explicit about the indications for one form of treatment versus another. Lastly, the fact that the majority of patients for whom "re-grief" therapy was used were hospitalized was not explored as a factor affecting the treatment.

Somewhat as a side issue, the book discusses the effects on children of a parent's complicated mourning. Volkan's discussion of this large topic by necessity is incomplete; he focuses on the way a parent can use a child as a linking object instead of utilizing an inanimate object. He terms this use of a child a "living linking object." Fascinating but distracting is the conclusion of a psychohistorical study of Atatürk, the founder of modern Turkey, as the subject of "case" material for this section.

The concluding discussion connecting the "linking object" with the transitional object and the fetishistic object has already been mentioned. It is but one example of the scholarly discussions and reviews of the literature which abound in this volume. While one may disagree with some of the emphases and with the tendency to coin new terms, these discussions are a strength of the book.

The book should prove useful to clinicians not as an instance of the development of new theory, but as a clear, well written, thought-

ful presentation of an important clinical topic. There is much clinical wisdom in the volume. It deserves to be mulled over and thoughtfully digested.

ROBERT L. FRIEND (SAN FRANCISCO)

TRANSFERENCE NEUROSIS AND TRANSFERENCE PSYCHOSIS. By Margaret I. Little. New York/London: Jason Aronson, Inc., 1981. 323 pp.

This book, a conglomerate more than a collection of Little's writings, contains: published papers (converted into chapters), an assortment of previously unpublished works—some only a few paragraphs long (and also converted into chapters), fifteen poems, and an account of a dialogue with Robert Langs. The last is a species of oral history which includes, among other things, random bits of gossip. Little begins her introduction by acknowledging:

This is not a tidy book; it is not for those who like to have papers grouped neatly according to topic, and it is not a "text-book." . . . It has led to the inclusion of some more personal elements than are usually thought suitable for a serious book concerned with psychoanalysis. . . . It represents something of my own "total response" to life (p. xix).

Thus, it is a set of clinical accounts, a part of a memoir, and an expression of an idiosyncratic personal philosophy. The "dialogue" also includes a number of personal opinions by Robert Langs which seem to have more to do with his interests than with hers. Not the easiest book to review, one might think.

This reviewer was reminded of the many exciting and troublesome controversies about work with psychotics that swirled among psychoanalysts twenty-five or thirty years ago. Harry Stack Sullivan, Marguerite Secheyay, Frieda Fromm-Reichmann, and John Rosen come to mind, and, more recently, Searles in America and Laing in England. The work of some of the followers of Melanie Klein, particularly Herbert Rosenfeld, and the work of Winnicott, also belong here. The excitement, in this reviewer's mind, came from the fact that some of these charismatic healers got verifiable results. Furthermore, some of the clinical *meanings* they derived, however variably and idiosyncratically expressed, can be confirmed by other analysts capable of working with such patients. But it was troublesome that their explanations did not jibe with each other. They did not agree

about what was and what was not psychoanalysis, what did and did not account for the results, and what notions of the effects of early development were veridical. Not *one* such system survived its founder, with the possible exceptions of Klein and Sullivan, as a coherent "school" or discipline.

By and large, the excitement has waned, and there are fewer putative revolutionaries among us, at least in regard to the psychotherapeutic treatment of severely ill patients. This is a mixed blessing. And the trouble has not gone away. Is it possible to define what *is* psychoanalysis, and what is the legitimate application of it to other psychotherapies? Or is just any prolonged and intense encounter by an analyst with an individual to be called psychoanalysis—even if it involves management, physical contacts, and actual restraint of freedom of the patient? The reviewer hopes he is not being casuistic or merely obsessively concerned with definitions in raising these questions. He is troubled on the one hand by withdrawals into tight stockades, shielded by precious or bureaucratic sets of definitions of Real-Analysis, and he is troubled even more by wild forays into the wilderness, with only faith in some self-appointed guide to provide an illusion of safety.

Margaret Little grew up professionally during a period of turmoil in England, when psychoanalytic forces really warred, with Anna Freud as one leader and Melanie Klein as the other, while a large number of analysts tried to remain independent—the latter either by efforts to synthesize the differences or to ignore them. Her first analyst was Ella Sharpe, who was identified with Anna Freud (the latter also one of Little's supervisors). Although appreciative of Sharpe, Little was unhappy with the results of her analysis, refused to join either camp, and eventually entered analysis with Winnicott. Along the way, as she says, there were two serious "break-downs," including one requiring hospitalization. But she eventually "contacted" her own psychotic transference and believed it to be worked through; she came to see it as referring to a delusional sense of "oneness," pre-ambivalent, pre-object related, absolutely undifferentiated, supposed by her to be universal, biologically and psychologically. From it, she concluded, individuality and creativity can gradually emerge, providing that early traumatic events have not been too crippling or providing that a suitable therapeutic experience can take place. (This "oneness" takes on distinctly mystical over-

tones in the later chapters.) The delusionary transference is therefore *both* defensive and a representation of reality. And, at least for "borderline" and psychotic people, that strange version of reality is more "real," more legitimate, than what passes for reality in most people. One "reality" is used defensively against the other.

Out of these experiences, with patients and with herself, she emerged as a therapist who could work with very ill people indeed. She became known generally for her useful paper, "Counter-Transference and the Patient's Response to It" in 1951. In it, she followed, and expanded upon, Paula Heimann's well-known paper on the same topic.¹ She further expanded her ideas in "'R'—The Analyst's Total Response to His Patient's Needs," a 1957 paper on psychotic transference, and in "On Basic Unity," first published in 1960. These papers, together with one on the "direct presentation of reality" to psychotically regressed patients—by way of physical contacts with the therapist (first published, one gathers, in this volume), make up the core. The rest, mostly reiterative, include accounts of her inner life which are startlingly candid, quirky, and often fun. At her best, Little writes simply and beautifully, but some of the later papers are sadly disorganized and poorly edited.

All things considered, this reviewer appreciated the book—and appreciated Margaret Little, at least the image of her as it emerged. To shift to a more personal voice, I will not attempt to discuss the whole of her work. There is either too much or too little to say about the more formal papers. They often seem comprehensible, or at least translatable, clinically, but often questionable theoretically or incomprehensible in terms of my own self-analysis. In regard to the poems, I will go along with Little's wishes and resist the temptation to indulge in applied analysis, nor will I criticize them *as* poems. On a positive note, I admire the way she makes the experiences of extremely regressed patients seem to come alive, the way she makes us understand what it is like to stay with them through thick and thin, and set off the emergence and disentanglement of their selves. I believe such things happen because I have seen similar things happen. And I believe that eccentric analysts with eccentric patients (and no pejoration is intended) *have* added to our understandings, even if they have often puzzled us. Finally, I appreciated the fact that the author, in the earlier works, did not reductively apply techniques suitable for psychotic patients to the

¹ Heimann, P. (1950). On counter-transference. *Int. J. Psychoanal.*, 31:81-84.

more usual psychoneurotic conditions. Unfortunately, the same cannot be said of the later writings, in which Little maintains that everyone has psychotic potentialities (which may or may not be true but has nothing to do with how *important* they are).

More negatively, I disagree with some of Little's technical recommendations. While some sort of "holding environment" has to be set up if some people are to hope for truly intensive psychotherapy, she specifically insists that the therapist ought to be ready for physical contacts, nonverbal interpretations, and complete openness about his own non-rational fantasies. Without necessarily questioning the effectiveness of these techniques in *her* hands, I am dubious about whether they should be, or even can be, taught to students. At any rate, they are not *necessary*. All too often I have seen the followers of charismatic therapists degenerate into "wild analysts" at best, and charlatans at worst.

And, while I respect Little's personal belief system, or personal mythology, I cannot agree that the treatment of adults has given sure data about the neonatal period, much less the prenatal, as she asserts:

In the prenatal state nothing is "known," and yet nothing "unknown" is recognized (except possibly in post maturity). Birth itself introduces the first "not-known" of all, and a very complicated thing it is. (I am including all elements of the experience, from the first uterine contraction up to the time when the infant, put to the breast, handled by the mother, then bathed, weighed, dressed etc. is laid down for sleep.) Not only anxiety is triggered off or at least stimulated by it, nor the bodily activities of breathing, sucking for food etc., but also much psychic development (including such things as development of the ego and superego). Bonding plays an important part in preserving the basic unity (p. 258).

What is one to do with that? Few now would doubt that these *events* are important and must have consequences. But not many would agree that they can be psychologically experienced by the unborn or newly born child in any *rememberable* way—the fantasies of adults notwithstanding. As for the notion of "basic unity," this too is troublesome. Little draws upon Freud's temporary concept of an autoerotic stage, but neglects to mention that he replaced it in 1915 with the stage of primary narcissism.² Her idea is curiously one-sided (the metaphor of a blob of plasticene is invoked); the mother's part hardly comes through except that she should be "good

² Freud, S. (1915). Instincts and their vicissitudes. *S.E.*, 14.

enough" and should serve as a sort of foil for the infant's creation of reality. This is in contrast to Winnicott's notion of the mother-infant (or infant-mother), or to Loewald's concept of individuality emerging out of the forces constituting the mother-infant field, or Mahler's idea of the "psychological birth" of the human infant.

Despite my disagreements with many of the ideas and recommendations in this book, I found its core worthwhile. Its most important effect was to stir old thoughts: psychoanalysis is an *entity*, as far as I am concerned, consisting of a relationship in which two minds cooperate in the attempt to understand one of them to whatever extent possible, as they utilize a relationship in which both accept quite definite overt and (mostly) covert rules. Some of these rules, of course, have to do with what "abstinence" has come to mean. Psychoanalysis is a "something." But obviously it is not suited for everybody. When the rules are altered in major ways in order to allow other people to engage in intensive work, a "something-else" emerges. It may be a very valuable "something-else," or it may not be. But it is not the *same* thing.

For this reason (so it seems to me), there is psychoanalysis, and there are all sorts of other things, often incompatible things, sometimes *also* called "psychoanalysis" (such as the author's work with psychotic transferences), but which should more properly be called "psychoanalytic psychotherapy." Of course, it is impossible to know, without a great deal of interrogation, just what someone means when he says "psychoanalytic psychotherapy." A book like Little's can only be a signpost; it cannot be interrogated very much. The other side of this question has drifted more and more into neglect: how can psychoanalysis rationally investigate its applications to other therapies? Some applications are certainly legitimate—in fact they are performed regularly with disturbed patients by most of us. But not many courses are taught in institutes about it. In fact, not much is said about it at all.

VANN SPRUIELL (NEW ORLEANS)

DOING PSYCHOTHERAPY. By Michael Franz Basch. New York: Basic Books, 1980. 188 pp.

This small book is intended for those who are learning psychotherapy. It is rich in illustrative material which is well suited as a

focus for the discussion of psychotherapeutic and psychoanalytic principles. Its most special quality is a consequence of Basch's gift for inspired reconstruction from notes and memory—with, admittedly, some creative license—of sessions with patients (as well as some material from supervision). He provides us with six more or less extensive clinical illustrations of evaluation and treatment carried out from a psychoanalytic perspective. The cases, which are introduced periodically throughout the book, provide a lively way of conveying the data of observation which serve as the basis for clinical inferences. They illuminate his ideas about handling the initial contacts with the patient, initiating therapy and maintaining its momentum, and handling the transference, including the negative transference. There are also useful remarks about countertransference. Basch's examples enliven his discussion of clinical principles and convey the richness of the actual work with patients.

