

Charles Brenner: An Appreciation

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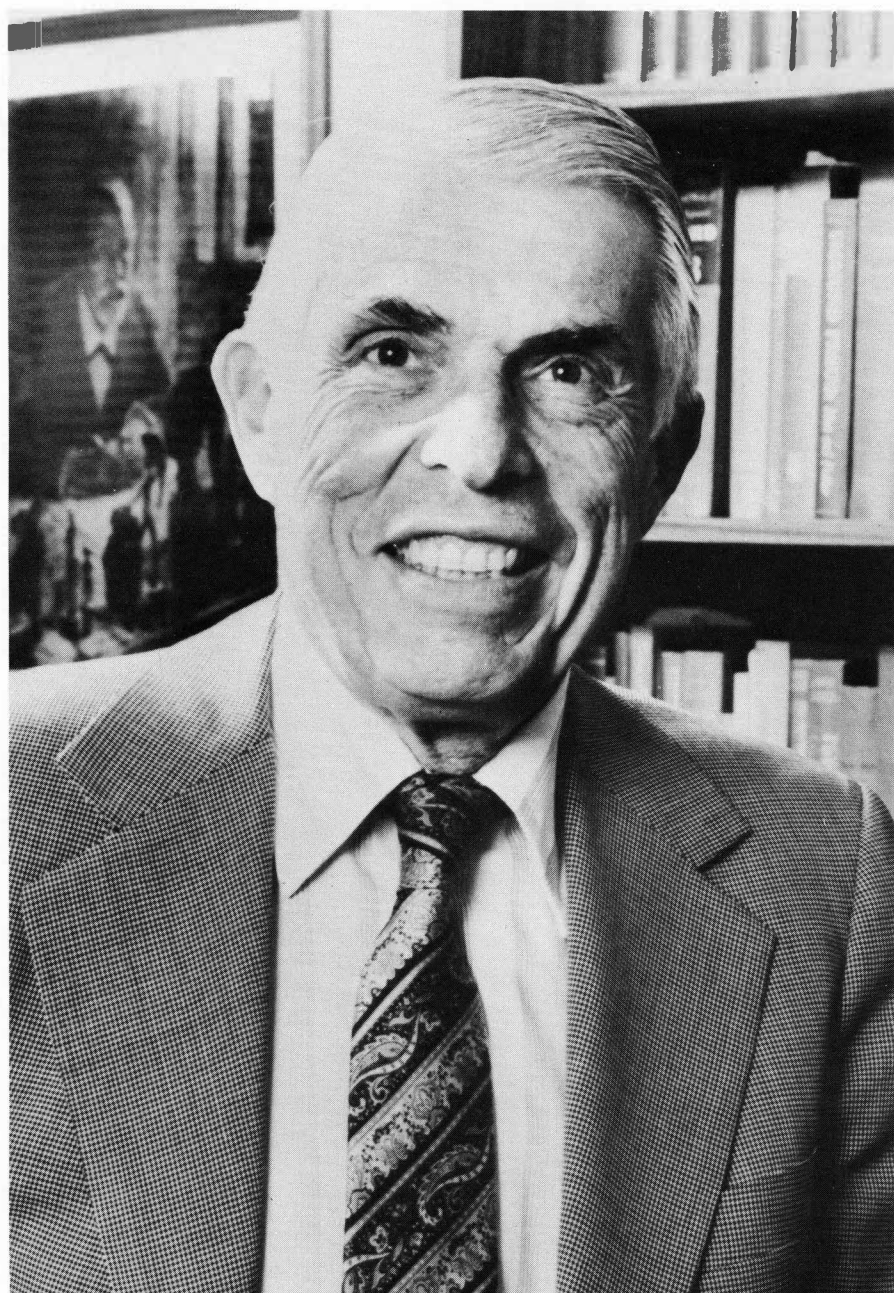
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CHARLES BRENNER AN APPRECIATION

BY SANDER M. ABEND, M.D.

It is a particular pleasure for *The Psychoanalytic Quarterly* to give special recognition to the seventieth birthday of Dr. Charles Brenner and to convey to him the best wishes of his many friends and colleagues in the psychoanalytic community. For us, it is something of a family celebration, as he has been a member of the Editorial Board of *The Quarterly* since 1972 and an Associate Editor since 1981. His continuing vigor, energetic participation in all manner of psychoanalytic affairs, and the high level of his current scientific productivity all combine to make it hard to believe that he has been active in psychoanalysis for nearly forty years. He has been, as we all know, widely acknowledged for many of those years as a truly outstanding and original theoretician, clinician, and teacher.

Of course, he started out at a far younger age than is usual. He was graduated from Harvard College in his native city of Boston in 1931 when he was seventeen years old. He then attended Harvard Medical School, already determined to become a psychoanalyst. At that time Freud's work was not yet a part of the established curriculum, so that Dr. Brenner had to pursue his interest with unusual independence of mind and scholarly determination, qualities which have marked his psychoanalytic career ever since those early days. He first read Freud on his own, in the original German, solidifying his youthful enthusiasm and crystallizing his intention to devote himself to the field.

During his preparatory years in medicine, his work in a neurology laboratory led him to pursue both clinical and research activities in neurophysiology and with a variety of neurological syndromes; those experiences contributed to his

subsequent psychoanalytic outlook. It can be fairly said that his firm insistence on basing psychoanalytic conceptualizations only on data gathered in the consulting room and his skepticism about speculative formulations regarding the first year or two of human mental life both took their origin from his thorough grounding in medical research and his training as a neurologist. In fact, his first scientific paper, published in the *Journal of Experimental Pharmacology and Therapeutics* in 1937 when he was still a house officer at the Peter Bent Brigham Hospital, was called "Note on the Action of Dichloro-difluoro-methane on the Nervous System of the Cat." Subsequently, he was trained in psychiatry at the Boston Psychopathic Hospital and in neurology at the Boston City Hospital. From 1939 to 1945 he was simultaneously an Assistant in Neurology at Harvard and a Sigmund Freud Fellow at the Boston Psychoanalytic Society and Institute. In addition to his holding various clinical posts in neurology and psychiatry, his activities during the war years included fundamental research on traumatic peripheral nerve injuries. No fewer than thirty of the eighty-nine entries on his current list of publications are devoted to aspects of experimental and clinical medicine and neurology.

In 1944 he accompanied Dr. Houston Merritt to New York and worked in neurology at Columbia University College of Physicians and Surgeons and in psychiatry at Montefiore Hospital. He also transferred to the New York Psychoanalytic Institute from which he was graduated in 1946. He continued to wear twin hats in both specialties until 1950, but from then onward all of his considerable energy has been devoted to his first and most important love, psychoanalysis.

His first book, *An Elementary Textbook of Psychoanalysis*, still no doubt the single best known and most widely read psychoanalytic work by any author other than Freud, was published in 1955. It gained him an international reputation as one of the leaders of our field. A number of articles on a wide range of clinical and theoretical problems followed. His stimulating collaboration with Dr. Jacob Arlow in a regular study

group, which also included Drs. David Beres and Martin Wanhg, eventually led Dr. Brenner and Dr. Arlow to produce together a major theoretical work, *Psychoanalytic Concepts and the Structural Theory*, published in 1964.

The progressive refinement and development of his contributions to the theory and practice of psychoanalysis have culminated in recent years in a series of important and profoundly original papers and books. These have included a revolutionary reformulation of affect theory, an exploration of the role of psychic conflict in normal and pathological mental life, an elaboration of compromise formation as the central organizing principle of psychic structure, and a thorough treatment of the fundamentals of psychoanalytic technique. His ideas have been brought together particularly well in two books certain to become classics, *Psychoanalytic Technique and Psychic Conflict*, in 1976, and *The Mind in Conflict*, published in 1982. Like all of his written work, these display the characteristics for which he has become famous: rigorous adherence to the data of psychoanalytic observation, originality and logical consistency of thought, and unusual clarity and economy of expression.

These same qualities of mind have made Dr. Brenner a popular and much sought-after teacher and lecturer as well. Besides faculty posts at Yale Medical School and at Downstate Medical Center in New York, he has been a member of the faculty of the New York Psychoanalytic Institute since 1955. In addition to teaching candidates, he has been extensively involved in postgraduate psychoanalytic education, most notably with the Kris Study Group and other graduate seminars, discussion groups, and panels at the New York Psychoanalytic Society, the American and International Psychoanalytic Associations, and in innumerable visits to local societies throughout the United States, Mexico, and Europe.

Dr. Brenner's considerable capabilities as an administrator have also been utilized in a variety of assignments and offices, both at home in New York and on the national scene. He was

Secretary of the New York Society from 1951 to 1954, and later its President from 1961 to 1963. He chaired the Program Committee of the American Psychoanalytic Association from 1955 to 1962, and served as Councilor-at-Large from 1959 to 1963, then was President-Elect and subsequently President of the Association from 1966 to 1968. He was also honored as the A. A. Brill Lecturer of the New York Psychoanalytic Society in 1966 and as the Freud Anniversary Lecturer of its Institute in 1982.

It will surely come as no great surprise to those who do not already know it at first hand that respect for his skill and judgment have often led friends and colleagues to seek his counsel in matters of personal importance, as well as on every issue of concern to the psychoanalytic community. He has been unfailingly generous with his time, helpful, compassionate, and discreet in response to such requests. He has also frequently given encouragement and advice to the many colleagues who have asked his assistance in regard to their own scientific efforts and papers.

In 1972 Dr. Brenner wrote an appreciation of Dr. Rudolph Loewenstein on the occasion of the latter's seventy-fifth birthday. In it he said, "When a man is fortunate enough to become fascinated for a lifetime by a field of endeavor for which he has great talent to begin with, he cannot fail to excel." That assessment clearly applies in equal measure to the career of Dr. Brenner himself. He would surely add that such a man is also fortunate to find a perpetually challenging and stimulating arena in which to exercise his talents and capacities. So it is that Dr. Charles Brenner's good fortune has become all of our good fortune as well. I am certain that his colleagues and friends world-wide would like to join *The Quarterly* in sending him best wishes on his birthday and adding the hope of many more years yet to come of continued health, happiness, and productivity.

Bibliography of Charles Brenner (1937-1982)

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Disturbances of the Sense of Time With Special Reference to the Experience of Timelessness

Jacob A. Arlow

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DISTURBANCES OF THE SENSE OF TIME WITH SPECIAL REFERENCE TO THE EXPERIENCE OF TIMELESSNESS

BY JACOB A. ARLOW, M.D.

Disturbances of the experience of time are examined, with emphasis on the effects of the vicissitudes of the sense of self, affect, unconscious fantasies, and ideas concerning death. The manifest experience is interpreted as a derivative of unconscious, conflict-laden fantasies. Disturbances of the experience of time may be regarded as specific types of affective states, pleasurable or unpleasurable, the quality of the experience being determined by the nature of the underlying unconscious ideational content. Two experiences of timelessness are analyzed, in which the sense of timelessness was determined by the wish to extend time indefinitely. Many elements have been condensed into this basic wish which, as in a dream, was momentarily experienced as already realized.

Any consideration of the experience of time presents a challenge at once baffling and intriguing. In the study of time, philosophy, physical science, and psychology unite and then diverge according to the special interests of each discipline.

The scientific concept of objective time is a triumph of the human being's ability to express relationships, movement, and change in spatial terms. By conceiving of time in units that are equal in size, unlimited in extension, infinitely divisible, and seemingly irreversible in direction, science has been able to extend control over the physical world and to perform such seeming miracles as putting men on the moon.

The Twenty-Fourth Freud Anniversary Lecture, New York Psychoanalytic Institute, April 16, 1974.

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How time is conceived, reckoned, and measured arises out of social need. Reliable concepts of time are essential for the governance of man's relation to man and to nature. The more complicated the organization of a society and the more sophisticated its technology, the greater the need for refined, precise instrumentalities for dealing with time.

Almost any observer of the human condition will be quick to note, however, that the concept of objective time remains a set of conventions imposed upon the individual by social pressure and education. The individual applies these conventions in a pragmatic fashion and has as vague a grasp of the philosophical and physical theories of time and time reckoning as he has of the theory of the numbers which he uses so freely. The fact that clocks and watches are everywhere we look shows how little we rely on inner, subjective sensibility to orient ourselves in the world of "real" time.

Accordingly, while studies of temperature variations, biological time systems, circadian rhythms, and internal clocks may raise fascinating questions about the relations between subjective and objective time, any approach which attempts to link time experience to the measured duration of clock time is inadequate for the purpose of psychoanalytic investigation of disturbances of the sense of time.

In this paper I shall attempt to add to our understanding of disturbances of the experience of time by centering on four of the elements that shape the time experience. These elements are: the sense of self, affect, unconscious fantasies, and ideas concerning death.

The methodological approach is similar to the one I used earlier in the analysis of *déjà vu* (Arlow, 1959) and depersonalization and derealization (Arlow, 1966). In those studies I tried to show how the manifest experience, together with the accompanying affect, could be understood as derivatives of unconscious, conflict-laden fantasies. Wish fulfillment, defense, and reassurance were woven into the fabric of the manifest structure and helped determine the specific quality of the experience.

In essence, disturbances of the experience of time may be regarded as examples of specific types of affective states and understood in terms of a unifying concept of affect, as proposed by Brenner (1974). According to this theory, affects are composed of basically pleasurable and unpleasurable states—the specific quality of the total experience being determined by the nature of the underlying mental content, conscious or unconscious, associated with the experience.

The literature covering the developmental aspects of the several functions involved in conceptualizing time is most extensive. I will refer very briefly only to certain concepts which pertain to my thesis and for the most part will omit mention of specific contributions in this presentation.¹

Analytic as well as nonanalytic observers agree that at its point of departure time is intermingled with the impression of physiological duration connected with the intervals between need and gratification. The dissynchronous patterns of the child's needs and the mother's availability inevitably introduce the factor of frustration. Time thus becomes the representative of realistic necessity, and the inevitable frustrations experienced at all subsequent levels of psychosexual development intensify the connection between time and reality. Thus the roots of the rebellion against the tyranny of the clock go back far into the individual's early development.

Between the second and the fifth years, the development and maturation of a number of related ego functions and concepts are of prime importance to the growth of the time concept and to subsequent disturbances of the experience of time. Only a few examples will be given in order to illustrate how, in the observable history of the child, there is clear evidence of a primitive, primary process way of dealing with time. The nature of the child's imagination is such that time is conceived in animistic and concretistic terms. This mode of thinking and of dealing with time is decisive in dreaming, fantasy, and

¹ A comprehensive review of the literature on the subject of time sensation may be found in Fraser (1975), Piaget (1924), Werner (1940), and Whitrow (1980).

symptom formation, and enters into disturbances of the experience of time.

The acquisition of the first words for the time concept is essentially the mastery of words required to express delay of gratification and anticipation (Schechter, et al., 1955; Werner, 1940). "Now" and "soon" are usually the first to be learned. Language and experience, however, are so rich with references to time, and so ambiguous in denotation from the point of view of the two- to four-year-old, that metaphorical and concretistic notions of time follow inexorably from early experiences with word concepts (see, Arlow, 1979). The child hears that time flies, flows, marches, crawls, and stands still. Time brings and time takes away. We save time, spend time, waste it, and kill it. Time wounds and time heals.

Accordingly, in fantasy, time may be dealt with as a substance extended in space or as a being with human attributes. As a substance, time may be used as a derivative representation of the objects specific for the various phases of psychosexual development. Thus Yates (1935) describes a patient whose behavior was related to a fantasy of throwing hours and days at her mother, the hours and days representing the food and milk that had been denied her.

From the anal phase, we need only mention the hoarding of time and the spending of it profligately as illustrating the concretistic use of time to represent activities with the fecal mass. From the phallic phase, similar manifestations may be observed. A patient of mine, in an intense oedipal struggle for control of the omnipotent paternal phallus, fantasied that on New Year's Eve at the stroke of midnight, the incoming year destroys the old Father Time and takes possession of an automatically operating time machine that endlessly produces time as a stream of fluid.

With the consolidation of the concept of causality comes an advance in the notion of time. Causality implies a succession of events. Cause must precede effect, and the quality of pastness begins to develop. There comes a time when a child, shown a

motion picture of a man rising backward out of a pool of water and flying gracefully upward to the edge of a diving board, knows that a correction must be made in the time sequence in order for the perceptual experience to make sense. What is irreversible and cannot be altered is identified as the past.

There is a period, however, when the unidirectional succession of events, of causality, is not firmly established. In defiance of the laws of cause and effect, the child may conceive of events in time as capable of traveling in either direction. Some children, for example, believe that smoke causes fire, or that one of the ways to get rid of June bugs is to tear out of the calendar the pages for the month of June (Werner, 1940). Fantasies of omnipotently manipulating time by reversing the direction of its flow derive in part from this indeterminant phase in the development of the concept of causality.

During the same period, the child learns to count. Numbers, like time, bind the child to reality and help to further the process of socialization. The child soon learns that each moment of time is assigned a specific and unalterable number in the history of eternity. But while time and causality are irreversible, numbers are not. Numbers can be moved in either direction. They can be extended, contracted, fractioned, and reversed. The fact that numbers can be manipulated at will endows them with a special appeal in the endless quest for omnipotence. It is not surprising to see, therefore, how prominent a role numerology plays in systems of magic.

Because of the close linkage between time and numbers, rebellion against time may be displaced onto numbers. There are several cases in the literature in which persistent disturbance of the experience of time was connected with difficulties in counting and dealing with numbers.

Central to the issue of time is the emergence of the sense of self. According to Jacobson (1964), it is object constancy which determines the concept of the self as an entity with continuity and direction, making it capable of experiencing time and specific affects. Particularly pertinent are the developments

during the rapprochement phase described by Mahler (1963). Progressively increasing intervals of separation from the mother in time and space help consolidate the sense of individuality. A time dimension at this point enters into the organization of the self. Each new event and perception is experienced by the self in terms of all the three coordinates of time: past, present, and future. The present moment is perceived against a mental set determined by the organized past of memories, fantasies, and traumata, together with the anticipations for the future (Arlow, 1969).

Let me illustrate how this concept appears when applied to clinical phenomena. In Stein's (1953) analysis of premonition, a repudiated (death) wish of the past, dynamically operative in the present, is experienced as an inevitable but dreaded anticipation of the future. In *déjà vu*, a perception of the present which portends danger in the future is reassuringly endowed with a quality of an experience of the past—an experience of a danger that already has been successfully mastered (Arlow, 1959). Because of the close connection between the self and the sense of time, situations of conflict which eventuate in a need to alter the sense of self, or to repudiate some aspect of it, are likely to cause a concomitant alteration in the experience of time. An example of such a situation may be seen in states of depersonalization (Arlow, 1966).

Before I leave this necessarily sketchy survey of some of the factors involved in disturbances of the sense of time, brief mention must be made of ideas concerning death. When children first learn about death, they understand it in terms of time. Time is what we live in. Death is the end of time. It is also the cessation of self-awareness. Out of the child's concrete concept of life as a fixed amount of time that can be extended into space, there arises a concept of life as a journey into time toward death at a fixed point where time and space converge.

One striking clinical application of this concept was described by Heiman (1976), who noted how in the associations of a

patient the points of convergence of the lines of perspectives in drawings and paintings represented death. The same notion is manifest in the word used in the German language for the point of convergence of the lines of perspective—namely, *Todtpunkt*, the point of death. Associated with these ideas is a superstitious notion that for each individual there is a pre-ordained moment in the future, at a specific place, where his existence will come to an end.

How strong this concretistic and animistic notion of time is can be demonstrated by the following historical event. In 1752, when England changed from the Julian to the Gregorian calendar, in order to enter into harmony with the new mode of reckoning time it was necessary to advance the calendar date eleven days. This precipitated rioting in the streets by people who felt their lives had been shortened by that amount of time. In addition, on the day of the change-over, workmen demanded eleven days' back pay (Fraser, 1975).

In the mind of the child, death is not the consequence of natural causes. It is unconsciously understood as being killed. Thus at the appointed place in future time, there is an inevitable confrontation with the angel of death, or his culturally determined substitute representation. From this concept, fantasies and myths about outwitting, defying, and overwhelming death may give rise to neurotic behavior toward time. This was already adumbrated in Freud's analysis of the typical dream of missing the train—a dream which regularly expresses the wish not to die, that is, to miss the inevitable Appointment in Samarra, to confuse the keeper of the timetables (Freud, 1900). The need to orient oneself continually in time, to be precise about dates and in control of appointments, is often related to a wish to control and master the inevitable appointment with death.

Dramatic and bizarre disturbances of the experience of time are not uncommon in the psychopathology of the psychoses. Many years ago, Scott (1948) criticized interpretations of disturbances of time in the psychoses by noting that what was

missing was consideration of the conscious and unconscious motivation operating at the moment the disorders of time perception appeared. He said that disturbances of the sense of time may be related to the activity of unconscious fantasy concerning the omnipotent manipulation of time, and consequently such disorders need not be considered as primary alterations in consciousness.

Two other criticisms may be leveled at interpretations of disturbed time experience in psychoses—interpretations based upon phenomenological analysis alone. First, such interpretations omit considerations of the particularly severe disturbances of the sense of self. Second, reading the protocols of descriptions of such disturbances of time often brings to light material dealing with the fear of death. This is a factor that can hardly be neglected in psychotic individuals who cannot control enormous amounts of unbound aggression directed against the self and others.

I will now try to illustrate how the concepts developed to this point may be applied to psychoanalytic interpretation of disturbances of the experience of time. Special emphasis will be directed toward the role of affects, the sense of self, derivatives of unconscious fantasies, and ideas concerning death. Segments from two analyses will be presented. Although in both instances the material has been organized around an attempt to illuminate the meaning of timelessness in the lives of these patients, note should be taken of other related disturbances of the sense of time as they appear in the material.

An unusual and dramatic experience of timelessness was reported by a young woman musician. Her relationship to time had long been a problem to her. She had to use time significantly and constructively. Her father tyrannized the family with his concern for punctuality and by his persistent preoccupation with time. He was always looking at his watch.

Two days before Christmas, toward the end of the session,

the patient handed me some reviews of her playing, saying, "These are presents for you."

The next session, the day before Christmas, she began by wondering why she had thought of the reviews as presents. It was like bringing her report cards home to her parents. She did well in school and each report card was like a gift to them. Giving the matter further thought, she concluded that reviews of a musical performance were not much of a gift because a musical performance is ephemeral and transitory. Other works of art are more permanent and unchanging. When a musician plays, the performance may change from one time to another.

From the strictly verbal standpoint, she continued, the reviews were presents. Since they were given, they were gifts. This brought to her mind the idea that she had been described as "gifted." (Her father was an accomplished amateur musician; her mother was not musical.) Being gifted was different from being talented. It meant that something was already part of the person, realized and achieved. Being gifted also meant being set aside from everybody else. This idea was connected with a feeling she had about music, a feeling which could only be described as religious.

This brought to her mind an experience which she regarded as perhaps the most significant one in her life. It was an experience of timelessness, a religious, mystical sensibility which she experienced while giving a concert shortly after winning a very important competition. She was playing and she knew that she was doing well. The audience was completely enthralled. No one moved and no one coughed. She felt at one with the audience. The concert took place in a beautiful auditorium with a high ceiling and a towering, vaulted window, like a window in a Gothic cathedral. It was late in the afternoon and from the top of the window a shaft of light streamed through the glass and shone directly on her body. She felt as if the light entered her body and came out through her hands into the instrument where it was transformed directly into music. With this she experienced a sense of timelessness, a

feeling that time and space had ceased to exist and that she was in some kind of eternity.

Her associations turned immediately to the many musical pieces that have been written about Jesus. "Not all music," she observed, however, "is religious." Music can be orgiastic and sensuous as well. When she listened to the tape of the performance later, she felt that there had indeed been something special in her performance, a feeling that could not be reduplicated. While she was playing, nothing concerned her. She felt serene and untroubled, experiencing a great sense of power as she was transforming light into music.

At this point the observation was made that the power was experienced as a gift from on high, a God-given power.

She responded with many associations concerning religion and time. Although neither she nor her family was religious, she nevertheless majored in religion at college. Her father attended services occasionally, not because he believed, but because attending gave him a sense of peace.

The patient then expounded her own religious philosophy. She felt there was some intelligence, some order in the universe. She was suspicious of people who sensed God personally, but nonetheless the idea attracted her. She preferred the directly felt to the transcendent idea of God. Man was created in the image of God. In Judaism, man seeks God; in Christianity, God comes to man, as in the case of Jesus. The only immanent experience of God in Judaism is Buber. In his writing the relationship to God is personal. It is "I and thou." If she were religious, she would have wanted to be a Catholic. She would have wanted to defy reason with faith.

Both Judaism and Christianity, she went on, are related to time. Judaism is historical. With the exception of the Day of Atonement, all holidays mark some event in the nation's experience. Christianity, on the other hand, is connected with the life of a man, Jesus, with his birth, crucifixion, his death, resurrection, and ascension. It is unbelievable, irrational, and therefore beautiful.

Her thoughts turned next to the relationship of religion to the past. Modern religions have broken the thread of tradition that ties them to the past. In this sense, she was conservative. Jews should pray in Hebrew and Catholics should use Latin in the church, not the vernacular. Why should religion adapt to the times? To be taken seriously, it should be difficult. It should not change with the times.

She concluded the session reflecting on her feelings about being a Jew. Her parents were refugees from the Holocaust. It was incumbent upon them, therefore, to preserve their traditions and to pass them on from one generation to the other. She regretted how little she had learned about the history and customs of her people. She should have been aware of such things so that she could pass them on to her children.

It is not difficult to recognize in this Christmas Eve material how the mystical experience of timelessness derived from an unconscious identification with the Madonna. Practically every feature of the analysis of the classic myth of the Madonna's conception may be recognized in the patient's productions. Like Mary, she felt set aside from others to be the passive vessel through which the God-given spark (in her case, the musical gift) was transformed into joy for the entire world. The penetration of the body by light and its transformation into music represented at the same time both impregnation and birth (Arlow, 1964).²

That the patient had indeed been involved during the mystical experience of timelessness with a fantasy of impregnation and childbirth was confirmed by the material of the next few sessions. She spoke of her love for children and how much she envied her sister-in-law her beautiful son. She went on to think of friends who had lapses in contraceptive technique

² Meiss (1945) quotes Livius on theological similes that speak of Christ as a light or a fire which the Virgin received and bore: "The Virgin was regarded as a window through which the spirit of God passed through to the earth. From these metaphors, there was developed in the Ninth Century or earlier, the image of sunlight in the glass. It possessed the advantage of symbolizing both stages of the miracle, the conception as well as the birth" (p. 180).

and had become pregnant out of wedlock. She imagined how wonderful it would be to be pregnant and to play lovingly to the life inside her. Having a child, she felt, was more important than being married. (She was, in effect, continuing to elaborate upon her unconscious identification with the Virgin Mary.) In the midst of these associations, she had another disturbance in the sense of time. She said, "I feel as if I've been here forever."

The associations that followed immediately thereafter dealt with two typical rescue fantasies, with the theme of healing and saving lives through love. She thought next of her father's escape from the Holocaust and of her concern for his life. He had had some cardiac difficulties and was preoccupied with death. He was constantly calling attention to his age, wondering how much more time he had to live. The patient was certain that this had something to do with his interest in time.

A few sessions later, after another successful concert, the patient arrived late for her appointment. She had made a determined effort to come on time but had been disoriented all morning, probably in a state of mild depersonalization. "I've been in a cloud. I didn't know where I was or what time it was."

She reported a dream: "I had to recite a poem—'My Love is Like a Rose.' It was in the newspaper. I could not find it."

Her associations follow. Roses were the typical gift after a recital. Unfortunately, roses did not last. At home she had a single rose in a vase. It had been awarded to her after she had won her first important competition. It was dry and crumbling but she kept it. She had gotten it seven years before and she mentioned the date she received it. The date, however, could not have been correct because the date she gave was only five years earlier. I called the fact to her attention. She responded, "That's right. It was only four years ago." Again I called the error to her attention. The date she gave was five years ago.

The patient said she was always mixed up about time. She was not sure what year it was. It seemed as if she always wanted

to push time back. She hated counting time. She had never been good at counting in general. She was bad in arithmetic and could not keep records of change, money, or dates.

The patient returned to her consideration of the poem. She knew it was a work by Robert Burns. She recalled that she received some plants after her recital. They were in bud at that time but now they were in full bloom. Thus, although the patient claimed that she could recall no more than the first line of the poem, the reference to the richly flowering plants indicated some knowledge that her love "is like a red, red rose,/That's newly sprung in June." (Fittingly, for a musician, the poem goes on, "My luve is like the melodie,/That's sweetly play'd in tune." For technical reasons, the two lines just mentioned, as well as the rest of the poem, which contains the poet's vow to keep his love until the very end of time, were not introduced at this time.) The patient continued her thoughts about the plant which was now in full bloom. She wondered how long it would last. It was raised in a hothouse and could flourish there, but in an apartment it probably would not be around for very long. It was sure to die.

This last thought brought her back to the subject of time. Every now and then, while playing, she was aware that her timing was not what it should be. She knew that she had to count but she hated to do so. For her there were two kinds of time. The first was the time that is counted in weeks, months, and years, the time we give numbers to, the time that is progressive and cannot be turned back, the time that moves in a straight line and ends in death. She felt oppressed by this kind of time and enslaved by it. She had a horror of empty or wasted time, of time that was not used constructively.

But there was another kind of time, the time that is linked to our biological experience. In this subjective time, we mark events by our needs: time to eat, time to sleep, etc. This is the time that is associated with feeling. We know the passing of this time by how we fill our days. Because this kind of time was not equal in feeling, some days seemed full and rich and

long; others seemed short and empty. Best of all, however, was the feeling of timelessness: to be free of time by being completely immersed in the joy of the moment. This could happen when she lost all sense of self-awareness in music or in the enjoyment of sex. On such occasions she lost all sense of time and had a feeling of immortality. When it was over, however, she looked at the clock, thought of the time that had gone by, and felt guilty. The clock was her *memento mori*, her reminder of death.

At this point I called to her attention that a few days earlier she had been concerned about her father's cardiac condition and had expressed thoughts about his dying.

Her response to this observation brought out the final element of the day residue of the dream. The previous night before going to sleep, the patient had been thinking of the men she had loved, and she had studied their pictures. There were three of them. She had put them side by side and was amazed to discover how much they resembled each other and how all of them resembled her father. She thought she would bring the pictures into the session to show me the resemblance. "Maybe it won't be apparent to you, but it is to me."

This fragment of an analysis has been presented in detail in order to place the experience of timelessness in its dynamic and affective context, and to study the elaboration of these themes in the material that followed. The ecstatic, oceanic sense of timelessness that the patient experienced took place in a moment of triumph that subjectively seemed to last much longer than the brief moment supposedly typical for this condition. The patient's mood was one of great joy and appreciation of her sense of power, a feeling of narcissistic aggrandizement and exhibitionistic gratification. All of this was colored over by a feeling of gratitude for her special, quasi-divine gift. From her associations, the gift was understood to have emanated from the God-father image. Out of gratitude, she wished to

reciprocate the gift, which was unconsciously connected with the most significant gift of all—the gift of life.

The specific unconscious mental content and motivation operative at the time of the experience related to an unconscious fantasy of identification with Mary in the myth of the annunciation to the Madonna. Derivative expressions of this fantasy emerged during the transference in the days before Christmas. Her private unconscious celebration of the myth was conditioned by her concern for her father and took the form of wishing to save his life, i.e., to extend his time indefinitely. In addition, she wished to extend her love for him beyond all time. *It was this ideational content attached to the pleasurable affects which contributed the aspect of timelessness to the total experience.* The wish to grant her father time without end found further representation by way of displacement onto the life of his people. She would like to preserve the traditions of the people and to make a contribution more lasting than a musical performance—namely, a child to continue the line of the generations.

Ideas of merging are unmistakable in the material. It is most explicit in the idea of merging with God and the audience. Less clear, but suggested, is the idea of merging with the music and perhaps subsequently with the child within her. If there was a fantasy of merging with the mother, it was most likely connected with the fantasy of identifying with the mother for the purpose of replacing her in relationship to the father. Fusion with the object is typically invoked to explain experiences of timelessness and mystical oceanic feelings. At least in the material of this experience of timelessness, fusion with the mother seems to be quite secondary to the more prominent representations of the idea of fusing with the father-God image.

In any event, the regressive form of object relations expressed in this experience of timelessness did not entail with it regressive deterioration of other functions of the ego. The patient was able to continue to perform at a high level of musical competence in the midst of her ecstatic experience.

This disturbance of the sense of time, subjectively felt as timelessness, appears to be a special kind of affective experience in which a basically pleasurable mood is accompanied by changes of self-awareness and a feeling of being outside of the time experience in eternity—both of which can be related to the unconscious mental content motivating the patient at the time of the experience. In effect, the patient was saying, as in the fairy tale, that she wished they could “live happily ever after.”

Experiences of timelessness of quite a different psychological structure were reported by the second patient. He was a young adult male, who lived in chronic dislocation vis-à-vis time. Present time had no meaning for him, and his total mode of living reflected this. He behaved as if the passage of time were of no significance. He made no plans for the future, no commitment for a career or for a permanent relationship with any woman. Living on an income made possible by his father, he had been letting the years slip by as if there were a limitless amount of time available to him. Accordingly, major decisions could be postponed indefinitely.

He said that he refused to take time seriously, just as he refused to take himself seriously. Time was not real, as indeed he felt that he was not real. In fact, he did have mild but chronically persistent feelings of depersonalization most of the time, especially during the analytic session. The fact that he had been in one form of psychotherapy or another since the age of sixteen only served to buttress his detachment from time and reality. He could consider nothing real until it had been interpreted by his analyst, whereupon he would promptly deny it. Although he had been graduated from a prestigious school with a commendable record, he had drifted from one job to another, never fulfilling his potential. Before he entered analysis with me, he withdrew from his job and frittered his time away in meaningless, unrewarding activity.

Rather than conceiving of himself as a person existing in the present, he felt like a character in a novel he might be reading.

He treated himself and his life as if he were observing another person from a distance. This heightened self-observation, which in other patients usually becomes acutely manifest in sudden sharp experiences of depersonalization, was in his case low-keyed but persistent.

Besides seeing himself as a character in a novel, he also felt like a figure in history, or like a third person about whom he could tell his friends amusing tales. In a sense, he felt he could only look back. He could think of himself projected into the future and looking back upon his life.

Interestingly enough, he rarely spoke of his childhood, and his mother hardly appeared as a character in the analysis and not at all in the few memories he produced concerning his childhood. A derivative representation of his interest in his mother, however, was suggested by expressions of nostalgic attachment to the house he lived in as a child. His mother was an affectionate woman, devoted to her husband and her two sons. Both the father and the older brother were forceful men, extremely capable and financially successful. The patient saw himself as the impractical "intellectual."