As the book progresses, the issues Basch discusses grow more complex, and the influence of the theories of self psychology on the clinical approach becomes more and more central. Because of this, I found increasing reason for unhappiness with the clinical work and theory as I read through the book. Let us take, for instance, the case of a social worker, Miss Banks. The protocol very nicely illustrates the management of an initial negative transference. As the psychotherapy progressed, problems in the patient's relationship with her father increasingly came to the fore. As this happened, there was an increasing sexualization of the transference, and she became frightened by her thoughts. At this point, we are told:

The therapist pointed out to her that she was mistakenly attributing genital motives to the love and affection she felt for him who was, through his work, giving her a chance to achieve satisfactions heretofore closed to her. She was helped to understand that her emotions were appropriate to the child who stands in awe of and wants to unite with the powerful, giving parents, and were not those of a sexually excited woman. The resolution of the transference was embodied in her going beyond the stage of working for the therapist-parent's implicit or explicit approval and praise and, instead, forming her own concept of an ideal self that she then set out to fulfill (p. 86).

In response to this message from the therapist, the erotic elements of the transference disappeared from view. The patient also terminated therapy soon thereafter. As termination was being considered, Miss Banks gave up her interest in dating and decided to become a physician like her father! Basch concludes:

Whether Miss Banks will eventually marry, and whether genital sexuality will play an important part in her life, are not only unanswerable questions at this point but, more important, are questions that need not be the concern of the therapist. . . . That she now has a viable self-concept based on an understanding of how she came to be the person who initially presented herself for treatment is a satisfactory result. . . ." (pp. 86-87).

He adds that this patient falls into the group of patients classified by Kohut as having "selfobject disturbances."

It is evident that Basch has utilized the concepts of self theory to avoid exploration of the sexual conflicts of the patient. In the process, he reaches the astounding conclusion that the achievement of full genital object love is not the concern of the therapist. How much more therapeutically productive might it have been for the patient had the therapist understood her career alteration as a compromise formation derived from unresolved feelings about her father and her therapist, whose careers she decided to emulate. This example illustrates the way self theory can be used to avoid coming to grips with painful conflicts involving positive and negative oedipal yearnings. Assigning the patient to the group of those having selfobject disorders served to justify the avoidance of a difficult but central area of conflict, sparing the therapist the problem of dealing with the erotic longings in the transference. It exemplifies the way in which an inexact interpretation (about Miss Banks not really having the feelings of a sexually excited woman) can close off analysis of a key conflict area.

The difficulties are compounded when Basch follows with a discussion about choosing between psychotherapy and psychoanalysis. He considers analysis to be indicated primarily for those with a neurotic character structure and a need to work out repressed infantile sexual conflicts. The implication is that more seriously disturbed patients do not have repressed infantile sexual conflicts. It is consistent with this stance that he employs a theory of anxiety that is notable for the absence of consideration of instinctual conflict: he states (p. 97) that anxiety arises as a consequence of the inability to create order or of the expectation that one will be unable to do so.

The remaining chapters are focused primarily around an extended case description of an adolescent, George, who became depressed when he was dropped by his first serious girlfriend. The therapist, in his clinical work, demonstrates flexibility and empathy

and the case seems to proceed very well. Many interesting questions about therapeutic approach and management are discussed in a stimulating way. However, there are the same omissions as in the case of Miss Banks. For example, when the young man reports a dream of kissing a woman who turns into a man, Basch responds to his question by reassuring him that this does not mean that he is a latent homosexual. Such reassurance may well have a place in a particular treatment, but here it seems gratuitous. The attitude of the author demonstrates a bias against the recognition of infantile sexuality. Apparently basing his conclusions upon *manifest content* alone, Basch states that "the fear of being a homosexual is voiced by many people who do not seem to have any tendencies in that direction" (p. 153). On the next page, he generalizes from this to state that "it will be interesting to see whether society's seemingly changed attitude toward homosexuality will lead patients to create a new collective symbol for expressing tensions felt to be shameful." Basch seems to believe that conflicts about homosexual wishes have no intrapsychic basis, but are only derived from societal attitudes.

At about the same time, George also reveals a fantasy of being undressed by a woman; and in connection with it, he thinks of early feelings for his mother. Basch responds with interpretations that emphasize how a child needs to know that he is worthwhile in order to build up his self-esteem (p. 153). Once again, we have an example of an inexact interpretation that tends to close off further dynamic exploration. In his summary of this case, Basch explains George's depression as a response to "feeling unwanted and unacceptable. While he was still in his parents' home, geographic proximity and the daily routine sustained him in a feeling of belonging and being cared for. Once he left, the loneliness and isolation he felt was not so much for his parents per se but rather for what he had not been able to get from them—a sense of being a loved and worthwhile self" (p. 154). He does not mention in this summary the conflict between George's feelings of love for his father and for his mother, his divided loyalties, or his avoidance of the wish to be like his father because he experiences his mother as being displeased with him for it, although they were expressed quite nicely in the actual interchanges with the patient. Basch's explanation of the clinical material suffers from the imposition of preconceived concepts slanted toward problems of the self and toward preoedipal issues.

The result obscures the value of unbiased scrutiny of the relationship between childhood instinctual conflicts and object ties and problems involving self-esteem and self-image, which is potentially very worthwhile to investigate.

Basch's use of self theory to turn away from uncomfortable oedipal conflicts is highlighted in another crucial interaction between George and himself. When the young man has sexual intercourse for the first time and expects the therapist to disapprove of his having done so without discussing it first, neither his apparent hostile, rivalrous attitude toward his father nor the projection of it onto his therapist is mentioned as something calling for interpretation to the patient or even for understanding by the therapist. Instead, a discussion of the value of the idealizing transference for development is presented. In this case, Kohutian theories of personality serve the same defensive function as does a religion which emphasizes and promotes love for God the Father: the unwelcome aspects of the oedipus complex become no longer visible while religious adherence to doctrine is fed from an underlying ambivalence whose negative component continually needs to be suppressed and counteracted.

George's difficulty resolving his reaction to being rebuffed by a girlfriend is described as a developmental arrest, although in my opinion the key therapeutic interventions were those which brought his *conflicts* into consciousness. Helping to bring unconscious conflicts into consciousness is the principal means for obtaining therapeutic benefit in an effective psychoanalytic therapy of someone troubled by neurotic conflicts. Basch looks elsewhere for the path to improvement. The good therapeutic relationship which develops as a consequence of the therapist's empathic communications is elevated, narrowed, and schematized by Basch into "a rewarding treatment process that one can anticipate when the patient is hungry for an idealizing transference relationship" (p. 169). It is possible to argue that this Kohutian approach of avoiding a full analysis of the elements of oedipal conflicts as they manifest themselves in the current life of the patient leads, in fact, to a better therapeutic result in the long run, especially if the therapist works to promote the patient's idealization of the therapist. But this reviewer is highly skeptical of such a claim. It has not been substantiated by any systematic comparative study of the long-term outcomes of the two approaches, and it would appear to be at variance with accumulated

clinical experience. This experience shows repeatedly that failure to bring conflicts fully to consciousness is associated with persistent symptomatic and characterologic problems.

Taken all together, Basch succeeds admirably in conveying his approach to patients, and he demonstrates a flexibility and responsiveness to the patient which raises important questions about the nature and degree of optimal psychotherapeutic activity with different patients. This makes his book a valuable contribution. Because of the clarity of his case presentations, he has also provided us with an opportunity to scrutinize in a critical way the contribution of current theories of self psychology to clinical work. For this, too, we can be grateful to him.

SHERWOOD WALDRON, JR. (NEW YORK)

MAN'S ESTATE: MASCULINE IDENTITY IN SHAKESPEARE. By Coppélia Kahn. Berkeley: University of California Press, 1981. 252 pp.

The marriage of Shakespeare and Freud continues to produce insightful and provocative work. Recent psychoanalytic studies (besides *Man's Estate*), include *Representing Shakespeare*, an anthology of essays edited by Murray Schwartz and Coppélia Kahn, *Shakespeare's Development and the Problem Comedies* by Richard Wheeler, and two books emphasizing female perspectives: *The Woman's Part*, edited by Carolyn Ruth Swift Lenz, Gayle Greene, and Carol Thomas Neely, and *Shakespeare's Division of Experience* by Marilyn French.

Kahn, a Wesleyan University Professor of English, has written a superb book. Her thesis is that Shakespeare was a brilliant and skeptical surveyor of the traditional landscape in which he lived. He knew patriarchy's powers and limits, its strengths and its anxieties. More than merely representing this world, he carefully criticized it. Whereas some recent readers contend that Shakespeare shared (knowingly or not) the misogynist traditions of his culture and his characters, Kahn describes a Shakespeare who criticized "a patriarchal world that bases the social order and the masculine identity on a destructively narrow and brittle foundation of identification with the father to the exclusion or repression of identification with the mother" (p. 55, n.). Such a representation of Shakespeare's in-

sight correlates with a general expansion in psychoanalytic focus since Freud's time from the primarily oedipal identification between son and father to preoedipal aspects of the child-mother interaction. As Kahn asserts, "Shakespeare and Freud . . . are both psychologists" (p. 1). Freud's learning from Shakespeare is clear in his frequent citations of the plays (he might easily have used "the Hamlet complex" as a label). Books such as Kahn's demonstrate that Shakespearean psychology includes much to be discovered and much material for psychoanalytic illustration.

Kahn's emphasis is on the formation, development, protection, and productive use of masculine identity. Her concept of identity is based largely on the writings of Erik Erikson, with support from the work of theorists about the development of object relations (Mahler, Jacobson, and Winnicott), studies on adolescence (Peter Blos), and the recent reflections of women on the establishment of gender difference (Dorothy Dinnerstein and Nancy Chodorow). Her conceptual scheme for the development of male identity through the plays is a series of passages (or *rites de passage*) from one strategy of identity formation to another, in a maturational progression analogous to Erikson's stages. Her psychological rhetoric places psychoanalytic terminology in ordinary language, making jargon accessible through her lucid explication of theory and its human applications. She cites a variety of psychoanalysts, literary critics, and historians of Elizabethan England as she weaves together a valuable description of patriarchal family and marriage in Shakespeare's era.

In the problematic progression toward achieving masculine identity, the first task is to differentiate from the maternal matrix: "a second birth into manhood" (p. 12). Typically, in Shakespeare the maternal matrix embodies a mix of nurturance and danger (like the witches' cauldron in *Macbeth*). Shakespeare's early works, such as *Venus and Adonis*, seem to Kahn to offer a narcissistic adolescent defense against fears of losing the self to the voracious image of femininity embodied by Venus (and later by the boar). Adonis' fear, however, is also his wish: to regress to the complete security of total dependence. Kahn's reading of the final image of the poem, in which Venus plucks the metamorphosed Adonis and places the flower in her bosom, sustains the paradox: "The poem's ending is as ambivalent as any narcissist or any boy who fears woman sexually but desires her nurturance could wish" (p. 46).

A less problematic style of differentiation is to identify with the father, who offers a masculine role to affirm the boy's manhood. Yet this strategy risks oedipal complexities, and the world of men in the history plays excludes or demeans women. Kahn considers the histories as Shakespeare's "test [of] the lineal principle of patriarchy" (p. 48). They dramatize the lines of proper inheritance and oedipal aggression. Male communities provide a happy band of men who find in their own society a substitute for marital or familial relationships. The rejection of women culminates in the maltreatment of Joan of Arc in the *Henry VI* plays, the all-male world of the *Henry IV* plays, and the glorious victory over the effeminate French in *Henry V*. Kahn sees *Richard II* as an emblem of the struggle between two kinds of search for identity: the self-absorption of Richard (with his mirror and his maternalized England) versus the other-directed patrilineal progression of Bolingbroke. The play, she writes, is "an *agon* between maternal and paternal images of kingship" (p. 67).

From identity through static repetition in *Henry VI*, the son moves to flexible role-playing of paternal variety in *Henry IV*. For Prince Hal, "identity becomes a reciprocal process between father and son" (p. 71) as he moves from adolescent rebellion to filial fellowship. Again women are avoided, however, as the magic of Falstaff's fecundity substitutes for a more dangerous world: "Falstaff represents the wish to bypass women" (p. 72).

Women cannot be passed by, however. Kahn carefully notes the female characters who gradually emerge as powerful presences in Shakespeare's world. She points out, for instance, that Juliet as a young Veronese girl has "no sanctioned period of experiment with adult identities" such as Romeo and his friends have in the social luxury of male adolescence. Still, Juliet rebels against her prescribed "passive participation in a vast biological cycle through childbearing" and willingly, willfully, gives herself to Romeo (pp. 93-97). Kahn is especially sympathetic to Kate in *The Taming of the Shrew*, explaining her habitual violence as a desperate response to the repressive patriarchal system personified by Petruchio. At times we are presented with a feminist Kate who strikes out with hand and wit against male oppression. Petruchio embodies a farcical patriarchy; he represents Shakespeare's satiric commentary on that system of idealized male dominance. His claims of supremacy are presented as

clearly absurd (pp. 110-112). Kahn offers a clever reading of Kate's final (and traditionally problematic) speech, by arguing that Kate parodies the model of wifely submission but is in fact criticizing male dominance; yet while she voices her objections, she is actually gratifying "possibly the most cherished male fantasy of all"—that the wife is publicly submissive and privately untamed (p. 116).

That manhood should depend on mastery over women suggests to Kahn that the "myth of feminine weakness . . . masks a contrary myth: that only a woman has the power to authenticate a man, by acknowledging him *her* master" (p. 117). The power to authenticate then carries a contrary power: to unman a husband through the curious device of cuckoldry. This theme, a favorite of Shakespeare's, contains an array of overdetermined meanings, about which Kahn is very insightful. A cuckold's fabled horns, for instance, are the public sign of his betrayal, as well as the defensive sign of his virility and the mark of bestial jealousy. The man turned beast by the yoke of marriage has also now joined the vast fraternity of other cuckolds in "a bond of shared humiliation" (p. 125). Kahn continues to describe the complex interrelationship of these rivalries and bonds in *Othello*. She concludes, convincingly, with the statement that, "cuckoldry, like rape, is thus an affair between men, . . . though men blame women for betraying them" (p. 150).

Bonds between men also include the "bloody antagonism as binding as any marriage" dramatized in the relationships of hero and rival in *Coriolanus* and *Macbeth*. These plays dramatize the wish to discover identity through individuation in the violent projection of self and the concomitant denial of a maternal matrix. The tragic paradox for *Coriolanus* and *Macbeth* is that their heroic efforts to forge identity through hysterical virility are, in psychic fact, fulfillments of the maternal wishes that spawn them (Volumnia, Lady Macbeth, and the witches). All the aggressive striking out culminates in passive conformity: it is perfect self-destruction. Shakespeare dramatizes the desperate futility of masculine efforts to find identity in male bonding, violence, and the avoidance of women. We are reminded of the tenacity of these traditions when the commanding general of a Marine training camp (as recently occurred) argues in response to the possibility of women in combat: "War is a man's work. . . . When you get right down to it, you have to pro-

test the manliness of war."¹ *Macbeth*, argues Kahn, is Shakespeare's "critique of masculinity"—or of masculine identity defined through violence. Using MacDuff as a contrasting example, she concludes that "only in defense of the family as the basis of social order, [Shakespeare] suggests, does violence properly authenticate a man" (p. 188).

In her final chapter Kahn uses an early play (*The Comedy of Errors*) and several later ones to show how Shakespeare worked through various fears of ego loss in narcissism, incest, and maternal engulfment to arrive at a restoration and restructuring of family. Kahn shows how hermaphroditic (*Twelfth Night*), homosexual (*The Winter's Tale*), and incestuous fantasies (*Pericles*) provide psychic bridges to support this passage from boyhood to manhood.

The late romances situate masculine identity in the context of family and the life cycle, but with only partial success. Patrilineal inheritance now becomes a matter of daughters and not sons. Shakespeare has found a way provisionally to accept the feminine presence while keeping control over it: fathers give their daughters away to other men. These paternal gestures of Lear, Pericles, Leontes, and Prospero enforce the continuity of family without filial rivalry, while maintaining the tradition of male dominance over women. "*The Tempest* stresses the subordination of female sexuality to male power, not a filial harmony between them. Thus at the end of his career, Shakespeare does not resolve the masculine dilemma of how to reunite with woman after separating from her, but leaves us with a realistic sense of its stubborn continuance" (p. 20). Only in *The Winter's Tale* does Shakespeare imagine a family restored in both present and future (although after much pain), in which a man can be both husband and father, and thereby "win the fullest acceptance of woman" (p. 225).

Kahn's book explicates the problematic progress of masculinity in Shakespeare and provides a schematic way to conceptualize Shakespeare's vivid and subtle psychology. At the same time she allows Shakespeare's characters and language to humanize the psychological dilemmas the plays enact. The conflict between "autonomy and relatedness" that energizes Shakespeare's "intense ambivalence

¹ Wright, M. (1982). The Marine Corps faces the future. *The New York Times Magazine*, June 20, p. 74.

toward the family" is a normal human conflict, a standard form of ambivalence about identity. *Man's Estate* demonstrates how Shakespeare's dramatic representations of that ambivalence are simultaneously Shakespearean (signs of his own concerns), masculine (indices of men in his times and our own), and human (emblems of us all).

DAVID WILLBERN (BUFFALO, N.Y.)

FREUD AS A WRITER. By Patrick Mahony, Ph.D. New York: International Universities Press, Inc., 1982. 227 pp.

Freud as a Writer is not intended to be a literary aside. In essence, the book is a comment on psychoanalytic methodology. Mahony asks us to consider that Freud's work does not so much contain understanding as it *produces* understanding in the reader. Therefore, serious psychoanalytic study must pay attention to the forms of Freud's writing as well as to the content of what he wrote—since form and content together determine the impact of any communication. This is a point of view which psychoanalysts are obliged to take seriously. Our clinical task causes us to examine the means by which understanding is produced. We are constantly concerned with how patients say things to us and how we say things to them, just as much as with what is said.

Mahony attempts a completely textual analysis of Freud's writing. He steers away from the potential presumptions of psychobiography and relies instead on techniques drawn from rhetoric, esthetics, literary criticism, semiotics, linguistics, philosophy of science, and epistemology. His carefully selected and beautifully organized critical review of the relevant literature from these disciplines alone makes *Freud as a Writer* worth reading. Mahony, who is both an academic (Associate Professor of English and Comparative Literature) and a psychoanalyst, is singularly well qualified for the task he undertakes. Working in bicultural Montreal, he brings to bear an easy familiarity with European psychoanalysis and social science. His brief critical comments on Lacan's conception of unconscious thought are among the most lucid and cogent I have seen. His analysis of the way in which Freud's personal stance as an investigator has been obscured because the liveliness of Freud's Viennese idiom was lost in Strachey's translation is much more balanced and constructive than critiques by Bettelheim and others have

tended to be; and his caution about relying on the English *Concordance to the Standard Edition* is well worth noting.

Mahony's own style is tremendously engaging. A decided French influence appears in his unashamed passion about ideas in general and his own subject in particular. He ranges widely, documenting responsibly without having to be encyclopedic. The result is a book which is sometimes inspiring, sometimes disconcerting, occasionally precious and annoying—consistently informative, and never boring.

Mahony's approach is his own, but it arises out of a European, especially French, attitude that keeps psychoanalysis less aloof from other fields of intellectual activity than in this country. *Freud as a Writer* will illustrate this attitude at its best for interested American psychoanalysts. In his introductory overview, Mahony argues that any intellectual discipline can be seen as the systematic application of metaphor. An entire later chapter is devoted to pursuing and elaborating Laplanche's idea that *chiasmus* is the dominant rhetorical figure characterizing psychoanalysis. Elsewhere, some artificial distinctions between science and fiction are persuasively challenged, offering an avenue of escape from the sterile debate over whether psychoanalysis should be considered scientific or hermeneutic.

Evenly hovering attention, which will permit both analysis and self-analysis, is recommended as the proper frame of mind when reading Freud. Justification for the recommendation is found in Freud's *pensée pensante* style of exposition, in which Freud deliberately presents his thought processes to the reader for examination. The influence of this Baroque (as opposed to Ciceronian *pensée pensée*) tradition is traced back to the contributions of Charcot and other predecessors.

Early on in the book, two sample texts are used to describe the range of forms of self-expression evident in Freud's writings. *Totem and Taboo*, Part 4, shows Freud in complete command of his ideas. Freud crafts a carefully arranged argument in which Reinach, Frazer, and Robertson Smith are positioned as interlocutors—sometimes straw men—so that the reader will be persuaded of the inescapable logic of Freud's conclusions. By contrast, *Beyond the Pleasure Principle* is an almost dreamlike narrative of struggles with incompletely worked out concepts and problems. Now the vacillating rhythm of Freud's prose, with its breaks and returns, mimics the phenomena under consideration. There are times in this section

when Mahony is extremely convincing; at other points he seems swept away with what he has to say, extending himself to contrived and farfetched parallels. However, even when disagreeing, the reader is forced into self-consciousness. One becomes extremely aware of analyzing Mahony analyzing Freud analyzing Frazer or Reinach analyzing Western Man. All sorts of hypotheses about transference and countertransference responses in oneself and in the author come to mind. Obviously, to report even this much is in itself a testimony to the usefulness of Mahony's book and at least a partial vindication of his thesis.

Any number of nice points are made along the way as Mahony develops his ideas. He is witty and trenchant on the subject of how difficult it is to be informative without being condescending, and to what degree this difficulty is overcome in the psychoanalytic literature. The concept of suggestion, and Freud's awareness of the importance of affective tone in expository prose, is taken up in some detail. Freud's careful attention to judgment and levels of certainty is examined, using "The Acquisition and Control of Fire" and "The 'Uncanny'" as illustrative instances.

In evaluating *Freud as a Writer*, we cannot avoid questioning textual analysis as a psychoanalytic method. What is the usefulness of this sort of investigation and what is the significance of the observations it produces? Mahony objects to the term "applied analysis," and yet his subject is a written text, rather than a live patient who would be capable of producing responses to interpretation. *Freud as a Writer* has unstated implications for clinical work. By simply assuming, without discussion, the value of a purely formal analysis of a text, Mahony leaves himself open to the criticism that he has produced a self-contained intellectualization, hung upon a skyhook. One might infer an attitude underlying his work similar to that of certain European clinicians who disdain American psychoanalysis as being "too therapeutic" in its outlook.

To my mind, the major weakness of the book is its failure to address directly the question of the validity of textual analysis as a psychoanalytic method. Mahony finesses. Ultimately, in order to give significance to his analysis, he falls back upon the sort of speculation from which he refrained throughout most of the book. A final chapter, entitled "Theory Is Also the Man," links Freud's dualism with sexual struggle and addresses Freud's unrecognized aggression,

search for Mother, etc.

I believe that Mahony does, in fact, offer a contribution to our understanding of psychoanalytic method, including clinical method. He demonstrates the utility of confining interpretations to what can be observed and the special value of calling attention to formal configurations in self-expression. He shows the importance of the concept of mimesis for elucidating the psychology of acting out, using Freud's writings as case illustrations. In the end, Mahony departs from his previously consistent approach, compromising it instead of acknowledging that something further is needed—namely, an application of his ideas about the analysis of form to observations made in the clinical situation. However, this criticism is more than balanced by appreciation and by a hope that the future will see Mahony's work developed further.