In the course of the analysis, the patient once spoke vaguely of undertaking a course of study to prepare for professional training. He had attempted such study during the first year of college, but failed the first examination in one of the required courses and withdrew from the program. Upon graduation from college, he began his first analysis and enrolled in a preparatory program once more. He did very well in some courses, but failed in others, courses in which, by all reasonable expectations, he should have done well. Once again, he withdrew.

A few months after his first vague reference to his interest in taking the course for professional school, he again brought the subject up, just as vaguely and just as unrealistically as before. This time I made him take his suggestion seriously. I called attention to the unrealistic way in which he was treating time. If he intended to do anything about his plan, he would have to act promptly. He was behaving as if he had

unlimited time, which of course was not true. This comment of mine, as it turned out, was taken by the patient as the permission he had been waiting for to begin the program of study.

Begin he did, and the new set of experiences—the first realistic responsibilities he permitted himself to face since he began the analysis—produced ample evidence of a deep-seated examination anxiety, quietly sequestered to certain specific academic situations. Soon it became clear that his phobia derived from an unconscious concept that the examination was a murderously competitive confrontation, in which one either kills or is killed by the rival.

This material led, in turn, to his fear of death. In the previous analysis, death never came up for discussion. He thought of death as the inevitable moment in time that would mark the extinction of his identity, the last moment of self-awareness. This notion was too much for him to bear. It was terrifying and he refused to accept it or treat it as real. He thought of an omnipotent character in the comic books he had read as a child. He had identified with this character whom neither time nor space could confine. He also associated the idea of being a character in history to an indirect way of attaining immortality.

The patient made a point of coming late for the next session and called the fact to my attention. Since we had discussed death as an appointment that everyone must keep, he decided that he would set the time at least for this appointment. By coming late, he was asserting his mastery, in fantasy at least, over me, over time, and thus over death.

It was at this point that he introduced his preoccupation with the idea of timelessness. He would like to extend the moment of pleasure for all eternity. He quoted the classic poet's exhortation to time: "Slowly, slowly course along, ye horses of the night."

He had two persistent fantasies which dealt with the idea of timelessness. One expressed his idealized concept of being a student. He thought of himself like Buddha, seated in serene contemplation under the banyan tree, thinking deep thoughts

forever and being outside of time and space—nothing ever changing.

The other fantasy was that of seeing himself living timelessly in a golden age. A good period would be the early nineteenth century in England, and he the young lord of the manor. He would be waited upon, protected, and completely secure in all his needs. He would stay the same age, and the situation would never change. Marrying and having children would introduce the idea of transition into this private universe. It would connote a forward progression of time and would, therefore, be unacceptable. After all, he said, the average family breaks up in eighteen to twenty years; he would have liked to remain a child forever. For him the flight from the tyranny of time was a flight from death. He felt he was a dropout from time and wondered if the college dropouts were not in their own way seeking to escape death. If time could be made to stand still, nothing would ever change. There would be no advance toward death; life would be one perpetual pleasant afternoon.

In the next session, he began by complaining about the course of studies. He was not satisfied with it, and he was concerned because the final examinations were coming up. How much better it would have been if the time dimension were changed—if he could have thought of himself as already in the future, sitting with a group of buddies and reminiscing about the past. This was a frequent fantasy. He called it his "telling war stories fantasy." Not that he had ever fought in a war, or that the conversation in the fantasy dealt with battle events—the term referred simply to the mood.

The observation was made that, in the face of the oncoming examinations, he preferred to think of himself as safely in the future, a survivor of battle and not one of the fatal casualties.

He would have preferred to think about his fantasies of being an English lord or a contemplative Buddha under a tree. He recognized the mood of the fantasies as that of the Garden of Eden, paradise before the Fall. The experience in paradise was timeless, and before man's fall was the time of man's immor-

talities. With the expulsion from paradise came mortality, change, forward movement of time, and the need to face reality.³

The ensuing associations dealt with his love of old houses. He knew that they did not last more than one or two generations, and recognized this thought as a displaced reference to human individuality, or the body, which does not last for more than a few generations. Neither analysis nor medical science could make him immortal, and a place in history was hardly a gratifying form of immortality.

At this point, the patient reported that there were two situations which regularly induced in him the sensation of timelessness. Whenever he looked at pictures of Central European cities, like Budapest or Prague, he experienced the feeling of timelessness. Time seemed to stand still; time seemed to expand into eternity. He had never been to these two cities, but he connected them with historical continuity. They are ancient cities that have survived many battles. In such an environment, he could feel protected. He imagined himself in an elegant continental restaurant, with soft furnishings and warm brown wooden paneling—everything warm, quiet, dark, and protective.

The other situation which induced the experience of timelessness, by way of contrast, was seeing pictures of artists' renditions of cities in the distant future. He loved to imagine what these cities would be like. It was comforting to look forward to living in such a city. When he saw a depiction of a futuristic city in a film, he experienced a sense of great comfort. He felt, "I am going to live in that. It would be ideal." Thus his feelings of timelessness were connected with cities long in the past and with cities far in the future. Old cities made him feel comfortable and protected, warm and cosseted, like being in swaddling clothes. He added, with a laugh, "It sounds like a womb."

The observation was made that, through the fantasy of living in the futuristic city, the patient was visualizing himself as

³ For its connection to castration anxiety, see Lewin (1948).

having safely overcome the examination and had projected himself into a time beyond his expected life span, i.e., beyond death.

This reminded him of a discussion with a friend, a scientist, who had told him that because of changes in the sun, in two billion years the entire solar system would come to an end. The patient said he was worried, as if this eventuality were a real concern of his. He took the information as a personal affront. "Death is the kind of thing that mother cannot kiss and make go away."

The material which followed brought out for the first time his deep, clinging attachment to his mother as a child—how he would run to her for comfort and protection; how he yearned to be alone with her and to possess her exclusively.

Affectively, the experiences of timelessness were characterized by some feeling of anxiety, but mostly a sense of intense nostalgic longing. That the experience of timelessness should be connected with yearning for the distant past and the distant future helps illuminate the persistent devaluation of the present in the patient's experience. For him, the present represented reality, the arena where he had to confront the rival. He denied time and retreated from the danger of death into a fantasied flight to the protective mother of the golden age. The idea of incorporation into her body was explicit, but incorporation into the mother was also part of his reassuring dream of the future. Death in the future was unconsciously recast in terms of blissful union with the mother as in the past.⁴

It seems that the material from this patient illustrates convincingly Freud's (1913) interpretation of the theme of the three caskets. The Fates represent the threefold relationship of man to his mother, the woman who bore him, the woman who loves him, and the woman who finally receives him at the end of his time into the oblivion of death.

⁴ Orgel's (1965) patient made a similar unconscious equation in which the advance of time toward death represented "the timeless state of infantile narcissistic omnipotence, of blissful fusion with the breast" (p. 103).

It should be recalled that the Fates are also known as the *Horae*, the hours. For this patient, time past and time future meant reunion with the mother after having overcome death (the father). *Thus the affect of nostalgia which accompanied his experiences of timelessness was appropriate to the specific mental content associated with the fantasy he unconsciously entertained at the moment of the distorted experience of time.*

It is noteworthy that, while the idea of incorporation into the mother was explicit, the disturbance of the sense of identity, the feeling of the self merging with the object, was not as pronounced as in the first example given. In this patient's experience, the sense of timelessness derived from unconscious fantasies of mastering death and thus insuring for himself infinite time in blissful union with the all-protecting mother.

These fragments from two analyses illustrate how disturbances of the experience of time—in these instances feelings of timelessness—may be understood by analyzing the concomitant affect, sense of self, unconscious mental content, and fear of death. Essentially such disturbances may be viewed as special forms of affective experience, pleasurable or unpleasurable, the specific quality of the experience being determined by the nature of the underlying conscious and unconscious ideational content. In these two patients, the sense of timelessness was determined by wishes to extend time indefinitely. Many related elements had been condensed into this basic wish which, as in a dream, was momentarily experienced as already realized.

In closing, there are two brief observations I would like to make concerning the theme of defying the forward course of time toward its inevitable endpoint in death. The classic element of romantic love as experienced in life, and as expressed in literature, centers on the poignant theme of attraction toward an unattainable object—a love doomed to frustration by insurmountable barriers. There exists a voluminous literature in which this theme is conceived as a dimension of time. By some

magical dreamlike situation, the limits that time sets upon our experiences are breached, and the hero or the heroine may go forward or backward into time, or into a world where time is suspended indefinitely, there to find true love and happiness. Representations of this theme are rich and varied. *Berkeley Square*, *Faust*, *Brigadoon*, *Lost Horizons*, *Sleeping Beauty*, all exemplify this theme in different ways.

What these representations achieve in common is to make possible loving union between members of different generations. What is impossible in our real time-ridden world becomes possible in the timeless world of make-believe. For patients to whom this theme and this kind of literature are significant, the barrier interposed by realistic time is a special form and derivative of the barrier interposed by the incest taboo. In these patients, the romantic attitude arises in connection with the passing of the oedipal phase, with the crushing awareness that time stands in the way of the realization of their dreams.

One patient recalled a conversation with his mother which signalized the origin of this attitude.

He said to her, "When I grow up, I will marry you."

She told him, "You cannot marry me when you grow up because then I shall be too old."

"Then why don't you wait for me?"

"I cannot wait for you. Time moves in the same way for everyone. As you grow older, I grow older."

"And then you will die?"

"Not until I'm very old, of course."

Time unyielding, inexorable, and omnipotent was identified in this patient's mind with the interposing power of the seemingly omnipotent father. For him, the realistic prohibition emanating from the incest taboo in the guise of time became the source of his romantic love—the love that remained forever unfulfilled and impossible in the literature he prized.

But even in the literature of the romantics, in the never-never land where time is breached and mastered, there is always some condition that must be observed to preserve the magical

spell indefinitely in time. Unfortunately, however, in literature, as in life, the spell is broken. The magic world vanishes and the world of time, of reality, and of death is inexorably re-established.

To pluck the present moment of rapture out of its sequence in the advancing files of time and to extend it indefinitely into eternity is what the poet seeks in his pursuit of timeless beauty. This thought was beautifully expressed by Keats (1820), who spent his creative years knowing he was a dying man. Fearing that he himself would soon cease to be, he offered this consolation to the eternally immobilized but ageless young lovers represented on the Grecian urn:

. . . do not grieve;
She cannot fade, though thou hast not thy bliss,
For ever wilt thou love, and she be fair!

The illusion of capturing a moment of joyous self-awareness and giving it concrete, if inanimate, ageless form is how the poet defies time and offers man a meager promise of the immortality he seeks.

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On Antithetic and Metathetic Words in the Analytic Situation

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ON ANTITHETIC AND METATHETIC WORDS IN THE ANALYTIC SITUATION

BY JAMES T. MC LAUGHLIN, M.D.

Freud's view of primal words emphasized their origins in the vocal acquisition of language and their similarity to primary process behavior in young children. Our English vernacular is rich in word play of reversals and antitheses, some words being truly ancient, others originating in the subversions of slang and in the child's penchant for mirror imaging and other primary process play. In the regression of analytic work the uttered word can combine with dream imagery and behavioral enactment to convey the antitheses abounding in the oral, anal, and early phallic concerns of the individuating child acquiring language.

Some seventy years ago, in the excitement of his discovery of the range and power of primary process, Freud (1910) wrote a brief paper on the antithetical meaning of primal words. He spoke of words that were primal in the sense of being very old, their origins rooted in the racial acquisition of speech and language, and special in expressing polar-opposite meanings. Thus the Latin *altus* meant both "high" and "deep," *sacer* meant "sacred," but also "accursed." The German *mit* at one time meant both "with" and "without." Freud (1910) was inclined to agree with certain philologists and philosophers of his time that these words reflected the inevitable relativism of knowing anything—that "our concepts owe their existence to comparisons" (p. 157). He quoted the philologist, Karl Abel: "if it were always light we should not be able to distinguish light from dark, and consequently we should not be able to

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have either the concept of light or the word for it. . .” (p. 157). “Man was not in fact able to acquire his oldest and simplest concepts except as contraries to their contraries, and only learnt by degrees to separate the two sides of an antithesis and think of one without conscious comparison with the other” (p. 158). Abel in turn quoted Alexander Bain, the Scottish philosopher: “The essential relativity of all knowledge, thought or consciousness cannot but show itself in language. If everything that we can know is viewed as a transition from something else, every experience must have two sides; and either every name must have a double meaning, or else for every meaning there must be two names” (Freud, 1910, p. 159). (Everyday examples of this are the “un” words, those compound words like “un-happy,” whose prefix establishes the contraries, and “with-out,” so much more graphic and compelling than “lack-ing.”) Freud followed Abel in remarking another strange characteristic of some ancient words—that these can reverse their meaning when they reverse their sound, are played backward. As an instance, in the Germanic languages he cited an English-German metathesis: “hurry—*Ruhe* [rest]” (p. 160). But he broke with Abel by a hunch that attributed these metathetic words to the play of children learning language—their delight in reversing words and turning them about—and aligned this tendency with the ubiquity of primary process.

While Freud’s short essay has had remarkably little extension, the facts remain that the roots of our language do dip deeply into our cultural origins; that children always play; and that word antitheses and reversals are more alive and common in our everyday language usages than Freud’s brief paper, with its emphasis on ancient racial beginnings, might lead us to suspect. In sum: primary process is alive and well in all we do and say. For some of us this power of primary process holds endless fascination, particularly when its playfulness whirls and tumbles speech, our prized carrier of secondary process and the psychoanalytic dialogue.

Why I find these matters worth considering goes beyond pleasure in aesthetics and wit—although I find them rich in both. I have three purposes in mind. The first is to show how certain psychoanalytic concepts about the processes of thinking and speaking can identify and illuminate the multiple modes of being and feeling lived out in what the patient has to say. Second, I wish to document my notion that antithetic and metathetic word usage reflects the persistence in adult life of the ways in which we used words in early childhood when we were just learning to say, spell, and write our newly found words, particularly words linked to the developmental concerns of those years. Finally, I hope that the examples I can put before you will convey the clinical value I find in their capturing the fullness, the immediacy, of the polarities characteristic of these early dynamic concerns.

My own interest in the matter was idiosyncratic and rooted in conflict. Basically left-handed, I had been pressed by home and school to eat and write with my right hand. But in the rest of a boy's world, and with a beloved left-handed uncle to emulate, I was insistently and happily left-handed. I discovered early that I naturally wrote mirror image with my rebellious left hand; it was then that I first noticed strange reversals and switches of meaning. It all seemed magical and risky. My mirror writing at times disturbed both my sense of direction and my right-handed writing: b's and d's, L's and J's were a jumble; and in the family idiom, I "could get lost in a box." In vague but compelling fashion I saw all this as punishment for my rebellion and I put my magic writing aside. It became a secret that even I forgot. One added impetus for this renunciation may have been the reinforcement of an early grade school experience: I put in a brief appearance at a new parochial school where I came upon an ominous oddity. The children, mostly the boys, would sidle up to each other to mutter "mad dog!" and then scamper off. I learned that all profanity, as usual, was proscribed. This was their way of rebelling.

That Da Vinci wrote mirror image with his left hand was a belated relief I found in adolescence; two analyses helped me to recover and rework what I have just related, and I have tinkered off and on with my sinister scribing ever since.

Chiefly, however, it has been my patients who have made me see.

Before dwelling upon clinical data reflecting the play of antithetic and metathetic words, I need to review and exemplify some concepts regarding words and thoughts that provide the base for my perspective. I have found most useful the schemata advanced and developed by Bruner (1964), Piaget (1945), Horowitz (1978), and Basch (1981), among others, regarding the development of thinking capabilities in the child. In essence, they identify three representational modes or components of thought (Horowitz, 1978) which blend together over developmental time. Horowitz (pp. 80, ff.) proposes that (1) the earliest modes of thinking in the infant's first year of life are enactive, i.e., sensorimotor-visceral-affective aggregates; that (2) visual and other imaging capabilities: tactile, proprioceptive, gustatory, olfactory, auditory, come into focus a little later; and then with the gradual acquisition of language (3) the lexical mode becomes superimposed toward eventual dominance. Although this sequence differs from Freud's assignment of developmental primacy to the hallucinatory (visual image) component, the composite is reasonably congruent with Freud's (1900) two-modal designations of thing-presentations (enactive-imagic) and word-presentations (lexical) and his categorizing these as primary and secondary process.

I am drawing heavily upon the implications of these concepts: that every, or almost every word we use is part of, and can summon into resonance, a gestalt of enactive-affective-imagic memory traces. Only in our most resolute efforts at logical, objectifying discourse do we squelch these allusive and connotative reverberations so that we may send and receive messages in their most linear-logical clarity. As poets, patients, and analysts know, the purest abstractions of mathematical symbols, even the

alphabet itself, can readily be reinfused with a wealth of symbolic value that points us in the direction of the child's acquisition of the language and symbolic assignments of his culture.

Take the alphabet: years ago, on the mud flats of the Louisiana delta region, I watched young black children play out some jumping game to a rhythmic beat and chant about their Mississippi river:

Mother I, crooked snake, crooked snake I,
Crooked snake, crooked snake I,
Humpback, humpback, I.

This assigning of symbolic meanings close to the body image of the child, to his child-centered way of organizing and naming his world, is at the heart of our early learning.¹

In the psychoanalytic situation reactivation of the full resonances latent in our words reliably occurs in the course of analytic regression and through the activation of the transference. A patient caught up in an orally suffused erotized transference handed me a slip of paper with some numerals someone had scrawled upon it: " $68 + 1 = 69$." She asked me what it meant and I, of course, asked her to give it some thought. It *had* reminded me of the occasional encounters I had had with 68 as a dream symbol for child-at-breast. But even more, it brought back an old and risqué joke of World War II vintage: a question about the square root of 69. I happened to be close: we learned that for her it meant "growing up and settling for less," i.e., the loss and adaptation in having to move on from breast feeding to oral genital sex.

Some years ago a depressed patient said to me about his painful state which he was trying with icy composure to conceal from his family: "What they see is only the tip of the iceberg.

¹ In her discussion of my paper Ana-Maria Rizzuto stressed the significance to body image formation and reality perception of the mirror-opposite body that the child comes to know, and how this contributes to the ubiquity of metathetic and antithetic phenomena as manifest in all aspects of the geography of the body and of bodily experience.

Inside me it's the pits." For some reason, perhaps the surprising starkness of old clichés given new alignment, I found myself playing the phrases over in my head. The reversal, TIP-PIT, fell into place: what was on top was exactly the opposite of what was underneath: a fine example of metathesis. The imaging caught the field-figure reversal at work. TIP was a something occupying/surrounded by empty space; PIT was an empty space, a nothingness surrounded by something. Not elegantly said, but it suffices. Moreover, in the emotional intensities accompanying the patient's words there were powerful affective contrasts that reinforced the images: the remote and solitary grandeur of the peak of the iceberg, its lofty upness, versus the depths, the entrapped emptiness, the downed helplessness of the "pits."

It is possible to find a substantial number of common words that can convey such opposites, either as antithetic words (shaft) or through metathetic reversals (ROD-DOR). Some of these may indeed be primal in the sense that Freud intended: monosyllabic words presumed to be very old and retaining essentially the meaning attributed to them in their Old Saxon or Old English origins. Yet far more seem to be part of, or clearly derived from our slang, that subversive component of our language which continually turns our sedate usages upside down and topsy-turvy, to the considerable invigoration of our idiom and ourselves.

Antithetic Words

Perhaps the most common antithetic word that we use becomes such only as we speak it: "(w)hole." Its delightful ambiguity rests in the power of the field-figure reversal, with affectively loaded attributions of *everything* versus *nothing*. Closely related is the word "bust"; on the one hand a staid Victorian euphemism for breasts, a literal cover word suggesting thingness and high value too special to be spoken of openly; on the other (and no doubt left) hand, a slang statement for

sudden loss, failure of fond aspiration, arrest, and goneness. A male patient of mine, concerned about his moderate gynecomastia and struggling hard to forego his incessant food nibbling, spoke out ringingly of his commitment to diet: "It's 178 or bust!"

Closely related to theme, but reaching farther back in time is the very old word "bosom," another well-bred euphemism for breast, with enduring connotations of both a supportive convex surface and an inward embracing space and surround. Here the antithesis lies in the field-figure reversal of the imagic component; the affective resonances of either pole reiterate the note of maternal substance and merger.

Palindromic Words

A further extension of this breast theme brings us to a form of word reversal not considered by Freud or Abel, yet loaded with primary process qualities: the palindrome, a word that reads the same both backward and forward; and in the doing reiterates and reinforces the enactive, imagic, and affective intensities latent in the word-presentation. As example: the slang word "boob" has for quite some time stated an ambivalent acknowledgment of the powerful thingness of woman's breast. As a palindrome it represents a multiple statement of the special significance of breast: in the imagic sense a doubling or twinning, the same thingness read both ways; and the letters themselves offer breast configurations in fine redundancy. It is also antithetic in that "boob" has the strongly pejorative slang meanings of foolish, empty headed, dimwitted. Not a primal word, in the etymological sense; but surely it becomes such in what it taps through its antithetic, metathetic, and palindromic potential. And so it is, on diminished scale, for other palindromic slang diminutives that allude to primary objects and primary concerns: "mom" and "pop," "pap" and "poop."

Metathetic Words

There is in fairly common use a fine clutter of metathetic words quite like TIP-PIT in being short and monosyllabic, of ancient origin and capturing in their reversal a similar field-figure reversal: TOP-POT, TUB-BUTT, BOOT-TUBE, NIB-BIN. Some convey added antithesis when their use as an action verb brings out their aggressive enactive component: NIP-PIN, with “nip” suggesting a cavity or pit taking something in, and “pin” a tip or sharp point skewering something. Rather close, but from Old Danish are GULP-PLUG, with “gulp” connoting a swallowing of the whole, and “plug” that which fills up or stoppers the hole.

Other words steadily slip in from slang origins often obscure. The slang word for being suddenly struck down and helpless, KO, seems to date from at least the early 1800's when the “London Rules” for boxing had established distinctions (important to the sporting-life subcultures in England and this country) between a boxer's being knocked down or knocked out. The reversal of OK for alright supposedly is dated to the national political campaign of 1840 when Democrats in the East dubbed themselves “The OK Club,” drawing upon Martin Van Buren's birthplace in Old Kinderhook, New York. When these became juxtaposed as opposites I do not know, but as such they have durable use to this day. I am indebted to a colleague for a poignant instance of their antithetic tension: he asked his hemiplegic patient, a sturdy and jovial fellow just coming back from a massive left cerebral hemorrhage, how he was doing. Unable to speak or to write, the patient gave a game, lopsided smile and scrawled with faltering left-hand mirror image, right to left: “KO.”

One last metathesis that conveys primitive opposites in enactive, imagic, and affective resonances—especially when said: SIP-PIS(S). As with other instances of metathesis, we cannot be sure this is not a lucky accident, for certainly not all reversals capture an antithesis. Yet, teased apart and reflected upon in

terms of enactment, imagery, affect—even the difference of feeling that comes with uttering the words, their opposites accumulate and reinforce. SIP as an act connotes taking in something gently, partially, savoringly—something that is good like water or wine; or perhaps bad, possibly poisonous, but in any event important to imbibe. PIS as an act signifies the expulsion, the riddance of something, usually not good, and valueless once pissed away. SIP as act (verb) and as image (noun) affectively connotes softness of the intaking and the taken-in, with implicit linkage to nurturance and libidinal trends. Contrarily, PIS as act and as image connotes a harshness and destructiveness of riddance with linkage to aggression and anger.

CLINICAL EXAMPLES

In the clinical examples that follow I apply the trimodal schematic separation of the components of thought: enactive, imagic, and lexical, seek them in all aspects of the patient's associative material, and link them through the familiar usages of contiguity, simultaneity, redundancy, and likeness of symbolic expression.

Ms. X, an intellectually gifted professional respected in her field, had come into analysis for help with episodes of depression and long-standing fear of men. She was a warm, genial, and open woman, yet constricted in her social life and avoiding all personal closeness with men. Her obsessionality, altruism, and self-effacement we gradually had come to recognize as cover for her hunger for love, her envy and competitiveness, mostly disavowed or repressed. As our analytic work came to shake her habitual defense of an insistent, idealizing transference dependence, she experienced and disavowed frustration rage over my failure to assure her of my love for her and my recognition of her goodness. She experienced my silences as starving her and tried to soothe herself by talking, but would wind down to silence, feeling “empty, drained.” At such times she found

nourishment and energy in my words, irrespective of their content. Or, lacking them, she would fling herself outside into eating binges, returning morose and guilty and expecting my rejection. Following an hour in which I had reflected back to her the enormity of her shame and feelings of badness over her eating—and had wondered once again if there might be other feelings she was dealing with, such as irritation and criticism of me for not feeding her with love, she brought in a dream:

I was at the brim of a gorge, or ravine, that dropped downward into a deep abyss. When I tried to edge down into it to see what was there, I came upon sharp, glass-like rocks that could cut or rip—and farther down glimpses of wet slippery walls, the sounds of running water, mud and rocks—unpleasant odor and moisture. I got frightened: could easily slip and fall all the way down. Edged back, past the sharp places, afraid I might not make it. Flopped back over the edge and awoke very anxious. Couldn't sleep—had to go to the kitchen and eat ravenously, stuff myself, try to get filled up.

Some weeks later, when wrestling with half-acknowledged anger and pain occasioned by my coming vacation, Ms. X talked of “feeling cut loose and deserted forever, like the spaceman in *2001*,” “left just nowhere,” and related another dream:

I am driving somewhere strange to me, coming from a restaurant and friends. The countryside gets bleak, dry, brown, and barren—soon just desert. I get very uneasy: will I have enough gas, will a tire go flat?

Ms. X had actually been to dinner that evening with friends, among them a married couple. She had felt envious of the pair for their security in having one another and was painfully aware of the signs of intimacy and claim linking them together—something she was sure she never could have. In the restaurant she felt big and empty—“just one huge mouth”—and was hard

pressed to conceal her voracity. She succeeded until the dessert tray. "At the sight of all that sweet stuff I wanted to swallow it all, wanted to fill that void, gulp it all myself. Going home I was ravenous, bought a bag of chocolate cookies, couldn't wait to get home to tear it open, stuffed those cookies in in gobs—gobbled the whole bag."

Let us look more closely now at the antithesis and metathesis in what Ms. X had to say.

She described her dream ravine as a "gorge," in imagic terms a field-figure configuration of empty space in a surround of thingness, with affective resonances of threatening depth and engulfing openness. Her further detailing of the gorge in the manifest content suggests as graphic a gestalt of the oral cavity and gullet as I have encountered. While she did not in these hours literally speak in the enactive mode of "gorging" herself, in which the significance is that of open space being filled by thingness, her postdream behavior in stuffing herself ravenously to fill herself captures the feeling and acting of "gorging." In other hours she frequently did speak of "gorging" herself. And on a few occasions when beset with rage at and envy of more favored others, she would speak of "my gorge rose till I could hardly hold it in." Not incidentally, the ravine-ravenous allusions reinforce the gorge imagery, put earlier by Ms. X in yet another antithesis: "[I am] a bottomless pit that needs to be filled up, feel whole."

In her desert dream Ms. X captures through the imagic connotations in the noun "desert" the emptiness, lostness, and lack of sustenance she experiences in being "deserted forever" by me as I am about to leave on what she assumes to be a vacation with my wife. Again her associations to the dream capture her sense of insatiable oral hunger: just one huge mouth or void which only sweet stuff, dessert, could possibly fill, through her "gulping it down" or "stuffing cookies in her mouth in gobs, gobbling the whole bag."

To be sure, the antithesis connoted by the noun "dessert" and the verb "desert" might seem a bit forced. But for *this*

patient sweet dessert was indeed the only *thing* that she could experience affectively as sating her hunger, and then only if she could gobble gobs that would stuff and fill, let her gulp the whole thing. And, again, there is reinforcement by other loose antithesis and metathesis in the same hour and of nearly identical meaning: “gobs,” or “a whole bag,” are what it takes to fill the empty space that gobbles and gulps. While the patient did not go on explicitly to speak of her filling her void as “plugging” it up, her imagery, enactment, and desperate wish to *stop* the hunger strongly depict this antithesis.

Mr. Y, a soft-spoken academician, struggled with depression and moderate overuse of alcohol as he labored to conclude in a gentlemanly fashion divorce proceedings that had dragged over several years through his wife’s intransigence and attacks. He was afraid that she and her shark lawyer would easily “lick” him and his scrupulous woman lawyer, leaving him stripped. He desperately wanted to be quit of this woman he had thought to be strong and sure and instead found domineering, insecure, and self-centered. He wished to be free to marry the woman he was living with: his gentle, generous, and nicely dependent Patty.

Beneath his character stance of courteous deference to all—particularly women—he had a quiet stubbornness that occasionally erupted into impulsive self-assertiveness that he felt guilty about. Expecting rejection, he was ready to isolate himself. Frequently, in talking of his strangled efforts to fend off his wife’s attacks on his morale and wallet, he spoke of being “rocked” by his wife’s unexpected and outrageous legal sorties, staggered by their wanton viciousness. Upset, in a turmoil of ruminative rage and unable to sleep, he would quiet himself with alcohol. His drinking and withdrawal made Patty anxious and insecure, for it threatened the tranquility and closeness they shared. As he put it: “What she wants to do for me at those times is hold my head in her lap, bend to me, and sort of rock me—and there are times when I can let her do that, and it’s

great. But other times, I tell her I just have to go off by myself and lick my wounds. And it leaves her puzzled and hurting.”

In an hour shortly after his marriage to this mothering and vulnerable woman, and on the eve of a business trip that was to be partly a honeymoon, he reported a dream:

I am with Patty in a little sailboat—like the one I had as a boy. She hadn’t been eager to come but came along to please me; smiling like she does when she isn’t sure. Wind gets rough—like a storm soon—she falls or huddles in the bottom, crying and angry at me. Storm comes and I’m afraid we won’t make it—I may not be able to handle it alone—she could be destroyed.

Mr. Y went on to speak with delight of his pleasure in his new wife, her idealizing of him, admiration for his strength, and gratitude for the security of his love. He was eager for the trip, to show her new places and people: “I would do anything for her. I want so much to spoil her, make her so secure and sure she will never be afraid or hurting.” I asked what made him concerned for her frailty and need for his protection. He talked of his uneasiness about having to leave her for his work—she might pine or become ill. Did he have the right to do what he wanted if at her expense?

Mr. Y’s data spoke poignantly of his dilemma. His words conveyed the oppositeness between his drill-sergeant former wife whose “rocking” assaulted and unbalanced him, and his unthreatening Patty whose “rocking” soothed and steadied. In similar fashion his anxiety over the possibility that his former wife might “lick” or do him in through her legal depredations required that he “lick his wounds” with the shield and comfort of solitude and alcohol.

Freshly into his more gratifying marriage Mr. Y revealed graphically, through his use of the word “spoil” and the dream that accompanied it, his underlying ambivalence toward the central woman in his life, an ambivalence that had comfortably

been split so long as he was still involved with his aggravating ex-wife. Consciously he wished to "spoil" his beloved Patty through indulgence, protectiveness, and pleasing. Less in awareness were disavowed anger and rebelliousness that her hovering dependency might impede or constrict him, and his anxiety that he might ruin and destroy her, "spoiling" her as the sturdy companion and helper he needed.

Once again, in this instance the patient did not explicitly verbalize the obverse of spoil as indulgence. Yet this antithetic meaning: to ruin, render unusable or inedible, was richly manifested in his dream and anticipatory concerns over conflicted wishes to assert his own needs versus living up to his deep commitment to be cherishing and gentling to women—a very old conflict once more revived.

Mr. Z had been with me in twice-a-week psychotherapy for many years, coming to therapy as the divorced father of two children and complaining of extreme anxiety and moderate depression. But he suffered even more from a pervasive lack of pleasure in all aspects of his living, often feeling empty, aimless, and quite isolated from anyone except his daughters. He was deeply ashamed of the double life he sustained: publicly a slightly effete, struggling businessman still much involved with his former wife over the rearing of the children; secretly a furtive seeker of men's room fellatio with total strangers. In a business that catered chiefly to women, he was repelled by them and had avoided all sexual contact once his children were born. He was hyperalert to and fastidiously affronted by women's genital and menstrual odors. As he once joked, "The nose knows, and it's all no's."

Behind his façade of urbanity and chatter was a very angry man hungry for affection and approval but literally unable to accept anything, even food, pleasurably from a woman. When forced to dine with women or be fed by them he would "go dead inside, be there going through the motions."

Over years of hard work we gradually filled in a picture of

the very little boy he once was, the third son in a family whose mother idolized her firstborn and yearned for a daughter. Cocky and assertive as a two- to three-year-old, Mr. Z reacted with stubborn constipation and an eating disorder around the birth of a sister when he was a little over four. For a while he carried on vigorous sex play of coital mimicry with a neighbor girl his age and fought losing battles with mother and a maid over the frequent enemas administered to solve his constipation. Father put a stop to his affair with spankings and threats. In a very short time he changed into a quiet and devoted little mother-pleaser, outwardly full of hovering devotion to her and his little sister, inwardly a remote and detached observer full of hate and envy as he monitored the preferences given big brother and little sister. He found substitute mothering in closeness to middle brother, shared bed and caresses with him for several years, and went to the streets for his first homosexual encounter at about age fifteen.

As he worked over his isolation and anger, he was able to reclaim some of his lost phallicism. He expanded his business in daring fashion and sought the social companionship of attractive women while reducing, but not eliminating entirely, his homosexual cruising. He saw these behaviors as remarkable, although their transference linkages and enactments were obvious enough. He discovered great pleasure in boasting at length to me of these accomplishments. While he did not, in a single hour, use both sides of certain key words, over several sessions he did describe his "shafting" or "licking" some domineering competitor or his vigilance that they not do this to him. At the same time he dwelt on how delightful yet scary it was to arouse and please his girlfriend with oral sex, to "lap" and "lick" her genitals. Later he was boastful and explicit about his coital prowess, how he delighted "to bury my shaft in her hole, fill it, and feel it full and holding me, so together I can hardly believe it."

Mr. Z's use of the word "lick" conveyed both his newly accentuated aggressiveness and now effective competitiveness

with other men in his field, in implicit contrast to the earlier men's-room licking that had shamed him, and in clearer contrast to the loving accommodativeness of the licking and lapping of cunnilingus—the nose was now saying “yes.” (The imagic aspect of “lap” as noun, as receptive place, and the enactive aspect of “lap” as active-assertional verb might be seen as another, though loose, antithesis made literally confluent in the cunnilingual act). Later Mr. Z’s use of “shaft” conveyed his most phallic-level playing out of ambivalence: he was now “shafting” business competitors to beat or defeat them, and occasionally “shafting” per anum, as an act of love, a homosexual friend whom he had grown to enjoy and wished to please. But chiefly he was triumphantly savoring (both in the act and in the transference) a phallic prowess in coitus he had not previously known. While he did not explicitly refer to the vagina as “shaft,” his allusion to “burying my shaft in her hole” conveys the antithesis and complementarity of shaft as rod and as hole. Further, his dwelling with ambiguous syntax on the vagina made full and holding by his penis conveyed a sense of merger, confluence, and unity.