OWEN RENIK (SAN FRANCISCO)

FREUD ON SCHREBER. PSYCHOANALYTIC THEORY AND THE CRITICAL ACT.

By C. Barry Chabot. Amherst: The University of Massachusetts Press, 1982. 174 pp.

Barry Chabot, who is an Associate Professor of Literature at The American University and who credits Norman Holland with introducing him to psychoanalysis, hopes with this book to renew a dialogue between psychoanalysis and literary studies by showing how similar are the interpretive processes in the two disciplines. He sees psychoanalysts and literary critics as engaged in a common enterprise: the understanding of another through an understanding of his or her language. He also sees the two disciplines as having much to learn from one another. Previous efforts to align the two disciplines have left the impression, according to the author, that literary studies bring no dowry. He seeks to redress the balance by showing psychoanalysts that an exclusive focus on the language of the text (and here "text" can mean either case history or literary work) can produce an interpretation without recourse either to past history or to psychoanalytic theory.

This is not a study in esoteric linguistics. Chabot's approach is that of a reader with a text, sensitive to the meaning of the words, their sequence, and their metaphors. He states that "the interpretive

process in either discipline . . . is itself linguistic to the core, whether the object of attention is a sonnet or a patient" (p. 50) and that "both analyst and critic of necessity fulfill their vocations only by attending to language and . . . their interpretive strategies accordingly replicate one another" (p. 73).

For his purpose, Schreber's *Memoirs of My Nervous Illness* offers a unique opportunity to study a text which is both a literary work and a case history of sorts. In addition, in contrast to most case reports which give only a small fraction of the clinical material, *Memoirs* has the advantage of providing the reader with all of the material that was available to Freud when he wrote his essay, thus making it possible to examine the interpretive logic and process utilized by Freud. Chabot emphasizes that his concern is not with the interpretation of any particular text but with an inquiry into the nature of the interpretive process itself, what assumptions are necessary, what logic is used, what affiliations with psychoanalytic theory are made, and what criteria for validity are used (p. 3).

Chabot correctly assumes that few readers have any acquaintance with Schreber except through reading Freud's essay, "Psycho-Analytic Notes on an Autobiographical Account of a Case of Paranoia (Dementia Paranoides)," and his lengthy summary from the original book by Schreber is helpful. Pointing out that much of what Freud said about Schreber was not an interpretation of Schreber but a presentation of Freud's previously formulated theory of paranoia, Chabot makes an argument that is not against theory so much as it is for a separation of theory and interpretation as different realms of discourse. "The three realms—theory, technique, and individual interpretation—are quite distinct in psychoanalysis and much of the present confusion in the discipline results precisely from mistaking the attributes and methods of one for those of another" (p. 62).

Chabot does find value in Freud's interpretive discourse on Schreber; and he wants to show that, if Freud had concentrated on studying the *Memoirs* rather than on presenting theory, the material available in the text would have allowed him to go beyond his admittedly fragmentary analysis of the case. "Actually, I do not so much challenge Freud's authority as seek to extend its domain; I want to demonstrate no more than that the interpretive powers of Freud's discipline are greater than he sometimes knew" (p. 10).

Chabot then attempts to make this further interpretation himself, through his reading of the text, and he offers this as an example of what literary studies can contribute to psychoanalysis. By using a technique that is exclusively literary, in the sense of paying attention only to the words of the text and omitting any historical, genetic, or theoretical constructions, he finds the thematic center of *Memoirs*, and indeed of Schreber's life even before his illness, to consist in the issue of autonomy and self-determination.

Then, in a puzzling attempt at what seems to be a re-invention of the wheel, Chabot gives his theory of the interpretive process in order to explain how a focus only on the present and on language can give a comprehensive and holistic picture of an individual's life. Postulating the "radical cohesion of any individual's life" as the "enabling assumption of psychoanalytic interpretation" (p. 76), and finding confirmation for his ideas in Erikson's concept of identity and in Lichtenstein's theory of identity theme, he finally circles back to state that "if pressed to its limits Freud's figure of the associative chain . . . reveals the notion of the cohesive life" (p. 104).

This approach is in contrast, he points out, to others' attempts to extend Freud's fragmentary analysis of Schreber by recourse to new information about Schreber's formative years. And yet, Chabot, with his concept of the radical continuity of the individual life and with his concept of the past existing in the present, finds that his interpretation has a historical dimension as well.

Chabot seems to take Freud's interpretive activity in this essay as an example of how he worked with patients. This is a logical assumption from an author whose thesis is that the interpretive process is the same with a written text as it is with a patient; but herein lies the major flaw in the book. There are, to be sure, certain similarities in the two situations, especially when one limits the field of discussion to the "implicit logic of the discrete interpretive act" (p. 73). But to base an entire re-examination of the interpretive process on such a limited purview is to ignore much else that psychoanalysts consider to be vital to that process in their clinical work.

Although Schreber's *Memoirs* may be unique material, which allows Chabot to illustrate the similarity in the two disciplines of psychoanalysis and literary study, it is a choice, nevertheless, that perpetuates an important flaw in his argument. He wants us to accept printed words on a page as the equivalent of a patient in

analysis. In the *Memoirs*, Schreber is printed words on a page, as are other patients in published case reports. Applied to such materials, Chabot's approach is informative and challenging. Perhaps that is as far as he intended us to take his argument. However, I must disagree with the author's assertion that: "All interpretation, whether of individual texts or of patients, is essentially a textual exercise" (p. 50). There is a profound difference between a printed page and a patient: the patient can respond to an interpretation, and in fact must respond, even if only with silence; and that response in all its direct and indirect complexity of meanings is taken by the practicing psychoanalyst as the most valid check on the correctness of his interpretation. Chabot's theory of interpretation, as well as his otherwise very good discussion of validation of interpretation, leaves out this dimension entirely.

It is possible that Chabot will feel that he has been misunderstood on this point, for he acknowledges that practicing analysts will not immediately recognize his characterization of their everyday activities, and he separates technique and individual interpretation into different realms of discourse. But one must also note the ease with which the author makes himself misunderstood, at least by the psychoanalyst-reader for whom the book was apparently intended. If the careful reader keeps in mind that Chabot's use of "interpretive process" does not include what psychoanalysts infer from the word "process," it is possible to avoid some of the misunderstanding and to give deserved attention to the interesting challenges the author makes to some of our unrecognized assumptions about how and what we do in interpreting our patients to themselves. One can say that he has demonstrated the similarity of the interpretive process in the two disciplines only if one follows Chabot's narrow view of "process," which seems to be closer to what psychoanalysts might call conjecture about the meaning of the patient's material.

Has Chabot added to a renewal of dialogue between psychoanalysis and literary studies? His final summation on this question is: "if psychoanalysis can contribute to literary studies the substantial benefits of its psychological theory, literary studies can reciprocate by lending the former the benefits of their recognition of the linguistic nature of their evidence" (p. 152). This will probably be blandly acceptable to most psychoanalysts, but it seems a pallid sum for all the thoughtful, if sometimes misdirected, work he has done.

After an initial quick scanning of the book, my impression was that the author had bitten off more than he could chew. After having studied it, however, I will reverse that and say that he has chewed more than he bit off, for his subject is much larger than the linguistic nature of interpretation. *Freud on Schreber* has merit as part of a dialogue, especially if it is considered work-in-progress. Psychoanalysts might now respond to the literary Chabot with encouragement to apply a broadened understanding of "process" to his literary studies, as has been done in a recent book by Meredith Anne Skura¹ (who, ironically, writes not as a psychoanalyst but as another Professor of Literature). Perhaps the dialogue is already underway.

RALPH E. ROUGHTON (ATLANTA)

THE IMAGINARY SIGNIFIER. PSYCHOANALYSIS AND THE CINEMA. By Christian Metz. Translated by C. Britton, A. Williams, B. Brewster, and A. Guzzetti. Bloomington: Indiana University Press, 1982. 327 pp.

The subtitle of this important book should have been "Psychoanalysis, Semiotics, and the Cinema," for in attempting to show how psychoanalytic notions can be useful in analyzing films, the author makes a greater contribution in clarifying contemporary structural linguistics. The book consists of four independent essays written between 1973 and 1976. The longest, on metaphor and metonymy, first appeared in the French edition, *Le signifiant imaginaire: Psychoanalyse et cinéma* (Paris: Union Générale d'Éditions, 1977). The author, a faculty member at the *École des Hautes Études en Sciences Sociales* in Paris, draws heavily on recent French scholarship in linguistics, psychoanalysis, and film analysis. The influence of Lacan's work is especially prominent as Metz elaborates the relationship between linguistics and psychoanalysis, but the American reader can be grateful to Metz for having avoided the most troublesome stylistic features of Lacanian writing. This is an eminently readable book. It does not simplify either Lacan or Freud and, in fact, can serve as a useful introduction to the French re-reading of Freud.

What does Metz have to say about the cinema? He stresses three

¹ Skura, M. A. (1981). *The Literary Use of the Psychoanalytic Process*. New Haven/London: Yale Univ. Press. Reviewed in this *Quarterly*, 1983, 52:469-473.

essential aspects: (1) it is a social institution; (2) it rests on psychic structure (psychoanalytically conceptualized); and (3) it operates as a semiotic text. In presenting examples, he draws on sufficiently familiar films (*Battleship Potemkin*, *Modern Times*, *Citizen Kane*, *Ballad of a Soldier*) so that a reader who is not a cinemaphile will not feel lost. The reader may be jarred, however, by such annoying aspects of the first essay as unexplained French references, run-on sentences, sentences without verbs, and an excessive use of parentheses and dashes. These are almost wholly limited to that essay, the only one translated by Brewster, who redeems himself by the care he has taken to provide a very detailed index.

This first essay, in six chapters, is titled "The Imaginary Signifier." Metz analyzes the cinema as an institution supported by three "machines": the machine that manufactures the films, the one that consumes them, and the machinery that vaunts the films as good or bad objects. The manufacturing machinery is essentially capitalistic in its mode of production and selling. It seeks to reproduce itself by turning a profit so that new films can be produced. The consumer, in turn, who is not forced to go to the movies, seeks a "good object" and freely spends money for it, especially when the media propose certain films as worth "seeing." This much is obvious. What is not obvious is how the external physical and social apparatuses dovetail with the psychoanalytic processes engaged in watching films. Here Metz draws heavily on Freud and Lacan in an attempt to disengage the various elements of the imaginary order that make up the cinema as an institution.

Metz asks: "What contribution can Freudian psychoanalysis make to the study of the cinematic signifier?" (p. 17). He begins with the cinema's signifier as perceptual images that are recorded and therefore, unlike live theater, denote absence. The cinema presents "unaccustomed perceptual wealth," only "to switch it immediately over into its own absence" (p. 45). In a fiction film, furthermore, the cinematic signifier is "employed entirely to remove the traces of its own steps, to open immediately on to the transparency of a signified"; thus "what distinguishes fiction films is not the 'absence' of any specific work of the signifier, but its presence in the mode of denegation, and it is well known that this type of presence is one of the strongest there are" (p. 40).