Late in his therapy, as he was settling into a promising new marriage and knew he was wishing to wind up our long relationship, he brought to the fore an old and powerful narcissistic issue that had been on the scene from the beginning of our work: whenever he felt pushed or put down by me, or had to face separations occasioned by either of us, his eyes would hood and glaze in a remarkable fashion. And he would tell me that he was hearing my words but they weren’t getting in, he couldn’t see me; that he had shut off all emotional resonance and gone empty. He linked these phenomena with an intense and very real body sensation of a tight wall or barrier inside his lower abdomen, somewhere between bellybutton and crotch. It kept him from feeling or reacting to anything he didn’t want to feel. This had been a power he had gradually built up from the days of the enemas, but it was now automatic and had control over him. We had come to understand this variously, chiefly as

a fantasy of control and protection by which he could deny his helplessness against the enemas, handle his fears of castration, and prevent any "letting in of anybody"—i.e., acknowledge the emotional significance of the other.

One day he was telling me once more of his barrier, with the eye-hooding I had not seen for a long time; the context being a protracted break in schedule that my vacation would initiate and his would extend. "I know you want me to tell you I am angry and hurting—and I guess I am. But I don't want to tell you, to give in. I feel anger only up here [taps chest], not down below. I'm feeling that tightness, that knot in me right now. It's a big 'No' in me I won't give up, not for anybody, even you. But say! . . . something I hadn't seen before: it keeps me tied to you and you to me—you are leaving me and I want to leave you, but I don't and I need you with me but won't let you in—I'm saying I'll not! See! It's a knot that says yes that says no! Yes, I need you but no I won't." (He is quite excited and sputters and fragments his words for a few seconds.) "It is like it was with those GD enemas: I'd go for days not going and she'd get at me, pay attention, ask questions and check my 'do' before I could flush. So I *had* her—but then she'd get *me*: they'd corner me—or sweet talk me about being her good little boy, offer me something I liked—get me to come to her, then *grab* me. Those enemas—sooner or later I'd have to give in, so I would—but she still couldn't *get* me—I was way inside behind my wall—we were tied to each other all the time like on a cord."

This pregenital wish to be merged or confluent, and its counterpart fear of separation (as well as the disintegrative concurrents of being given enemas), are evident in Mr. Z's illusory, but very real "knot that says yes that says no." While this instance of antithesis is the most idiosyncratic of all that I have presented here, it captures much that has to do with this man's lifelong problem of antithetic fear/wish around closeness/separation from mother, now heightened to new intensities by the gains of a prolonged therapeutic relationship soon

to end. He was impelled toward termination and freedom/separation from me even as he fought to cling to the relationship that reminded him of all that was shitty, shameful, and safe in what he had been. His "knot" in his gut had been his intractable "no" to the intaking of love that could trap and rob, yet it was indeed his "yes" of linkage and submission to mother, to wife and children, and in time, to me.

DISCUSSION

I need first to clarify certain clinical matters of some technical importance. Awareness of the antithetic and metathetic implications of the word usages just described was solely mine, not the patients'. At no time did I point out to patients their use of these words or deal with them cognitively on the polarities and antitheses embedded in the usage. Even more, my special interest in and alertness to these word-happenings altered temporarily my preferred mode of utilizing the words and idiom of patients in phrasing my interventions. In the excitement of discovery of the antithetic connotations of these words I tended to become quiet and held-back, waiting for the patient's spontaneous filling out of the full range of meanings. It seemed sufficient for our work to pick up on these dynamics in the person-to-person context of our dealings with each other as a base for eventual linkage to their transferential roots.² Yet I know that my general interest and pleasure in words are steadily communicated to my patients.

Each of these patients had his or her own, nearly lifelong intense interest in words and their use. Ms. X had grown up in

² My own inner resonances in those times of sudden recognition of a new instance of antithesis or metathesis were considerable: bird-watcher vigilance and exhilaration, with heightened awareness and sense of understanding of the enactive, affective, and imagic sensations I was experiencing. While these were significant indicators of my transferential involvements, and could be dwelt upon for their power to illuminate more fully pertinent dynamic aspects of both patient and myself, I have chosen not to pursue these dimensions in this paper.

a crowded household in which open aggression was the prerogative of the mother, and words the *only* sanctioned tools for pinning and nipping each other. She confessed to a keen capacity for cutting sarcasm, a biting wit, and a gift for caricaturing, verbal mimicry—all of which she was constantly on guard not to use on me. Mr. Y lived in a professional world where words were used with exquisite precision and infinite shadings of meaning. He had grown up in a highly literate and overcivilized, woman-filled large family in which words, and all other conducts, were schooled and modulated in pursuit of highly invested values on propriety, tact, and gentility, particularly toward women. Mr. Z, in pulling back from his family, quickly scorned their blunt and pragmatic immersion in the ethos of business. He embraced literature, music, and the arts with covert intensity and had developed a fine ear for words and music in many contexts.

So, I am prepared to accept as a given that a more-than-usual base of transferentially invested interest, respect, and pleasure developed between these three patients and me around how we used words with each other. By “more-than-usual” I have in mind the hyperinvestment of concern and attention to words and silence that the oral-aural emphasis of psychoanalysis asks of the analyst and forces upon the patient on the couch. Given this deprivation of other communicative cuings, it is inevitable that all aspects of speech and silence, the resonances of every word, take on fresh loadings of enactive and imagic meaning for both parties. The old saw, “sticks and stones,” etc., becomes in analysis just as pathetic a denial through resort to the magic shield of words as it was in the childhood of its origins.

For these three patients, and for me, there were developmental and conflictual reasons to prize and fear words as toy and tool, shield and weapon. In their sessions these patients were often aware of puns and double meanings in what was said, and at times would play with words in such fashion. Yet, notably in the instances I have cited, the patients were intensely caught up in transference-loaded issues behind their verbal content and

were in a serious, somber, or anxious mood. None but Mr. Z showed awareness of the use of the key words either during or after their uttering. Mr. Z did catch himself up after the fact, but his focus was clearly upon the ambivalence in him about his relationship to me and to his mother captured by the antithesis *he* found in his "knot." He did not again refer to its usage in our subsequent work. What I wish to convey is that in all instances the child's mode and mood of playing with words were quite absent from the scene, whereas a cluster of powerful pregenital and phallic-aggressive concerns was much in evidence.

By now it will be evident that the word samples I have presented share certain characteristics yet have their differences from one another. Most are monosyllabic and of ancient origin. Some are clearly newer and retain the flavor of the slang sub-language that generated them. Most have their spontaneous utterance in the context of dynamic issues centered in the establishment of body image, sexual difference, and early object relations, chiefly those of the oral, anal, and early phallic phases of individuation and separation. Their combined enactive and imagic components point to a dyadic context, the chief referent being mother and self as the primary object or part-object. The oral base and maternal linkage are most evident in such words as lick, lap, gorge, gulp, boob, and bosom, even "spoil," all rich in enactive and imagic resonances suffused with congruent affective intensities. Self/object fluidity, shifting of boundaries between self and other, and assignment of genital difference are implicit, but nonetheless powerful, in the field-figure reversals around concave and convex, container and contained; emptiness bounded by substance; or substance that fills and shapes the emptiness of space: gorge, (w)hole, shaft, gulp-plug, pit-tip, and swallow.

Mr. Z's "knot that says yes that says no" impresses me as being truly antithetic and perhaps even more primitive than the others: it is almost totally lacking in enactive or imagic resonances but loaded with affective and visceral intensities.

It seems truly a gut-level NO! reminiscent of the unarticulated NO implicit in Freud's (1925) concept of the original pleasure-ego that would eject from itself what is bad, and akin to the headshaking refusal of the child from the first year on that Sptiz (1957) found to be the "triumphant slogan . . . of the child's negativistic period . . . of anal stubbornness" (p. 101) and harbinger of his separateness.

I do not, of course, presume that these observations on the play of primary process in antithetic and metathetic words suggest that infantile modes are extrapolated in a straight line into adult behavior. The fact that the data base used is that of words themselves, the product and tool of secondary process, precludes such a notion. Nor do the data suggest that these patients, or others I do not have space to present, are borderline or psychotic characters, or have thought disorders within known diagnostic categories.

I do not pretend to understand the mechanisms of word formation that would allow us to account for why only some words embody antithesis, why only some words through metathetic reversal also reverse their meaning and far more do not.

But the data I have adduced here, plus that gained from scanning as many antithetic and metathetic words as I can discover in common usage, point strongly toward the early years of life as the time when basic polarities of body boundaries and self-other are being dealt with: inside-outside, oneness-twoness, eat-be eaten, yes-no. These are the years when short words redolent with enactive-affective-imagic memories of early experiences are gradually being assigned in those crucial processes of assimilation and reintegration that preoccupy the separating child learning new mastery of his primary experiences through newfound words to speak and spell of them.

I want to stress that these are the same early years when the establishment of cerebral hemispheric dominance is beginning its long struggle. This uniquely human genetic/developmental given is powerfully shaped and skewed by family and culture.

My own experiences with handedness have convinced me that this period and its dominance vicissitudes have much to do with laying down and reinforcing, or constricting, the capacities and motivations for the word play that I have described. This assertion has come to seem less idiosyncratic as I recall chance observations I have made of preschool youngsters struggling with crayon or pencil to copy words and letters: a little left-hander scrawling consistent mirror image of the print before her; others, whether right- or left-handed, interspersing reversals in otherwise normal copy—yet all of them quite unaware of the difference until confronted. Then, years later in coming upon these same children in latency, I found their writing now quite proper, and none of them able to recall their oddity, nor how they had come to write it right.

Much in all this speaks of suppression and repression of the early modes of seeing and saying that we designate as primary process; much that offers glimpses of the close relationship between the achievement of hemispheric dominance, the establishment of the repression barrier, and the dynamic unconscious.

I see in this playing with words to achieve antithetic, metathetic, and palindromic meanings eloquent testimony to early developmental struggles to speak and to write. These overriding human capabilities take their shape under the pressures of the innate thrust toward cerebral dominance and the external pressures of family and culture that shape, skew, and reinforce this given. These struggles contribute to the rebelliousness, ambivalence, and push for autonomy of the individuating child. The power and magic of words afford him a subversive and adaptive mode he can use through life, often with increasing discriminative articulation as he comes upon the usages of spoonerisms, puns, word-wit, and slang.

That the antithetic and metathetic meanings of words such as lick, shaft, and rock have presumably originated in slang usage suggests that the kind of unruly playfulness Freud correctly attributed to children's play with words is *not* confined to childhood but remains within us, or at least within some of

us, so that new antitheses and contrasts are steadily being improvised and elaborated, with some, such as BOOB, and OK-KO, occasionally becoming rather stable additions to our vocabulary. But most important, these deceptively simple words retain their power and use for us because they can so directly tap the wellsprings of our earliest becoming.

SUMMARY

Freud's (1910) perspective on the antithetic meaning of primal words, as rare and ancient words capable of conveying polar-opposite meaning, attributed this acknowledgment of opposites to a developmental necessity in the evolution of thinking and speaking during our racial beginnings. He achieved a more dynamic-analytic view of metathesis, an even stranger reversal of meaning achieved when the order of the letters of a word is reversed (mirror image), as being a phenomenon related to the word play of children still under the sway of primary process thinking.

Our vernacular use of the English language is rich in such word play on opposites and reversals. Some common words are both antithetic and at least primal in being of ancient origin. Others are metathetic in their mirror-image reversal and also ancient. Many more, however, have slipped into accepted usage from obscure origins in our subversive slang. There are yet other words of slang origin that constitute a variant not alluded to by Freud: the palindrome, a word reading the same backward and forward and capable of conveying reinforced sameness or antithesis.

The earliest thinking of the infant is presumed to be in the *enactive mode*: a mixture of affective intensities entwined with proprioceptive, visceral, motoric, and other sensory qualities; then, in quick accretion, an *imagic mode* rich in sight, sound, taste, touch, etc.—both consonant with Freud's early conception of primary process; somewhat later, the *verbal-lexical* mode of Freud's secondary process gradually added.

In this schema a person intent upon communicating in the rational strata of secondary process thought does so through suppressing all other dimensions. But, under certain conditions inducing regression even the most abstract words can become reinfused with their old enactive/imagic intensities.

Case material is presented to convey the qualities of those instances in which a patient uttered such a word, and in the saying conveyed one polarity of an antithesis, then went on explicitly to voice its opposite meaning and/or play it out in dream imagery and behavioral action. Thus Ms. X dreamed of exploring a dangerous, gullet-like ravine from which she retreated to ravenous wakefulness in which she gorged herself, gulping down gobs of sweet stuff, plugging her rising gorge of rage and envy.

It is significant that the three patients were not in a mood to play with words, although the verbal ability of each made them able for it, and they knew me to be a good audience. Instead, each was in a somber, anxious, or depressed state, caught up in pregenital urgencies in dyadic configuration both in their outside reality and in their transferences, and oblivious to the antithesis they voiced or played. The awareness was mine, an issue I have only touched upon in this paper.

These words allude to primitive ambivalences clustering in the oral, anal, and early phallic phases of separation and individuation. Their combined enactive and imagic components center in maternal concerns, while their field-figure reversals around concave and convex, container and contents, emptiness and substance, suggest self-and-object fluidity and shifting boundaries between self and other.

This confluence of word, imagery, and behavior suggests that the use of these words by these patients reflects the power of dynamic issues central to those years when body image and boundaries between self and other were being worked out; when short words rich in enactive/imagic intensities are becoming assigned to earlier experiences that the now-articulating

child is struggling and playing to master, recast, and assimilate in the new dimensions of his language capabilities.

I think it worth stressing that these are the years of the gradual establishing of hemispheric dominance and the beginning of a long struggle to assert the supremacy of secondary process thinking. The vicissitudes of such assertion, reinforced and so often skewed in its genetic givens by family and culture, amplify the rebelliousness and push for autonomy of the growing child. Word play, and especially the slang of the child's peer subculture, do much to shape his subversive/adaptive ways by which to use words as tool, weapon, and shield. That so many of the words considered here had their origins in slang bespeaks this point, in confirmation of Freud's view that it is the child's playfulness that provides source and impetus for such word tumbling. Yet it seems as evident that these primary process capacities live on in us as adults, complicating and enriching our discourse, and reminding us of our beginnings.

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SOME OBSERVATIONS ON THE PSYCHOANALYTIC PROCESS

BY EDWARD M. WEINSHEL, M.D.

The author's aim is to delineate the psychoanalytic process and to distinguish it from the psychoanalytic situation, the transference neurosis, "insight," and psychoanalytic technique in general. Freud's 1913 views provide the basis for a concept of the psychoanalytic process centered on the recognition and interpretation of resistances and on the patient's reactions to the analyst's interventions. This clinically observable "unit" of the process is described and compared with Bernfeld's "facts of observation." The proposition is advanced that the process does not come to an end with the termination of analysis. It continues postanalytically in the form of the patient's more objective and more effective capacity for self-observation. The paper closes with a warning about the "pitfalls of perfectibilism" and with a plea for the elevation of the not-so-good analytic hour.

I

In 1968 Greenacre (p. 211) decried the fact that the gradual emergence of the concept of a psychoanalytic process was not accompanied by a "very compact" literature on the subject. References to the concept were scattered throughout numerous

Victor Calef, M.D., died on October 12, 1983. He was an outstanding psychoanalytic clinician, teacher, and author, and this paper is dedicated to his memory. While I am indebted to many colleagues for direct and indirect help in writing this paper, most significant has been my collaboration with Dr. Calef over a period of many years. During those years, the topic of the psychoanalytic process was a persistent one in our discussions. I know that Dr. Calef planted the seed for many of the ideas I have incorporated in this essay, and I have borrowed shamelessly from a number of his unpublished papers. I shall always be grateful for both his assistance and for that most fruitful collaboration.

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papers on theory, technique, and clinical findings. She also pointed to the critical "interdependent roles of technique and theory" in the evaluation of the concept. If one accepts that very basic and reasonable hypothesis (which Greenacre did not explicitly pursue), then one should also accept the parallel hypothesis that as psychoanalytic theory developed and changed, there should have been parallel shifts in the theory of psychoanalytic technique—and in the conceptualization of a psychoanalytic process, however inchoate that conceptualization might be. Freud's (Breuer and Freud, 1893-1895) earliest concept of a psychoanalytic process would therefore be viewed as something quite unlike (though with some parallels to) that which we would delineate in the period since the enunciation of the dual instinct theory (1920), the elaboration of the tripartite system (1923), and the concept of signal anxiety (or signal affects) (1926).

In the past quarter of a century, there has been increasing interest in the idea of a psychoanalytic process; in fact, the term has achieved a certain vogue and has taken on an aura with a positive connotation. It is "good" for there to be a "psychoanalytic process" in an ongoing analysis; and it is even better to be able to demonstrate it. Indeed, the Committee on Certification of the Board on Professional Standards of the American Psychoanalytic Association has indicated that a significant criterion for gaining full membership in the Association is the capacity of the applicant to demonstrate the presence of this process and its appropriate management in his or her case reports.

Nevertheless, references to the psychoanalytic process, although more frequent, still remain somewhat scattered in our literature; discrete, organized dissertations on the process are still far from numerous. More striking is the fact that, while everyone seems to talk about the psychoanalytic process, there is little evidence to indicate that there is anything close to a consensus on how we might define the term. There is more than a little confusion about the relation of the psychoanalytic process

to the psychoanalytic situation, psychoanalytic technique, the therapeutic or working alliance, the transference neurosis, the development of insight, "being *in* analysis," and so on. The distinctions are not easily formulated in an abstract theoretical fashion, let alone from specific clinical data, especially when the data are limited and circumscribed.

According to the *Concordance* (Guttman, et al., 1980, p. 1013), Freud used the word "process" 1,297 times. I confess that I have not examined each of these references, but a more than cursory scan of the many columns of citations, together with a limited but judicious sampling of them, has persuaded me that only a few of these references are connected with the psychoanalytic process in the sense that I will use it here. One of these almost 1300 references to the word "process" is probably familiar to most psychoanalysts, coming as it does from the essay, "On Beginning the Treatment," written seventy years ago. In his discussion of the problems around the patient's "justifiable wish" to shorten analytic treatment, Freud (1913) said:

When patients are faced with the difficulty of the great expenditure of time required for analysis they not infrequently manage to propose a way out of it. They divide up their ailments . . . and then say: 'If only you will relieve me from this one (for instance, a headache or a particular fear) I can deal with the other one on my own in my ordinary life.' In doing this, however, they over-estimate the selective power of analysis. The analyst is certainly able to do a great deal, but he cannot determine beforehand exactly what results he will effect. He sets in motion a process, that of the resolving of existing repressions. He can supervise this process, further it, remove obstacles in its way, and he can undoubtedly vitiate most of it. But on the whole, once begun, it goes its own way and does not allow either the direction it takes or the order in which it picks up its points to be prescribed for it. The analyst's power over the symptoms of the disease may thus be compared to male sexual potency. A man can, it is true, beget a whole child, but even

the strongest man cannot create in the female organism a head alone or an arm or a leg; he cannot even prescribe the child's sex. He, too, only sets in motion a highly complicated process, determined by events in the remote past, which ends with the severance of the child from its mother (p. 130).¹

Let me underscore a number of key points in Freud's analogic statement:

1. He sets forth a goal for the analytic work, that of the resolving of existing repressions.
2. He calls attention to limitations of both the analyst and the analysis. Certainly, the analyst cannot predict the outcome of the analytic process.
3. He sketches out what the analyst *is* capable of doing. The analyst sets in motion a process aimed at resolving repression; he can supervise the process, further it, and remove obstacles in its way, which will "vitate most of" the repressions.
4. He argues that the process, once initiated, must run its own course, a course determined by events in the remote past.
5. He asserts in this analogy that this "highly complicated process" comes to an end only when the patient is separated from the analyst.
6. Although he does not spell it out explicitly, Freud presents us "with a notion, however loosely defined, of a progressive development over time in a definite direction" (the words are from Kris [1956, p. 253]).

I am not optimistic about the prospects of constructing a concise definition of the psychoanalytic process which will be congenial to all colleagues, let alone be accepted by all of them. Whoever proffers such a conceptual definition would of necessity present a formulation which would reflect his own editions of the basic postulates of psychoanalysis, his elaboration of those postulates into various levels of theory, the ways in which he

¹ I am indebted to Samuel Hoch for calling this passage to my attention a number of years ago.

translates that theory into practice, and his conscious and not-so-conscious goals of analysis.

My point of departure will be Freud's phrase, "the resolving of existing repressions." But my discussion will focus more on the whole idea of a "dynamic unconscious" and the work that needs to be carried out in order to deal with those forces which maintain the repressions—all the mechanisms of defense and resistance,² not just the specific mechanism of repression. I will emphasize those external observables, the resistances, which from many sources become the obstacles to that work, for both analyst and patient. I recognize, not entirely with equanimity, that I will most likely achieve only a portion of my goal. I anticipate that my work will, however, permit a considerable exploration of a wide variety of both conscious and unconscious psychological activities.

I would concede that one might discuss the phenomenology of the process, but I do not believe that a narrative version of that phenomenology really tells about *the* process, although some fragments of the story may afford us some hints of and access to the process and "lead" us to it. Similarly, our interest in the genesis and the development of the "psychology" of each analysand permits each analysis to become "a sort of self-played dramatic play in and by which the history of the individual is reexperienced, restructured, acquires new meanings, and regains old meanings that were lost" (Loewald, 1979, pp. 372-373). Such a "history," the product of a great deal of analytic labor, of many insights, of careful reconstruction, may provide us with an important and fascinating document; but it is not the process.

The psychoanalytic process is a *special* interactive process between two individuals, the analysand and the analyst. There may have been a time when the "process" was seen as something taking place only within the patient. The psychoanalytic process requires that there be two people working together, that there be object relationships, identifications, and transferences.

² For an excellent general description of resistance, see Stone's (1973) "On Resistance to the Psychoanalytic Process."

I recognize that it is somewhere between whimsical and quixotic to try to subject the concept of the psychoanalytic process to a metapsychological scrutiny; I would like to be able to do so, but I cannot. I would, however, like to borrow the framework developed by Rapaport and Gill (1959) as a point of departure for some observations on the process:

1. *The genetic-developmental point of view* was invoked in Kris's (1956) statement "of a progressive development over time" (see also, Calef, 1976, 1982b) and in Freud's phrase "determined by events in the remote past." It is also reflected in the assumptions we entertain about the capacity of the human psyche for change and for growth (Loewald, 1980, pp. 281-283) and about its capacity as well as its propensity for regression; and, of course, we divide the analysis and its "process" into the opening, middle, and end stages.

2. *The adaptive point of view* is useful in observing how the patient deals with and adapts to the analytic *situation*, the structured understanding of the ground rules and the mutual responsibilities that serve as a framework for the analytic venture. This is not to say that there is *a* set of rules for all analyses; but for each analysis, there evolves a sometimes tacit and sometimes more explicit agreement in regard to a set of activities and boundaries that will guide that particular psychoanalytic relationship. Neither the structure nor the governance is in itself *the* process; but the manner in which the participants react to those rules, the way in which each experiences his particular task and carries it out, and the way in which those tasks and rules are disregarded do play a significant part in the emergence and effective maintenance or in the disruption or stagnation of the analytic process (see Spruiell, 1983b). For the patient the basic tasks are free association and a fealty to thinking and talking, in distinction to action; for the analyst, the principle of abstinence and serving as the guardian of the analytic process (Calef and Weinshel, 1980; Weinshel, 1982).

Again, the rules and the structure of the situation are not to be equated with the process or *directly* related to what occurs

in the analysis (notwithstanding the assertions of Macalpine [1950]); rather, they represent, in Calef's (1976) words, which form an extension of what I quoted earlier from Freud, "an attempt to control a small number of variables as best we can, knowing that they can be controlled only minimally in a very complex situation. Rather than rules of technique, they serve simply as background for comparisons against which we may witness the various ways in which patients and analyst alike repeatedly fail in the fulfillment of the implied ideals" (p. 2). However, it is the detection and recognition of these repeated failures that permit the analyst to make certain specific interventions and then to observe and to follow the responses of the patient which constitute what we can designate as the crux of the analytic process. I am referring, of course, to resistances and their interpretation.

All patients and all analysts will "adapt" to the analytic situation in their own characteristic fashion. For both patient and analyst, that adaptation will be determined by the totality of their assets and liabilities, their conflicts and anxieties, the vicissitudes of their drives, their overall defensive repertoire, their motivations for the analytic work, and much more. Inevitably, there will be some impingement on their analytic work, on their capacity to carry out their analytic task, and this will be reflected in that observable we call a resistance. The resistance, together with its successful negotiation by the analyst (most often by interpretation), is the clinical unit of the psychoanalytic process. Hartmann's (1939, p. 51) concept of the "state of adaptedness," especially in relation to the idea of "an average expectable environment," provides us with another way of viewing the manner in which the analysand deals with the analytic tasks and situation as the process unfolds and develops. Ideally, we anticipate that, as the analytic work progresses, the patient will gain new resources which are reflected in a new state of adaptedness and an increased capacity to participate in the analytic work and in the analytic process. These changes can be observed clinically.

3. *The structural point of view* is implied and reflected in our study of behavior and our assessment of psychological functions. Assumptions about structure and structure formation form an integral element in our concepts of the tripartite psychic apparatus, of defense and resistance, of character and habitual patterns of drive discharge. "Structural change" has become not only a highly prized goal but also a kind of slogan and shibboleth; it is also difficult to demonstrate and explicate.

4. *The dynamic point of view* concerns itself with psychological forces, with their direction and their magnitude. (Some aspects of dynamic considerations have already been alluded to in my discussion of "adaptation".) In relation to the psychoanalytic process, we view these forces as organized according to those elements which move in the direction of supporting and pursuing the analytic work and those elements which serve as obstacles to the work, the resistances. Our understanding of the resistances is certainly more sophisticated than the concept Freud advanced in 1894, but there are as yet many gaps in our knowledge about these phenomena. Our classification of resistances, based primarily on Freud's (1926) discussion in *Inhibitions, Symptoms and Anxiety*, has been of tremendous value, both theoretically and clinically, but relatively little has been added to that contribution. Similarly, we have only an incomplete understanding of those factors which contribute to the initiation and support of the process.

I have not been able to discover a more satisfactory explanation for the "primary motive force" for the analytic work than that offered by Freud in "On Beginning the Treatment." Although some of his remarks may be questioned or revised, they remain the basic hypotheses for these considerations. Freud (1913) began by asserting, "The primary motive force in the therapy is the patient's suffering and the wish to be cured that arises from it." He then acknowledged the inadequacy of this ingredient alone:

By itself, however, this motive force is not sufficient to get rid of the illness. Two things are lacking in it for this: it does not

know what paths to follow to reach this end; and it does not possess the necessary quota of energy with which to oppose the resistances. The analytic treatment helps to remedy both these deficiencies. It supplies the amounts of energy that are needed for overcoming the resistances by making mobile the energies which lie ready for the transference; and, by giving the patient information at the right time, it shows him the paths along which he should direct those energies. Often enough the transference is able to remove the symptoms of the disease by itself, but only for a while—only for as long as it itself lasts. In this case the treatment is a treatment by suggestion, and not a psycho-analysis at all. It only deserves the latter name if the intensity of the transference has been utilized for the overcoming of resistances. Only then has being ill become impossible, even when the transference has once more been dissolved, which is its destined end (p. 143).

I do not think that Freud persisted in his belief that “only then has being ill become impossible”; but his position in regard to the centrality of overcoming the resistances never wavered. He added that “yet another helpful factor is aroused,” the patient’s intellectual interest. But he noted that due to the “clouding of judgement that arises from the resistances,” this factor is only of limited value. This intellectual interest, however, should be differentiated from gradually increasing pieces of “insight” that become available as a result of the analytic work. This insight (utilized by both the analyst and the patient) and the process are related to each other in a circular (Blum, 1979, pp. 41, 45; Kris, 1956, p. 269), a helical, and a dialectic fashion. Blum’s (1979) contribution, “The Curative and Creative Aspects of Insight,” not only offered a comprehensive exposition of insight from many different vantage points but demonstrated repeatedly the interdigitating relationship between insight and the process.

We recognize that the motive forces leading to an individual’s entering analysis include not only the pain and the wish for cure, but the primarily unconscious anticipation that the cure will come about as a consequence of receiving from the analyst

the libidinal gratifications which had not been received from the original love objects. We know that the frustration of that wish becomes, in turn, another painful experience for the patient as well as an opportunity for his deeper and more significant involvement in the analytic process.

I should add—only for the record, so to speak—that the transference not only provides us with a most significant motive force for the analysis; it also becomes a significant resistance against the analytic work and process (Freud, 1912, p. 101). It is futile to argue which is most crucial to the analysis, the process or the transference; both are obviously vital. I see them as phenomena on somewhat different levels of conceptualization: the process-resistance issue is closely connected to the energetic-biological-quantitative postulates of our science; the transference and its vicissitudes become the principal (although not the only) vehicle by which we can observe, study, and deal with the resistances.

The discussion of the “dynamics” of the process should include a word or two about the “quantitative” relationship of the conflicting forces operative in that process, especially as that relationship is influenced by the analyst’s participation—particularly by his interpretations of the various aspects of the resistances. Those interventions help shift the balance of forces (the “equilibrium”), which permits a loosening of the resistances and assists the patient in the continuation of the analytic work. Arlow (1979, p. 194), in his discussion of interpretation, referred to a comparable sequence.

5. *The “quantitative factor”* could perhaps be considered just as well under the rubric of the economic or energetic point of view. The economic viewpoint is, of course, a highly controversial one. If it is true that metapsychology is Freud’s “witch,” then the energetic concept must represent the queen in the coven. Suffice it to say that we do not possess a comprehensive energy theory that is satisfactory and convincing. It is nonetheless very difficult to see how we can dispense with an energetic point of view. In terms of the process, those economic

assumptions are basic to an understanding of the various shifts, displacements, countercahexes, hypercahexes, transformations, etc., that take place at any point in the process. It is true that we could alter the labels for these various phenomena, but we are still left with energetic phenomena.

The questions are often asked: When does the analysis *really* begin? How does it start? How do we know that a patient is *in* analysis? Less frequently, comparable inquiries are made in regard to the psychoanalytic process as such. None of these questions are answered readily or without some resort to personal preference or arbitrariness.

I do not believe that a psychoanalytic process exists at the very beginning of the treatment (except, perhaps, under most unusual circumstances), nor does it start necessarily with the first manifestation of a clear-cut resistance. Most analysts probably follow a personalized variant of Freud's advice not to communicate to the patient "the hidden meaning of the ideas that occur to him [or initiate] him into the postulates and technical procedures of analysis . . . until an effective transference has been established in the patient, a proper *rapport* with him" (Freud, 1913, p. 139; see also, 1912, pp. 101-105; 1913, pp. 137-140). In those early analytic hours the analyst will tend to deal with the patient and his productions with some care and caution, and with special consideration for the viability of the patient's budding involvement with the analyst and the analysis. The analyst will assess the possible impact on the patient of his interventions, particularly the effect those interventions may have on the analytic relationship. The analyst may delay for the moment the interpretation of a particular resistance, if he feels that the patient's tie with the analyst is not sufficiently solid to bear the impact of such an intervention. Conversely, the analyst will direct many of his early interpretations toward the elucidation of those resistances whose primary purpose is to ward off that attachment and/or transference. I would suggest that this is the thrust of Freud's caveat about waiting for the "proper *rapport*." Freud went on to say, "It remains the first aim of the

treatment to attach [the patient] to it and to the person of the doctor. To ensure this, nothing need be done but to give him time. If one exhibits a serious interest in him, *carefully clears away the resistances that crop up at the beginning* and avoids making certain mistakes, he will of himself form such an attachment and link the doctor up with one of the imagos of the people by whom he was accustomed to be treated with affection" (1913, pp. 139-140, italics added).

I emphasized Freud's phrase, "carefully clears away the resistances that crop up at the beginning," because I believe that it is the appropriate interpretation of those early resistances that "sets in motion a process." That process may flicker and fade if the patient cannot respond—if the resistance does not yield sufficiently—in a way which permits the resumption of the analytic work. The interpretation and the response constitute the basic unit of the process; it is *evidenced* by shifts in the patient's material, his affects, his overall behavior, and by an increased interest in and focus on the analytic work—albeit most often in minuscule degrees. We know, however, that as soon as the work is reinstituted, another resistance will appear, often as the consequence and product of the previous analytic work. At times, the "new" resistance may be of the same genre as the previous one—a reality resistance, a superego resistance, a narcissistic resistance, a character resistance, a transference resistance; more often, the resistance changes to another from the patient's repertoire. It appears that individual patients (or the combination of a given patient and a given analyst) develop characteristic patterns and sequences of resistance. This is an area that needs further investigation and offers considerable promise of enhancing the efficacy of our analytic work (Calef, 1976, 1982b).

This process, this clinically demonstrable interaction of resistance and interpretation, continues throughout the analysis. There are times when the force of the resistance seems diminished and when the interval between the manifestations of resistance is increased, but neither the process nor the resistance

ever entirely disappears. Our exposure and exploration of the resistances provides both analyst and analysand with the opportunity of discovering the connections and the content of the patient's mental life, both conscious and unconscious. (My focus is on the mental life of the patient, although comparable phenomena are, of course, operative in the analyst.) Even when presented in a sketchy fashion, such a conceptualization of the analytic process will help us to better comprehend the discontinuity of the analytic activity and the analytic work. The establishment of an effective analytic process in which the patient demonstrates the so-called working or therapeutic alliance—when the patient may be said to be “in analysis”—is not a once-and-for-all achievement. That very complex concatenation of ego functions, superego influences, and instinctual drive derivatives which permits the patient to work cooperatively with the analyst is constantly prone to impingement by conflict, regression, anxiety, sexualization, etc. The “working alliance” is a relatively transient rather than constant structure and for this reason alone becomes a potentially confusing rather than useful concept, especially when viewed as a discrete psychological entity (Brenner, 1979; Calef, 1976, 1982b; Curtis, 1979; Hanly, 1982).

The patient, after all, enters analysis with his symptoms, his miseries, and—notwithstanding his disclaimers to the contrary—the anticipation of a magical fulfillment of his infantile wishes. He will more often than not attempt to comply with the analytic rules; his heart, however, will really not be in *this* project. One of the tasks the analyst must pursue sedulously and patiently is the diversion of the patient's interest and focus from the symptoms to the analytic work. This cannot be achieved by kindness, sympathy, or empathy alone—let alone by fiat. This gradual weaning of the patient to a genuine interest in his own psyche and its activities is best accomplished by the appropriate interpretation of those resistances which present themselves in the earlier stages of the analysis (although “early” is often a relative term). Those interpretations, most

often quite “bland” and even ostensibly simple, will produce a fleeting sense of understanding and of being understood. They probably also contribute to the formation of that well-known split of the ego into experiencing and observing functions and to the identification with the analyst qua analyst (Sterba, 1934; Strachey, 1934). In addition, they are instrumental in helping the patient to shift his interest from his miseries to his psyche and the analysis. These shifts and transformations reflect, I suggest, shifts in the mental economy and are best conceptualized in our economic metaphors. What occurs is consistent with the *idea* of the “working alliance” but without the connotation of a fixed and stable structure.

In the next section of this paper, I will present these same schemata from a somewhat different vantage point and in a different idiom, but first a few words about the resistances of repression and the resistances of the id. Both groups of resistances share the qualities of being difficult, obstinate, and frustrating—frustrating in the sense that they confront us with the limitations of ourselves as analytic instruments, with the limitations of our current analytic techniques, and with our limitations in controlling and influencing the course of the analytic process.

The loosening and undoing of the resistances of repression remain *the* goal, or at least one of the principal goals, of most analysts. Yet it is a goal which is never reached in its entirety. I am by no means referring to a goal as ambitious as the one which evoked the somewhat ironic aside by Anna Freud (1968): “I myself cannot help feeling doubtful about trying to advance into the area of *primary* repression” (p. 147, italics added). Even after assiduous and careful reconstruction, we must settle so often for only a partial “softening” of the resistances and a limited clarification of the nature and genesis of the “existing repressions.” I would hold, however, that the work of both the analyst and the patient in the *efforts* to deal even partially with these obdurate and sometimes recondite resistances brings about internal energetic shifts which produce psychological

changes, if not insight (Kris, 1956, p. 268). Therefore, working through, no matter how thorough and how persistent, should never be equated with "working through to conclusion." These are, I believe, instances of the activity of the psychoanalytic process in which concurrent evidence of observable change is not available. These somewhat sober reminders, however, should not distort our view of what the patient, piecemeal, and persistent interpretive efforts to expose and explain the resistance of repression can accomplish. Even with our limitations, and in addition to the "silent" changes alluded to, we do succeed in exposing a great deal about the genesis of symptoms, the history of fixations and regressions, the impact of trauma, the roots of the development of relations with objects, the nature of primary process activity, and the interrelationships of the various elements of the psychic apparatus.

The workings of the resistances of the id are even more mysterious (probably because of their close conceptual connection to economic and quantitative factors) and more impervious to our direction and control. It is very difficult—perhaps impossible—to formulate meaningful interpretations dealing with such phenomena as the repetition compulsion, the adhesiveness of the libido, or the channelization of various instinctual discharge patterns. We try, as best we can, to point out repetitive patterns and repetitive dynamic configurations. We have much to learn here.

II

In 1941 Bernfeld published his version of the psychoanalytic process in an almost forgotten paper, "The Facts of Observation in Psychoanalysis." A group of us in San Francisco, most of whom never knew Bernfeld personally, have been influenced and intrigued by Bernfeld's formulations. Because of this, together with the fact that this infrequently read contribution is not easily available, I would like to review some of its principal ideas. Bernfeld (1941) proposed that "the scientific meth-

ods [in this instance, of psychoanalysis] are nothing more than everyday techniques, specialized, refined, and made verifiable" (p. 290). The "everyday techniques" on which Bernfeld built his presentation come from ordinary conversation; their application is "specialized, refined, and made verifiable" in accordance with the basic tenets of psychoanalytic theory and with the basic facts of the observations of clinical psychoanalysis.³

Bernfeld offered what at first glance might appear to be an oversimplified model of the psychoanalytic process, but its seeming simplicity is deceptive. It is a jargon-free, highly sophisticated model of what takes place in a clinical analysis, presented in everyday language. His framework is what transpires in a conversation between two individuals. Focusing on the "patient," Bernfeld first described what he labeled as "ordinary conversation." The analytic parallel is, of course, free association. At certain points, an obstacle to that conversation will arise. Bernfeld referred to this as "the *state* of hiding a secret" (p. 298, *italics added*), what we conceptualize as a resistance. This "state" may be followed by what Bernfeld called the "confession." The "confession" is facilitated and abetted by "an interference" from the second individual: in analysis, the analyst's intervention or interpretation. The "interference" (intervention, interpretation) is what Bernfeld referred to as "actively influencing" the patient. With the confession of his secret, the patient is then able to resume his ordinary conversation. However, the same process and cycle will repeat itself, a phenomenon which is a source of potential frustration but also a source for both patient and analyst of increasing and accruing knowledge of the patient's psychological functioning. This enhanced familiarity with the patient's patterns of "conversation," especially those shifts from "conversation" to the "state of hiding a secret," permits the analyst (and

³ It could be argued that such a hypothesis derives from a kind of circular thinking. I do not agree with this argument. If nothing else, Bernfeld's hypothesis has the virtue of an internal consistency in its interdependence of theory and clinical practice.

eventually the patient) to recognize more effectively the clinical differences between the two "states" and to evaluate, with increasing degrees of confidence, the distinctions between a genuine and a bogus "confession."

Bernfeld's very interesting discussion of the "verification of the confession" (pp. 296-303) is a persuasive one that can only be touched upon here. He stressed that what is at issue is not whether that confession is realistically or ultimately correct but whether "the patient has told precisely and correctly the story which for some time he has withheld" (p. 297). Bernfeld reminded us as well that "a lie can be a confession" (p. 296). Most of all, Bernfeld's assessment depended on the clinical material and evidence, "the life history of the confessing person" (p. 299) and the "advantageous position" of the psychoanalyst who "does not have to deal with one single confession" and who "observes [the patient] confessing in various emotional and physical states." Thus the "risk of deception is not excluded although minimized" (p. 300). Bernfeld emphasized again and again the role of the clinical data, the "facts of observation," and put a good deal of faith in the potential value of "intersubjectivity"—"because a relevant group of people can reach an agreement as to whether or not the predicted effect takes place" (p. 302). In a recent critique titled "Kuhn's 'Paradigm' and Psychoanalysis," Spruiell (1983a) suggested with considerable cogency that the small case conference among psychoanalytic peers may represent a vehicle for demonstrating the presence or absence of such intersubjectivity.

Bernfeld (1941) stressed that if one "uses the rules of the psychoanalytic method . . . [the] patient will show resistance, will confess, etc." (p. 302), but he also warned that "the pattern of secret-confession does not occur if you do not actively produce it. . . . Thus this technique is equivalent to the use of a new observation instrument" (p. 303).

Thus Bernfeld saw the removing of obstacles as the analyst's chief function. The analyst establishes an "encouraging atmosphere" which minimizes distrust and shame in the psycho-

analytic situation and which "creates the conditions under which the patient is likely to confess secrets" (p. 296). Bernfeld repeatedly stressed "the incorrect assumption that the psychoanalyst's interpretations aim exclusively at *the* secret" (that is, the specific content of what has been repressed) (p. 295). In fact, argued Bernfeld, it is not necessary that the analyst know, or even possess more than a clue about, the specific secret content. What the analyst needs are "observations . . . of indications of *a state of mind* which he assumes to be due to an effort to keep secret a part of the material . . ." (p. 295) and a conjecture (very often an intuitive one) about the nature of the secret. When the latter is available, the analyst is "able to act," i.e., to interpret the obstacles to confessing the secret. Although he did not elaborate this in any systematic way, Bernfeld's immediate interpretive focus was on those affective states, such as distrust and shame, which are responsible for the intrapsychic events which lead to the formation of resistances. In this connection, Bernfeld hinted at a critical distinction between psychoanalysis and other therapies. The latter may use suggestion to elicit certain *content*; in psychoanalysis, "that which is *suggested* to the patient by the analyst are those conditions necessary for the removal of shame, distrust, or other impediments to 'confession' " (Calef and Weinshel, 1975, p. 39). In this way Bernfeld also unveiled the important affective core of the resistance (Calef [1976, 1982b] discussed the "affective core" concept in more detail) and demonstrated that the *facts of analytic observation* are patterns of "resistance" and "confession" rather than the confession per se (Calef and Weinshel, 1975, p. 39). The pattern of resistance and confession, then, constitutes, as I have submitted, the basic unit of the psychoanalytic process as well as the basic fact of observation in psychoanalysis. Bernfeld's paper also "focuses on the essential dialectic nature of the psychoanalytic process and at least inadvertently points to its inherent 'interminability' " (p. 39).

Among the contributions contained in Bernfeld's relatively brief paper is one that we may too readily take for granted:

the recognition that the psychoanalytic process, best actualized by the psychoanalytic *work*—and here I mean “work” in the sense of persistent labor—is the essence of the psychoanalytic endeavor. What Bernfeld told us, both directly and by implication, is that this frequently inconspicuous, almost silent labor (Abrams, 1980; Calef, 1983, p. 97; Kris, 1956, p. 270) may be obscured by the more dramatic and more readily communicated product of that work—insight. Abrams (1981), in discussing the various meanings of “insight,” called our attention to the lack of a transitive verb “to insight” and the need for a “form that would connote mental *work*.” He went on to speak of “insight-producing *activity*” (p. 253, italics added). Shengold used Freud’s (1900, p. 195) famous and felicitous “Karlsbad Journey” as the central, ongoing metaphor in his poetic dissertation on insight as metaphor, and he concluded that essay with an observation that is significant both philosophically and psychoanalytically. Speaking of the limitations inherent in reaching our analytic goals, Shengold (1981) noted, “We try to get as close as possible, and perhaps the journey matters more than the attainment of the goal” (p. 304). In a panel discussion on developmental concepts and adult analysis (Panel, 1977, p. 226), I suggested that a useful way of distinguishing the differences in how individual psychoanalysts conceptualize the psychoanalytic process is in terms of those whose chief clinical emphasis is on the goal (in this panel, the reconstruction of early psychic life) versus those whose chief emphasis is on the work necessary to achieve that goal. I believe that this distinction may be helpful in a better understanding of our colleagues whose point of view may not always coincide with our own. My own bias in this regard, and that of Bernfeld, must be clear.

III

I am not qualified to sketch out in any detail or with any degree of certainty a blueprint of the structural and economic underpinnings for those behavioral components and sequences which

I have labeled the basic psychoanalytic process unit (Bernfeld's "facts of observation"). Those structures and that organization would depend upon and originate in a variety of givens. They would develop in relationship with the ongoing analytic activity, primarily the analyst's interpretations vis-à-vis the patient's resistances and the activity of the patient in response to those interpretations.

What I have in mind is a complex organization comparable to what Abrams (1981, p. 253) described as the "specific coordinated activity, the expression of an achievement in the mental organization, which yields psychological discoveries." I would suggest that this organization and these structures—the psychoanalytic process—remain as permanent products of the reasonably successful analysis and that their presence is reflected most immediately and most tangibly in the operation of a more effective and more "objective" capacity for self-observation. I am aware of a certain amount of oversimplification in what is at best a "tangled bank" (Hyman, 1962) of psychological structures and activities, and I am also aware of the limitations inherent in this self-observation. If we are to think of self-observation as an autonomous ego function, we should not ignore "the admonition which Hartmann has made repeatedly that autonomy is a term which should not really be used except in tandem with its modifier, 'relative'" (Weinshel, 1970, p. 699). Kris (1956) reminded us that the goal of completely objective self-observation is "never to be reached; the temptations of denial and self-deception can hardly be conquered" (p. 267). In spite of these vulnerabilities and imperfections, the capacity for reasonably autonomous, reasonably objective, reasonably stable self-observation activity, which would include a superego component ⁴ that accepts the responsibility for self-observation, would appear to be the quintessential desideratum from a reasonably successful analysis, at least in

⁴ The role of the superego in its relationship to reality testing and self-observation in particular is discussed very thoroughly in Blum's (1981) paper, "The Forbidden Quest and the Analytic Ideal: The Superego and Insight."

the functional sense. I prefer to think in terms of self-observation rather than self-analysis; but in this context, the latter term more clearly, if not more accurately, conveys the idea and contention that the enhanced capacity for a more objective and effective self-observing activity represents both the continuation of and the heir to the psychoanalytic process.

The kind of self-observing capacity that we might conceptualize postanalytically—and perhaps this is somewhat idealized—would derive from an amalgam of the following:

1. Those elements responsible for self-observation which existed prior to the analysis and which did not alter markedly.
2. Those elements which underwent modification during the course of the analysis.
3. Those elements which represent residues of the transference with the analyst.
4. Those elements which represent a relatively stable identification with the analyst's functioning, particularly his observing functions.

You will recognize the parallels with the questions of the fate of the transference in psychoanalytic treatment, the issues of the "unresolved" transference, and the work of Arnold Pfeffer. Pfeffer's (1959, 1961, especially 1963) pioneering follow-up research challenged, in a careful and persistent fashion, the sacred-cow concept that a principal goal of the analytic work was the so-called complete resolution of the transference. Actually, Pfeffer's "challenge" involved three issues.

First, his studies questioned the concept of "resolution" of the transferences. Just as his data appeared "to support the idea that conflicts underlying symptoms are not actually shattered or obliterated by analysis but rather only better mastered with new and more adequate solutions" (Pfeffer, 1963, p. 234), it also supported the idea that there is neither a shattering nor an obliteration of the transferences.

Second, he questioned the idea that the incomplete resolu-

tion of the transference is necessarily evidence of some failure or incompleteness of the analytic work. Pfeffer contended: "In the course of the analysis, the person of the analyst becomes, and after the analysis remains . . . a permanent intrapsychic image intimately connected with both the regressively experienced conflicts and the resolution of these conflicts in the progression achieved" (1963, p. 238). Both aspects of this "permanent intrapsychic" image are integral constituents of Pfeffer's proposed criteria for a successfully completed analysis. In some cases at least "there may be a minimal experiencing of the conflict previously contained in the neurosis as well as the repetition of the adaptation facilitating resolution of these same conflicts" (p. 242). Pfeffer did not question that transference residues also can and do result from incomplete analyses and that "such transference residues are observable as operative in residual psychopathology . . . however . . . even in most highly satisfactorily analyzed patients a second type of transference manifestation with a different basis is also observable; that is, transference manifestations based on repetition—repetition of the essence of the analytic experience itself . . . as well as the repetition of the ego and superego changes that provide new solutions to old conflicts" (p. 243). In these statements Pfeffer indicated the ongoing viability and activity of the analysis, the transference, and the process, as well as the adaptive value of this "residual" activity.

Third, Pfeffer no longer dealt with residual "transference" as if it were a homogeneous entity. As demonstrated above, he delineated those residual transferences still organized around significant conflict and potential pathology from those based on "repetition" of the effective analytic work and not necessarily related to conflict or residual pathology. It could be argued that these two categories really represent quantitative differences on a continuum, but I do not believe that such a distinction alters the thrust of Pfeffer's contribution. Although Pfeffer did not indicate specifically that those transferences based on "repetition" were also closely related to an identifica-

tion with the analyst's functioning and his observing functions, I have chosen to understand his text from that vantage point.

In a recent article Calef (1982a) first of all coined the eponymous "Pfeffer Phenomenon" and then extended and more sharply delineated some of the features of that phenomenon. Calef conducted a most interesting follow-up study on a series of his former analysands. From the responses of these expatients, he drew a number of impressions and conclusions in regard to (among other things) the postanalytic fate of the transference and of the psychoanalytic process. Calef was impressed with the evidence of extensive residual involvement with the analyst even though the Pfeffer Phenomenon per se was not always manifested.

Calef made a distinction comparable to the one enunciated by Pfeffer in regard to two kinds of transference. Although the emphases of the two authors differ a bit, I believe that they are dealing with identical issues: ". . . the transferences that need to be relatively resolved," declared Calef, "are those that seek libidinal gratifications (primarily those that seek pre-genital aims and objects); for they are the ones that maintain the inhibitions, symptoms, and anxieties and interfere in the lives of people" (1982a, pp. 112-113). However, he continued, "Those transferences which, by analytic work, have been freed of the sexualizations find their usefulness in work and sublimations and then are no longer the same as once they were; indeed, they do not require further resolution or disappearance" (p. 113). Calef suggested that the postanalytic continuation of the analytic work may depend in part on the "aid of the transference image that is recalled under certain circumstances. . . . If so, it would be misleading to refer to such transference manifestations as evidence of unresolved transference" (p. 113). Calef's conclusion, although expressed in somewhat different terms, is again similar to that of Pfeffer. "The outcome of analysis may be dependent (not so much on the identification with the analyst per se but) on the nature and extent of the *identification with its process* and on the *nature* of the trans-

ferences that persist postanalytically” (p. 113, italics added). Calef broached the provocative question that the *absence* of such phenomena may indeed indicate areas of analytic incompleteness or failure.

My own interest in this facet of the analytic process was generated in the past three years by the return of three patients whose analyses had been completed some fifteen to twenty years ago. Their analytic treatment had been terminated with both patient and analyst reasonably satisfied with its outcome. All three had gotten along quite well since the completion of their analyses up until a brief interval prior to their coming back for further treatment. And all three mentioned very quickly after their return—each in his or her particular fashion—how they had utilized the analysis, the analyst, and the analytic working together in dealing with transient crises or anxieties postanalytically.

What struck me most was the way in which these patients got back into the analytic work so quickly and so effectively. Each of these patients commented on the feeling of “it’s as if I’ve never been gone.” Although it was evident that there were residual areas of both transference and neurosis that required further analysis, the analytic process and the analytic work did not require a significant kind of re-establishment; and although the resistances did not fail to appear, these patients dealt with them much more as partners in the analytic effort than one might have expected. In my own experience, at least, the same observation could not be made in regard to individuals who came to me after prior analysis with another analyst. It is a subject that warrants more careful investigation.

I must now question one phrase from Freud’s 1913 statement quoted near the beginning of this paper in regard to the analytic process. That phrase came at the end of the statement in which Freud, in analogizing the analytic process to the process of pregnancy, asserted that the process “ends with the severance of the child from its mother.” I have argued that the analytic

process does not end; it may become quiescent, dormant, but not really ended.⁵

IV

My final set of "observations" could be entitled "The Pitfalls of Perfectibilism and the Elevation of the Not-So-Good Hour." The *Oxford English Dictionary* (1971, p. 684) defines perfectibilism as "the doctrine of perfectibility of human nature in this life." A perfectibilist "is one who holds this doctrine." Perfectibility is the "capability of being perfected or becoming perfect; the quality of being improvable to perfection; specifically, the capacity of man, individual and social, to progress indefinitely towards physical, mental, and moral perfection; the doctrine of this capacity."

There is a certain amount of outward consensus among psychoanalysts that "perfection" of any kind is not a reasonable, rational goal for the human being; that any doctrinaire position is at best suspect; and that, when it comes to psychoanalysis as such, we are particularly keen on acknowledging our limitations and our distaste for doctrine. Perhaps I should modify my title to "The Pitfalls of Latent and/or Closet Perfectibilism"; but, seriously, there seems to be at least a grain or two of belief in that doctrine in most of us. There has never been a shortage of caveats and somber precautions in regard to the overestimation of the therapeutic capabilities of psychoanalysis. And Freud, especially after *Analysis Terminable and Interminable* (1937), was considered to have a pessimistic view about those capabilities. Yet, if one reads the report of the panel, "Analysis Terminable and Interminable—Twenty-Five Years Later"

⁵ In the course of writing this paper, I made the "obligatory" investigation of what the dictionaries had to say about the word "process." I consulted the *Oxford English Dictionary*, *Webster's New World Dictionary*, and the Second Edition of *Webster's New International Dictionary, Unabridged*. Needless to say, there were several score definitions and synonyms available, but those having to do with an "end" were very rare. More often the definitions related to the concept of "course," something ongoing or continuous, a series of actions.

(Panel, 1963), one has to wonder why so many of the very competent participants on that panel deemed it appropriate and necessary to admonish quite strenuously against the dangers of therapeutic overoptimism. Certainly, those admonitions and disclaimers have not vanished in the past two decades, and here I am very scrupulously offering the same. I will not attempt any comprehensive explanation of this issue other than the obvious: we are not so confident that we all accept the principle of a very limited perfectibility.

In that 1963 panel, however, Loewenstein stressed the particular danger of the pitfalls of therapeutic overoptimism at a time when ostensibly new knowledge has become available. Loewenstein expressed his skepticism about whether “we can accomplish *that much more* now than in the past” (Panel, 1963, p. 135, *italics added*). I believe it is true that, with the introduction of new knowledge and insights, particularly when that which is introduced becomes the focus of a revisionist point of view or system, there is a concurrent surge of optimism over the prospect of a significant increase in our therapeutic potential. As we know, such a point of view may burgeon into a doctrine or a cult.⁶ I would suggest that Gitelson’s (1963, p. 343) recommendation of “a counsel of modesty” for psychoanalysis is a worthy slogan for our profession.

Actually, I would like my remarks about the pitfalls of perfectibilism (I did not spell out the pitfalls, since I assume that everyone is well acquainted with them) to serve as a kind of background music for the second part of my title, “The Elevation of the Not-So-Good-Hour.” As my readers might have surmised, the not-so-good hour is to be evaluated in juxtaposition to the so-called “good” analytic hour. Again, I need not redescribe the latter: the good hour is described explicitly in our literature; many, perhaps too many, case descriptions contain sessions that fall, at least by implication, into that category (but, ironically, this does not hold for Kris’s [1956] contribution in which the term “good analytic hour” was coined). A sig-

⁶ Arlow (1983) has made a comparable observation.

nificant portion of the vignettes we exchange with colleagues are related—not without a degree of pride—about a “good hour,” and so forth. Typically, this vintage of clinical narrative tends to contain a number of ingredients: the content of the session is most conspicuous; often, a specific obstacle is confronted and overcome; an aura of the epiphany often permeates the description; diverse elements of the analysis, the transference, and the neurosis may fall together with disarming ease; and more often than not the analyst is careful to indicate that before “the” good hour, a great deal of laborious and undramatic effort was exerted in previous hours.

I am being somewhat tongue-in-cheek about all this quite purposefully and, in a sense, paradoxically, because I have a great fondness for the “good” hour. It is fascinating, exciting, sometimes humbling (especially if you are not the narrator), and potentially instructive. But are these really the good hours? There is no question that they make the analyst feel good, and they make the patients feel good. These hours provide the analyst with an indication that the analytic process is moving, and moving in a certain direction; and they help us to attach words and content to what Calef (1982a, p. 113) called the “ineffable” process.

Nevertheless, we should not permit ourselves to believe that it is those sessions which become *the* goal of our daily analytic endeavor or to confuse the product of that endeavor with the endeavor itself. I would submit that the *really* good hour is the one in which, at the time or in retrospect, we are able to detect some dent in the resistance configuration. I use the word “detect” because it is crucial that we be able to detect in a more precise manner the evidences of resistance, particularly the subtler ones, and that we be able to detect those responses and reactions in the patient which reflect his or her participation in the analytic process.⁷ Martin Stein’s (1981)

⁷ Those “responses and reactions” are by no means always obvious or easy to recognize as the patient’s “being in analysis.” A recent discussion of these issues can be found in Baranger, et al. (1983, pp. 10-11).

paper, "The Unobjectionable Part of the Transference," provided an excellent example of this.

What I have in mind by "The Elevation of the Not-So-Good Hour" is an increased recognition of and attention to the less glamorous and exciting exchanges that take place daily at the interface of the analyst-analysand interaction, the more prosaic and "quiet" elements of that interaction, and the nuances of how the analyst and his interventions assist the patient's analytic efforts—instead of so much attention to those "frames" in the analytic work which feature the analyst in a starring role. I believe that a more even-handed focus can eventually reveal to us a good deal more about the nature of the psychoanalytic process, its manifestations, and its management. I have not attempted a tightly organized, comprehensive "definition" of the psychoanalytic process; what I have offered is a series—and, I trust, a not too desultory series—of observations regarding the process and its relationship to resistances and their interpretation. I have suggested that the process continues, although in a muted form, postanalytically, as a more objective and more effective capacity for self-observation; and I have argued that the relatively "pedestrian" analytic session focused on the exploration of a given resistance warrants closer attention.

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Psychiatry and the Humanities. Edited by Joseph H. Smith. Vol. 2: Thought, Consciousness, and Reality, 1977, 316 pp.; Vol. 3: Psychoanalysis and Language, 1978, 402 pp.; Vol. 4: The Literary Freud: Mechanisms of Defense and the Poetic Will, 1979, 390 pp. New Haven/London: Yale University Press.

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BOOK REVIEWS

PSYCHIATRY AND THE HUMANITIES. Edited by Joseph H. Smith. Vol. 2: Thought, Consciousness, and Reality, 1977, 316 pp.; Vol. 3: Psychoanalysis and Language, 1978, 402 pp.; Vol. 4: The Literary Freud: Mechanisms of Defense and the Poetic Will, 1979, 390 pp. New Haven/London: Yale University Press.

Psychoanalysis in the current decade appears to be confronted by an existential paradox. In the face of what are, by now, familiar challenges to its preeminence as a clinical procedure and of the reported decline in patient referrals and of candidate applications to its institutes, there appears to be a resurgence of interest on the part of scholars in a variety of fields in the possibility of interchange between academic disciplines and psychoanalytic ideas. It is as though psychoanalysis is seen by many students of the humanities not so much as an obscure therapeutic process but as a body of thought available, like others, for use in scholarly investigations about the human mind and its products.

At the same time, many psychoanalysts, particularly those with a theoretical cast of mind, have been engaged by the recent controversies within the field between those who seek to maintain the status of analysis in the realm of the natural sciences and the new breed of hermeneuticists, for whom the proper place of psychoanalysis is the family of the humanities. To the latter group, affiliated as they are with the critics of "metapsychology," psychoanalysis is closer in spirit and method to history than to, say, molecular biology. Engaged as he is in aiding the patient in the evolution of a coherent personal narrative,¹ the analyst is, they believe, immersed in the universe of language and meaning, which play the central role attributed by "traditional" analysts to drive/defense configurations.

All of this has led not only to a proliferation of writings in so-called "applied analysis" but also to some remarkably interesting colloquies and collaborations between analysts and academics in

¹ See, Schafer, R. (1983). Narration in the psychoanalytic dialogue. In *The Analytic Attitude*. New York: Basic Books, pp. 212-239; Spence, D. P. (1982). Narrative truth and theoretical truth. *Psychoanal. Q.*, 51:43-69.

other fields of inquiry. Despite the reservations of academic historians about some of the reductionistic excesses of "psychohistory," many of their colleagues are using psychological—essentially psychoanalytic—tools in their efforts to study not only what happened in the past but why it happened. A note of creative vitality has, for instance, been injected into the history of art by such a scholar as Leo Steinberg who, while disavowing psychobiographic or pathographic approaches, utilizes what seems to me an analogous mode of investigation in his historical pursuit of latent meanings and unsuspected connections in the iconography of Renaissance masterworks.² On the other hand, psychoanalyst Robert Liebert³ has worked closely with art historians and has adopted some of their skills in pursuing his controversial but intensively researched studies of Michelangelo. The historian Peter Gay⁴ has, with some success, essayed a synthesis of historical and analytic approaches in his efforts to place three "modern" artists as individuals within the context of their times and their social milieus.

The volumes under consideration here further exemplify this recent intellectual explosion. They serve, I think, to demonstrate the kind of heuristic gain that may flow from the hermeneutic stance with regard to psychoanalysis in the hands of highly sophisticated scholars on both sides of the professional divide. Indeed, in his opening essay that serves to introduce Volume II, the English analytic philosopher, Stuart Hampshire, sets the fundamental tone of the whole enterprise by asserting, in the spirit of Spinoza, the autonomy of psychological modes of approaching the understanding of mental events, conscious and unconscious. He posits a fundamental distinction between the "human sciences" and the natural or "non-human" sciences—i.e., that "belief in sociological and psychological theories affects the subject matter to which these sciences are applied" (p. 4). "The thesis is," he states, "that there is nothing of a scientific character corresponding to the natural laws of physics and chemistry that supports singular causal judgment about thought

² E. g., Steinberg, L. (1983). *The Sexuality of Christ in Renaissance Art and Its Modern Oblivion*. In press.

³ Liebert, R. (1982). Methodological issues in the psychoanalytic study of an artist. *Psychoanal. & Contemp. Thought*, 5:439-462; discussion by H. Wohl, pp. 462-465.

⁴ Gay, P. (1976). *Art and Act*. New York: Harper & Row. Reviewed in this *Quarterly*, 1978, 47:137-142.

in the way that tested laws of nature support singular causal judgment about physical changes" (p. 14). "Nothing in psychology corresponds to the discovery of the deep structure that underlies the superficial differentiation of the physical world" (p. 16). In short, he presents an argument, founded on the Spinozan dual-aspect theory, for a *psychology of meanings* rather than a *psychology of causes*. Clearly, this approach resonates with—indeed, underlies—the line of thought that runs from George Klein to Roy Schafer in American psychoanalysis, the line that proposes the primacy of such psychological constructs as intentionality, purpose, and meaning, as opposed to the "classical" Cartesian-based concepts of drives, energies, and linear determinism.

Hampshire's point of view is one that seems eminently consistent with the realities of clinical experience. Indeed, shorn of its rather obsessive form of argumentation, Waelder's "Principle of Multiple Function" points in the same direction—that of the multiple meanings of behavior rather than of linear causality. The rigor of Hampshire's argument is at some distance from the differently inspired reflections by Wolfgang Loch and Albert Hofstadter, exemplary of the Continental existential-phenomenological approach to the mind. To the American reader there is a sense of cognitive dissonance with this mode of thought, with its personification of abstractions and its ruminations about "the powers of Being." But the issues of "will" and "intentionality" that it raises loom large in the new terrain of psychoanalytic hermeneutics.

Despite Freud's expressed apprehensions about the possible contamination of his thought by philosophical speculation, it would be an error for psychoanalysts to ignore the views of contemporary philosophers on the fundamental nature of mind. Just as no empirical observation can be innocent of theoretical bias, no theory can be free of epistemological underpinnings. If, as analysts, we are to theorize about the mind, we should be pretty clear about how our theories relate to the ways in which others, frequently more methodologically⁵ adept than we, are thinking about it. This requirement

⁵ Grünbaum has expressed serious methodological reservations about the probative value of clinical data for the validation of psychoanalytic theoretical propositions. Here, too, it behooves analysts to know what "academic" philosophers have to say about their "science." See Grünbaum, A. (1982): Can psychoanalytic theory be cogently tested "on the couch"? *Psychoanal. & Contemp. Thought*, 5:155-256, 311-438.

echoes Benjamin Rubinstein's injunction that our theories must be consistent with, even if independent of, current knowledge in the neurosciences.

Of course the psychoanalytic view of the mind is inextricably linked to the source of psychoanalytic data—i.e., language. So much is this the case that some have questioned the very possibility of nonverbal mentation; others, more conservative, contend that if such mentation does exist, it is not relevant for a psychoanalytic conception of the mind since it is not accessible to the psychoanalytic method of inquiry. Still others, however, propose that language, however crucial, is but one aspect of the human capacity to form symbols and that it is this symbolic function that is the essence of human mental life.

It is of interest that, of those who consider these issues in Volume III, it is the French philosopher and theologian, Paul Ricoeur, who, diverging from the customary Gallic fixation on language, seeks "to demonstrate that the universe of discourse appropriate to the analytic experience is not that of language but that of the image" (p. 293). In this he takes issue with such contributors as Bloom, Chomsky, Pribram, and Edelson, who in their respective ways seek to find the commonalities between linguistic analysis and psychoanalysis. Chomsky lucidly and convincingly sets forth here his now familiar view of language as an "organ of the mind," with a "deep structure" of "universal grammar" that is shaped by experience and human interaction. This is a theoretical framework far more congenial to psychoanalytic ego psychology than are traditional empirical learning concepts, postulating as it does an "apparatus" that can be construed as "primarily autonomous," undergoing maturational and developmental change, differentially modified by socio-cultural and interpersonal forces. Edelson, from his dual perspective as psychoanalyst and as a student of Chomskyan linguistics and symbolic logic, goes far in convincing the reader not only of the fundamentally linguistic nature of the psychoanalytic enterprise but of the value of systematic, if at times arcane, logical analysis of psychoanalytic propositions for the codification of its theory. In his emphasis on the structure of the analysand's utterances and of the analyst's interpretations, he approximates Teller and Dahl's "micro-

analysis of free association"⁶—another effort to understand the nature of the psychoanalytic transaction through a systematic structural analysis of verbal communications.

Ricoeur may be correct in his contention that image or fantasy is the nuclear element in mental life; indeed, as Smith points out in his introduction, "psychoanalytic theory assumes that the forerunner of the word is an image of the absent object" (p. xxvi). It is clearly true, nonetheless, that in the psychoanalytic situation both patient and analyst deal with such elements only, or at least primarily, through the vicissitudes, ambiguities, and tropes of language. It is not so much that we need a "new language for psychoanalysis," as Schafer proposes, as that we need a more rigorous semiological approach to the language we customarily, if unsystematically, employ in both our clinical and theoretical work. Unfortunately, such precision is absent from what Stanley Leavy correctly calls the "self-indulgent obscurities" of Lacan that succeed in turning upside down his dictum that "the unconscious is structured like a language," making his own language as idiosyncratic, whimsical, and irrational as "the unconscious." If Lacan has succeeded, as Leavy suggests, in exposing some of the pretensions of ego psychology "in its exaggerated claim . . . to be a general psychology" (p. 290), he has failed to provide a systematic theory of mental life that can be applied outside the vagaries of the French language (e.g., "*le nom du père* = *le 'non' du père*"). Less flamboyant, more firmly rooted in traditional modes of psychoanalytic argumentation, but hardly less poetic, is the work of Hans Loewald, exemplified here by his characteristically elegant effort to clarify the concepts of primary and secondary process as they relate to the development and use of language in the context of human relationships. Loewald's way of demystifying complex issues without oversimplifying them is nowhere better shown than in this paper.

Perhaps the most active area for application of psychoanalytic principles in recent years has been literature. Volume IV, *The Literary Freud*, assembles a number of typical efforts demonstrating

⁶ Teller, V. & Dahl, H. (1981). The framework for a model of psychoanalytic inference. In *Proceedings of the 7th International Joint Conference on Artificial Intelligence*. Vancouver, B.C., pp. 394-400.

the widening scope of critical attention to and utilization of such constructs. The pacemaker here is Harold Bloom, with his dense, quirky, and provocative essay, "Freud's Concept of Defense and the Poetic Will." As Smith points out in a lucid effort at explication and critical evaluation, Bloom maintains the thesis that all defenses are, in essence, "tropes" or figures of speech, and that each defends against yet another until, he concludes, Freud's drives are themselves defensive, ultimately, against the void, the nothingness of "the abyss." Rooting his argument in an idiosyncratic analysis of "Beyond the Pleasure Principle," Bloom defines the "poetic will" as the poet's "revenge against time," his defensive response, via Eros, to the literal meaning that is equivalent to Death.