In presenting us with recorded reflections, the film is like a mirror,

but one in which we do not catch our own image. Yet a fundamental identification still takes place, beyond and behind the secondary identifications with particular characters or places. This fundamental identification, Metz stresses, is with the camera as an all-seeing eye. In elaborating aspects of the scopic drive, Metz takes us through the phenomenology of human desire as always remaining unsatisfied, as a radical lack: "The lack is what it wishes to fill, and at the same time what it is always careful to leave gaping, in order to survive as desire"; it has no real object, for "through real objects which are all substitutes (and all the more numerous and interchangeable for that), it pursues an imaginary object (a 'lost object') which is its truest object, an object that has always been lost and is always desired as such" (p. 59). Looking (and listening) intrinsically comport absence in the distance they maintain. Voyeurism always separates the object and the source of the drive: "The voyeur does not look at his eye" (p. 59). The "scopic arrangement" of the cinema doubly sustains the scopic drive insofar as the viewer sits at a distance from the screen, which presents not the object but only its reflected image. Metz carries the analysis further by telling us that the "cinema retains something of the prohibited character peculiar to the vision of the primal scene" (p. 65), and he goes on to relate these themes to fetishism, disavowal of belief, and the dream's primary process activity. In the second and third essays these psychoanalytic themes are handled well, with substantial citation provided from Freud, Lacan, and others.

The fourth essay, which takes up more than half the book, frames the author's effort "to construct a coherent discourse on the element of primary rhetoric in the textual weave of film" (p. 152). He draws on the classical discipline of rhetoric (and makes it come alive again) to specify the figures of metaphor and metonymy. From structural linguistics, he takes the distinction between the paradigmatic and syntagmatic. Psychoanalysis offers him the processes of condensation and displacement. Each of these pairs is carefully presented, with examples from verbal texts, in order to clarify how they structure filmic movement.

Some examples may be helpful at this point. For metonymy, Metz offers the commonplace "Bordeaux": this name for a particular kind of wine arises by way of geographical contiguity. Metz also refers to this fourth essay as his "pneumatic drill article": when he was writ-

ing it, a pneumatic drill tearing up a nearby street was a continual irritant, and so the name arose by way of contiguous association. Metaphor, in turn, is a substitution that is based not on contiguity but on similarity, as in "That little monkey guessed it all"; the word "monkey" substitutes for the word "child" which appears in the more explicit simile, "that child is as sharp as a monkey" (p. 176). Metz stresses that both metaphor and metonymy "operate by definition on similarities or contiguities which are perceived or felt to exist between the referents of the two units involved," or, in other words, between the objects signified by the words (p. 184).

The paradigmatic and syntagmatic, on the other hand, have to do with the structure of discourse, in which similarity and contiguity are determined not by properties of the referent but by position in a sentence. Paradigmatic relations are based on positional similarity: each unit of the paradigmatic class (of nouns, for example) is similar insofar as each can be selected to occupy the same place in a sentence. Syntagmatic relations, in turn, govern positional contiguity (in English, for example, the verb follows the noun). To equate metaphor with the paradigmatic (because they share in the principle of similarity and substitution) and metonymy with the syntagmatic (because both involve contiguity) is a distorted simplification; worse, such amalgamation confuses the two levels of referent and discourse, and in maintaining the distinction Metz makes a genuine contribution. He offers us the following schema (p. 187):

	Similarity	Contiguity
In the discourse	Paradigm	Syntagm
In the referent	Metaphor	Metonymy

He modifies this somewhat by using "Comparability" in place of "Similarity" in order to stress that the paradigm can operate by way of contrast as well as by way of similarity.

But how is all of this helpful in analyzing the film? The film is a chain of contiguities, but this does not mean that film editing is reduced to the process of making metonymies. Metz offers four pure types of "textual concatenation" with specific filmic examples of each (pp. 189-190):

1. *Referential comparability and discursive contiguity.* This consists of a metaphor presented syntagmatically—that is, two images in sequence associated by resemblance or contrast: "For example, the famous 'opening' of

Charlie Chaplin's *Modern Times*, which juxtaposes the image of a flock of sheep and that of a crowd pushing and shoving at the entrance to a subway station."

2. *Referential comparability and discursive comparability*. This is a metaphor presented paradigmatically—that is, one image replaces another while evoking it: "For example, the stereotype . . . which puts images of flames in the place of a love scene."
3. *Referential contiguity and discursive comparability*. This consists of metonymy presented paradigmatically—that is, one image stands for another with which it is associated by reason of contiguity rather than because of resemblance or contrast: "For example: the famous image from Fritz Lang's *M* which, after 'M' has raped and murdered the little girl, shows the victim's abandoned balloon held captive in the telegraph wires. . . . The toy replaces (evokes) the corpse, the child. But we know from the preceding sequences that the balloon belongs to the child."
4. *Referential contiguity and discursive contiguity*. This consists of metonymy presented syntagmatically, where the elements are associated as in the preceding example but both images appear in related film segments: "For example: again from *M*, the earlier images in which we see the little girl with her balloon, which thus accompanies her [in the narrative] (it is her toy) and also on the screen (they appear together)."

But Metz emphasizes that rarely does a film image fall neatly into one of the above four types. Instead, filmic signifiers (like words) are embedded in a dynamic set of interrelationships:

In the George Raft gangster films . . . the coin that the hero tosses in his hand becomes a kind of emblem of the character: his equivalent, in some degree. It suggests his casualness, his relationship to money, etc., so it resembles him (metaphor), but we also see him handling it (metonymy), and this little game forms part of his behavior in general (synecdoche) (p. 199).

In *The Battleship Potemkin* the Tsarist doctor's pince-nez—momentarily immobilized and, so to speak, kept from falling into the sea by the insistent gaze of the close-up (as well as the ropes in which it is entangled), "caught" by the camera when its owner has just dropped it (there is here a hint of a negative metaphor, a "contrast")—the pince-nez conjures up in the spectator the representation of the doctor himself (that is why it is there): synecdoche. But in the preceding images we saw the doctor wearing the pince-nez: metonymy. The pince-nez connotes the aristocracy: metaphor. But it can do so only because the nobility—outside the diegesis, in the society of the time: another level of the "referent"—liked to wear pince-nez: metonymy again. And so it goes on. It becomes clear that a filmic occurrence, in the particularity of its configuration, is more often distinguished by the exact form of the skein into which the metaphorical and metonymic strands are twisted, than by the presence or absence of either element (p. 200).

Metz stresses that every figure of speech or filmic trope is the end product of multiple mental paths, largely unconscious and marked by a series of condensations and displacements, "without which, I am sure, no theory of the figural in art can be sustained" (p. 200). But their implication for such a theory is hampered by the "privilege surreptitiously accorded to the word" (p. 222). This privilege arose in classical rhetoric which made the individual word the pivot for categorizing figures of speech, and it is this legacy "that inhibits the use of rhetorical categories in the study of filmic discourse" (p. 217). Unlike language, which consists of both vocabulary (the units) and grammar (the rules governing use of the units), filmic text has no finite set of units corresponding to words, but only a rudimentary "grammar" that can be best approached through semiotics, the study of signs in general, not just words.

This does not dismiss the metaphorical processes involved in condensation or the process of metonymy as related to displacement, although many psychoanalytic writers may think so: ". . . will it not be the case that a conception of the unconscious as language, indeed a linguistic conception of the unconscious, will fly straight in the face of one of the most central and most permanent divisions of the Freudian apparatus, namely, the separation of the primary from the secondary, the 'bound' from the 'free'?" (p. 230). Metz resolves this commonly stated problem by emphasizing (as does Lacan) that the unconscious leaves its mark on all conscious discourse and that the primary and secondary are in "a complex and permanent interaction" (p. 240) wherein, given the permeable barrier of censorship, "it is the secondary which deforms the primary, and not the other way round" (p. 252). Condensation and displacement, finally, because they act directly on the level of the signifier, are more than metaphor and metonymy, which are always related to the referent.

Metz lays out the semiologist's program for future research in the cinema:

It seems to me that real progress could be made (at the present time) if critics were to undertake the task of situating filmic figures in relation to four independent axes: any one figure is secundarized to a greater or lesser extent; closer to metaphor, or closer to metonymy, or a clear mixture of the two; manifests condensation especially, or displacement especially, or an intimate combination of the two operations; is syntagmatic or paradigmatic (p. 275).

He then applies this research strategy to an analysis of the lap-

dissolve as a traditional film technique. Insofar as it consists of an actual movement, we first see it as displacement: "Displacement is meaning as transit (as a flight from meaning)" (p. 270); but it is also an incipient condensation insofar as there is a momentary superimposition of the two images. Likewise, secondary features are apparent insofar as there is a distinction between the first image and the second, implying temporal and even causal relations; but the physical mixture of the superimposed images creates a fusion that touches on the infantile sense of the all-powerfulness of thought. As marking a textual transition as such, the lap-dissolve is exclusively syntagmatic in nature. Lastly, it can be either metaphorical (insofar as the images are related by similarity or contrast) or metonymic (insofar as the second image is related to the first by some previously established association based on contiguity), or a combination of both. The lap-dissolve is

a good example of what psychoanalysts would call gain formations, the only ones which are fairly lasting, because they "answer" with a single gesture to multiple motivations: They are anchored several times over; the knot "holds" for a good long time. If we wish to "classify" the dissolve, or simply to get a more precise idea of the way it works, we must take into account several registers at once, as well as the fact that they intersect (p. 280).

At this point the reader may wonder what these semiotic distinctions are worth. How do they bring us closer to (or give us distance from) the film? How do they open up the film for our understanding? There are at least three such openings. (1) The film is taken seriously precisely as an edited chain of images; the semiotic perspective helps us to focus on the chaining, the concatenations, the interrelations among images. (2) The use of rhetorical figures (metaphor and metonymy), psychoanalytic operations (condensation and displacement), and linguistic structures (paradigmatic and syntagmatic) opens up a truly interdisciplinary field for discourse; after all, we have to talk about the films we see—we do not just paint pictures about them. (3) This set of interdisciplinary tools can be used to make detailed analyses of single films in order to compare two films, even by graphing such things as the frequency of each of the figures, their appearance at certain turning points in the film, how their use characterizes a director's style. Such an extended analysis would provide a test of the framework.

PARENTAL CARE IN MAMMALS. Edited by David J. Gubernick and Peter H. Klopfer. New York/London: Plenum Press, 1981. 459 pp.

THE ROOTS OF HUMAN BEHAVIOR. AN INTRODUCTION TO THE PSYCHOBIOLOGY OF EARLY DEVELOPMENT. By Myron A. Hofer. San Francisco: W. H. Freeman & Co., 1981. 331 pp.

When Freud turned from neurology to psychology, he abandoned any immediate hope of explaining behavior in biological terms. Although his biological and medical training continued to assert their influence on his thinking, he quite deliberately treated psychoanalysis as an independent discipline. Over the past century, major changes have occurred within both psychoanalysis and biology. After such a long separation, perhaps it is time for these siblings, reared apart, to meet again.

In particular, it is behavioral biology which should be reintroduced to psychoanalysis. The neurosciences and psychiatry are not unfamiliar to psychoanalysis, although they both have far to go before analytic theory can be explained in their terms. Behavioral biology is less familiar to psychoanalysts, but perhaps at this point in its development, it has more to offer.

Neither of the two books under review was written for psychoanalysts. The Gubernick and Klopfer book was written for professional biologists; it is not clear what the intended audience was for the Hofer book. Gubernick and Klopfer's book is a collection of eleven separate papers; Hofer's is by one author with one theme. The Gubernick and Klopfer book may be opaque to nonbiologists, but it is pleasing in its detail, comprehensiveness, and erudition. The Hofer book is more introductory in nature and suffers from the diffuseness produced by simplification.

That being said, what can psychoanalysts learn from these books? Unlike the impression held by many analysts that behavioral biology concerns itself mainly with descriptions of how animals behave in the wild ("natural history"), contemporary behavioral biology asks the same fundamental questions of behavior that psychoanalysts ask of the mind: how does development proceed; how is it structured; how do events at one stage affect subsequent development; and, finally, are developmental disturbances capable of amelioration? These questions are answered on the genetic (in the biological sense), physiological, and social levels. And, most important, the

answers are tied together by that great unifying theme of all biology, evolution.