Bloom's propositions have been extremely influential in critical circles; certainly many of the members of the Yale group of critics whose work appears in this volume are, in considerable measure, in accord with it. However provocative it is, it raises serious issues of the kind proposed by Edelson in his brief, pithy series of "questions" about the relationship between psychoanalysis and poetry. Bloom's critical system, of which this material forms only one aspect, is predicated on a model that is totally one of conflict, in which all mental operations are, in the end, defenses. It does not allow for any conflict-free functions or motives or for any area of autonomy. Just as in his theory of influences every writer is locked into an oedipal death struggle with his predecessors, in his theory of the "poetic will" every writer is, ultimately, engaged in a life struggle with his own death instinct. It is an intriguing literary conceit, with, as Bloom would acknowledge, Talmudic overtones, but it leaves little room for the ludic and the problem solving aspects of creativity or for the authentic elements of homage and admiration in artistic influence.

As Shoshana Felman points out, "*there is more than one way to implicate psychoanalysis in literature . . . how to implicate psychoanalysis in literature is itself a question for interpretation, a challenge to the ingenuity and insight of the interpreter*" (p. 146). The only problem here is Felman's insistence that this insight sprang full grown from the brow of Jacques Lacan. The many observers, from Lionel Trilling to Norman Holland, who have made similar observations on this side of the Atlantic might be inclined to challenge

this claim. Reed⁷ has recently demonstrated the possibilities of such interpretation, based in large measure on an avenue suggested by Felman—the critical assessment of critical responses to a text. Indeed, such alternative approaches are illustrated here by two manifestations of the resurgent interest in William Blake's writings as food for psychoanalytic criticism and by David Gordon's delightfully traditional survey of the role of unconscious conflict and its more or less successful resolution in the plays of G. B. Shaw. The book concludes with Meredith Skura's profoundly insightful contribution to dream theory through her explication of the relation of dream and allegory—an idea further developed in her recent book,⁸ which details in non-Lacanian terms the variety of levels on which, as Felman suggests, psychoanalytic theories can be applied to literature.

What, in the end, does all this intellectual activity tell us? To me, its message is clear: psychoanalysis must join the rest of the scholarly community and seek to integrate itself into the university system. Whatever resistance, ambivalence, misunderstanding, or outright hostility may remain, large segments of the academic community are using psychoanalytic concepts, well or poorly understood, as investigative tools; at the same time, psychoanalysis needs the resources of the universities for its own scientific growth. The free-standing institute is no longer adequate to the needs of psychoanalysis as a coherent body of ideas; our institutes reveal themselves increasingly as training schools for practitioners rather than as broadly based educational institutions. Institute curricula rarely include courses designed to help a candidate to engage in the critical evaluation of psychoanalytic concepts or to design methodologically sound research, let alone to integrate into his intellectual armamentarium pertinent contributions from the social sciences and the humanities. If the continued collaboration of analysts and humane scholars is of interest to us, as I believe it should be, and if psychoanalysts are to benefit from advances in the social and biological sciences, as I believe they must, then official psychoanalysis can no longer main-

⁷ Reed, G. S. (1982). Toward a methodology for applying psychoanalysis to literature. *Psychoanal. Q.*, 51:19-42.

⁸ Skura, M. A. (1981). *The Literary Use of the Psychoanalytic Process*. New Haven: Yale Univ. Press. Reviewed in this *Quarterly*, 1983, 52:469-473. See also, my review of Skura, *J. Amer. Psychoanal. Assn.* In press.

tain its once rational defensive isolation. If Grünbaum (see footnote 5) is correct, clinical experiences alone will not serve to validate psychoanalysis as a science, and if psychoanalytic research is to prosper, its practitioners will need to learn more than clinical methods.

Illustrative in this respect is Edelson's work which, I believe, represents a substantial body of integrative thought. Edelson acknowledges the importance to him of extended conversations with other members of his university faculty, particularly in the area of philosophy and symbolic logic. For the analyst who is interested in pursuing such cross-disciplinary studies, access to such specialists is not only valuable but indispensable. For the humane scholar who seeks to clarify his understanding of psychoanalytic concepts without necessarily undertaking institute training, much benefit will derive from the ready accessibility of psychoanalytic colleagues. Much of the naïve reductionism of "applied psychoanalysis" and much of the uninformed and half-baked use of outmoded psychoanalytic ideas in "psychoanalytically oriented" humanist scholarship can be attributed to the absence of time and opportunity for such cross-fertilization.

Clearly, the integration of psychoanalysis into the university is a complex problem to which no single answer or single formula can be proposed. Experiences thus far have been mixed, depending to a fair degree on personal factors. It may be that the Hebrew University model of an endowed chair in psychoanalysis may point the way. However it is to be done, I believe that the future of psychoanalysis as an intellectual discipline depends on its being done, and soon.

AARON H. ESMAN (NEW YORK)

THE PSYCHOANALYSIS OF CULTURE. By C. R. Badcock. Oxford: Basil Blackwell, 1980. 264 pp.

For the past half-century, cultural relativism has reigned as anthropology's virtually undisputed ideology and inviolate mythology. Originally an intellectual antidote to the pseudo-biologism of European nationalism, the putative cure merits discussion as at least a semantic and epistemological disorder. The heuristic strategy of examining a way of life on its own terms has been superseded by

a doctrinaire insistence that this is the only methodologically legitimate—and moral—way to conduct an analysis of culture.

Not only do cultures differ, but there are no universal standards by which cultures are to be compared. Each group must be approached ideographically, as though the science of man were an aesthetic exercise. Cultural relativists repudiate and rebuke the evolutionism of anthropology's founders as a rationalization for colonialism, imperialism, and racism. The secular, urbanized, industrialized West is viewed as far from the pinnacle of human experience; it is seen rather as its nadir. While all cultures are relativistically equal, some are clearly more equal than others. Invidiously, the image of the West becomes the (paranoid?) vision of decadence and imperiousness, while the primitive, the simple, the traditional, and the unacculturated become the measure of humanity. Culture change was only slowly and reluctantly admitted into anthropology. Simplistically, the modernized West is seen as predator, and all authentic culture is seen as victim.

The face of relativism is the mask of inverted evolutionism—itsself an ideological mask for perpetual (adolescent?) rebelliousness against anything associated with the (parental?) West. Every group, perhaps, has its origin myth, and likewise some Arcadia for which its members nostalgically long: among anthropologists, I suppose, hunter-gatherers represent this (imagined) lost goodness and innocence (a displaced family romance?) *Those* were the days! Presumably, some form of benign devolution would return us all to primeval collectivism. Relativism is tantamount to the denial of the reality principle: the fiat for culture is simply "*chacun à son gout!*" Advocacy of ideological relativism contains a tacit acceptance, if not endorsement, of magical thinking. Thus it is not only not advantageous to distinguish reality from dream, but no such discrimination is even possible. When observer/interpreter enters a *folie-à-N* with the observed group, it therefore follows unerringly that insight is chimera, since the only "insight" acceptable is affirmation of prevailing beliefs.

Now, relativism betrays many inconsistencies. Xenocentrism replaces ethnocentrism—but only with respect to the West; the ethnocentrism of the West is seen to exhibit deplorable racism, while that of the rest of the world is called "liberation." Is this not evidence of some tiresomely inverted image of the timeless *Homo*

monstrous? Moreover, a neo-evolutionism is malleably compatible with relativism—but only insofar as that which can evolve or progress is limited to the complexity of social structure, efficiency of energy use, or demographic concentration. Values and personality characteristics are strictly off limits. Only materialist values are acceptable as genuine advances—a curious projection of Western standards as universal measures at the same time that the West is decried.

Such inconsistency bespeaks ambivalence, if not primitive splitting. Relativism is a profession-bound resistance which scotomatizes what culture is for and where it is located. The mystery of cultural uniqueness and incommensurability rests upon mystification. Within psychoanalysis, too, there exists something of a subtle double standard, one for individuals in treatment and another for groups. If individuals can advance or regress prior to and during therapy, why cannot individuals do likewise in their groups? If “Where id was, there ego shall be” is good enough for the person, is it not also good enough for the species?

It is upon this ideological stage that the book by C. R. Badcock enters, and it is the gradual and painful expansion of the domain of ego over human history which the author attempts to trace. In this book, one is in the presence of a mind and expository style to be found in the finest essayists. Badcock’s scholarship is prodigious. In its attention to detail and sweep of vision, his style recalls that of the Master (Freud) himself. Like Freud, Badcock leads the reader through his argument, anticipates questions and exceptions which the reader might raise, and accepts the reader’s doubts and resistances.

The task of this book is “the understanding of ourselves as a species and the resolution, through that understanding, of the collective neurosis which we call ‘culture’ or ‘civilization’ ” (p. 1). His point of departure and recurrent return is Freud’s *Totem and Taboo*, that neglected and maligned centerpiece of anthropological psychoanalysis: a case history of primal man in groups. Badcock traces the evolution of culture and religion from “the primal trauma”—parricide and incest—to and through the present, along the sequence of animism, totemism, polytheism, Judaic monotheism, Catholicism, Protestantism, and psychoanalysis. He sees in this process not mere change, but genuine progress, both in the return

of the repressed and in advances in instinctual renunciation. Each developmental phase is said to contain a corresponding dominant form of psychopathology, proceeding from anxiety hysteria (symbolized by animal phobias), to obsessional neurosis, through paranoia with obsessional complications, to obsessional neurosis with paranoid overtones, and finally to a reduction of the need for symptoms through a working through of underlying conflicts.

Moreover, Badcock argues for a correspondence between the history of the individual and the history of society. He traces the evolution of society not in terms analogous to those of human development, but as based on stages of human development: from primal narcissism, into oedipal concerns, through latency, adolescence, and finally to the possibility of maturity through psychoanalysis. For Badcock as for Freud, the history of the advance of civilization is the tortuous road of instinctual renunciation and the acceptance of the reality principle (p. 229). Over the course of this immense journey, he tosses off insights into St. Paul, St. Francis of Assisi, Martin Luther, neoteny, altruism, anti-Semitism, socialism, Schreber, and the Trinity. Consider but the following passages, wise, taut, Mozartean in perfectness of execution:

. . . the Reformation . . . represented the beginning of the end of religious belief and the start of man's final recovery from the collective neurosis from which he had suffered since that fatal day when the first hominid felt guilt at committing parricide and began to develop inhibitions about incest (p. 220).

. . . psychoanalysis, in so far as it is an extension of the reality principle in mental life, spells the end of the self-delusions on which both man's narcissism and his religion are based (p. 221).

. . . Luther bears the full responsibility for all that happened subsequently. He was the one who broke with the regressive narcissism of the Middle Ages; it was he who confronted the obsessional neurosis of religion on its own ground; it was he who began to hate God and, in his unconscious and in the guise of a demonic delusion, to begin to demolish the image of God as a credible being. With Luther, the idea of God reached its penultimate stage and was made ready for the final revelation.

This final revelation of the true nature of God was to be made by Freud. . . . Luther's identification of the moral authority of God with one's own conscience went a long way toward Freud's final revelation of God as the super-ego. . . . With Freud, the neurosis is finally resolved and the truth revealed . . . psychoanalysis is a stage in the evolution of religion com-

parable to the attainment of maturity in the individual rather in the way in which Protestantism is comparable to late adolescence (pp. 222-223).

More clearly than has anyone to date, Badcock has resolved for me the only apparent paradox of psychoanalysis as an advance in instinctual renunciation through the lifting of repression (in contrast with its popular misinterpretation as instinctual license):

. . . the pursuit of chastity is itself an illusion. . . . This triumph of the reality principle over the pleasure principle is, in this sense, the greatest renunciation of instinct possible; and the fact that it involves giving the pleasure principle full recognition in the field of sexuality only follows as a consequence . . . sexuality had to be given its due gratification because realism dictated that this was the only way in which to avoid the alternatives of neurosis or perversion (p. 229).

Badcock courageously argues that one can and must treat "the various types of compulsive social behavior (religion) as if they were cases of individual psychopathology" (p. 240). The delusional system of an individual is paranoia; the delusional system of a prophet-inspired group is its religion. Not only are individual and collective psychopathologies equivalent, but the manifest content of collective pathologies (religion, myth, folklore, etc.) is used by the individual as an "alternative to individual neurosis" (p. 241). The individual will identify his latent content with the collective manifest content, representing the former in the symbolic form of the latter. Like Freud, Devereux, La Barre, and very few others, Badcock identifies normality strictly according to metapsychological criteria, ones which are utterly uninfluenced by statistical and normative considerations. He states acidly:

Those who in recent years have criticized the notion of mental illness as being an arbitrary category of social definition have entirely missed the point. It is not madness, but sanity which is the arbitrary social category, as is proved by the fact that paranoid delusions, like anti-Semitism, can be regarded as perfectly sane if enough of the population believes in them (p. 241).

One could cavil at many points. Arguing from a classical oedipal interpretation of man and history, Badcock has no place for—nor does he cite—the work of Melanie Klein, Fairbairn, Winnicott, Guntrip, Mahler, Bowlby, Kohut, Kernberg, or Volkan on the

significance of early fantasies and object relations. He argues that the patently paranoid content of modern socialisms (National Socialism, Marxist-Leninist utopianism, etc.) derives from pre-Protestant Christianity—whereas the whole spectrum of regressive end-of-the-world delusions and restitutional delusions which he notes in the Schreber case are also prominent in such primitive crisis cults as Melanesian cargo cults and Amerindian Ghost Dances. The ubiquity of paranoid-autistic features in social upheavals, he indicates, derives from regression to the earliest fantasies of infancy—which, incidentally, is precisely why “cults” are so much more alike than are “cultures.”

Badcock uses Freud's Schreber case to illustrate the paranoid's inner world of collapse and reconstruction; how much more he might have had to say had he consulted the work of William Niederland¹ and Morton Schatzman² on the importance of Schreber's psychotic father in his son's subsequent psychosis. Or again, Badcock would have done well to consult Keith Thomas's *Religion and the Decline of Magic*,³ which demonstrates that the decline of magical thinking preceded the rise of Renaissance scientific thought. Badcock sees instinctual renunciation following the primal trauma as the direction of cultural evolution; it would be interesting to see how this oedipal model might be reconciled with de Mause's⁴ model of “the evolution of childhood” through “psycho-speciation” of increasingly advanced “psycho-classes.” Moreover, the oedipal perspective is necessary but not sufficient to explain human self-domestication: for one must not only inquire why the son foreswore acting upon the impulse to kill the father, but why the father abjured filicide (and the mother, infanticide). Finally, the work of La Barre and Devereux is disturbingly absent in this study.

In recent years, a number of theories of psychodynamically based cultural evolution have been proposed: (1) a model of cognitive

¹ Niederland, W. G. (1960). Schreber's father. *J. Amer. Psychoanal. Assn.*, 8:492-499.

² Schatzman, M. (1973). Paranoia or persecution: the case of Schreber. *History Childhood Q.*, 1:62-88.

³ Thomas, K. (1971). *Religion and the Decline of Magic*. New York: Charles Scribner's Sons.

⁴ De Mause, L. (1982). *Foundations of Psychohistory*. New York: Creative Roots.

advance by anthropologist Arthur Hippler,⁵ based upon the work of Margaret Mahler and Charles Sarnoff; (2) a psychogenic theory of human evolution by psychohistorian Lloyd De Mause (see footnote 4) which gives considerable weight to preoedipal and putatively uterine influences; and (3) a theory linking the degree of individuation fostered by a culture with the degree of differentiation of emotional expression (from somatic to psychological), proposed by transcultural psychiatrist Julian Leff.⁶

None of these objections can impugn Badcock's effort to bring the repressed into consciousness, to foster resolution and recovery. Is it not significant that our "clinical" problem and our "intellectual" or "scholarly" one are one and the same: to reveal the psychogenesis of our collective malady which remains buried in our species phylogenesis and in those early experiences of our personal childhood pasts? In the ideal "Freudian culture" which Badcock envisions, "preventive psychoanalysis" would not create "irrational repression," but "would try to encourage conscious and rational renunciation of the incestuous and parricidal wishes which would have to be renounced if civilized life is to be possible" (p. 250). Surely this is the goal of a classical analysis of individual and of enlightened culture alike—a goal in whose behalf Badcock has labored well.

HOWARD F. STEIN (OKLAHOMA CITY)

FREUD'S ODYSSEY. PSYCHOANALYSIS AND THE END OF METAPHYSICS. By Stan Draenos. New Haven/London: Yale University Press, 1982. 177 pp.

Academics, first in Europe and especially in France, but now in North America too, are "discovering" Freud. Usually, however, to "discover" Freud's thought academically is to alter it in fundamental ways. For example, psychoanalysis is "philosophized" by Ricoeur in order to make it more congenial than it actually is to Ricoeur's own religious attitudes toward life. Habermas modifies psychoanalysis in

⁵ Hippler, A. E. (1977). Cultural evolution: some hypotheses concerning the significance of cognitive and affective interpenetration during latency. *J. Psychohistory*, 4:419-438.

⁶ Leff, J. (1981). *Psychiatry Around the Globe: A Transcultural View*. New York: Marcel Dekker.

the direction of phenomenology and existentialism in his "understanding" of it. Marcuse and numerous others confuse psychic conflict with Hegelian or Marxian dialectical logic. The result is an obfuscation of psychoanalysis which can scarcely illuminate either psychoanalysis or the cognate discipline by means of which or in relation to which Freud's ideas are being interpreted. This tendency is a symptom of the unfortunate isolation of academic thought from theoretical psychoanalytic thought disciplined by psychoanalytic practice, an isolation for which academics and psychoanalysts are equally responsible. That the problem has no simple or easy solution is evidenced by the work of Lacan; there, academic interests and clinical experience were united in a single individual who, nevertheless, remained a master of tenebrous obscurity.

Draenos's study of "Freud's odyssey," unhappily, is another example of academic clouding of Freud's clarity of thought. For example, here is Draenos's gloss on Freud's lucid statement that the important events of an individual's life continue to exert an influence upon him in the form of charged memories: "The psychology of the unconscious being closer to the phenomenal field (consciousness) and further from the ground (body), represents the essential temporality of this logic *mediately* as a concrescence of past and present within a topographical articulation of surface and depth" (p. 41). An idea which is clear in itself and which Freud has formulated in exemplary prose is rendered incomprehensible. We are informed that "the ego of Freud's final theory" is "a resurrected ego which bears all the marks of its trials at Golgotha" (p. 44). In addition to the tastelessness of the metaphor, what is it in the trials of Jesus that sheds light upon the complex but clearly stated reasons Freud had for replacing the conscious-unconscious dichotomy of the topographical model with the tripartite functions of the structural model? The metaphor darkens what is already clearly formulated and well understood. It is astonishing that new metaphors should be used to render opaque a piece of writing that has used very apt metaphors to achieve a remarkable expositional clarity. It is as though the perverse maxim, "Where there is light, let there be dark," were being followed. Obviously, such a procedure can only be justified if some remarkably illuminating perspective on psychoanalysis is to be achieved in the end.

The kernel of Draenos's thesis is sound. Psychoanalysis is incon-

sistent with religion and with metaphysics insofar as metaphysics is an attempt to rationalize religious beliefs or to substitute intuition for empirical investigation. But Draenos also claims that there is a hidden, fundamental, informing purpose in Freud's work, when it is considered as a whole, to bring about the eclipse of metaphysics. Freud discovered repressed, unconscious wishes, fantasies, and memories, the stages of infantile sexual development, the oedipus complex, the mechanisms of neurotic symptoms, the nature of the dream work, etc., so that he would be able later on to bring about the demise of metaphysics. Freud's commitment to scientific work, his decades of treating neurotic patients, his early false start with the seduction theory, and his trial and error clinical grasplings, out of which he evolved free association therapy, are discreetly veiled by Draenos behind a romantic portrait of Freud the protophilosopher suffering the trials and temptations of the discovery of psychoanalysis "in order to build the world anew . . . as a scientific understanding of the human situation for men whose world had been deprived of its metaphysical sanctions by science" (p. 150). We are told that in Freud's work we witness "the metamorphosis of a natural scientist into a philosopher" (p. 150).

Against this assertion, there stands the body of Freud's late work which is no less unphilosophical than *Studies on Hysteria*. Freud had an ambivalent attitude toward philosophy: sometimes he derided philosophy for its facile assertion that the concept of unconscious mental activities is contradictory and for its overestimation of abstract thought; at other times Freud cited philosophical precursors for certain of his own ideas as though philosophical confirmation could shore up ideas with an uncertain empirical basis. This dual estimation of the worth of philosophy was a characteristic of Freud's thought, including that of his latest works. In the *New Introductory Lectures*, Freud took up this question directly. He stated unequivocally that psychoanalysis is a branch of natural science and not a philosophy of life or a world view.

It is true that psychoanalysis has implications which are damaging to classical metaphysical notions, e.g., Cartesian dualism, innate ideas, freedom of the will, transcendentalism in all its forms, the innateness of moral values, etc., although Draenos does not examine any of the implications or their logic. But from this it no more follows that Freud was ultimately a philosopher and that psycho-

analysis is a philosophy than it follows that Darwin was a philosopher and that the theory of evolution is a philosophy. If Freud has to be dressed in the fine robes of philosophy in order to make his ideas acceptable to academics, perhaps the truth would be better served by leaving him among the writers, doctors, social workers, psychologists, and psychoanalysts, where an ordinary suit of clothes will do.

CHARLES HANLY (TORONTO)

A CLINICIAN'S GUIDE TO READING FREUD. By Peter L. Giovacchini, M.D.
New York/London: Jason Aronson, 1982. 251 pp.

This concise guide to Freud's basic writings is derived from a seminar devoted to the understanding and integration of Freud's contributions. After a brief historical overview of Freud's place in the history of psychiatry, the author takes the reader on a guided tour of the origins and evolution of basic psychoanalytic theory and technique. The ways in which Freud grappled with questions of theory and the influence of theory and technique upon one another are vividly illustrated.

The book begins appropriately with Freud's 1915 paper, "The Unconscious," and the justifications for that fundamental concept. It then proceeds chronologically, beginning with the *Studies on Hysteria*, through the early psychodynamic formulations of conflict and defense and the first anxiety theory. Within the topographical theory, the theories of instincts, from libido theory through "On Narcissism" (1914) to "Beyond the Pleasure Principle" (1920), are elucidated. The final chapter is devoted to "The Ego and the Id" (1923) in which Freud addressed unresolved clinical and theoretical issues, particularly the problems of unconscious guilt and anxiety. The way in which the structural hypothesis and the second anxiety theory were constructed to try to resolve these questions is very clearly presented. The author's special interest in a psychoanalytic approach to patients with character problems and psychotic decompensations is manifest in his consistent attention in Freud's writing to the implications for technique with patients with character pathology.

The format of the book follows the outline of the seminar, as summarized above. Each of the ten chapters begins with a brief and

cogent synopsis of Freud's original text and is followed by the author's discussion of that work. A valuable feature of the book lies in the systematic way the author's discussions correspond, topic by topic, to the original text. The appendix includes the outline of the course which inspired the book.

Giovacchini's style of writing conveys his deep respect and intimate familiarity with Freud. His candor leaves the reader feeling at home with both Freud and the author. The writing is in an almost "folksy" style, which contrasts with the seriousness of the subject. This is illustrated in the following example: "Not all the incidents that happened on the fourth of February in the third grade are retained; if some are, it is because they become hypercathected and associated with some meaningful unconscious constellation" (p. 5). The reader has the feeling that this is a personal guided tour. It is a welcome relief from what, particularly for the novice, too often feels like an impersonal visit to a nonhuman, sterile museum of theory and metapsychology.

A large part of the book is devoted to a detailed review of Freud's case of Anna O., followed by a reformulation of the case by the author, as though she had just presented herself today to an outpatient clinic for evaluation and treatment. In Giovacchini's admittedly speculative reformulation, he describes Anna O. as "exhibiting considerable eroticism and rapid changes from one ego state to another" (p. 52); as "wanting to return to a state in which one person would in essence take over responsibility for her life" (p. 56); and as "having been successful in creating a totally dependent relationship with Breuer. She fused with him and viewed him as a rescuer" (p. 58). "Breuer somehow had omnipotently to protect her from these internalized bad objects. . . . We need not be concerned about whether this is an idealized mother or father, simply some power able to counteract the badness and see that it did not get wildly out of control" (p. 56). Her eroticism is "the fuel, the vehicle, by which Anna O. reconstituted her narcissistic defenses" (p. 58). Giovacchini notes the absence of overt manifestations of guilt and states that while her symptoms can be understood in terms of intrapsychic conflict, she can be understood "most effectively in terms of structural problems" (p. 56). Thus, in his reanalysis of Anna O., the author touches on the current controversies regarding the analyst's point of view regarding the relationship between intra-

psychic conflict and psychic structure. The analyst's understanding of this relationship will determine how he attends to the patient's most intense needs and affects.

Theory, technique, and history are so clearly presented that the reader is stimulated to pursue enthusiastically the many theoretical and technical questions raised. One theme to which the author directs the reader's attention pertains to Freud's attitude toward the patient's resistance. For example, he notes that Freud "advocated an attitude which is noncritical of the content of the patient's associations, but he condemned resistance" (p. 73). And, he continues:

Freud's concepts of a raging battle, dominance and submission, conqueror and vanquished, contribute to his clinical orientation and philosophy. He envisioned treatment as a battle between analyst and patient. The analyst is constantly struggling with the unconscious and trying to make it conscious, that is, to force it into ego territory. He is fighting the resistance the unconscious erects. The analyst recommends himself to the id as a libidinal object, thereby attempting to deflect libido upon himself. Undoubtedly Freud was referring to how transference enables treatment to achieve its task of broadening the ego's domain and increasing its power over the id (p. 193).

Giovacchini gives another example of Freud urging "the patient to give up his resistance, to cajole him, to speak of the rewards that would follow and the premiums to be gained; in other words, he was stressing manipulation, a method that may now seem anti-analytic" (p. 225). The author's view of the analytic setting as a "cooperative endeavor . . . in a holding environment" (p. 193) is apparent in this book. Giovacchini emphasizes the analyst's need to understand the adaptive and constructive aspects of what used to be seen as resistance which needs to be overcome by force. He strongly objects to the use of professionalism as a defense for the analyst and notes that many analysts "would rather blame the patient for resisting than recognize that they themselves might be wrong. To protect themselves from acknowledging errors, analysts make further interpretations, not to help the patient gain further understanding but to maintain their self-esteem and to attack the patient" (p. 76). He shows his respect for the patient's autonomy and separateness in, for example, the patient's right to be silent. He describes a therapist who, literally following the fundamental rule, expected the patient to talk. He states, "However, I believe it is the patient's choice as to whether he free associates or remains silent" (p. 34). He goes on

to give a case example in which his patient said that the analyst did not know how “wonderful it was to lie down and say nothing and not be expected to say anything. What a marvelous feeling it was not to be intruded upon” (p. 35).

There are two areas, however, which left me puzzled. The first area is in Giovacchini’s struggle with a paranoid patient about the analysis and the use of the couch. The author in this example seems to be caught up himself in the attitude that he identifies so clearly in Freud’s approach, in which the analyst’s goal lies in “overcoming resistances.” The second area, and the more fundamental one, lies in the blending of levels of abstraction. I will illustrate both areas with clinical vignettes.

Describing his work with a paranoid patient, Giovacchini says:

For some reason, I decided not to *insist* upon his being on the couch and let matters develop as they would . . . if I attempted a transference interpretation, he would angrily retort, “Don’t give me that psychoanalytic bullshit.” This patient had gross defects in the reality sense, but his self-observing process was sufficiently operative that he could distinguish between a psychoanalytic and a nonpsychoanalytic exchange. He could use his awareness of the psychoanalytic process as a resistance (p. 89, italics added).

In the light of the author’s clear understanding of and respect for the patient’s freedom of choice, I wonder why the question of the patient’s use of the couch would even be framed in terms of the analyst’s insistence, even if he decides not to insist.

This same vignette also illustrates the second area, the blending of different levels of abstraction.¹ Is it correct, both theoretically and technically, to understand the patient’s resistance as originating in a direct, experiential awareness of what the analyst calls “psychoanalytic process”? I do not believe a patient directly experiences any of the analyst’s theoretical constructs. Even “psychoanalytic process” is a concept at a higher level of abstraction than the patient’s awareness and experience. Therefore, on the basis of Giovacchini’s own clearly articulated understanding of the patient’s feelings and experience, I would have expected him to understand—without necessarily interpreting—his patient’s response as a direct response to the analyst and the patient’s perceptions of the analyst’s intentions. A formulation consistent with the author’s other formula-

¹ See, in this regard, Waelder, R. (1962). Psychoanalysis, scientific method, and philosophy. *J. Amer. Psychoanal. Assn.*, 10:617-637; and Slap, J. W. & Levine, F. J. (1978). On hybrid concepts in psychoanalysis. *Psychoanal. Q.*, 47:499-523.

tions would have been in terms of the patient's fears and wishes about submitting to the analyst's insistence, experienced as domination, as a homosexual threat, etc. The potential for confusion lies in moving from the level of the patient's experience ("awareness") to a theoretical construct at a higher level of abstraction ("psychoanalytic process").

Another example of the author's tendency to interpret clinical material directly in terms of the analyst's theoretical propositions is noted in the following discussion of the self-observing function of dreams. Giovacchini states: "For example, a house with various rooms may refer to the ego and its subsystems. The orderliness or disorderliness of the house parallels the synthesis of the ego organization. I have heard many such dreams from my patients who have characterological problems. An abstract concept, which stands for psychic structure, is concretely represented in the dream" (p. 145).

In my opinion, although a dream of a house with rooms may come to be understood as representing many aspects of a person, the analyst moves away from the basic data of psychoanalysis, i.e., the patient's associations, when he directly links the patient's symbolic productions to his own theoretical constructs. In making such a step, the analyst is in danger of losing the vital connection between developing theory and immediate clinical experience. At that moment, theory attempts to define and impose itself upon the patient, rather than the other way around. This aspect of Giovacchini's book is puzzling because it seems inconsistent with his own clear understanding of the way Freud used clinical experience to modify his theories.

In summary, *A Clinician's Guide to Reading Freud* is concise, systematic, and informative. Giovacchini's candid and personal style offers the student of psychoanalysis a splendid introduction to Freud's theories and technique and the context in which they evolved. All students of psychoanalysis, not only clinicians, can use this guide to help them gain understanding and appreciation of Freud's papers by using it in conjunction with their seminar readings. More experienced psychoanalysts can also enjoy the book as a stimulating and thoughtful review of Freud's basic approach to the understanding of people. Giovacchini reminds us how remarkably relevant and revolutionary Freud's classic contributions remain today.

AXEL HOFFER (BROOKLINE, MASS.)

EARLY FEMALE DEVELOPMENT. CURRENT PSYCHOANALYTIC VIEWS. Edited by Dale Mendell, Ph.D. New York/London: SP Medical & Scientific Books, 1982. 256 pp.

This is a small but very full book. It consists of eight essays by different authors, all within a broad psychoanalytic framework but representing quite different points of view, both in general and in the specific field of female psychological development. The chapters are arranged roughly chronologically, but not all aspects of female development are covered. Rather, the effort seems to be to lay emphasis on aspects of development which have not been sufficiently elaborated in traditional psychoanalytic theory, which are to be challenged, or which need to be more fully integrated with newer discoveries and theories.

The first chapter, "On the Origins of Gender Identity," is by Ruth Formanek. The author undertakes a review of the processes leading to the establishment of gender identity, which she understands as being the individual's self-attribution of gender. She begins with a discussion of biological factors, including the genetic and hormonal, as they mutually influence one another *in utero* and beyond. She touches upon the well-known possibilities of genetic factors being overridden by experiential ones, as various studies by Money and others have shown, but she does not attempt a full review of the topic. She then goes on to discuss a whole group of findings from infant research that reveal functional differences between boys and girls. Among the topics considered are exploration, aggression and irritability, play behavior, dependency and attachment, perception, language, and parental response. In her discussion, she is quite clear about the difficulties involved in such research and the limits upon what may be concluded. She then turns to a partial review of the psychoanalytic views of female development, emphasizing the studies involving child development rather than reflecting upon the full range of analytic writing on the subject, especially in recent times. However, she raises interesting questions and provides a worthwhile discussion of them. In a final section, she discusses the relationship between gender identity and the sense of self, considering the development of both in the framework of primary process and secondary process thinking.

Chapter 2, by Marion Michel Oliner, is entitled "The Anal

Phase." This section is quite long and is rich in material that is perhaps relatively unfamiliar to American analysts, since it draws heavily on the ideas of certain French analysts and others in Europe whose work does not find as much reflection in the publications of the more standard American Freudian groups. The author claims that there is a paucity of material about the anal phase, a claim which seems puzzling, as our literature appears to be replete with discussions of the anal phase of development in terms of libidinal expression, discharge of aggression, and organization of ego functions, including cognition and defense. Also, the function of the anal phase in influencing object relations has been discussed widely. None of this detracts, however, from the interest provided by her summaries of the European group, whose work she discusses critically. She then develops an outline of the anal phase in the girl, integrating the views she has discussed with classical and modern psychoanalytic views.

Chapter 3, entitled "Considerations about the Development of the Girl During the Separation-Individuation Process," is by Anni Bergman. The author writes from the standpoint of child observation studies, with a particular emphasis on the influence of gender difference and the development of gender identity on the separation-individuation process, especially as seen in the girl. In the course of this, she considers at least four important influences: (1) discovery of the sexual difference; (2) the rapprochement crisis and its resolution; (3) identification versus disidentification; and (4) the mother's attitude toward her own and her daughter's femininity. She provides longitudinal observational data on two girls with contrasting relationships with their mothers and considers the data in light of the above four categories. Her data and ideas are clear and interesting.

Chapter 4, "The Inner-Genital Phase—Prephallic and Preoedipal," by Judith Kestenberg, is longer than the others and provides many difficulties for the reader. On the basis of many years of observation of a few children, as well as of data derived from child, adolescent, and adult analyses, the author has been developing a view of female sexuality and development which is considerably different descriptively from the views of most writers in the field. Since most of the material which leads her to her conclusions is not summarized in this paper, it is difficult to follow her in all of her formulations. She outlines several developmental phases: (1)

neonatal, (2) pregenital, (3) inner genital, which is prephallic and preoedipal, (4) phallic oedipal, which is subdivided into negative oedipal and positive oedipal, (5) latency, (6) adolescence, and (7) adulthood. The interrelationships among these and the course of development from one to another are extensively outlined.

Laurice Glover and Dale Mendell in Chapter 5, "A Suggested Developmental Sequence for a Preoedipal Genital Phase," consider the genital phenomena of the immediately preoedipal period. They examine, as others have, the data for and against the classical view developed by Freud. The features of the traditional view they question are: (1) the girl develops a phallic phase first; (2) femininity arises secondarily out of castration shock; and (3) penis envy is a primary organizer of femininity. In their presentation, they use data derived from the dreams of six adult patients, material which is considered to represent regressive repetitions of the developmental phase in question. They appear to be using suggestive rather than definitive data, but the authors themselves are quick to point this out, and they seem very fair in their assessment of it. From their data, they develop a scheme of four subphases of the preoedipal genital phase. The details of their elaboration are interesting, but perhaps they are going further with it than their data can support.

Several chapters of the book so far have dealt in part with the oedipal phase, but Chapter 6, "The Female Oedipus Complex, Its Antecedents and Evolution," by Maria Bergmann, deals centrally with important aspects of this phase. She reviews some of the aspects of traditional psychoanalytic theory which bear on her thesis, especially the controversy over the existence of a primary femininity. She also reviews some general ideas about the influence of early experiences on later oedipal developments. Stressed throughout is the importance of the attitude of the mother toward her own and her daughter's femininity, as perceived by the child. She provides a rich discussion of the factors influencing the development of the oedipus complex and, in turn, its influence on other psychic developments.

The psychoanalytic literature seems relatively deficient in material on latency; in particular, latency phenomena in girls receive little emphasis. Chapter 7, "The Latency Period," by Martin A. Silverman, makes up for this shortcoming. He discusses the role of certain defenses in latency, contrasting the ways in which boys and girls

deal with their oedipal conflicts. The various activities engaged in by latency age children are considered in terms of their defensive and adaptive aspects. Superego development is, of course, one of the conspicuous features of this phase, and Silverman discusses this as it is seen in both boys and girls. Finally, he considers the ways in which problems involving narcissism and self-esteem are especially acute for girls, as well as how they are dealt with at this time. This is a clearly written chapter, with a wealth of descriptive material.

The final chapter, "Narcissistic Development," by Frank M. Lachmann, continues the theme introduced in the preceding chapter. Lachmann reviews in a condensed way some of the history of the theories of narcissism, especially as they pertain to female psychosexual development. In particular, he stresses several aspects of importance regarding the narcissism of the girl: her relationship with her mother, her mother's attitude toward her, castration shock and penis envy, and the role of the father as an object of idealization.

This is a stimulating volume, even though, or perhaps especially because, any worker in the field may find multiple points of disagreement or question. The somewhat different perspectives of the several authors and the differences of most of them from supporters of traditional analytic views on female development permit them to express ideas that cannot fail to enrich subsequent investigations.

ADRIENNE APLEGARTH (SAN FRANCISCO)

THE DEVELOPMENTAL APPROACH TO CHILDHOOD PSYCHOPATHOLOGY. By Humberto Nagera. New York/London: Jason Aronson, Inc., 1981. 507 pp.

Nagera's latest book provides a timely reminder of the centrality of the developmental point of view to psychoanalytic theory and to a well-balanced diagnostic and therapeutic approach. To properly understand our patients, we need to attend to their past, as it actually occurred, as it is perceived intrapsychically, and as it is reconstructed in the analysis.

The volume is organized into four sections. The first, General Developmental Considerations, provides rich illustrative material demonstrating the applicability of the Developmental Profile, which Nagera was instrumental in refining while he was Chairman of the Profile Committee at the Hampstead Clinic. While Nagera perhaps

understates the amount of work necessary to complete the Profile, it does provide organized information for arriving at a diagnosis and assessing progress during therapy. It helps the clinician to extract from the mass of the material available the information necessary for an understanding of the child's ego and drive development.

This approach is invaluable for such a crucial, but often subtle, diagnostic differentiation as that between a primary structural defect and a developmental disturbance. Diagnostic considerations can be complicated, in that defenses can interfere with ego functioning. For example, withdrawal into fantasy can interfere with attention, perception, and concentration. Reflection about the normal child further underscores the complexities involved in evaluation. A purely phenomenological approach does not necessarily reflect the intrapsychic state. At the same time, that which appears pathological may be a normal reaction to a developmental interference. Abnormalities such as infantile neuroses are normal for a particular phase. Drawing upon his extensive clinical experience, Nagera provides us with clear conceptual thinking and invaluable practical suggestions about these matters. The section on Fixation and Regression emphasizes the need to differentiate between fixation and regression diagnostically.

The chapter titled "Vulnerability and Stimulation in Early Life" highlights Nagera's concerns about the use of day care centers in the first two years of life. He notes that "the genetic developmental embryological forces cannot unfold the anatomophysiological blueprint of the brain to its ideal potential without the essential contribution of environmental factors. These factors trigger and stimulate those genetic embryological mechanisms to develop to their full potential" (p. 72). Nagera is fearful that children who grow up in conditions of deprivation and understimulation during the first two years will end up with brains of "inferior quality." The reversibility of some of these conditions is probably limited. Correctly, he stresses that we must do all that we can to insure that internal, maturational, and embryologic forces unfold optimally. Constancy of the object is crucial during the first two years and a good mother-child interaction is most desirable. Citing the inadequacies of many day care centers, he raises serious questions about what irreversible damage we may be inflicting upon youngsters by relegating their early care to an institutional setting.

While this chapter may have been written prior to the plethora of data emerging from infant research, such data would only further support Nagera's arguments. The more knowledgeable we become about the newborn's awareness, sensitivity, and capacity to discriminate, the more aware we are of the need for environmental factors to optimize development during critical periods.

There is a discussion of self- and object representations that disputes the conclusions of those psychoanalysts who assume that young infants are capable of complicated mental functions and thought processes. Nagera correlates Piaget's contributions on cognition with psychoanalytic observations regarding the emergence of self- and object representations, in the course of which he pays attention to the level of cognition that is possible at a particular stage. He provides a useful synthesis of psychoanalytic theory with the work of Piaget as it applies to the first two years of life.

Nagera's discussion of insight in children and adults complements recent articles in the literature. His study of the acquisition of insight in children as an assistance in locating the prototypes of certain difficulties in adult patients is illuminating.

Part Two is entitled *Developmental Considerations: Ego Apparatus and Structure Formation*. Of particular interest in this section is the chapter, "Structure, Structuralization and Creativity." In his characteristic manner, Nagera begins by clarifying ambiguities about the use of such terms as structure and apparatus. He delineates the relationship between ego structures and the somatic apparatuses upon which they are based. The ego is a functional construct which utilizes for its performance the psychological translation of the physiologic underlying processes. There is a need to differentiate a special function of the ego from the synthetic function, a scanning function that selects the most suitable or appropriate structures or ego apparatuses. It would have enriched this chapter if the author had shared his views on the role of new structure formation during the psychoanalytic process.

The chapter on the contribution of sight describes the arduous challenges faced by blind children, who should not be treated from the perspective of sighted children. They exhibit considerable deviations in and difficulties involving their libidinal and aggressive development, with a greater need for direct, immediate gratification and limitations in their fantasy life.

Part Three, *Adolescent Development*, contains many provocative

ideas about adolescence. Many adolescents of the present generation have greater difficulty in maintaining certain forms of splits in their introjects as compared to older generations. Nagera draws an interesting parallel to traumatic neuroses. The main elements in a traumatic neurosis are surprise, lack of preparation on the ego side to cope with the event, and the dramatic, overwhelming nature of the event itself. With adolescents, the trauma is more subtle and continuous, and its effect may be cumulative. The trauma might include earlier exposure to violence on television and other forms of overexposure. Nagera speculates that today's adolescents cannot easily reconcile the high moral principles of religion and, one hopes, the home with what they see as actually occurring in interpersonal relationships and in the conduct of government.

The final section is devoted to *The Developmental Approach in Clinical Practice*. The chapter on sleep disturbances provides an overall summary and some speculations regarding infant sleep patterns. Nagera distinguishes between sleep disturbances in individuals with a neurotic history, for whom the sleep problems must be analyzed, and those in which the original sleep disturbance was the product of a developmental interference rather than being conflictual in origin. The distinction is of obvious diagnostic significance. This chapter contains a combination of theoretical and clinical considerations about sleep and the development of sleep disturbances. This is also true of the chapters on the imaginary companion and on children's reactions to the death of important objects. The chapter on children's reactions to hospitalization and illness contains a pragmatic, developmentally oriented discussion that can be of great value to those who have to deal regularly with childhood illnesses, such as pediatricians.

In the chapter on day care centers, much of what was discussed in the first part of the book on the topic is reiterated. Optimal development requires an optimal first two years with a mother whose ritualized behaviors assist in the organization of the mind and of the inner world of feelings and affects. Nagera maintains that stereotypic behavior is necessary and that sameness, familiarity, and repetition during early experiences promotes learning, understanding, and progressive organization of the mind. His arguments against early use of day care centers become polemic as he calls for equal rights

for infants. While I would agree in general with Nagera's point of view, some of his premises about the necessity for close, almost ritualistic mother-child interaction in the first two years of life impress me as much more speculative than he would lead the reader to believe.

In his discussion of inpatient units, Nagera proselytizes for the primary caretaker approach, describing it almost as a panacea for the problems encountered in an inpatient unit. While I am skeptical about the feasibility of eliminating quiet rooms and locked wards, Nagera's description of the success of such a program is impressive. However, he does not detail the possible disadvantages of his approach, including, perhaps, overly great attachment on the part of staff to a few youngsters. It is not clear to what extent the success stems from careful patient selection and effective leadership and administration.

The author of this book is an experienced and talented clinician and theoretician whose previous contributions have assisted us in refining our thinking. This volume reflects his experiences at Hampstead and his gift for integrating theoretical and clinical material in a manner that enlivens and broadens his presentation. He is forthright and candid in the presentation of his views, usually providing the data from which they have been derived so as to put the reader in a position to agree or disagree. The reader is provided with an opportunity to share in Nagera's experience and to appreciate his wide-ranging interests, creativity, and curiosity. One of the problems with the volume is that it appears to be a collection of articles, some of which may have been written many years ago. This leads to a considerable amount of repetition and to the impression that some of the articles do not reflect the latest developments and observations about growth and development. Nonetheless, the book represents a significant contribution to our literature. While not a basic text, it should be considered recommended reading for any student of growth and development, and it provides a useful reminder to psychoanalysts of the importance of developmental considerations.

ALAN B. ZIENTS (CHEVY CHASE, MD.)

PSYCHOPATHOLOGY AND ADAPTATION IN INFANCY AND EARLY CHILDHOOD. PRINCIPLES OF CLINICAL DIAGNOSIS AND PREVENTIVE INTERVENTION. By Stanley I. Greenspan, M.D. New York: International Universities Press, Inc., 1981. 263 pp.

Greenspan's monograph is an auspicious beginning for the series planned by the National Center for Clinical Infant Programs. The work stems from Greenspan's commitment to the longitudinal research study of the variables in the infinitely complex parent-infant milieu, combined with the dedication to effectively intervene when parent-infant pairs show signs of stress. It contains not only an amalgam of research and treatment but also a concerted attempt to correlate clinically observable data within a theoretical structure.

The theoretical structure developed by Greenspan is what he calls "the developmental structuralist" approach. This rests on two assumptions: that the child's organizational capacity changes over time to higher levels, so that stimuli (internal and external) of increasing complexity are processed in such a way as to lead to the development of structures of parallel complexity; and that each succeeding stage of development epigenetically builds on the resolution of the characteristic tasks of the preceding stage. A succession of five stages is presented: (1) Somatic Level of Organization, Phase I, Homeostasis (from birth to three months); (2) Phase II Attachment (two to seven months); (3) Phase II Somatic-Psychological Differentiation (three to ten months); (4) Phase II Behavioral Organization, Initiative and Internalization (nine to twenty-four months); and (5) Representational Capacity, Phase I, Representational Differentiation and Consolidation (thirty to forty-eight months).

The attainment of an "optimally adaptive structure" at each developmental stage facilitates and is prerequisite to further development. Since each stage has an expected organizational character, diagnostic assessment is based not solely on individual symptoms or behavior but on the totality of the child's development viewed in the context of the expected normal. Once the disordered development has been identified, preventive intervention is planned and tailored to the uniqueness of the child and of the caretaker. A unique aspect of the program (and therefore of the book) is that many of the patients are from "multiproblem" families which

require special support systems, an abundance of trained staff, and a large expenditure of time and patience. This is also a limitation of the monograph. Few of its readers will have patients with this degree of psychosocial disorganization, and few practitioners, private or academic, have the excellence and abundance of staff and facilities available to Greenspan. Nevertheless, thoughtful readers will find much that can be applied to their own situations.

Interspersed in the discussion of each stage are clinical descriptions of pathology arising from disturbance of normal developmental programming. Greenspan follows this with a clinical account of the environmental characteristics which best support and sustain children's development, as well as those which impede or starve it. There are hidden bits of advice on "how to be a better parent" in this material; general principles are espoused, and behavioral examples are given to illustrate and clarify them. The brief case histories describe a range of therapeutic interventions, as well as their immediate and long-term results. The case histories are sufficiently detailed to document the issues under discussion but well enough edited that they do not clutter and distract from the main issues. What we have are sparse vignettes which are designed to clarify issues for the affirmative reader rather than to convince a skeptical one. In those instances where we would want to know the age of the mother, her marital or educational status, the presence or absence of siblings and their spacing, etc., we are often left wanting. Simplicity can enhance didactic teaching, but at the price of unrequited curiosity.

In the discussion of Phase I Homeostasis, we can see the simplicity yet complexity of Greenspan's approach. Homeostasis is the steady state attained through the processing of impingements from inside and out. It is inexorably related to the adequacy of the functioning of the caretaker, who may in her ministrations overwhelm/under-supply stimuli, comfort, buffering, etc., as she provides physical care. The caretaker acts to help the infant attain homeostasis while simultaneously fostering the infant's developing capacity for self-regulation. When pathology is apparent, the interaction between infant and caretaker is assessed, and remedial exercises and advice are provided. In some instances, there is great success. In others the results are equivocal, as when an unengaged mother and infant were given a program of remediation in which the mother was "taught

how to offer [the infant] interesting and novel experience" (p. 37). This program resulted in the mother's becoming anxious and having nightmares and fears of destroying the infant, a complication which then became the focus for intervention, the exact nature of which is not described.

Greenspan devotes a special section to "common fears in the caretaker" as he discusses each of the developmental stages. His approach demonstrates that the infant's physical and psychological growth activates fears and problems in the caretaker, thus emphasizing that the mother too needs to confront certain developmental conflicts in her growth as a caretaker. Unfortunately, what is not discussed is how these fears can be identified and assessed. It is difficult for the reader to know which fears are consciously experienced, which are inferred from behavior with the infant, and which are the result of unconscious fantasies elicited in the course of a therapeutic endeavor. Some fears—such as the fear of being eaten—are not mentioned. The fears are often traced back to misperceptions of the infant's behavior or misperceptions based on childhood factors (e.g., the impact of a hyperactive sibling on the father), or they are merely mentioned but not traced. What is almost uniformly absent from discussions is the recognition of the importance of the caretaker's history of her own care as a youngster. I doubt that Greenspan is unaware of this factor, but it is omitted from consideration.

Greenspan is to be commended for not relying in his program solely on educational measures or "modeling experiences" to produce change in the caretaking parents. Yet, this is often the initial, most clearly described intervention. For example, an obese mother whose care is predominantly one of feeding, i.e., "filling up" her infant while forcefully inhibiting the infant's initiative in making visual and motor contact, is instructed to let her infant develop these capacities so as to have alternative modes of contact and communication with the mother. Such guidance and instruction, of course, proves to be ineffective as she "fills up" her therapist too with her talk and refuses to let him talk. When the therapist links her behavior toward him with that toward her child (which is never labeled as a transference interpretation, but merely as a "parallel," with the word transference never appearing in the text or in the index), she becomes angry and speaks of her fear of being hurt by

the therapist and by her child. Greenspan states, "Once again the development of an observing ego permitted the caretaker to perceive and to respond to her infant's needs in an appropriate way" (p. 86). While undoubtedly curative and essential, an observing ego is not readily attained via instructing the mother or replacing her misconceptions with more adaptive and realistic ones. Rather, as Case 10 in particular illustrates, psychotherapeutic work with transference interpretations, clarification of defenses, and elucidation of unconscious fantasies is necessary. While Greenspan obviously sees the necessity of such therapeutic work with the mother, many of his case histories give little or passing indication of such an endeavor. Yet later in his discussion of clinical applications, Greenspan is very clear that for the mothers "to observe their own growth-inhibiting patterns of engaging their infants, it is often necessary that they first observe the similar patterns with which they interact with the therapist" (p. 222). The goal is not to secure mere cognitive change but also to "foster contingent interaction at the emotional level as well" (p. 222).

In addition to these attempts to modify a maladaptive environment, the author adds the possibility of direct work with the child, using both verbal and nonverbal modes of interaction. However, he does not label this as "psychotherapy," but rather as showing the child that other (more adaptive) modes of interaction are available. Thus, a twenty-two-month-old child who in play has the doll running away from the parents is shown by the staff person that the doll can also move toward the family, i.e., is capable of "reaching out to the family" (p. 219). Or, an infant is worked with by an "infant specialist" to strengthen the signals he makes to his depressed and withdrawn mother. Whether this "strengthening" would be sufficient to engage her or whether it would increase her withdrawal and anger toward the child is not discussed, however.

The interventions undertaken by Greenspan, although this is not explicitly stated, are very different from the usual psychotherapeutic endeavors with which we are familiar, in that it is not the parents' past experience with their own parents as children that is in focus. The interventions seem to be narrowly confined to the nature of the caretaker/infant maladaptive fit. Greenspan espouses the theoretical position that it is "often not necessary for the parents to fully resolve their own difficulties (including conflicts, character-

ological limitations, tendencies toward fragmentation, etc.) in order for them to observe those aspects of their own emotional lives that impinge on their infant's or toddler's emotional life" (p. 223). While this is an optimistic viewpoint with which I would like to be in agreement, I wonder if it indeed is accurate. Perhaps the issue hinges on the meaning and implications of the word "fully." A fuller discussion and documentation of this assumption would have been most useful. So would a discussion of the degree to which the caretaker's own experience of care as a child needs to be understood.

A major therapeutic feature of the program Greenspan describes, and one not easily duplicated, is the daily availability to the parents of the Infant Center and its staff. It seems that the staff's caring, availability, and empathy are presented as models of what should be provided by a caretaker. The Infant Center not only provides a model for the maternal ministrations, but is also a source of real gratification and perhaps even of a "corrective emotional experience" for the parents. The latter two aspects, unfortunately, are not adequately discussed by Greenspan.

The author calls attention to the mutually impinging forces that reverberate between the child and the other family members. He reminds us that parents react strongly to maturational changes in their child, particularly when parental conflicts from a similar stage in their own development are activated. (An interesting omission, in terms of developmental stages, is any mention of gender identity formation or of the problems involving the attainment of toilet training, although difficulties in these areas occur widely in "multiproblem" families.) Similarly, when there are marital problems in these families, the parents often use the child as the battlefield or as the prize. The complexities of the parents' relationships—past, present, and fantasied—need to be considered in any assessment of and therapeutic planning for the children.

A useful feature in this monograph is that the author has summarized the major categories discussed in the book in table and chart form. An appendix is also provided which a researcher can use to score infants' attainment of clinical landmarks according to the "developmental structuralist" approach. It is a screening device that uses historical data from the caretaker and a ten-minute observation of parent/infant interaction.

One drawback of the book is that it is tedious to read. It is so

highly structured and organized that at times I felt I was reading a very well fleshed out outline—with the outline too clearly discernible. Nevertheless, it is a book well worth reading. The author's rich clinical experience, well thought out theoretical position, and interesting approach to assessing and intervening on behalf of the young child make it worth the effort.

MOISY SHOPPER (ST. LOUIS)

IDENTICAL TWINS REARED APART. A REANALYSIS. By Susan L. Farber.
New York: Basic Books, Inc., 1981. 383 pp.

Susan Farber, a psychodynamically trained, biologically oriented psychologist, has gathered together a vast body of disparate reports on identical twins who were reared apart. She has collated the data into tabular form so that the reader can scan them quickly and use them to examine the nature/nurture interaction question in the developmental process. She has looked into a list of different items ranging from anthropomorphic traits and physical disorders to psychosis, IQ scores, and personality.

In an attempt to determine what appears to be stable in separated, monozygotic twins, the author has re-examined the twin data to see what can be viewed as reflecting either genetic predisposition or environmental influence in explaining the appearance of a trait. She has also considered the area of interaction between the two, so often neglected by either "geneticists" or "environmentalists."

Perhaps because the data summarized are not her own, Farber shows few obvious biases. She states:

Generalization from this sample of twins, reared apart, is open to debate. Most sets were chosen because they were highly similar in the first place, a fact that immediately eliminates them as a random-sample of twins reared apart. Additionally, generalization to the population of non-twins is limited by the bias in the sample toward low SES, prematurity, mental and physical illness, predominantly British and European rearing environments (most dating back to the turn of the century), war (all but a small fraction of countries occupied or under bombardment during World Wars), fluctuating degrees of separation, and outdated and questionable tests. Almost all are adult and Caucasian, and only 3 are genuinely reared-apart in the true meaning of the term (p. 170).

Nevertheless, Farber resourcefully uses these twin data to generate divergent ways of considering the interaction between the genetic and the environmental. The chapter on IQ scores is central to this thrust of the book. She and a co-worker have analyzed the various reports of IQ testing in twins reared apart. When they have analyzed the variance in IQ scores, they have found that when heritability estimates for full scale IQ are "corrected" for the degree of contact between each of a pair of twins reared "apart," twenty to twenty-five per cent of the total variance is found to be due to factors associated with contact between the twins. If this variance is not evaluated, it becomes hidden in the "genetic" side of the estimates (p. 206).

Farber interprets these findings as pointing the way toward greater reliance on developmental genetic theory. She says, "The propositions speak directly to the issues of genetically determined sensitive periods in development and to the possibility of informed estimates of when environmental intervention may be most effective" (p. 210).

Although she speculates about developmental psychology and behavior genetics from the twin data, Farber believes that the individual finds his or her potential in the environment. She states, "I believe that the environment broadly accommodated to the twins' similar timetables, and the twins themselves interpreted integrated stimuli when their psychic structures were in similar stages of formation" (p. 263). When considering discordance for life experience in the generation of such disorders as psychosis, Farber wonders which environmental events tend to precipitate breakdown in one twin but not the other, and which events protect vulnerable individuals. Following a developmental approach, she asks not only whether environmental interactions protect a youngster, but at which stage in development they exert the most impact (p. 266).¹ The author may be setting the stage for another twin book.

Farber considers that the blueprint of the instability seen in the intra-twin pair comparisons is the key to understanding personality. She states: "The single most important attribute that distinguishes us from all other creatures is precisely our changeability and synthetic creativity. It is a product of evolution and has to be related to

¹ See, Stabenau, J. R. & Pollin, W. (1967). Early characteristics of monozygotic twins discordant for schizophrenia. *Arch. Gen. Psychiat.*, 17:723-734.

changes in our genetic blueprint. More than consistency, our capacity for inconsistency—for creativity and change—is the truly fundamental issue” (p. 272).

In other words, the author began this study by attempting to learn what is stable in identical twins reared apart but ended by concluding that it is the instability in the pairs that leads to the similarities between them. Her conclusion may be provocative for psychoanalysts as well as for behavior geneticists.

JAMES R. STABENAU (FARMINGTON, CONN.)

THE PSYCHIATRIC CLINICS OF NORTH AMERICA. VOLUME 4, NUMBER 1.
APRIL 1981. SYMPOSIUM ON BORDERLINE DISORDERS. Edited by
Michael H. Stone, M.D. Philadelphia/London: W. B. Saunders
Co., 1981. 198 pp.

This small but information-filled book is a compendium of ten individual papers. It includes a very interesting discussion of diagnostic subtypes by the editor, Michael Stone. Certain chapters will be more likely to engage the interest of the analytic clinician, while other chapters have a very powerful organic flavor. In a paper co-authored by Donald F. Klein, “Hysteroid Dysphoric Borderlines,” for example, combined treatment with psychotherapy and monoamine oxidase inhibitors is recommended. According to the results of the study described in this paper, features of chronic emptiness or boredom, discomfort in being alone, and impulsivity seem to respond favorably to such a regimen.

Donald B. Rinsley reports on “Dynamic and Developmental Issues in Borderline and Related Spectrum Disorders.” In his review of the literature, Rinsley describes a subspectrum of characterological disorders, in which the common developmental psychodynamics center on incomplete self-object differentiation. These patients remain more or less symbiotic, with the degree of their psychopathology varying according to the degree of self-object differentiation. A section by John Sours on the relationship between depression and anorexia nervosa will be of particular interest to psychoanalysts. The author sees depression as an integral part of the developmental disorder of anorexia nervosa. He finds elements of rage, helplessness, and hopelessness representing a part of the collapse of an idealized

self. Isolation and loneliness are apparent, rather than a neurotic or psychotic depression characterized by guilt and self-derogation.

Also of interest is a paper by John Gunderson and Diane England, in which they review the literature on families of borderline patients. They find a common emphasis on abuse, neglect, and poor nurturance in the early mother-child interaction. Another important theme is the degree to which dependent overinvolvement with parents is found in borderline patients. Role reversal is frequently observed, as well as an inordinate amount of abusive sadomasochism. By and large, they note that most authors emphasize intense, dramatic affective expression in the families. This contrasts with the more subtle communication problems found in families of schizophrenics.

The volume includes a chapter by Otto Kernberg on structural interviewing, in which he details his method of interviewing borderline patients so as to assess their pathology with precision. He reviews differential diagnostic considerations across a spectrum of neurotic, borderline, and psychotic personality organization, as well as acute and chronic brain syndromes. He demonstrates how such techniques as questions, clarifications, confrontations, and interpretation are used to arrive at the various diagnostic conclusions.

While it behooves the practicing analytic clinician to be aware of the constitutional, biogenetic, and biological substrate of much of the borderline psychopathology that they see, it will inevitably be the dynamic issues that will engage the interest of psychoanalysts. Therefore, the chapters by Stone, Rinsley, Sours, Gunderson, and Kernberg will be the ones they will find most relevant.

Michael Stone's essay, which attempts to give an overview of borderline syndromes, tackles the knotty issue of nature versus nurture. He offers a track system, which reminds one of Freud's complementary series in which there may be strong genetic loading together with very good parenting or a minimal, if any, apparent biological contribution combined with very poor parenting. The final outcome he sees as the net result of the interaction of both sets of factors. However, Stone states that purely psychogenic cases, in his experience, constitute a very small minority, in the range of ten to fifteen per cent. He acknowledges that different observers will come up with different estimates, according to their particular school of thought. This raises a question as to what Stone means by

biological vulnerability. If he is speaking of the unstable, borderline patient as representing a "*forme fruste*" of an affective diathesis, then does the patient's vulnerability refer to affective symptoms alone, or does it refer as well to the various characterological manifestations with which clinicians are so familiar? If, as it would appear from Stone's broad clinical observations and statistics, he is referring to a strong biological input into characterological development and organization, then, in my view, developmental, dynamic, and object-relational perspectives are given short shrift.

Even if one were to accept the premise that all behavior is ultimately reducible to biology, the subtle nuances of character are derived to such an extent from environmental interactions in the nurturing process that, to my mind, Stone has cast too wide a biological net. The unfortunate consequence is that it can lead to an unwarranted therapeutic nihilism with regard to psychodynamic intervention. One comes away with the feeling that the announced intention of formulating a balanced view of the forces of nature and nurture is belied by a significant tilt toward organic factors. This tilt may be valid with regard to certain subgroups of patients with this ill-defined syndrome. It does not, however, impress me as applicable to the whole range of borderline patients seen by office practitioners who treat significant numbers of them via psychotherapeutic means.

WARREN H. GOODMAN (GREAT NECK, N.Y.)

PSYCHIATRIST OF AMERICA. THE LIFE OF HARRY STACK SULLIVAN. By Helen Swick Perry. Cambridge: Harvard University Press, 1982. 462 pp.

Helen Swick Perry, a declared, loyal admirer of Harry Stack Sullivan, is his ideal biographer. Not only has she done a thoroughgoing research job on the intricacies of Sullivan's life, but she also was his editor—even translator—over the greater part of his publishing years (including posthumously). It was she who over the years clarified as much as possible his eloquent but convoluted style.

She herself writes in a fine style which helps to carry the reader through her speculations on the early events of Sullivan's life. The bleak, remote geography and austere emotional environment of Sullivan's early years are poignantly portrayed. The writing, which

is much like that of a "nonfiction novel," brings the reader into a sympathetic attitude. As is true of many biographies for which there is a paucity of primary data concerning very early development and the relationships among family members, there are a number of "probably," "undoubtedly," and "most likely" statements to reconstruct what might have been the case. Such suppositions are of signal importance with regard to the disappearance of Harry's mother when he was between two and one-half and four years of age and his own disappearance for two years while he was at Cornell University. The data Perry was able to gather reveals that an abrupt alteration in mothering styles helped to shape Harry's development. As nearly as can be deciphered, his mother underwent a depressive episode, requiring her removal from the home and a consequent shift of the little boy into his Gaelic-speaking grandmother's care. For a year and a half he lived with a new language and culture. His grandmother also fostered the development of a fear of spiders by using a dead spider to prevent him from going down the cellar stairs. In later years, when Sullivan spoke of his spider phobia, he disparaged the symbolic interpretation linking spiders to female genitalia.

Harry's disappearance during his second semester at college is shrouded in mystery. To this day, very little is known about what happened and where Sullivan was for the next two years. Perry has uncovered very little information, and the best guess is that Sullivan underwent a schizophrenic episode. The profound effect of this experience and of his mother's earlier disappearance is reflected in his life-long attention to male adolescent development and in his constructions about early childhood.

Sullivan's experiences during his formative years shaped his attitude toward women and his sexual preference. His father is described as a quiet, passive man who was dominated by his wife, his mother-in-law, and his sister-in-law. He appears to have been a weak male figure for Harry to identify with. Perry makes reference to Sullivan's presumed alcoholism and homosexuality, but she does not directly acknowledge them. She deals with both possibilities with a gentle acceptance and a moderate apologia. She cites Gertrude Stein and Willa Cather as having established "an alternative way of life" in place of heterosexuality. Sullivan had a male companion, twenty years younger than he, from 1927 until Sullivan's death in 1949.

Sullivan's psychiatric approach is almost entirely interpersonal.

His description of infantile sexuality takes the mother's interventions concerning the child's masturbation into consideration, but unconscious relationships are ignored. This is a biography of Sullivan rather than a presentation of his theoretical ideas, but brief excerpts of his writings are presented. His intense opposition to classical psychoanalysis, which he came to view as a foreign intrusion into American psychiatry, is well documented. Initially, he came forward as a strong proponent of psychoanalysis. At that time, analyses were brief. Sullivan had a personal analysis, lasting seventy-five hours, with an analyst whose identity is not disclosed. Later on, he urged Clara Thompson, his close friend and colleague, to go to Hungary for an analysis with Sandor Ferenczi. She did so, over several summers, and shared her experiences with Sullivan, providing him with a "second-hand" psychoanalysis.

In 1948, in what Perry says was "his final theoretical statement," Sullivan stated: "Needless to say, behind all this phase of psychiatry are the discoveries of Sigmund Freud." This statement is difficult to place in adequate perspective, since there are numerous references in Perry's biography to Sullivan's antipathy to psychoanalysis. His conceptualization of the reworking of the oedipus complex in early adolescence, for example, is described in interpersonal terms as movement by the young person from competition to compromise, without relating it to the resolution of the oedipus complex. Perry's report of early differences in the approaches of Sullivan and Ernest Hadley points in the same direction:

A young resident would report a patient's dream, and Hadley would set forth on an adventure of associations. It was a pastime that annoyed Sullivan no end.

In Sullivan's lectures, he made use of his patients' dreams and of his own in only restricted and precise ways—as signals rather than as symbols of strange and wonderful stories of Oedipal urges (p. 363).

Perry emphasizes Sullivan's positive features—his sensitivity to the experience of the schizophrenic, his imaginativeness in constructing a therapeutic milieu, his participation in the founding of the World Health Organization, and his promotion of world peace through UNESCO. She also describes his abrasive personality traits, which appear to have cheated him out of his most sought-after positions: on the staff of St. Elizabeth's Hospital; as head of the admission unit, which he designed, at the Sheppard and Enoch Pratt Hospital; and as editor of the *American Journal of Psychiatry*. His

extravagance, which pitched him into bankruptcy, and his assumption that financial support for his ambitious projects somehow would be forthcoming are also recorded. It is truly remarkable, however, that someone with such a background, which could have utterly crippled him, managed to heal himself enough to achieve to the degree that he did.

Sullivan's therapeutic influence was widely felt. Young psychiatrists came to him for treatment and for training. The impact of Sullivan's hostility to psychoanalytic theory and technique, however, is understated in this book. There emerged a number of psychiatrist-psychoanalysts who identified with his dislike of organized psychoanalysis. He is reported to have bristled at psychoanalytic interpretations (several examples of this are given), and he disparaged the aspiring psychoanalyst. This had a strong influence on the tone of analytic training in the Washington-Baltimore area. The eventual parting of the ways between Sullivan and Ernest Hadley and Lucille Dooley were not all political, as put forward by Perry. There were sincere theoretical and technical differences between them. These differences led to a split between the Baltimore and Washington groups (in addition to the geographical wisdom for such a parting) and to even more recent, intense differences between groups within the Washington Psychoanalytic Institute.

In summary, what emerges from the pages of this book is a richly drawn picture of a brilliant, sensitive, idiosyncratic person who is remembered by many as heroic, tragic, and misunderstood. His devoted contributions to an understanding of the schizophrenic continue to inspire workers in the field of mental health. His early attempt at an interdisciplinary collaboration with sociologists, anthropologists, and psychologists continues through the Washington School of Psychiatry and through his journal *Psychiatry*. Sullivan's tragedy lies, in this reviewer's opinion, in his nonacceptance of the mainstream of organized, classical psychoanalysis and in his insistence on creating a separate psychological language.

Perry's biography of Harry Stack Sullivan is a well-documented, sympathetic account of his efforts. It would be a significant, additional contribution, however, if we were to have a biography of him written by a more neutral observer of his struggle and his split with classical psychoanalysis.

A SECRET SYMMETRY. SABINA SPIELREIN BETWEEN JUNG AND FREUD. By Aldo Carotenuto. Translated by Arno Pomerans, John Shepley, and Krishna Watson. New York: Pantheon Books, 1982. 250 pp.