Although these two books are not addressed to psychoanalysts, they cover many of the topics in behavioral biology that are germane to psychoanalysis as a general psychology. In no particular order, I will review them:

1. *Family structures as a function of evolutionary and ecological contexts.* For example, why do human parents produce very few offspring and then nurture them for years, unlike the animals that produce many offspring to which they do not tend? Why should parental care have evolved at all, when it is time- and energy-consuming to the parents and may prevent them from maximizing the number of offspring they could produce? After all, the be-all and end-all of evolution is to pass more of your genes to the next generation than do your neighbors. Once you have inseminated a female or given birth, why is your Darwinian obligation not yet satisfied?

2. *Factors governing the onset and maintenance of maternal behavior.* "Factors" refers to both hormonal and nonhormonal "causes" of behavior. Among the interesting findings having relevance for psychoanalysis is that, while the onset of maternal behavior is governed by hormonal processes, the maintenance of maternal behavior is governed primarily by psychological factors, if such a distinction may be made.

3. *Maternal aggression toward conspecifics.* The phenomenon of maternal aggression toward members of the same species is well known, but not all of it serves to protect the young. What is the relevance of this for humans?

4. *Research on the prenatal development of behavior.* This is especially relevant for psychoanalysts. An example is the observation that the very first neuromuscular response (in contrast to simply a muscular response) in the human fetus (which occurs at seven and a half weeks) is a response of the head and neck to stimulation around the mouth. Interestingly, it is a withdrawal response. Occasional mouth openings are seen. At this age the fetus is only an inch long. Before ten and a half weeks, only oral stimulation results in a response of bodily movements, which themselves become progressively organized. This progression occurs even before the sensory nerve endings have reached the basement membrane of the skin and well before the development of the touch receptors.

As the brain matures and sends inhibitory impulses down from

the dorsal thalamus and striatum, the oral responses diminish. At a later stage, still under higher neural control, the behavioral response is seen again. We may thus assume that at birth oral responses have already gone through many stages of development and that they consist of competing approach and withdrawal tendencies. (For psychoanalysts interested in prenatal research, I would recommend reading any of the issues of the journal, *Developmental Psychobiology*.)

5. *Methods and techniques of observation.* While psychoanalysis obviously cannot be carried out on animals and invasive experimental interventions obviously should not be performed on people, behavioral biology has developed successful techniques of study which should become familiar to research-minded psychoanalysts. One such technique, for example, based on a mathematical method called Markov chains, is a way of studying the probability that a given behavior will follow another behavior.

6. *Epigenetic development.* One psychoanalytic tradition views the analyst as a remover of emotional blocks, upon which removal the patient's mind will heal itself. There is a body of research bearing on the issue of developmental pathways, self-amelioration after a developmental perturbation, and, in general, the degree to which reparative work is possible. This is an area in which psychoanalytic and biological research intersects. One question which behavioral biology is studying is whether there actually are evolutionarily favored developmental paths or just different paths.

7. *Level of analysis.* Psychoanalysis has always struggled with a seeming contradiction: while analytic notions of early mental states, particularly during the preverbal period, have focused on the baby, they have also entertained the object relations concept that the baby's narcissistic view of the world is inseparable from its interconnection with its mother. Similarly, while the focus of an analysis is on an individual patient, it occurs within a two-person relationship. At times the observer is not at all sure what to focus on. Within the past decade or so, a body of research and theory has developed on "the effects of the infant on its caretaker."¹ By carefully studying infant-caretaker interactions, it is possible to tease

¹ For an excellent book on this subject, see, Lewis, M. & Rosenblum, L.A., Editors (1974): *The Effect of the Infant on Its Caregiver; The Origins of Behavior*, Vol. 1. New York: Wiley & Sons.

apart who is doing what to whom and thereby provide a paradigm of study for the analyst-observer.

8. *Mother-child conflict and sibling rivalry*. Almost twenty years ago, W. D. Hamilton² developed a Darwinian model to explain why animals at times aid other animals, even when doing so creates a risk for the aiding individual. If the be-all and end-all of evolution is to leave more of your genes in the next generation than do other members of your species, why must the only mechanism for doing so be to have more offspring than your neighbors do? Why can you not also do so by encouraging the reproductive fitness of your brothers and sisters, whose offspring have many of the same genes that you do? R. L. Trivers³ postulated that an individual is limited by physiological constraints (e.g., metabolism) in his ability to reproduce and therefore must reproduce efficiently. This creates an evolutionary conflict. For example, should a new mother bird spend time looking for worms for her offspring or should she lay new eggs? In addition to the time constraint, there seems to be a trade-off between longevity and fecundity. Having offspring costs! If the time and energy invested in caring for present offspring impairs aggregate reproductive ability, an animal will often neglect or even kill its own young.

This model leads to a possible underlying basis for parent-young conflict and sibling conflict. Since each offspring will have about half of the same genes as its parent, but needs caregiving commensurate with what would be expected had one hundred per cent of its genes been in common with its parent, the offspring will attempt to obtain more caregiving than the parent "should" give, based on genetic expectations. The offspring "wants" full-time caregiving, while the parent is forced by Darwinian considerations to continue to reproduce. Such conflicts are seen in a wide range of mammals and include attempts by juveniles of some species to prevent their mothers from mating.

² Hamilton, W. D. (1963): The evolution of altruistic behavior. *Amer. Naturalist*, 97:354-356; (1964): The genetical evolution of social behaviour, Parts 1 and 2. *J. Theoret. Biology*, 7:1-16, 17-52.

³ Trivers, R. L. (1971): The evolution of reciprocal altruism. *Quarterly Rev. Biology*, 46:35-57; (1972): Parental investment and sexual selection. In *Sexual Selection and the Descent of Man*, ed. B. Campbell. Chicago: Aldine-Atherton; (1974): Parent-offspring conflict. *Amer. Zoologist*, 14:249-264.

This theory, of which only an abstract has been given above, might help account for sibling conflicts, acts of "altruism" by the young toward parents, and individual recognition and involvement by nonparent relatives in caregiving. It even accounts for a more common than expected phenomenon among animals: infanticide. Whether this theory pertains to humans (or even if it is correct) is not yet agreed upon, but it accords with many psychoanalytic observations and should become more familiar to theoretically inclined analysts.

These are just a few of the many areas where behavioral biology has something to say to psychoanalysis. Another obvious area, not specifically discussed in these two books, is sexuality.

While I feel that psychoanalysts could benefit from a better understanding of behavioral biology, I readily acknowledge that there are three main objections to doing so: behavioral biology, despite its advances, is still relatively undeveloped; behavioral biology is full of internal controversy, and a guide is needed to make some sense of it; and—an objection that ultimately may turn out to be valid, rendering Freud's wish for a biological explanation of psychology forever unrequited—psychoanalysis, existing on a level different from that of biology, with its own set of rules, paradigms, and language, can perhaps never, even in theory, be correlated with biological explanations. Only time will tell.

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Analysis of Transference, Volume I. Theory and Technique. (Psychological Issues, Monograph 53.) By Merton M. Gill. New York: International Universities Press, Inc., 1982. 193 pp.

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ABSTRACTS

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Abstracted by Ronald F. Krasner.

The Work of Erich Fromm: Summing and Evaluation. Gerard Chrzanowski. Pp. 457-467.

Chrzanowski presents a brief biographical sketch of Fromm and then discusses his basic tenets. According to the author, Fromm believed that individual personality is molded by relationships to others and by the prevailing socioeconomic structure. People become ill when they are overcome by preoccupations with mechanization, retention, and death. Human motivations spring from the search for relatedness and identity, not from instinctual forces. The affirmation of living matter and the overcoming of separateness and aloneness are the human being's highest achievements. If society could support such goals, there would be no criminals or exploitative aggressors. The fostering of individuation, self-respect, independence, love, reason, and creativity in people comprises the guidelines of this therapeutic approach. In summary, Chrzanowski states, "In the final analysis Fromm was a social philosopher with an admirable belief in virtue. As a clinician and contributor to analytic work, Fromm had his limitations mainly in the direction of moralism, dogmatism, and lack of concern for clinical details."

Fromm's Approach to Psychoanalytic Technique. Bernard Landis. Pp. 537-551.

Although Fromm wrote little that was specifically about technique, Landis suggests that he insisted on a sound methodology and on the existence of a science of psychoanalysis. A special relationship, a "productive relatedness," is the cornerstone of the treatment. The analyst must experience what the patient experiences and even "become the patient" while at the same time remaining himself. The analyst's technique and philosophy are indivisible. Thus, in order to be a competent analyst one must be knowledgeable in both the natural and the social sciences. A number of practical issues are discussed. The establishment of an analytic atmosphere includes courtesy (not "sheer politeness"), honesty, and concentration. The couch is not used because it deprives the patient of the analyst's reactions and makes the patient feel more thwarted and helpless. Free association is seen as a potential reservoir of resistance. The analyst encourages patients to be utterly frank and can tell them to "cut out the nonsense!" when they are not. Shift from thinking to experiencing is highly valued, such that insight alone without immediate altered action is seen as a delay of responsibility. The transformation of character toward the "love of life" and away from the "attraction of death" is the ultimate goal of Fromm's psychoanalysis, and the ability to love, to be spontaneous, and to be free results from it. Finally, Landis points out that Fromm, more than any other psychoanalyst, believed that psychoanalytic theory must take into account the social, political, and economic forces in society and the family that create the pathological conditions of contemporary life.

Otto Rank's Contribution to Psychoanalytic Communication. Esther Menaker. Pp. 552-564.

Rank's contribution to psychoanalysis is conceptualized here as occurring chiefly in the theory of technique. Viewed as a believer in human growth and change, Rank emphasized the "here and now" while, according to Menaker, classical psychoanalysis ignored it in favor of the past and unconscious drive derivatives. The relationship with the analyst was not seen in transference terms, "but in terms of the growth opportunities for the self which the new relationship represented." Rank's interpretation of the Wolf Man's dream is presented in support of this thesis. Rank's concept of "will" is also presented. This idea, that the expression of one's own will causes a separation from another individual and thus produces guilt, is then posited as the cornerstone for Rank's innovative "will therapy." As Menaker summarizes, "It is the therapist's capacity to affirm the unique individuation process in the patient that helps to release the creative energies which result in a freer and more secure expression in action of his or her own independent will."

Countertransference and the Therapeutic Turmoil. Peter L. Giovacchini. Pp. 565-594.

Giovacchini defines countertransference as a ubiquitous emotional reaction in the analyst to the patient which is found in every analytic interaction. His purpose in this paper is to clarify this concept so that the transference-countertransference axis may be turned to therapeutic advantage, rather than being allowed to interrupt the flow of the analysis. Toward classification, Giovacchini proposes two major categories: homogeneous—those reactions that might be expected to occur in most analysts, given certain circumstances; and idiosyncratic—those reactions that are directly attributable to the unique qualities of the analyst's background and character makeup, which in some instances reflect the analyst's unresolved psychopathology. Four different types of homogeneous reactions are illustrated through clinical examples. Countertransference and the analyst's ego ideal constitute one situation in which the analyst finds her or his values threatened. Countertransference and existential anxiety refers to instances when the analyst's self-representation, that is, the analyst's identity, is under attack. When patients have basic lacks in character structure, countertransference reactions are illustrated through clinical examples. Countertransference and the fourth type, countertransference and the need to be reasonable, is illustrated by the case of a patient who would not leave at the end of an hour. In his discussion section, Giovacchini differentiates between the countertransferences commonly encountered in treating neurosis and those that are evoked by a psychotic transference. Finally, the therapist's effect on the patient, as well as the patient's response to this, is explored.