No psychoanalyst is innocent. All of us, wittingly or otherwise, have acted in an injurious manner to one patient or another. Much of the time, such misfortune has allowed us to know better the next time around. The entire edifice of our countertransference has been constructed out of these mishaps.

This book is about the evidence of analytic misadventure involving the lost innocence of Carl Gustav Jung. Sabina Spielrein was a patient of Jung's; and, not surprisingly, she fell in love with him. Jung, who had benefit neither of personal analysis nor of supervision, responded in kind (though the particular form of his response remains obscure). He proceeded to defend himself in an embarrassingly ridiculous manner which perhaps only the truly guilty can display. The story, a simple one, is much like that of Anna O. Sabina Spielrein had a long history of psychopathology before she started treatment with Jung, at around the age of twenty. The treatment went well enough for her to become a physician and a psychoanalyst, heretofore remembered for her unrewarding analysis of Jean Piaget and for her discovery of the death instinct. She eventually moved to Russia where she died in relative obscurity.

In 1977, some letters and a diary of Spielrein's were discovered by two Italian psychoanalysts. This collection (with the striking omission of Jung's own contributions) constitutes the body of this book. All told, we are permitted to read Spielrein's diary from 1909 to 1912 (except for some missing pages), her letters to Jung and to Freud, and twenty letters from Freud to her. Some forty-six letters from Jung to Spielrein are missing. The interested reader can pick up and coordinate some additional ideas and information from the Freud-Jung correspondence edited by William McGuire;¹ see, especially, Jung's letter 148.

The contribution of Jung is not entirely absent from *A Secret Symmetry*, since Spielrein quotes his written reply to her mother after Jung's wife supposedly exposed their affair to her. In that now

¹ McGuire, W., Editor (1974). *The Freud/Jung Letters. The Correspondence between Sigmund Freud and C. G. Jung*. Translated by R. Manheim and R. F. C. Hull. Princeton, N.J.: Princeton Univ. Press.

rather infamous letter, Jung claims that he will behave himself if only they pay his requisite fee. Spielrein is crushed by her lover's callousness, and she turns to Freud for comfort and perhaps in the hope that he will chastise Jung. Initially, Freud is diplomatic and quite supportive of Jung, but later on he turns on his former disciple with a venom that is not much less than Spielrein's. She, however, soon easily forgives Jung. The bulk of her correspondence thereafter is devoted to an effort to reconcile these two contrary figures in her life.

All in all, the letters of Spielrein are not outstanding examples of that art form, and the commentary of Carotenuto is more burdensome than informative. Freud's letters, in contrast, are models of clarity and pithiness; they are a worthwhile addition to the publicly available portion of the incredible corpus of letters he produced in his lifetime. As a mere addition to the world of Freudiana, however, the book is of limited interest; and at times it is an effort to plow through. On the other hand, for this reader at least, it contains a fascinating portrait of Sabina Spielrein attempting to bridge the unbridgeable in an effort to bring Jung around to once again becoming a Freudian. The reconciliation effort in this respect is one-sided, since little effort is expended to alert Freud to Jungian doctrine, it also seems to be true that Freud had little use for this defector. In a passage that deserves to be quoted, Spielrein writes to Jung:

You see neurosis chiefly as a process of regression. Freud sees chiefly inhibited development. If one chooses such a general definition, both are clearly right. You say that an unfulfilled life goal leads to neuroses, i.e., to regression. Freud says that as a result of inhibited development a person does not find his mission in life, i.e., cannot sublimate sufficiently. Where do you see a contradiction here? Freud also asserts that external circumstances matter a good deal in determining whether an individual becomes healthy and capable of work or is forced back into infantile ways, so to speak (p. 84).

I could hear the words being used even today, during a disagreement of the 1980's. In this sense, we come upon a different form of analytic guilt, in that we may act against science rather than against patients when we cannot go beyond our own theories. We also may be living in personal worlds of analytic innocence that limit our vision, much like the limitations of Jung and Freud. Sadly, our

differences, our strong convictions, and our implacable stands are less evidence of ideological variation than of simple but powerful hurt feelings.

ARNOLD GOLDBERG (CHICAGO)

JUNGIAN PSYCHOLOGY IN PERSPECTIVE. By Mary Ann Mattoon. New York: The Free Press, 1981. 334 pp.

This is a book which troubles the reviewer, a London Jungian analyst, but which could inform psychoanalysis as to certain basic areas of Jung's thought. The author is a Jungian psychologist and university lecturer who is interested both in clinical and in academic, particularly research, psychology.

The "perspective" in the title refers to the author's attempt to place Jung's thought in the context of its biographical, historical, and current dimensions. Moreover, our attention is continually drawn to research work relevant to Jung. This appears to be motivated by Mattoon's wish not only to combine her fields of interest but also to validate Jung's work scientifically. Indeed, there is a strong but unnecessarily defensive tone to this volume, which contains numerous attempts to show why Jung's work is good or superior. To the reviewer's mind, Jung's massive body of work needs no defense; it stands up for itself.

The book presents quite a good picture of one particular, although widespread, view of Jung's work, the view of his Zurich-trained followers. There are main sections, each with subheadings, on the structure of the psyche, varieties of psychic structure, dynamics of the psyche, individuation, applications, and research. They are clear and easy to understand for those who are not familiar with Jung, but for an analytic readership they tend to be somewhat oversimplified.

The specificity of its view narrows the book's "perspective." A controversy which has been raging in the Jungian world for several decades is over what constitutes a "Jungian." Jung felt there was only one, himself. Had he really believed this, he would not have been so active in training endeavors. The spirit of his declaration was to encourage if not wholly individual work, at least a broad spectrum of followers, who have interpreted his vast output in a variety of ways. There is, therefore, a large group of Jungians for

whom this book does not particularly speak. As long as this is clear, the book has considerable value. In London, Jungians have remained aware of Jung's early roots in psychoanalysis, and they have been influenced by ongoing psychoanalytic developments. The influence seems, in fact, to have been a mutual one, owing to the plethora of opportunities which the various groups have had to meet and cross-fertilize one another since the 1930's. In such cities as Berlin, New York, and San Francisco, Jungian psychology has valued Freudian and other psychoanalytic insights. (London has made much use of Freud, Klein, Winnicott, Bion, and Kohut, among others.)

The book is strong in its ordering and expanding upon some of Jung's main ideas in a clear, simple way for a university-level readership. (It is based on the author's lectures in Jungian psychology at the University of Minnesota.) It is also of value for those who are interested in psychological research data, which the author has clearly taken much trouble to uncover.

Its weakness lies in its uncritical attitude to Jung's work and its unquestioning advocacy of his later style. In this, the therapist and patient meet once or twice weekly, sit facing each other, and develop an understanding of archetypal imagery in the patient's dreams, out of which other areas of discussion might develop. This is, of course, the popular image of the Jungian analyst, but it represents the work of only a segment of Jungians.

The content of the book is mainly theoretical, which is understandable, since this is the way Jung wrote. He wrote comparatively little about his clinical approach to patients, and this deficit is much emulated. A major contribution of Jung's, however, was to stress the importance of the personality of the analyst in the analytic "dialectic," and he was the first to insist on the analyst himself having an analysis. Since Jung, much has been discovered about transference/countertransference phenomena and the "real" relationship between patient and analyst as well as the Self within this "dialectic" of Jung's. It is perhaps not without something of Jung's influence that psychoanalysts in New Haven and other places have developed these themes further.

That this is not a clinical work is very evident. For instance, there are ten pages on synchronicity (an interesting subject), compared with but one page on "causes of neurosis," half a page on

"treatment of neurosis and psychosis," and three sentences on psychotherapy with children.

The author's stresses seem to a large degree to be idiosyncratic. She considers "typology," Jung's classification of character variations, to be of paramount importance. Her understanding of analytic work seems to be that one identifies an archetype such as "the shadow" and shows the patient the good things in it, thus leading to "integration" and ultimately toward "individuation." These are values which figure in all Jungian analysis in some way, but in practice her approach is diametrically opposed to that of many Jungians who analyze, principally through transference-countertransference work, the structure and dynamics of the psyche, so that the "true" self can be found among the (undeniable) psychopathology. This does not preclude acknowledging and identifying genuinely good, healthy, and creative aspects of the personality (as and when a patient is able to bear knowing them), but it must be devoid of a wish to do so at the expense of analytic considerations ("the analytic attitude"). Here, too, Mattoon's emphasis on dreams (which she has discussed fully in an earlier volume) is overriding, at the expense of the process and context of the analysis as a whole.

One can learn quite a lot from this book about the practices and particularly the theories of many of the "classically" oriented Jungians. There are some aspects of Jung's thought which Mattoon has expanded in rather an interesting way. But there are many seminal aspects of his thought which are scarcely touched upon. One learns too little about the immensely rich philosophical heritage provided by Jung, which has informed psychoanalysis through its development by Bion and Winnicott, to name but two. One learns least from this book about the broad perspective of Jungian work being done today which owes much to psychoanalysis while retaining its uniquely Jungian basis.

BARRY D. PRONER (LONDON)

COUPLES IN COLLUSION. By Jürg Willi. Translated by Walia Inayat-Khan and Mariusz Tchorek. New York/London: Jason Aronson, Inc., 1982. 265 pp.

In the 1980 preface to the United States edition of this book, originally published in German in 1976, the author makes the general-

ization that the psychotherapist in America asks in relation to a clinical problem, "What can we do about it?," while the European prefers the question, "How can we understand this?" It is the first of innumerable, unsupported generalizations that make this book all but unreadable. This is unfortunate, because the central thesis of the book is intriguing, highly relevant, and certainly worth further exploration.

In the same preface, Willi states that the aim of the book is to synthesize the essentially interpersonal perspective of American family therapy with the psychoanalytic, by implication, European approach. Reviewing this book for an American journal is especially difficult because a third of the bibliography refers to untranslated German writings, and the author is unfamiliar with American psychoanalytic writings and with the contributions of analytically oriented family therapists in the United States. For example, his understanding of early child development (e.g., the oral stage) is based upon his reading of Erik Erikson and George Engel; he is apparently unfamiliar with the work of Margaret Mahler, whose writings on the separation-individuation process, derived in part from the observations of interpersonal behavior, has special relevance to the particular clinical focus of this book.

Willi begins his book with his own experimental research into the differential responses of marital subjects to the Rorschach test, administered individually and jointly. He notes the tendency of women, for example, to give up their independent responses and to become inhibited in the presence of their husbands. The husbands collusively and complementarily "demonstrate more overview, a greater sense of reality, more self-control and more emotional control in the couple situation" (p. 8). He views this as a product of upbringing in a traditional patriarchal family structure. He emphasizes the impact of such attitudes, linked to gender roles, on behavior in therapy by noting the reluctance of men to seek help, while their wives generally initiate the therapeutic contacts. Indeed, in reading the first chapter, "Collusion and the Battle of the Sexes," one senses that when Willi wrote the book the feminist revolution had just reached the author's social and therapeutic milieu and that he had had to reassess his own biases as a psychotherapist as he worked with clients who were facing the family disequilibria accompanying the feminist movement. Willi concludes that the con-

flicts between the sexes, here still viewed sociologically, are best managed in conjoint treatment by therapists free of their own biases.

The second chapter, "Dynamic Principles of Partner Relationships," attempts to establish what is optimal and healthy in marriage. It is so infused with what the author feels "should" take place in a marriage that it sounds more scriptural than scientific. He does introduce the idea that, due to the unconscious survival of the past in the present, deeply rooted problems which arose in childhood generally interfere with normal functioning. While this is not new to psychoanalysts, it is a corrective of the tendency of many family therapists to deny the severity and depth of most individual and family pathology. He is appropriately critical of the current vogue of brief, simplistic interventions, and his preferred therapeutic goal is the development of further individuation.

The third chapter, "Phases of Marriage and their Typical Crises," gives a value-laden, cliché-ridden, sentimental description of the evolution of the average marital relationship. To cite but one example, he writes, "Fidelity ultimately depends on whether the couple will remain loyal to the path they travelled together and see it as something that has grown and been shaped by destiny, something which now represents their own, unique history" (p. 42).

If the reader can get through these three introductory chapters, he or she will find that the remainder of the book has merit in its attempt to move from the sociological to the psychological realm. Willi formulates different dyadic themes in marital interaction which he sees as correlated with the psychosexual stages of development. Thus he establishes a typology of narcissistic, oral, anal, and phallic-hysterical modes of relating that generally require the complementary participation of both partners. For this reason he feels they should be treated together. He is aware of the oversimplified nature of this schema, acknowledging, for example, that the manifest hysterical coloring of a relationship may conceal earlier and more severe (preoedipal) conflicts.

Willi repeatedly describes the complementary unconscious transference phenomena in neurotic marital interaction. Following the lead of Henry Dicks,¹ he calls this the collusion principle. These phenomena have been most recently described in marriage by

¹ Dicks, H. (1965). *Marital Tensions*. New York: Basic Books.

Clifford Sager² and in the adolescent individuation process by E. R. Shapiro and his colleagues at the National Institute of Mental Health.³

The author convincingly reminds us of how intrapsychic and interpersonal factors reinforce each other. While this is well known to psychoanalysts, it has been insufficiently described in the analytic literature, and its implications for the practice of psychoanalysis have not been fully appreciated. Many patients' disturbed object relations can add serious external reinforcement to the already present internal resistances to the development of an analytic process. Indeed, many analyses falter or never even get started because of such difficulties. Often conjoint therapy, as this reviewer has described elsewhere,⁴ may be necessary to prepare patients for subsequent analysis. With the subsequent internalization of conflicts, some of these patients become motivated for individual analytic therapy. At other times, when analyses become stalled, for example, by the presence of a split transference, analytically oriented marital therapy, as recently described by Graller⁵ can help resolve the impasse. In either case, conjoint therapy can often deal interpretively and directly with the marital collusion when externalizing defenses and acting out reinforce reciprocal archaic pathology. Because of the presence of these reciprocal transference patterns in everyday family life, Willi naturally argues that couple therapy is a logical place to begin, especially when the presenting complaint is an interpersonal one.

Some quite interesting clinical issues are raised in the last chapter, "Changing Therapeutic Perspectives." One of them is the question of the analyst's countertransference to his patients' family members, a topic with rare exception conspicuously absent in the analytic literature.⁶ Unfortunately, his discussions of this and subsequent

² Sager, C. J. (1976). *Marriage Contracts and Couple Therapy. Hidden Forces in Intimate Relationships*. New York: Brunner/Mazel.

³ Shapiro, E. R., et al. (1975). The influence of family experience on borderline personality development. *Int. Rev. Psychoanal.*, 2:399-411.

⁴ Sander, F. M. (1979). *Individual and Family Therapy: Toward an Integration*. New York: Jason Aronson, pp. 215-216. Reviewed in this *Quarterly*, 1982, 51: 662-665.

⁵ Graller, J. L. (1981). Adjunctive marital therapy: a possible solution to the split-transference problem. *Annual Psychoanal.*, 9:175-187.

⁶ Jacobs, T. J. (1983). The analyst and the patient's object world: notes on an aspect of countertransference. *J. Amer. Psychoanal. Assn.*, 31:619-642.

questions are marred by a polemical tendency to disparage psychoanalytic treatment. Actually, he is critical of the misuse of individual treatment, as when a therapist becomes an ally in the patient's conflicts with his or her family rather than analyzing the patient's internal conflicts.

Willi goes on to discuss the effect of individual treatment on the untreated partner in a collusive neurotic relationship. This reviewer is reminded of an aside Freud made in a letter to Karl Abraham in which he noted the almost regular occurrence of divorce following analysis. While the goal of psychoanalysis is the amelioration of an individual's neurosis (through the analysis of unconscious determinants) and not the stabilization of marital life, nonetheless, the frequent presence of disturbances in the untreated family members is a reality that has rarely been dealt with in the analytic literature. Freud could say in 1916 that he would take on only a patient who was "not dependent on anyone else in the essential relations of his life."⁷ But many, if not most, of our analytic patients are involved in neurotic family ties. While it is common practice to refer relatives for separate individual treatment, this is not always possible. There are often financial limitations that preclude multiple individual therapies, and many patients are accessible to treatment only when their problems are viewed as family ones.

In summary, this book, written by an analytically oriented Swiss psychiatrist and family therapist, is seriously marred by its polemical orientation, its unfamiliarity with psychoanalysis and analytic family therapy in the United States, and by its innumerable unsupported generalizations. Despite these serious objections, however, important questions are raised, the study of which could help refine our theory and practice. Such study could help us to establish better criteria for psychoanalysis (i.e., analyzability) and for family therapy as well as to establish an approach to the appropriate use and timing of these two modalities.

FRED M. SANDER (NEW YORK)

⁷ Freud, S. (1916-1917). Introductory lectures on psycho-analysis. *S.E.*, 16:460.

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Emmett Wilson Jr.

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ABSTRACTS

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Abstracted by Emmett Wilson, Jr.

The Mythologists of the City. M. Detienne. Pp. 355-374.

Detienne considers the history of the study of myths as well as the present state of mythology after the high tide of structuralist studies has passed. There are two main divisions of mythology: the science of mythology which began about 1850; and the use the Greeks and Plato made of myths. Plato occupies a strategic position in the study of myth for many reasons, including semantic ones. He was the first to use the term "mythology." In his work he denounced the old myths as fictions and as against the *logos* of philosophy. He undertook to tell his own myths in his dialogues. This political use of myth went along with a break in the traditions about the old myths. A rampant incredulity developed about the older myths, and society then became separated from its most fundamental beliefs. Plato attempted to rethink tradition and to define the politics of mythology in the *Republic* and in the *Laws*. He was distrustful of the "archaeological" sophists who told myths about the founding of cities in their search for identity through some access to the past. In the *Republic* myths are created by the lawmakers and are used for political purposes, as a sort of necessary lie. For Plato, a true mythology was not to be found in Homer's epics or in the adventures of gods or heroes, but rather in the secret traditions of proverbs and anonymous sayings, this background noise of social memory, beyond any voluntary inquiry or research into the past. Yet mythology and politics go along together, and there can be no new city without a new politics of mythology.

Psychoanalytic Reflections on the Prometheia of Aeschylus. (The Relationship between Omnipotence and Depression.) A. Potamianou. Pp. 375-400.

Of the Prometheus trilogy of Aeschylus, only the first play, *Prometheus Bound*, and some fragments of the second survive. This work has been the subject of many interpretations, yet it has received much less psychoanalytic attention than the Oedipus plays of Sophocles or even the *Oresteia* of Aeschylus, perhaps because the Prometheus plays deal with preoedipal material. There is, however, much in these plays to interest the analyst, for they concern the development of an individual who accepts and promotes the emotional, social, and psychological order of the "law of the father." This new order is necessary for the oedipal conflict to take place and to prepare the way for genitality. In *Prometheus Bound*, Prometheus is the son of the goddess Gaia and thus the brother of Kronos. In the war between Zeus and Kronos, Prometheus fights with Zeus against his brother Titans when the latter will not accept his advice. After the defeat of Kronos, Zeus proposes to destroy humanity and to create a

better race. Prometheus saves mankind by giving them fire and teaching them civilization. Zeus, angry at this rebellion, banishes him to a mountain in Scythia where Hephaestus chains him to a rock. Prometheus still refuses to submit and defiantly claims to know a secret which will bring about Zeus' downfall. If released, he will reveal it. Further angered at this new defiance, Zeus has the earth swallow Prometheus. After many years he brings him forth, still in fetters, and sends his eagle to feast upon Prometheus' ever-renewed liver, a torture to continue until a god takes on the sufferings himself. Prometheus is eventually rescued by Herakles. Potamianou considers the problems raised by this play, including dating and the themes of the two lost plays, and she reviews the themes of submission and defiance of authority in other plays of Aeschylus. In the Prometheus trilogy it is important to note the ways in which Aeschylus has altered the myth; e.g., he had made Prometheus the son of Uranus and Gaia, whom he has conflated with the traditional mother, Themis. This places Prometheus in the first generation of Titans, instead of a generation later, as in Hesiod. Aeschylus has also enlarged Prometheus' contribution to human evolution, making him the giver of sciences, mathematics, letters, arts, etc., and his Prometheus is boastful of his omnipotence. In Aeschylus, the female and maternal characters all assist Prometheus, while Zeus is presented as a tyrant inebriated by his new power. In "The Acquisition and Control of Fire," Freud discussed the theft of fire as representative of libido, the gods as symbols of instinctual life, and Prometheus as showing the renunciation required for the development of culture. Potamianou disagrees with this interpretation. Instead, Aeschylus saw Prometheus as bringing to mankind a gift that cannot be given: the fulfillment of all the desires of childhood, the attempt to continue the dream of infantile omnipotence. Prometheus is not in conflict with Zeus as an oedipal rival. What is at issue is the rupture of a narcissistic relationship with the all-powerful mother. His conflict is the attempt to annul an irreversible separation which brings with it the law of the father, the insertion of Zeus, and the new order of things. Since the separation is irreversible, the attempt to annul it leads to inevitable failure and depression. Prometheus at times sounds like the depressive who seeks to restore his feelings of omnipotence by being the worst off, by suffering the most. He is not delivered from his agony until he gives up and mourns his omnipotence. Then Zeus is mollified and Prometheus pardoned and integrated as the god of artisans at Athens, a secondary god. Potamianou supports her analysis of the play with clinical material from depressed patients who illustrate the incapacity of the ego even partially to disengage from narcissistic omnipotence; depression results when mechanisms of anal retentiveness and fantasies of omnipotence fail.

The Prometheus of Aeschylus, or the Transformations of the Paternal Counter-Oedipus. François Pasche. Pp. 401-407.

Pasche disagrees with Potamianou's interpretation. He sees in the tragedy a conflict between Prometheus and Zeus, with both having paternal significance. Although Zeus is acknowledged as master, he has negative counter-oedipal feelings for two reasons: his sovereignty is threatened by the secret of Prometheus

(the birth of a son who will dethrone him if he unites with Thetis) and blemished by the continued existence of the human race which he had wanted to destroy. Pasche sees the negative counter-oedipus dominating the theogony in which children who may succeed the father are swallowed and become fetus again, joined to the body of their progenitor. As Freud recognized, Zeus is not an image of the superego but of a despotic id. Freud saw Zeus' anger as the projected reaction of one whose impetuous desires have been thwarted. An examination of his vengeance shows this even more precisely. Prometheus is bound like an infant; he is buried in a mountain, thus returned to the womb of his mother, Gaia; he is subjected to renewed sexual aggression in the devouring of his liver by Zeus' eagle, the same eagle which carried off Ganymede, thus symbolizing penetration by the paternal phallus, with castration as the precondition of identification with the father. If one considers the pair Zeus-Prometheus as symbolizing aspects of the mental apparatus, the conflict is between the id and the ego: the ego cannot form itself except by drawing the id's energies to itself and binding them. The agony of Prometheus is the ransom paid for the development and activity of the ego. Prometheus also has counter-oedipal feelings. Aeschylus places him in the generation of Kronos, so that Zeus is his nephew, and he has sufficient power to make it impossible for Zeus to take back the fire. His pain and rage do not seem to be on the level of depression, as Potamianou suggests. Nor did he instantly satisfy all the desires of man, as infantile omnipotence would have demanded. He only gave mortals fire, which they then had to master. His counter-oedipal feelings for humans are positive: he gave them the potential for power over nature, which they must come to merit. He also played the role of mistreated son. Thus his agony has a double role. He is a father who suffers for his children and a son whose passive love for the father is a precursor to identification. Pasche notes that all Greek gods were limited in power—subject to the Fates in spite of the phallocracy of Olympus. He sees this as a retention of maternal power. Myth is not only the projection of fantasy and the expression of desires which are thus partially satisfied; it also has what Pasche calls a psychic "orthopedic" function—to present models of the relationship of the ego with its imagos and with its objects.

Oedipus: The Message of the Difference. Nicos Nicolaïdis. Pp. 409-419.

It was the myth of Oedipus that helped Freud to liberate himself from the historical event and to reconstruct the history of desire, of fantasy life. History is an account of the events relating to certain peoples or to humanity in general. Myth is also an account, but it is symbolic, traditional, and constructed of selected events, memories, and screen memories of a people. It has a certain continuity of fantasy which gives structure to the desires of a group. This continuity in fantasy differs from the serial conjunction of events which characterizes history. Myth is on the same level as other unconscious formations, with libidinal value for a people, similar to fantasy, dreams, or delirium. Nonetheless, from Homer to Herodotus to our contemporary historians, there has been an inevitable confusion between myth and history. Nicolaïdis discusses

the importance of writing in the reconstitution of an oral legend into a text with mythic significance. He illustrates this by considering the Oedipus myth as it appears in Sophocles. Subsequent treatment of the story by other writers has shown influences from their current psychological and historical situations. In Sophocles, however, the conjunction of events is subordinate to the fantasy and its structure. The structuralization given by Sophocles to the myth provides a moving message concerning the psychosexual evolution of the individual, and the message of the difference between the sexes and between the generations.

The Psyche and Death: The Space of Myth. R. Cahn. Pp. 421-439.

How do we reconcile with the death instinct an unconscious which refuses to recognize its own death? Cahn considers the introduction of the death instinct as an important move which separates psychoanalysis from other disciplines and beliefs that make the negative a principle subordinate to life instincts. Freud's dream of the Three Fates serves as an illustration of Cahn's thesis. This dream alone in the *Traumdeutung* has a myth for its title. In it the feminine figure is simultaneously generative of life, the dispenser of love, and a figure of destruction and death. In *The Theme of the Three Caskets* Freud developed this triple aspect of the maternal imago further and focused especially on death. A fundamental liaison is established between the maternal imago and death, the latter removing the debt owed to the mother for the gift of life. Cahn also develops the theme of oral sadism on the part of a maternal imago through the *Bacchae* of Euripides. The Dionysiac union of the divine and the human in a murderous and cannibalistic orgy is contrasted to the myth of Orpheus, in which there is triumph over death in lyric artistic creation. Only the creative genius of the artist is capable of recovering the lost love object. Freud erred in placing myth on the same plane as other productions of the unconscious, to the extent that myth has its roots in both the psyche and external reality. Every myth is an encoding of the world, while also telling a story that contains a part of truth. Analysts other than Freud have reintegrated myths into the space which is individual as well as common to all men of all cultures—a transitional zone between the narcissistic and the object related. Culture, as a transitional object, permits a symbolic exchange between the living and the dead, allowing mastery of separation, castration anxiety, and death.

On Death in Africa. Louis-Vincent Thomas. Pp. 441-468.

An examination of the attitudes and customs surrounding death among various African cultures reveals how profoundly different they are from the West in ideas about death. It also helps us to rediscover fundamental themes of the universal unconscious. Thomas seeks to show that native African attitudes toward death in a precapitalist society regard man as more precious than tools and products. Because of this anthropocentrism, there is an exaltation of life (in dance and song and myth) and a participation with nature in the acceptance and integration of death into life.

Concerning the Uncanny. Reflections on Castration, Myth and Death. Michel Ledoux. Pp. 469-481.

The author feels that Freud, in his essay on the uncanny, did not sufficiently explain why experiences of the uncanny evoke feelings of anxiety and a strange vacillation of identity. Ledoux's hypothesis to explain this focuses on the human problem of death. The sensation of uncanniness arises when there is something within us which begins to function independently of ourselves. Ledoux distinguishes between functions that one can control and those that one cannot control. On the level of ordinary experience, examples would include changes in the sex organs and orgasmic release. This presence in the self of an "other" distinct from the self leads to the feeling of uncanniness. He develops the theme of the double, with reference to Henry James's short story, "The Jolly Corner," in which there is a collision of different structural levels of the self. It is the same with myths, for they are inscribed in each of us but are not ourselves. The themes of myths show this in frequent splitting, doubling, returning to the womb, etc. Psychoanalysis, art, myth, and science are various modalities which enable us to encounter the forces of nature over which we are not masters.

From a Reflection, The Other. Paulette Wilgowicz. Pp. 485-495.

This article undertakes a comparison of the myth of Narcissus and the story by E. T. A. Hoffman entitled "Adventures of a Saint Sylvester Night." In this story an attempt is made to capture a reflection. Georges Dumenil in his *Feast of Immortality* had studied variants of the Indo-European myth concerning the conquest of mortality through an ambrosiac drink. Wilgowicz links the spring in the Narcissus myth and the drink offered in the Hoffman story with this theme of ambrosia, the offer of life without end. Another version of the theme is the vampire. While the vampire is so often masculine in recent tradition, the older literary tradition made the vampire female, and this tradition survives in the "vamps" of the cinema. Psychoanalytic treatment of this theme has been rare, although Abraham, A. Green, and Winnicott have dealt with it. The vampire seeks fusion with the other through blood, which is linked to the theme of immortality and to the loss of the mirror reflection. Wilgowicz argues that in the vampire motif we find an attempt to incarnate a mythical being, which denies death as well as the difference between the sexes and the generations.

Outline of the Evolution of the Concepts of Memory and Remembrance in Freud's Work. André Barbier. Pp. 577-585.

Barbier's study provides a condensed exposition of Freud's views on memory and the capacity for memory. Barbier discerns three periods in Freud's treatment of memory. In the first, from 1895 to 1897, we find a theory of inscriptions or mnemonic traces as worked out in the *Project*. These mnemonic traces have both external and internal origins. In the second period, 1898 to 1915, there were modifications due to the abandonment of the seduction theory. Barbier traces

these modifications in the theory of memory as developed in *The Interpretation of Dreams*. Repression was emphasized as the means of forgetting. The third period occurred after 1915, that is, after the papers, "The Unconscious" and "Repression." In this period are included the study of negation, as well as such mechanisms as repudiation (*Verwerfung* or foreclosure) and disavowal (*Verleugnung*). Barbier discusses other methods of forgetting, such as splitting, depersonalization, and obsessional undoing. Restitutive memory was also studied in this third period. Barbier notes that a historical exposition necessarily leaves out of account many important fundamental oppositions, such as internal and external reality, affect and representation, bound and unbound, as well as present and past, as they are dealt with in Freud's thinking about memory.

Disturbance of Memory and Necropolis. Jean Bergeret. Pp. 587-597.

Bergeret re-examines Freud's comments on his memory disturbance on the Acropolis which he wrote of in his 1936 letter to Romain Rolland. Bergeret suggests many lapses and faults in Freud's self-analysis of the incident. He sees the disturbance of memory as a screen memory for other elements. One theme not discussed by Freud was the reference to his younger brother, Alexander, who accompanied Freud on the trip. Bergeret believes Freud must have been aware of the nearness of Thebes which had been destroyed by Alexander the Great. This theme, together with references detected by Bergeret to the wayward Uncle Joseph, leads Bergeret to conclude that the disturbance had many more oedipal implications than Freud was able to elaborate. The "passport" that Freud lacked was that of an authentic analysis with another. This would have permitted the transference to develop and would have permitted Freud to cross into a domain of symbolic memory which is unavailable in autoanalysis.

The Perspectival Object in Dreams and Memory. Guy Rosolato. Pp. 605-613.

Using a clinical example of a patient's dream and related associations, Rosolato describes a phenomenon similar to the Isakower phenomenon. He proposes a very different interpretation, however. He would call this phenomenon the "object of perspective." It often takes the form of a globular object which occurs alone as the center of the dream image, a ball which passes across the oneiric screen to disappear. This type of dream image is distinct from the Isakower phenomenon, lacking many of its secondary features. Moreover, it is not hypnagogic. Rosolato's phenomenon has aspects not just of nursing but of a general and diffuse libidinal excitation. It seems to function as a way of observing and objectifying this libidinal excitement, as if to localize it and any associated anxiety to the outside. Rosolato develops a theory in which this phenomenon transposes an archaic relationship with the breast to the genital and sexual plane. He links this phenomenon to Winnicott's transitional object. Rosolato insists on the close connection to sexual excitation and notes the interesting reworking Winnicott made in later editions of his discussion of the transitional object. In the 1971 version, all references to fetishism and other

psychopathology were omitted. Rosolato argues that we must recognize a level of libidinal organization which goes beyond the transitional object but is yet derived from it. His perspectival object is, on a sexual level, the equivalent of the transitional object in its relationship to oral fears of annihilation. He offers many interesting arguments and suggestions concerning the relationship between the perspectival object and narcissistic and psychopathological conditions.

The Present of the Past. The Foundation of Psychoanalytic Treatment. Jacques Caïn. Pp. 615-623.

Caïn discusses the philosophical role of time in psychoanalysis and in memory, with references to St. Augustine and to Spinoza. He chooses to concentrate on the handling of time by the Argentine writer, Jorge Luis Borges. He discusses the use of time in three stores, "Tlön, Uqbar, Orbis Tertius," "The Garden of Forking Paths," and "Funes the Memorious." In "Tlön Uqbar" a planet is depicted on which only the present exists, while in "The Garden of Forking Paths," all possible times are introduced. This appears to Caïn as a paradoxical relationship to time, and as an example of what is found in an analysis. Such a relationship to time is at the basis of analytic theory as well as therapy. One must accept simultaneously the ordering of time as the chronology of the calendar as well as the detemporalized unconscious. Time also appears in psychoanalysis in the periodicity of analytic sessions and the length of the sessions. After considering anniversary phenomena and the temporal occurrences of symptoms such as hesperian depression and Sunday neurosis, he turns to the origin of the sense of time. He suggests that the rhythmicity of bodily functions may provide the origin, and he emphasizes especially the libidinal lines. Caïn concludes that psychoanalytic treatment takes time as an axis to provide an objective temporal reference for the timelessness of the unconscious. Psychoanalysis does this without the reification of time such as occurs in psychogenetic theories. On the other hand, psychoanalysis utilizes time on a structural level in which the initial time factor matters little after passage into the preconscious with secondary elaboration and reconstruction in the analysis. The time that comes to matter is that given by the reconstruction in the course of an analysis. Caïn concludes by modifying Freud's dictum to read: "Where no time was, let time be."

Mourning, Nostalgia, Remembrance. J. Fénelon. Pp. 625-631.

Fénelon discusses the role of nostalgia which may be predominant in certain cases. He discusses the case of Marcel, who presented with nostalgia, depression, a scarcity of memories, an abundant fantasy life, and a resistance to transference. By nostalgia Fénelon refers to a tendency of Marcel's to desire a return to the past, or to search in the future for what was in the past. He argues that nostalgia is a defense against mourning. Nostalgia keeps the lost object firmly present and exterior to oneself. A difficulty in the treatment of such patients is presented by anal regression and moral masochism in the transference. This

takes the form of a replication of a primordial object relationship which wards off mourning, but also wards off memories from early childhood. The patient showed a desire to return to a lost paradise, before the discovery of sexual differences, a time of omnipotence with an archaic ideal self. The absence of memories prevented any work of mourning, and left the patient paradoxically hopeful that one day, perhaps, oedipal dreams might come true.