When Does Need Become Desire and Desire Need? Paul G. Myerson. Pp. 607-625.

By employing the term "need" to represent a developmental defect and "desire" to represent a structural conflict, Myerson attempts to clarify some differences

between classical psychoanalysis and self psychology. After elaborating on the distinctions between needs and desires, Myerson adds that the therapist's response to the material determines whether "something" becomes a need or desire. "However, I have indicated that the therapeutic process itself is in large measure shaped by the therapist's response, by whether he labels and responds to his patient's behavior as a need or as a desire." A brief discussion of the genetic aspects of needs and desires follows. The author concludes that "the shift from *needs from* to *desire for* is indicative of biological maturation, but the quality and character of the shift is influenced in a significant way by how the child's various needs are met by his parents." The way the therapist/analyst meets the patients' needs, or makes them more aware of their desires and anger, is a consequence of the preceding genetic formulation. These issues are illustrated in a very brief clinical vignette wherein the therapist's belief that she was observing manifestations of the patient's needs was incorrect. Myerson points out that because of this she was unable to interpret the conflictual aspects of his desire.

One Theory or More. Arnold Goldberg. Pp. 626-638.

New scientific ideas in psychoanalysis are often labeled incorrect, as though the old theory must be guarded or protected. New ideas can either be translated back into the old language, or the old theory can be modified to accommodate the new findings. Goldberg describes three broad positions that have been taken in relation to Kohut's self psychology: 1) the old theory should accommodate the ideas of self psychology; 2) self psychology is markedly different from classical psychoanalysis and, as such, is an aberration; 3) self psychology is the primary theory, that is, all failures of oedipal resolution reflect underlying problems in the self-selfobject matrix. Goldberg suggests that these three positions are essentially three different clinical theories. In each instance he concludes that self psychology enhances our clinical understanding but he asserts that "this soon is seen as not a matter of translating one theory back into the other, but rather that the very facts that they gather are so theory-laden as to defy comparison." He concludes that psychoanalysts must understand and acquaint themselves with the working through of selfobject transferences to be able to test the utility of the ideas of self psychology.

Journal of the American Academy of Psychoanalysis. IX, 1981.

Abstracted by Roderick Gilkey.

Hypochondriasis and Invidiousness: Two Vicissitudes of Severe Narcissistic Vulnerability. Stanley Rosenman. Pp. 51-70.

Rosenman, using case illustrations, describes two related varieties of narcissistic pathology: the hypochondriacal and the invidious. The latter form of pathology is viewed as being a more mature variant of the former. An intermediate condition is also discussed. The characteristics common to all of these conditions are pathological tendencies to cope with narcissistic vulnerability by means of

various victimizing maneuvers. These patients draw other individuals into situations in which they will be critically compared to the patient and found to be inferior. Such an interpersonal style is interpreted as a complex means of avoiding psychic pain and depression.

The Use of the Countertransference in Psychotherapy Supervision. Winslow Hunt. Pp. 361-374.

The author discusses the value and appropriate use of countertransference in psychotherapy supervision. He defines countertransference as "whatever the therapist feels in relation to his patients." The use of countertransference, according to Hunt, can play a role in supervision that may be central and pivotal in the treatment process. By leaving aside the origins and nature of the therapist's own neurotic contribution to the countertransference, the supervisor can productively explore the pathology within the patient which evokes such responses in the student/therapist.

Phallic Narcissistic Vulnerability and the Empty Nest Syndrome. Nicholas C. Avery. Pp. 525-537.

Avery describes six families in which severe phallic narcissistic conflicts in the husbands impeded their wives' ability to make the necessary adaptation when the children in the family left home. These men experienced both an inordinately painful sense of loss when their children departed from the home and a paralyzing sense of injury because they discovered they were unable to conquer time and the aging process. Consequently, they were incapable of joining their spouses in what is usually a shared grieving process, a mutual recommitment to the marriage, and the adjusted roles that emerge after children leave home.

Journal of the History of the Behavioral Sciences. XV, 1979.

The following abstracts from the Journal of the History of the Behavioral Sciences are reprinted with the permission of the publisher.

Delboeuf and Janet as Influences in Freud's Treatment of Emmy von N. M. B. Macmillan. Pp. 299-309.

An analysis is made of Freud's treatment of the patient known as Emmy von N. in which for the first time he used what he called "Breuer's technique of investigation under hypnosis." It is shown that the main component of Freud's therapy owed nothing to Breuer: the patient's traumatic memories were altered by direct suggestion under hypnosis. The abreaction which did take place seems to have resulted from Freud's expectation that it should occur. Two cases published by Delboeuf and Janet in late 1888 and early 1889 were treated by a then unusual method which analysis demonstrates to have been virtually identical to the technique used by Freud. Evidence is presented that the Delboeuf and Janet cases could have been known to Freud before he began his treatment of Emmy von N.

Herd Instinct and the Foundations of Biosociology. Harvey C. Greisman. Pp. 357-369.

Wilfred Trotter's research on the herd instinct incorporates two major elements: psychoanalytic theory and an early interest in biosociology. Trotter was among the first to apply cross-species comparisons in the social sciences, and his contributions in this area are reviewed and evaluated in the light of more recent work in the biosocial bases of human behavior. Trotter's work is considered an important, if neglected, episode in the laying of a conceptual foundation for biosocial paradigms which, it is argued, do not preclude designs for melioristic planning

Journal of the History of the Behavioral Sciences. XVI, 1980.

Suicide and the Victorian Physicians. Barbara T. Gates. Pp. 164-174.

From 1830 to 1900, medical opinion of suicide underwent significant changes in Britain. During the 1830s and 1840s physicians, like most of the populace, saw suicide as a legal and moral question. However, major changes in the suicide law had called for increased medical testimony in questions of "temporary insanity" in suicide, and alienists were forced to refine their thinking about what was still termed "self-murder." By the 1850s and 1860s such refinement continued, with emphasis falling on categorization and physiology, while the 1870s and 1880s saw far more attention paid to social factors determining suicide. Statistics became more reliable, and, increasingly, prevention and compassion were urged by a number of prominent practitioners. By the end of the century, earlier attitudes, particularly as to the criminal implications of suicide, were reviewed and mainly discarded. Emphasis was now on diagnosis and on the social significance of suicide.

Journal of the History of the Behavioral Sciences. XVII, 1981.

Early Developmental Theories: A Brief Review of Attempts to Organize Developmental Data Prior to 1925. John C. Cavanaugh. Pp. 38-47.

Consideration is given to some early attempts at postulating developmental theories. Several areas are discussed: genetic theories (recapitulation and utility) which tried to account for ontogenesis by relating it to phylogenesis, "stage" theories, and theoretical contributions of several individuals (William Preyer, James Sully, Charles Waddell, William Stern, and Kurt Koffka). It is noted that many ideas dating from this period continue to influence current developmental theory and research through their "rediscovery" and/or their incorporation into contemporary thinking.

The History of the Concept of Motivation. Charles N. Cofer. Pp. 48-53.

Explanations and postulated mechanisms of motivation are traced from Hobbes to current cognitive formulations. Beginning with the hedonic principle, succeed-

ing explanations of motivation have included drive theory, in terms of reflexive properties and in the Freudian notion of unconscious motivation, and current cognitive explanations, which have not yet been fully developed. It is hoped that the repeating cycle from rationality to irrationality and over again can be avoided in future explanations.

Freud and Hypnosis: Report of Post-Rejection Use. Melvin A. Gravitz and Manuel I. Gerton. Pp. 68-74.

The development of hypnosis as a therapeutic and experimental method was significantly influenced by Sigmund Freud's announced rejection of the technique late in the nineteenth century; however, a Hungarian-born hypnotist, Franz Polgar, related in his little-known autobiography that he served as Freud's assistant for six months in 1924. Possible factors related to this seeming paradox are discussed, including the evidence that many of Freud's psychoanalytic colleagues were then actively interested in hypnosis, and the negative value associated with the modality had been lifted during the time when Polgar reported that Freud himself was utilizing the method. This is a historically important account of the interface between two prominent therapeutic techniques.

The Dream in Periodical Literature: 1860-1910. Hendrika Vande Kemp. Pp. 88-113.

This article is based on pre-Freudian dream psychology as it was presented in English and American periodicals and journals during the half century from 1860 to 1910. The author briefly examines the place of dreams in early American psychology and the degree of professional interaction and cross-fertilization of ideas. Major trends in nineteenth-century dream theory and speculation are examined by discussion of four areas of literature: the reporting and recording of dreams, dreams and memory, dreams and reality, and consciousness in dreams. The author concludes that the post-Freudian tradition of experimental dream investigation and clinical dream interpretation has failed to incorporate a third trend in the pre-Freudian literature: the popular interest in parapsychological dreams and the philosophical interest in the epistemology and metaphysics of dreaming.

Freud and the Problem of Sexuality. Timothy McCarthy. Pp. 332-339.

This paper traces the development of Freud's views on sexuality and its relation to society from his early to his later writings. The author shows that, although Freud provided important arguments for sexual reform, he also provided equally compelling arguments about its dangers and limits.

Interpretations of Freud's Jewishness, 1924-1974. Justin Miller. Pp. 357-374.

During the first fifty years of historical and biographical commentary on Freud and the origins of psychoanalysis there were three periods of interpretation of Freud's Jewishness. During the first period, extending from the mid-1920's until the 1950's, it was widely assumed, following the work of Wittels, that Freud was

essentially Viennese, that his Jewishness was at most incidental. During the second period, extending until the late 1960's, Freud was believed by some, following Bakan, to be essentially Jewish, and to have concealed that important aspect of his life intentionally. During the most recent period, and especially in the early 1970's, psychoanalysis was interpreted as a compromise wrought by Freud to meet the conflicting demands of secular German and scientific modernity and Jewish and other traditions.

Meyer's Dealings with Jones: A Chapter in the History of the American Response to Psychoanalysis. Ruth Leys. Pp. 445-465.

Although Adolf Meyer, first director of the Phipps Clinic at Johns Hopkins, did much to promote a knowledge of psychoanalysis in the United States, he never identified his views with those of Freud. Using unpublished letters and documents, the present paper seeks to clarify Meyer's attitude toward psychoanalysis by focusing on his dealings with one of Freud's most gifted followers, Ernest Jones, at a critical moment in the reception of psychoanalysis in America. In particular, an effort is made to identify some of the personal, intellectual, and institutional factors that shaped Meyer's response to Freud.

Contemporary Psychoanalysis. XVII, 1981.

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NOTES

MEETINGS OF THE NEW YORK PSYCHOANALYTIC SOCIETY

January 26, 1982. ON THE CONCEPT OF PRIMITIVE DEFENSES. Martin S. Willick, M.D.

Dr. Willick stated that "the term 'primitive,' when applied to defensive processes, currently carries with it assumptions which may interface with our clinical work and theoretical understanding. One assumption is that a so-called primitive defense used by adults is the same as a defense used by a young child. Another is that the use of such primitive defense means that the patient's pathology can be traced back to an early period of childhood when the defensive operation is presumed to be predominant. A third is that the presence of such a defense is indicative of serious psychopathology." Dr. Willick proposed an alternate view: "defense should not be designated as being primitive or mature without an evaluation of the total ego organization. What appears to be the operation of a primitive defense in an adult depends not merely on the type of defense which is employed but on the nature of the ego involved. The sicker a patient is, the more we see poor ego integration, poor organization and breakdown of ego functions. The defensive processes called into service in such patients appear primitive primarily because of the low level of ego functioning." Dr. Willick reviewed the history of the concept of a hierarchy of defense mechanisms and concluded that the most common primitive defenses are denial and projection. "More recently splitting and projective identification, along with projective-introjective techniques, are often included under this heading. In contrast, repression, displacement, reaction formation, isolation, conversion and sublimation are thought of as defenses used by neurotic patients [which] come into use later in a child's development."