The Patient and the Analyst's Memory. J. P. Bourgeron. Pp. 649-654.

There are patients who believe that their analyst should forget nothing. They admit no difference in principle between a negligence out of forgetfulness and an intentional negligence. If the analyst does forget something, he is treating the patient as insignificant. This way of thinking is found in different degrees during therapy and is especially seen at the beginning of treatment. It can go so far that the patient takes on the role of the analytic superego, analyzing and interpreting all movements of the analyst. Bourgeron deals with the general question of the analyst's errors. Early in therapy such errors may prevent a positive transference from developing if they are interpreted as a lack of interest. But later in therapy, a too good memory could be suffocating or castrating and might lead patients into depression, because they feel that they are no longer masters of themselves before the perfect analyst. Recalling something a patient has repressed is risky in that it shows the interest we have in a patient and thus can be seductive. Bourgeron concludes that the analyst's memory and its faults are an integral part of an analysis. Less subject to repression, the analyst's memory permits the patient to reconstruct the past, while the analyst's failures of memory prevent the analyst from being deified.

Construction in Analysis and Psychic Reconstruction. Janine Chasseguet-Smirgel. Pp. 655-664.

Chasseguet-Smirgel discusses a clinical example of the reconstruction of an incident from the oedipal phase of one of her patients. The patient remained without any recall of the incident. The author uses this construction without recollection to discuss the general status of constructions, suggesting that the restoration of the missing piece of the puzzle occupies a necessary place in the total psychical organization of the patient as it is actualized in the transference. She argues that we may thus place in parentheses the question of the historical reality of the reconstructed event when we view the reconstruction as a part of the analytic process itself. She also suggests that the lack of recall on the part of the patient, who nonetheless accepts the reconstructed event with a sense of conviction, may be explained if we realize that one is, in effect, confronting the ego not so much with lost memories as with a part of itself from which it was separated and to which it now has access.

Memory as an Organized Amnesia. The Ambiguous Function of Memory and Amnesia. Julien Rouart. Pp. 665-678.

At the beginning stages in the history of psychoanalysis, when Freud held his theory of seduction, he was committed to a realist conception of memory,

in which there were memories situated in a verifiable frame with datable temporal references. When Freud shifted his theoretical emphasis to the primacy of fantasy, Rouart argues, the concept of mnemonic traces became important. Memories were no longer constituted as memories. For any fantasy to appear in the field of consciousness as a memory, some sort of psychic process or elaboration was required. Rouart would distinguish between the faculty of memory as an unconscious preservation whose limits we do not know, and memories that we are able to report. Even if the analytic investigation of memories aims to establish them eventually in a linear chronological succession, they do not present with such a continuity despite the fact that they are datable. Memories are evoked by circumstances which consciously or pre-consciously bring them to the fore. Thus, memories can hardly be the end point of an attempt to elucidate the repressed; rather they are a stage toward this goal. Memories must be viewed, then, as having a compromise function, just as symptoms and dreams do. Memories have a manifest face and a hidden face. Memory is, from Rouart's point of view, an organized amnesia. Rouart reviews Freud's comments on screen memories, essentially extending this concept to all memories. He then considers the problem of the formation of the memory of the self, the capacity to have memories of oneself as it becomes established in early childhood. This problem of the recall of the self experiences, as well as the establishment of temporal coordinates, leads to the difficult problem of the relationship between the unconscious and preconscious and time.

The Memory, A Lie Which Always Tells the Truth. Alain de Mijolla. Pp. 679-687.

De Mijolla points out the editing, screening, and falsifying characteristics of memory. He even claims that a memory, in becoming conscious, can only be a "lie" with respect to the historicity of the past event. A memory is a complex ensemble of multiple mnemonic traces which pull in opposite directions. It offers a combination of images, sounds, and affects of which the original and pure state can only be mythical. Yet truth lies hidden in the folds of this complicated lie. For de Mijolla, the essential truth is that of the present of the subject and the situation in which the memory appears. The contemporary analyst is thus in a situation similar to Freud's when he realized that his patients were presenting fantasies as memories, for we must recognize that this fantasy aspect is characteristic of all memory. Viderman has recently argued against the historicity of the past as it is constructed or reconstructed in the course of a psychoanalysis. De Mijolla feels that even with the development of videotape recording which might someday provide an authentic and complete family archive, one would not find altered one iota the discourse of patients and the use they make of memories. In treatment, memories still must be seen as fantasies. The value of the reported memories as truth is secondary in analysis to the use the patient makes of them. De Mijolla questions whether an analyst is ever in a position to say definitively that the parents of his patient were "thus and so," or that "such and such an event occurred." Such a manner of speaking is a holdover from a prepsychoanalytic past in which the therapist was an exterior observer of events, making scientific medical observations. The

patient's memories "of the past" are really events in the present of treatment. The analyst should not develop an insistence on historical veracity. He must rather suspend judgment and must always expect that other versions of the same memory will emerge to contradict or elaborate what he has just heard.

Fantasies and Memories in Literary Creation. Anne Clancier. Pp. 689-702.

Clancier discusses the use of memory and fantasy in a contemporary novel, emphasizing oedipal themes and the family romance. Her thesis is that in writing, especially in poetry, the writer moves directly from fantasy to writing without recollection or memory intervening. A too close proximity of memory would perhaps impede the free range of the imagination, leading to a repression of fantasy. For poets, memories are made to be forgotten, so that they may resonate in their work.

The Transitional Quality of Memory and the Reinteriorization of Memories. Jean Guillaumin. Pp. 715-723.

Today analysts no longer emphasize access to and integration of memories and their interlinkages. A previous emphasis on permanent, vivid, and clear images of the past has given way to a recognition of a state of memory clinically "beyond" the recovery of memories. This "third" state of memory is the sort of progressive blurring into which all memories enter, even those which are most vivid and stimulating. During treatment, memories may become vivid and organized, and may exist through the treatment and well after, but eventually they blur more and more, and are remembered not so much in themselves but as having been remembered. A current in psychoanalysis today advocates a certain circumspectness about the pursuit of memories, just as about dream images. It is thought that if a memory is too clearly recalled, the memory can no longer supply its energy to the ego. Memory can be seen as intermediate between two unconscious mnemonic extremes, repetition compulsion and complete disappearance without the possibility of open and easy recall. Memories as one deals with them in analysis correspond to a transitory state; perhaps they are even transitional in Winnicott's sense. A memory is a passing moment in the vicissitudes of our internal psychic perceptions. They are externalized during the work of analysis as a part of the analysis. And they must, just like the transference, be re-internalized at the end of analysis.

Psychiatria Fennica (Finnish Psychiatry). 1980.

Abstracted by Owen Renik.

Jealousy in Various Cultures in the Light of Trans-Cultural Psychiatry. Kalle Achte and Taina Schakir. Pp. 33-44.

The emotion of jealousy arises from an injury to self-esteem. This individual personal origin makes jealousy ubiquitous across cultures. At the same time, specific social mores define the conditions under which jealousy appears, making

for dramatic cross-cultural differences. Abundant and colorful examples of various manifestations of jealousy are given. Since, according to the authors, only sixteen percent of the world's population is monogamous, the threat of sexual infidelity in a couple relationship is not the most common occasion for jealousy.

Illness and Healing in a Traditional East African Tribe. Anja Forssen. Pp. 57-66.

The conceptualization of mental illness and its treatment among the Zaramo tribe of Tanzania is described. Individual psychopathology, like many forms of individual expression, is not recognized. Distressed individuals are understood as manifesting a communal problem, and the community is the object of treatment. The Zaramo tribe would seem to operate by the same premises upon which many group therapy and "system treatment" methods base themselves.

Psychiatria Fennica Supplementum. 1980.

Abstracted by Owen Renik.

On Depressive Affect. Theodore Dorpat. Pp. 161-165.

Depressive affect is a response to an actual or imagined unpleasurable event which the subject thinks has occurred or will occur. Depressive affect is contrasted with anxiety, a response to the expectation that an unpleasurable event might occur. Depressive affect is adaptive as a signal to stop actions directed at unobtainable aims. In order to achieve this signal function, it is necessary for depressive affect to be mastered and tolerable.

From Depression to Mourning. Tor-Björn Hägglund. Pp. 177-183.

Besides its other functions, mourning communicates a need for support from real external objects as well as fantasied internal ones. In depression, this communicative function of mourning is blocked because denial and splitting are used, resulting in an inability to identify subjective needs and objects which might satisfy them.

Suicide as a Psychodynamic Problem of Depression. Herman Pohlmeier. Pp. 185-191.

A depressed person may attempt suicide out of a desire for punishment and revenge. However, certain cases of voluntary death may express the need of an individual with healthy ego function to free himself from the demands of reality and morality. The author presents several biographic sketches to illustrate his view.

Psyche, XXXVI. 1982.

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

A Transcultural Analysis: The Case of a Chinese Officer. Werner Muensterberger. Pp. 865-887.

The case history of a former officer of the Kuomintang, living in the United States, shows that the universal human conflicts discovered by psychoanalysis as well as the forms of their elaboration assume specific configurations in different cultures. Subjected to a transcultural analysis, they can be understood only by reference to the mother tongue and the habits, manners, and common mythologies of the patient's culture of origin.

Psychoanalysis in Hitler Germany: What Was It Really Like? Hans-Martin Lohmann and Lutz Rosenkotter. Pp. 961-988.

In what sense can one say that the Nazis destroyed psychoanalysis or that the members of the old DPG (German Psychoanalytic Society) who remained in Germany rescued and preserved psychoanalysis throughout the years of dictatorship? The authors attempt to reconstruct the answer to this question by reference to the relevant literature which has since accumulated. The glance into the past nurtures doubts as to whether the posture of today's psychoanalysts is appropriate to this historical experience.

Psychoanalysis and National Socialism. Ilisabeth Brainin and Isidor J. Kaminer. Pp. 989-1012.

German psychoanalysts who did not emigrate entered into dubious accommodations with Nazism and its psychotherapeutic institutions between 1933 and 1945. The authors assert that because this fact has not been adequately explored, the past which has not been mastered remains as a trauma for contemporary German psychoanalysis and gravely impedes its radical strivings toward truth and knowledge.

Meetings of the Psychoanalytic Association of New York

Arden Rothstein & Arthur Lew

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NOTES

We are pleased to welcome four new members to our Editorial Board: Dr. Stanley H. Shapiro of Philadelphia, Dr. Ronda Shaw of New York, Dr. Mayer Subrin of Bloomfield Hills, Michigan, and Dr. Ernst A. Ticho of Washington, D.C.

Dr. Theodore Shapiro, who has been a member of our Editorial Board since 1971, has retired from our Board in order to assume his new responsibilities as Editor-in-Chief of the *Journal of the American Psychoanalytic Association*. We congratulate Dr. Shapiro on his appointment and express our deepest gratitude to him for his years of distinguished service to *The Quarterly*.

We also wish to take this opportunity to thank a number of colleagues other than our Editors who have graciously agreed to read papers submitted to us during the past year. Invaluable assistance has been rendered to *The Quarterly* by: Dr. Leon Balter, Dr. Barrie M. Biven, Dr. Aaron H. Esman, Dr. Laurence B. Hall, Dr. Theodore J. Jacobs, Dr. Richard G. Kopff, Jr., Dr. Yale Kramer, Dr. Wayne A. Myers, Dr. Edward Nersessian, Dr. Owen Renik, Dr. Arnold D. Richards, Dr. Lorraine D. Siggins, and Dr. Sherwood Waldron, Jr.

MEETINGS OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

February 22, 1982. CONTRIBUTIONS OF PSYCHOANALYSIS TO PSYCHOSOMATIC MEDICINE. (The Melitta Sperling Lecture). Herbert Weiner, M.D.

In exploring psychoanalytic contributions to the field of psychosomatic medicine, Dr. Weiner traced the elements with which analysts have increasingly concerned themselves, as behavior, adaptive capacities, and object relations have become subjects of vital interest. He discussed the degree to which psychoanalytic theories and models of psychosomatic disease have been borne out by the empirical data of nonanalytic studies. The modern conceptualization of the psychosomatic approach is necessarily an integrative and general theory of the etiology and maintenance of illness and health. It involves such interrelated phenomena as the "cultural, human, social and physical environment in which persons live . . . [and their] genetic endowment, life experiences, education . . . intelligence and personal conflicts" which render them more or less able to "resist, overcome or cope with the impact of environmental events on their minds." Unlike other subspecialties of medicine, psychosomatic medicine cannot study the diseases with which it is concerned independently of the persons in whom they occur. Unifactorial theories are incorrect and incomplete, although in any one disease social or psychological factors may take relative precedence.

Psychoanalytic contributions can be divided into three broad areas—the choice of disease, factors in the vulnerability to illness, and the nature of the conditions necessary to the onset of an illness. These categories derive from

two of Freud's models, the conversion hysterical model and the psychophysiological conflict model. The central tenet of the first model is that conversion symptoms symbolize warded-off unconscious conflicts, in contradistinction to physical diseases and lesions which were attributed to the discharge of affect into the body; the latter did not derive from their symbolic meanings, although they might subsequently receive symbolic elaboration in the patient's mind.

Dr. Weiner regards Franz Alexander as the major representative of Freud's psychophysiological conflict model and the dominant figure to date in the psychosomatic field. In his work on the choice of disease, Alexander maintained that certain psychodynamic unconscious constellations were specific (but not unique) to particular psychosomatic diseases. Many of his contributions have been lost in the controversy surrounding his views on specific conflicts. The major unacknowledged contributions of his etiological and pathogenic theory of choice of disease relate to his recognition of the multifactorial nature of disease. He concerned himself with (1) particular conflicts which serve as predispositions to particular diseases, although they are not sufficient conditions, i.e., they interact with genetic, biochemical, and psychological factors; (2) certain life situations which revive and exacerbate the patient's central conflict; and (3) the pathways through which the strong emotions accompanying conflict are channeled by autonomic, hormonal, or neuromuscular mechanisms into changes in bodily structure and function. Alexander's conceptualizations permitted distinctions between predisposition to disease, the context of its onset, and the mechanisms which produced it.

Major criticisms have included Alexander's failure to consider the impact of social factors and his excessive emphasis upon single conflicts and associated affects. Many aspects of his theories have been partially corroborated by empirical investigation, but others have not. Studies have revealed two especially salient difficulties: (1) his lack of awareness that many of the diseases he studied were heterogeneous in nature led to assertions that might characterize one subgroup of a particular disease entity but not the disease at large; and (2) he did not account for adaptive differences between similarly predisposed persons, some of whom do and others of whom do not fall ill of a specific disease. Solomon and Moos's 1965 study of nonarthritic female relatives of patients with rheumatoid arthritis illustrates both points. Among people whose serum contained rheumatoid factors were those with Minnesota Multiphasic Personality Inventory profiles which resembled the identified patients, although their everyday functioning was superior. Relatives whose serum either did not contain rheumatoid factors or contained them only at low levels evidenced a different constellation of pathological personality trends on the MMPI. Thus both rheumatoid factors and particular personality constellations were necessary but not sufficient conditions for the development of rheumatoid arthritis; the afflicted patients not only had the factors and associated psychological difficulties but were unable to adapt to them. Furthermore, the personality constellations only partially corroborated Alexander's descriptions; Dr. Weiner attributed this both to the imperfection of the test used and to the probable heterogeneity of the disease.

To complicate matters further, in one disease (e.g., duodenal peptic ulcer)

empirical evidence yields physical heterogeneity and psychological homogeneity among afflicted patients, while in other diseases (e.g., essential hypertension) this tends not to be the case. In their 1957 study of subjects in whom peptic duodenal ulcer had not yet appeared, Weiner and his co-workers found that in those who later developed the disease there were high levels of serum pepsinogen (frequently characteristic of patients with the disease) and Alexander's personality constellation of intense dependency wishes, accompanied by unacceptable rage in response to lack of fulfillment of such wishes. Yet, not every patient with the disease had an elevated pepsinogen level or the psychological profile. Subsequent investigation showed that there were two main groups of human pepsinogens and two groups of patients with peptic duodenal ulcer, one in whom one type of pepsinogen is elevated (possibly in combination with the other type) and one in whom there are normal pepsinogen levels (whether the other type is elevated in this group is unclear). Dr. Weiner concluded that "as in every other disease, its predisposition is multiple . . . the predisposing factors are not pathogenetic in duodenal ulcer and are not necessarily involved in sustaining the disease."

Empirical investigation has also challenged some aspects of Alexander's notions of the channeling of affects. For example, he believed that high blood pressure was caused by the discharge of anger through sympathetic nervous system pathways to increase peripheral resistance. This has been found to be only partially correct. Borderline hypertension patients, for example, evidence three different physiological and humoral profiles with different pathogenetic implications. Physiologic heterogeneity in these cases is paralleled by psychological heterogeneity. Similarly, Alexander's conceptualization of discharge modes in peptic duodenal ulcer—chronic increase in gastric secretion mediated by the vagus nerve, as a manifestation of conflicts over the wish to be fed—has been found to be only one of several disturbances in secretory regulation. Nor has there been decisive proof that such a causal relationship exists between this specific conflict and the disturbance in secretion; the relationship may be correlational rather than causal.

In the 1950's several analysts (Deutsch, Grinker, Schur) made contributions to psychosomatic medicine which represent the influence of developments in ego psychology and object relations. Their theories may be said to be less linear than those of Alexander. But in their efforts to de-emphasize specific conflicts and to stress the impact of ego defects, they failed to specify predisposing physiological factors which distinguish one disease from another. Instead, they delineated personality features common to all adults with psychosomatic diseases. The ability of these patients to cope adaptively with life stresses was limited by arrest and regression of ego functions; deleterious endowment and early experience resulted in a penchant for the less modulated and differentiated affective (including physiological) discharge modes of childhood. Schur emphasized the regression of ego functions to which conflict led, as seen in the "resomatization" of anxiety in psychosomatic disease. Disturbances in thought and object relationships were other aspects of such maladaptive responses. Dr. Weiner noted, however, that empirical studies do not bear out the notion that there are "massive, undifferentiated physiological changes [which] accompany childhood emo-

tions. . . . There is currently no proof either that the same psychophysiological mechanisms are invariant in one disease, or that autonomic mechanisms present in childhood or infancy can be reactivated in adulthood."

Dr. Weiner reviewed the contributions of nonanalytic ego psychologists. Dunbar described consistent personality features associated with an array of diseases. Dr. Weiner questioned the implications of these findings: Do they represent causal connections? Are the disease and the personality trait both manifestations of a common etiology? Does one arise before the other, or is it an independent development? Dunbar's descriptive approach shed light on issues of patient compliance with treatment regimens, but it failed to consider either the origin of the features noted or the mechanisms which maintained them. Another such descriptive correlational effort is the delineation of the Type A personality highly correlated with ischemic heart disease; such patients are also prone to manifest particular physiological features. This has contributed to the assumption that both personality and physiological characteristics predispose to this disease. Other contributors (Ruesch, Marty and de M'Uzan, McDougall, Nemiah and Sifneos) have concerned themselves with how the ego psychological traits of such patients color their experience of life and contribute to their vulnerability to disease. Some authors call such features "alexithymic," by which they mean the patients' failure to be aware of emotions that serve as signals of distress; an inability to use imagination in solving problems; and a preoccupation with specifics, rather than with the meaning of events in their lives. These authors do not, however, address the issue of choice of disease. Instead, deficits in adaptive capacities are a major focus. Engel, Schmale, and Greene have stressed the adaptive failure of these patients in the context of object loss and separations. These conditions, as well as alexithymic features, have been observed to contribute to the initiation of a host of psychosomatic diseases.

Many questions remain. These investigators have proposed a nonspecific vulnerability to disease, the physiological correlates of which remain unidentified. Neither the selection of disease nor individual differences in the meaning of mourning or efforts at coping with this process have been addressed. Finally, no closure exists regarding whether alexithymic traits are specific to physically ill patients or whether bereavement is a singular onset condition. Clinical wisdom suggests that there is an array of onset conditions for any one disease and that bereavement may be elaborated in a host of ways.

In summary, Dr. Weiner noted that psychoanalytic contributions to psychosomatic medicine have been increasingly grounded in empirical data and reflective of advances in neuroendocrinology, neurochemistry, and neurobiology. They have continued to incorporate the role of conflict and emotion but have integrated such considerations in more comprehensive theories of maladaptive response to environmental stress and change. The heterogeneity of diseases previously viewed as unitary has been recognized, along with the multiplicity of factors predisposing to disease; these may themselves be independent of the mechanisms which initiate and maintain disease.

April 26, 1982. PSYCHOANALYTIC OBSERVATIONS ON THE PATHOLOGY OF DEPRESSIVE ILLNESS: SOME SELECTED SPHERES OF AMBIGUITY OR DISAGREEMENT (The 17th Freud Anniversary Lecture). Leo Stone, M.D.

Dr. Stone limited himself to depressive manifestations which would qualify as "illness" in the everyday sense and excluded the demonstrably physiological or biochemical aspects of depressive pathology. He drew not only on published sources but also on his own clinical experience spanning more than four decades. His material included fourteen adults treated in classical psychoanalytic situations and nine in psychoanalytically oriented psychotherapy of varying intensiveness.

Abraham's classic papers on depression and Freud's "Mourning and Melancholia" effectively began the psychoanalytic study of depression. Rado's 1927 description of the metapsychology of introjected objects, loss, guilt, suffering, and propitiation, was followed by Gero's 1936 broadening of the concept of orality and emphasizing of the ultimate importance of phallic conflicts. Melanie Klein introduced the concept of the "depressive position" and stressed the role of good mothering. Freud's basic paradigm of 1917 distinguished between the intrapsychic processes of mourning and those of melancholia. Dr. Stone observed that none of his patients' marital partners corresponded with the usual description of a "narcissistic object choice," whereas several could have fulfilled the requirements of the so-called "anaclitic object choice." He suggested that Freud's use of the term really referred to the original archaic inclusion of the object in the patient's narcissistic structure. Dr. Stone mentioned the wide variety of phenomena in man's "symbolic universes" capable of precipitating depressive illness in the event of loss or narcissistic injury.

Freud distinguished mourning, which is normal and purely libidinal in its ideal form, from the fundamentally different condition of severe depression, based on a seriously disturbed relationship, which may erupt and shatter a previously viable adult epipersonality. Mourning may be unduly prolonged and painful when it is complicated by guilt over hostile behavior or attitudes, or when severe aggressions have been defended against and maintained as unconscious. Mourning is distinguished, however, from definite depressive illness by the absence of the deeply buried personality core that includes pathological narcissism, strongly ambivalent orality, intense sadistic hostility available to a severe superego, and the mechanism of hostile identification. Dr. Stone distinguished depressive illness from the broad range of experiences of loss, unhappiness, or even reactive or neurotic conditions colloquially referred to as "depressions." In the former, the normal spontaneous subsidence of primary affects is interfered with, or their negative impact on functioning is augmented, by the intrusion of other dynamic elements deriving from the individual's basic personality. The latter are more closely allied to the phenomenon of mourning.

In disagreement with Dr. Charles Brenner's recent writing, Dr. Stone does not consider depression to be a primary uncomplicated affect, comparable in this respect to anxiety, but rather a "complex affect, elaborated from the nuclear affect of mourning or grief, somewhat variable as to its constituency but always, to the degree that it is pathological, including (or conditioned by)

a significant quantum of inhibited aggression." Dr. Stone was also critical of Bibring's 1953 formulation which, although it advanced ego psychology and was outstanding in its emphasis on the ego state of "helplessness," regrettably denied or minimized the special roles of disturbances in the oral sphere, aggression, and intersystemic conflict. These were relegated to secondary-facultative positions. Dr. Stone found Edith Jacobson's emphasis on the importance of self and object images and their disturbances in separation to be useful and validated in his own clinical experience.

In the light of his clinical experience, Dr. Stone then discussed four specific issues in relation to depression:

1. *Orality*. In addition to the profusion of oral symptoms, dreams, and childhood habits in his patients, Dr. Stone found oral ambivalent character trends, particularly their unconscious dynamic role, to be very important. Such oral conflicts give specific colorings to later phases of development and may even find (or seek) solutions within the structure of later complexes. It is the uniquely critical nutritive need of the infant, libidinal as well as physiological, that gives rise to the archaic experience of unequivocal dependency on an object. This carries with it the danger of "helplessness" associated with loss, which becomes the nucleus of the depressive complex. Dr. Stone has sometimes seen this demonstrated dynamically in transference material, all the more convincing to him when it is "naïve and earthy." He stated that oral character trends are always present in one form or another. This renders the individual exceptionally vulnerable to despair and to the rapid evolution of aggression, with the ensuing potential for depressive illness.

2. *Aggression*. Dr. Stone does not regard aggression as the manifestation of an inborn destructive drive, but rather as a forcible mode of coercing an object to the subject's will, expressed in major ways through the oral apparatus, but shifted relatively early to the hands. Once basic elements of object attachment have been established, conditions of deprivation call forth this aggressive mode even in the service of preservation of the object relationship. However, the aggressive impulse and fantasy of infants cannot succeed because of their relative physical helplessness, their continuing wish for the "good" object and the libidinal desire to preserve it, and the force of the archaic superego. It is this persistent and yet inhibited quality of aggression which gives latent efforts toward decaethexis of the object their particularly tormenting quality and extended duration. "It is far more difficult to relinquish a loved and indispensable object whom one wishes to punish or kill, but cannot, than one who has been genuinely and largely loved." These aggressive dynamics in their current representation are most frequently found to involve marital partners and, of course, the analyst through transference, although gratification through transferences in the patient's outside life over long periods of time are not readily given over affectively to the analytic transference. Both Freud and Rado had pointed out that depression does not entirely obviate manifest aggression, which Dr. Stone sees in two predominant categories: 1) debasement, degradation, and allied phenomena, and 2) killing, mutilation, and other primitive attacks.

3. *Identification*. Dr. Stone remarked that he has more often seen blatant identification with the ambivalently held object, largely in a self-punitive mode,

rather than the reconstruction of an original narcissistic regression in the more complete sense suggested by Freud's classic formulation of melancholia. He also stressed the fact that such identification can exist under a strong reactive identification or counteridentification.

4. *Narcissism*. Although not all individuals who become depressed have "narcissistic personalities," certain narcissistic traits usually play a decisive role in the genesis of the more severe depressions. While the manifest or total personality may not generally bear a narcissistic stamp, the underlying or unconscious orientation toward life may contain crucial elements derived from narcissistic sources. For example, the ego ideal (described as a "residue of the individual's own megalomaniac narcissism") is often found to be of such exigent character in these patients that it is likely to jeopardize self-esteem, albeit entirely through unconscious mechanisms. More directly, the unwavering thrust toward certain goals, however compatible with realities (or not), bears a strong narcissistic stamp.

Dr. Stone concluded by stressing that these four elements are of importance in most, if not all, cases of true depressive illness, often operating in powerful synergy, a synergy all the more understandable in light of the closeness of the early infantile experiences from which these elements originated. The careful analysis of the character derivatives of these (infantile) elements offers opportunities for "a significant psychoanalytic contribution to the reduction of the substrata of depressive illness."

ARTHUR LEW

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

March 30, 1982. ON VENTRILOQUISM. Edgar L. Lipton, M.D.

Dr. Lipton began by noting the absence of psychoanalytic literature on ventriloquism as well as the paucity of analytic studies of art form in general. He illustrated his discussion of the psychological aspects of ventriloquism with the presentation of a patient who used ventriloquism to deal with problems of separation and individuation.

Since the direction from which sound originates is not clearly recognized by the human ear, the ventriloquist is able, through suggestion, to create an illusion of a personality other than his own. The illusion is associated with magic in the public's eye. Magic involves the belief that humans may directly influence nature and each other for good or evil, although the precise mechanism may not be understood. Ventriloquists are classified by ancient writers as evil or as practicing black magic. The Old Testament, as interpreted by the commentator, Rashi, specifically forbids the practice of necromancy through ventriloquism. There seem to be other references to it in the books of Samuel and Isaiah. At Delphi, oracles' utterances were probably spoken by priests who referred ventriloquial sounds to statues. With the advent of scientific and

rational thought, the art is no longer connected with magic. Nevertheless, the theme of evil ventriloquism continues to recur in horror novels and films. It remains identified with magic, evil, confusions of identity, and death.

Dr. Lipton described the case of Mr. V., a thirty-seven-year-old professional ventriloquist who complained of depression and feelings of inadequacy. A few months prior to the consultation, as he watched the delivery of his first child, he felt amazed and thought, "I can't do that with the dummy." Shortly thereafter, he became depressed and had fears about his own mortality. Previously, he had had a lengthy analysis with a woman. He had entered analysis because he felt that he had no penis and no personality of his own. He also had a perversion of touching little girls. This analysis had enabled him to marry appropriately, have a satisfactory genital sexual life, and give up the perversion.

Mr. V. had slept in his parents' bedroom until age sixteen and had been regularly exposed to the sight of his mother's genitalia and menstruation, which had left him with a defective body image. The ventriloquism allowed him to meet the world outside of his family in an active yet isolated way. His mother approved of it, and he could express aggressive impulses through the dummy as well as positive feeling toward a male figure. It also made him important with his peers.

In the original analysis the dummy was primarily seen as being symbolic of the patient's penis. In addition, the ventriloquist represented the mother and the dummy the patient. This was played out in the transference, in which he felt himself to be a puppet in the hands of his powerful female analyst. Dr. Lipton, in contrast, was experienced as benign and nonjudgmental. Fears of aggressive strivings and symptomatic and characterological sequelae to the emotional absence of his father were prominent in the analysis. At one point, Mr. V. was found to be in competition with the dummy for his infant son's attention, which was based on his wish to be an only child. Ventriloquism continued in adult life to serve as an outlet for aggressive feelings without great fear of retribution.

After terminating with Dr. Lipton, Mr. V. regressed when his second son was born. He improved after a few telephone sessions during which unconscious oedipal guilt was interpreted. He feared a repetition of the narcissistic injury he had experienced when witnessing his first son's birth, as a result of the competition with his wife. Dr. Lipton felt that a regressive revival of old separation anxieties was equally important. Each new child threatened the loss of his wife to the baby and the loss of his hard won individuation as a functioning man. Telephone contact with the analyst reassured him against the fear of object loss and helped him to work through guilt and other conflicts.

DISCUSSION: Dr. Phyllis Greenacre felt that Mr. V.'s periodic indulgence in ventriloquism was important in maintaining a reasonable equilibrium in other aspects of his life. She saw his depressive reaction after his wife gave birth as indicating that Mr. V. had active fantasies of being omnipotent and relied on the dummy to help him experience ultimate power. His inability to experience himself as an intact man was due to his difficulty in avoiding engulfment by his sick mother. His psychic development was interfered with by the primary

identification with his mother in infancy as mediated through vision and touch. This impeded the normal process of separation/individuation and left a tendency for fusion or merger and uncertain individual boundaries. Dr. Greenacre felt that his acceptance of the loss of contact with his parents represented a kind of passive killing. This led to his periodic severe depressive states due to underlying guilt feelings. These states were alleviated by the use of the dummy through fantasies of power. His relatively favorable outcome suggests constitutional strength. Yet he maintained a vulnerable and uncertain balance and depended upon fantasies of being powerful and on the use of the dummy before audiences to make himself feel real. Dr. Greenacre doubted that Mr. V. will ever become really independent of his dummy. Dr. Samuel Ritvo stated that the patient's difficult developmental task, which became a lifelong one, was that of achieving a distinct identity separate from his parents. He emphasized the absence of primal scene memories despite the patient's presence in the parental bedroom until age sixteen. This suggests the use of special forms of denial in situations with primal scene qualities which perhaps helped to permit the patient to achieve sexual pleasure. If the ventriloquism is seen as a restitutive creation, how can we understand its appearance and function in the latency child? It won him his mother's admiration and praise, since, by using it professionally, he might become a better provider than his father had been. His mastery of ventriloquism fitted with the latency child's eagerness and readiness to acquire skills and competence. Two mental operations seemed particularly prominent, externalization and splitting of the ego. Externalization was most useful in terms of his aggressive drives. The dummy and the performer can also be viewed as representations of a split in the ego, of two conflicting sets of ego interest. Dr. Ritvo further indicated that the dummy has some features usually ascribed to a fetish, both in its being used to defend against anxiety and in its requiring a split in the ego.

PHILIP HERSCHENFELD

THE MARGARET S. MAHLER PSYCHIATRIC RESEARCH FOUNDATION announces The Margaret S. Mahler Literature Prize of \$500.00, to be awarded annually for the best original paper or book dealing with clinical, theoretical, or research topics related to Dr. Mahler's concepts of separation-individuation in child development. The deadline for submission is December 31st each year. Six copies of the work should be submitted to: Dr. Marjorie Harley, Chairperson, Literature Prize Committee, 201 St. Martins Rd., Baltimore, Md. 21218.

The inception of the journal, *PSYCHOANALYTICAL RESEARCH*, has been announced by its Editor, Dr. Luis A. Allegro. Articles in the new journal are published in both Spanish and English. The address for submission of manuscripts and for subscriptions is: Psychoanalytical Research, Avda. del Libertador 2418-1º, 1425-Buenos Aires, Argentina.

The FIRST EUROPEAN CONFERENCE ON ADVANCES IN PSYCHIATRIC TREATMENT will be held March 25-30, 1984, at the Hilton Hotel, Vienna, Austria. For further information, contact: Congress Team International (UK) Ltd., 9, North Parade, Mollison Way, Edgware, Middlesex, HA8 5QH, England.

The 34th LINDAU PSYCHOTHERAPY WEEKS CONGRESS will be held April 24-May 5, 1984, in Lindau, Germany. For further information, contact: The Secretary, Orlandostr. 8/IV, D-8000 München 2, Germany.

The SOUTHERN CALIFORNIA PSYCHOANALYTIC SOCIETY announces an essay contest to honor the memory of its member, Dr. Walter Briebl, pioneer psychoanalyst and champion of civil and human rights. An award of \$1,000.00 will be presented to the individual who submits the best essay utilizing psychoanalytic thinking to deepen the understanding of issues of significance to human rights. The winning essay will be presented by the author at a meeting entitled "The Violation of Human Rights: The Quest for Understanding," which will be held September 22-23, 1984, at the Beverly Hilton Hotel, Beverly Hills, California. Deadline for submission of papers is May 15, 1984. For contest rules and further information, contact: Mrs. Carol Ziff, Executive Secretary, 8455 Beverly Blvd., Suite 402, Los Angeles, Calif. 90048; telephone number: 213-655-1634.

The 14th Annual MAHLER SYMPOSIUM will be held on May 12, 1984, in Philadelphia. For further information, contact: Selma Kramer, M.D., Department of Psychiatry, Medical College of Pennsylvania, 3300 Henry Ave., Philadelphia, Pa. 19129.