Dr. Willick sought to clarify the concept of primitive defenses and to deal with what he believes to be mistaken assumptions in its application. In regard to reconstruction, Dr. Willick asserted that "in all likelihood . . . defenses used by adult patients, even in a state of severe regression, are not the same as the ones used by a very young child. We must be more cautious in using reconstructions to derive a chronological development of defenses in children. The presence of projection or denial in an adult does not necessarily indicate either that the same defenses predominated in earliest childhood or that they are primarily derived from normal mental processes during the first few months of life." Regarding counteracthexis, Dr. Willick noted that several borderline and severely ill patients utilized a full range of defenses involving effective counteracthexis: "The idea that we can differentiate between primitive and mature defenses on the basis of the degree of counteracthectic energy available is not in accord with clinical experience." Concerning the relation of primitive and mature defenses to diagnostic categories, the author stated, "By eliminating the terms 'primitive' and 'mature' as a designation of defenses, we can focus our attention on a careful assessment of all ego functions involved in the use of various kinds of defenses

as well as on the influence of specific conflicts upon the integrity of these ego functions themselves. . . . The idea that more mature defenses are not used by psychotic and borderline patients is clearly not correct." In discussing projection, Dr. Willick stated, "I am suggesting a greater degree of caution in reconstructing the presence of severe difficulties in the earliest months of life in order to account for the presence of a particular defensive process. . . . It is not as helpful to label the defense of projection as primitive as it is to define in detail the operation of all the ego functions, the nature of the object relations, the developmental vicissitudes of the drives in relation to the objects and the quantitative factors involved in the intrapsychic conflict." Denial, according to Dr. Willick, "is currently used in so many different ways as to render it almost meaningless in our clinical and theoretical discussion." Many patients with physical illness who utilize denial do better than those who experience depression or anxiety. Therefore, "labeling the defensive process without placing its use in a proper perspective is not very useful. All too often . . . the defense of denial in an adult patient is assumed to be derived from very early life experiences. I have seen a number of cases where the defense of denial was used extensively, although not in a way to disrupt reality testing severely, in patients who had prolonged life-threatening hospitalizations during latency."

Finally, Dr. Willick said that "when we examine the defenses of a patient we must take into account whether they are adaptive or lead to further impairment; whether they are too rigid and not modifiable or flexible and changeable; whether they are associated with faulty reality testing and are unstable or whether they are stable and promote further ego integration. Such an examination shifts the emphasis, properly, from whether a particular defense is primitive or mature to a broader conceptualization about the nature of the patient's ego organization and the intactness of the ego functions."

DISCUSSION: Dr. Milton Horowitz agreed with Dr. Willick's hypotheses and noted that current discussions of primitive defenses often confuse the dynamic and the genetic considerations of psychoanalysis. Defenses are to be understood, as are all other analytic data, in terms of structure, function, and developmental history. The distinction between the dynamic and the genetic viewpoints may be crucial to the deeper understanding of the "here and now" phenomena of the analysis. "The course of development is so complex . . . that we can no longer conceive of development as having a straight line continuity or an onion skin layering. What may be labeled primitive or more developed in one patient may have a completely different functional, structural, and genetic history in another . . . a fixation in one patient may be the result of a complex regressive automatism in another." Dr. Horowitz felt that Dr. Willick's views have far-ranging implications for psychoanalytic technique. He stated that "focus upon the primitive often leads to technical prescriptions emphasizing affective and empathic responses from the analyst and minimizing the role of interpretation and insight. It tends to offer replacement therapy in a mother-child context and to view the adult patient as an undeveloped child rather than as an adult with a specific, complex developmental history." Dr. Theodore Jacobs suggested some modification of Dr. Willick's views. He stated that the changing clinical picture, when

seen developmentally, including the relationship of defense to development and maturation, may provide an understanding not only of the particular conflicts of the earlier period, but of the ways in which children seek to protect themselves. This does not alter the importance of assessing the state of the ego and its functions in relation to the defensive operations we encounter clinically, but simply underlines the fact that the type of defense used in childhood is closely related to developmental considerations and that this can be clinically useful in helping us recapture a patient's unique experience of childhood. He noted that when such defenses as projection and denial "show qualities of persistence and fixity, this may alert us to the possibility that we may be dealing not only with an ego which has responded to stress in a particular way, but an ego that may have been rendered vulnerable by important psychological experiences of early childhood." While it "would be in error to assume, automatically, that this is the case, the clue that we have received from observing the overall defensive reactions . . . may serve as an invaluable guide in our continuing efforts to recover the unremembered past." Dr. Lester Schwartz agreed with Dr. Willick's thesis that defense mechanisms are not mature or primitive per se, but must be seen in the context of ego functioning. He also agreed with the criticism of the idea that pathological defense simply represents persistence of primitive infantile patterns intrinsic in all early development. However, Dr. Willick had not discussed "how we might deal with immature ego organization from a genetic viewpoint, or whether the notion of primitiveness has any usefulness at all in our conceptualizations." Dr. Schwartz questioned whether the patients who were discussed in the borderline study group cited by Dr. Willick really fall into the category of patients for whom the question of primitive defenses would be most germane: patients who are usually not analyzed—those suffering from schizophrenia and other major disturbances in ego functioning. Dr. Schwartz also referred to the phenomenon of altered states of consciousness, a defensive posture worthy of Dr. Willick's consideration, and stated that the question of reality testing was not examined. Dr. Schwartz agreed with Dr. Willick's characterization of defenses which lead to an assessment of greater pathology. He stated that "if primitive defense organizations have any meaning, it would be the extent . . . to which the ego has to resort to lower levels of organization for defensive purposes. 'Primitive' here obviously does not refer to an actual return of early mental life, but rather to the ego's divesting itself of hard won, more organized function."

ARTHUR T. MEYERSON

April 13, 1982. THE IMPRISONED ANALYSAND: AN ESSAY ON INTERPRETATION (The 32nd Freud Anniversary Lecture). Roy Schafer, Ph.D.

Dr. Schafer called attention to themes used by those whose wish to emotionally imprison themselves influences their fantasies concerning their ideas, their own bodies, places, or even the world. For some, the wish to be victimized and imprisoned may be so intense that their character structures, analyses, and lives are shaped by imprisonment fantasies. These fantasies are organized in rich, multi-determined narratives or story lines which repeat themselves in derivatives throughout a person's life and analysis. Imprisonment narratives are only one

kind of story. Others include stories of "trial, the phoenix, Cinderella, the exile, the Odyssey, the empty self," the oedipus complex, and many more. To do analysis, we must attune ourselves to the analysand's own version of the stories or narratives he is caught up in. To analyze our patients, we must belong to or share "the same narrative community as the analysand." Quoting Dr. Jacob A. Arlow, Dr. Schafer said that we must be able to "dream along with our patients." Dr. Schafer called this ability to comprehend our patients' fantasies a "narrative competence," possibly derived from childhood and later experience with language, stories, instructions, daydreams, and from our own analytic training. Narrative competence allows analysts to comprehend their own narratives and those of their patients. Dr. Schafer's notion of narrative as a form of organization of fantasy stressed the elaborate, multidetermined aspects that appear as wishes, resistances, transferences, and, in fact, all symptoms as well as character formation. He emphasized the richness of story lines to remind analysts of multidetermination and of the need to listen for as many derivatives as possible. Much of the skill of analysts lies in their being able to detect and analyze the rich skein of these narratives.

A closer examination of one particular narrative, the imprisonment story, gives us an example of the derivative complexity a narrative can have. The "imprisoned" analysands see their analyses as timeless drudgery. They fear emotional spontaneity and strive to please the analyst-guard, relying on intense compliance to placate their tormentor-analyst. They may view the analyst's empathy as a ruse to seduce the prisoner into "getting out of line." Having transgressed, they may look forward to a punishment. Other patients may react to the fantasied prison setting by rebellion or by living out overidealizations of the analysis and stereotypes of "spontaneity" and "compulsory freedom." These and similar fantasies and resistances can result in intense limitations to analyzability. If one works with representation by opposites ("manifest wanderlust of one woman was interpreted as a version of solitary confinement"), denial and reversals may be seen as particularly important clues in ferreting out the derivatives of imprisonment fantasies. There are reality limitations for all of us, and in this sense, "none of us ever does get out of prison." Such natural oppositions as active-passive, young-old, male-female, etc., contribute to a tragic sense of life, "a tragic knot"—none of us can be omnipotent. Prison fantasies may provide non-tragic meanings, such as "safety," "retreat from the unpredictable," "onanistic solitude," and even "omnipotent self-possession." All imprisonment fantasies may have a "happy prison" meaning because they all gratify desires of the patient.

Analysts should not imprison themselves in too narrow an understanding of any patient narrative. A "prison story" can contain such multiple meanings as a "superego story," a "preoedipal sadomasochistic story," or a "breast or bowel story." Other meanings can be grouped under familiar headings. Symptomatically, an imprisonment fantasy can mask an agoraphobic avoidance of the world's temptations. It may refer to hypochondriacal or sexually perverse fantasies. Any of the stages of infantile sexuality may be referred to by an imprisonment fantasy. These fantasies or narratives can represent types of infantile wish fulfillment, such as "bondage to a love object," "homosexual subjugation," "repetitive rapes," or "the id theme of an overwhelming inescapable impulse." Imprison-

ment may refer to the arrested "development in a symbiotic tie to the mother." All of the derivatives of a "story" are linked in a "narrative strategy," later narratives being added on to earlier ones. If these narratives and their interconnections are not adequately worked through before and during termination, termination may mean an acting out of a release-from-prison fantasy instead of a true release from the patient's neurosis. The crucial area of countertransference to patients' imprisonment fantasies includes the analyst's feeling that he is inflicting a harsh, humiliating, or castrating regimen on the patient. This can lead to unwarranted changes in technique, those that are overly gratifying or those that are overly withholding and abstinent.

Dr. Schafer noted that Freud's literary talents permitted him to use evocative titles to draw our attention to the story line quality of character types: *The Exceptions*; *Those Wrecked by Success*; and *Criminals from a Sense of Guilt*. Just as there is an oedipal story line to guide our inquiries, so may we find a similar narrative and clarifying function in "the separation-individuation story line" of Mahler or in the "cohesive self story line" of Kohut. Which of these and other story lines the analyst chooses to interpret is seen as a function of "the analyst's own sensitivity, tolerance and imaginativeness." The analyst works with observations and "theory-based story lines." Sometimes the patient provides a portion of the narrative, sometimes the analyst does. Only if we analyze the patient's rich narrative strategies can he or she be freed from "unconsciously held characterological connections that are pathologically confining in their fixedness and narrowness."

The concept of the narrative or story line grew in this interesting paper to include not only the patients' fantasies and the analysts' fantasies, but theory as well. Dr. Schafer's paper quite fittingly became a story about our work and a valuable comment on an aspect of the mind's workings.

MICHAEL L. FLEISHER

The 2nd WORLD CONGRESS FOR DYNAMIC PSYCHIATRY in conjunction with the 15th INTERNATIONAL SYMPOSIUM OF THE DEUTSCHE AKADEMIE FÜR PSYCHOANALYSE will be held December 12-16, 1983, in Munich, West Germany. For further information, contact: Mrs. Ute Baedeker, Lehr- und Forschungsinstitut für Dynamische Psychiatrie, Wielandstr. 27-28, 1000 Berlin 15, West Germany.

Meetings of the New York Psychoanalytic Society

Arthur T. Meyerson & Michael L. Fleisher

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