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To cite this article: Lawrence Friedman (1984) Pictures of Treatment by Gill and Schafer, The Psychoanalytic Quarterly, 53:2, 167-207, DOI: [10.1080/21674086.1984.11927066](https://doi.org/10.1080/21674086.1984.11927066)

To link to this article: <https://doi.org/10.1080/21674086.1984.11927066>



Published online: 28 Nov 2017.



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PICTURES OF TREATMENT BY GILL AND SCHAFER

BY LAWRENCE FRIEDMAN, M.D.

Roy Schafer and Merton Gill evoke two historically distinguished images of psychoanalytic treatment, one showing analysis elaborating life histories, and the other picturing the analyst as stirring transference embers into flame. A close examination of their implied theories of therapeutic action suggests that they mainly differ on whether allusions to the analyst are often localized in certain gestures or are always uniformly distributed throughout the patient's presentation. Because of this theoretical difference, these authors use different means to invite new experience, and they weigh differently the advantage of having a firm guide to turning-points in behavior against the advantage of maintaining an unconfinable curiosity.

INTRODUCTION

Concerned as it is with the anatomy of meaning and the kinetics of change, the theory of psychoanalytic technique is terribly complicated, and a probe comes in handy to sort out the issues. Today's psychoanalyst is fortunate to find such a probe in the contrasting views of Roy Schafer and Merton Gill.

Gill and Schafer have a lot in common. They are both responsible for major metapsychological clarification, Gill in *Topography and Systems in Psychoanalytic Theory* (1963), and Schafer in *Aspects of Internalization* (1968). The effort left both of them disillusioned, and both have now decided to approach psychoanalysis as an intrinsically noncausal study of human meaning, rather than a natural science.

Both of these theorists now talk to the clinician with the authority of supremely gifted analysts, offering compelling advice about technique. And the message of each is, to begin

with, so humanly plausible, so daily confirmable, and so historically respected (the transference as reference point; the analysand as author of his own experience), that one is startled to notice how different they make treatment seem. Gill recommends a rather single-minded pursuit of reference to the analyst, evaluated broadly for degree of bias, while Schafer recommends a broad panorama of accounts, momentary and historical, introspective and interactive, demonstrative and discursive, evaluated narrowly in terms of personal responsibility. Unlike many other debates about technique, their difference is not due to fundamental theoretical opposition. Indeed, it is because their premises are so similar that their different images of treatment are so informative.

I suspect that most clinicians find themselves thinking in each of these opposite ways at different times. At times, they think that what makes analysis work is generally what Schafer says and, at other times, that what makes analysis work is always what Gill says. I might summarize these differences by saying, vaguely, that treatment sometimes seems to get on by pictures and sometimes by pressures.

Both Gill and Schafer make this examination more difficult than it need have been by their relative indifference to the theory of psychoanalytic action. It seems that when the natural science model is abandoned, so also is systematic interest in the analyst's impact on the patient (though, in fairness, few theorists of any stripe grapple with the nature of curative action).

It is a relative neglect. Both writers have much to say about what produces therapeutic change. But it appears as incidental clinical wisdom or as marginal reference to accepted theory, with little elaboration. Both are more interested in describing the analyst's activity than in saying why it should be useful (although Gill allows himself access to the Freudian terminology and thus connects with its various rationales). Both Gill and Schafer require us to infer their theory of influence from their general exposition, aided by a few parenthetical comments.

GILL

Gill's practical suggestion may be abbreviated this way: An analyst should discuss the patient's troubled reaction to him. He should find a reference to himself in whatever the patient says, even to the point of asking for it if he cannot see a clue (pp. 111, 124).¹ This principle leads to a constant hunt for—and translation of—covert allusions to the transference.² Moreover, while looking for the patient's reaction, the analyst should seek a plausible explanation of the patient's view in what the analyst has actually done to him.³ He should then work out with the patient what bias the patient has contributed to that perception.⁴

The aim is to collaboratively discover the patient's transference distortions within a setting that makes them less necessary.⁵ Accounts of other matters are interesting principally

¹ Unless otherwise specified, all references to Gill are to Gill (1982), except those preceded by a Roman II, which refers to Gill and Hoffman (1982).

² “. . . if the transference idea is not already conscious, the analyst makes it so by interpreting allusions to the transference in the explicit nontransference associations” (p. 115). “In summary, I advocate another shift in emphasis, in addition to giving priority to the analysis of resistance to the awareness of transference. Even after some aspect of the transference has been brought to awareness, instead of priority going to the resolution of such transference by relating it to contemporary or genetic extra-transference material, it should go to further work within the analytic situation” (p. 120).

³ “Just as the patient attempts to find a realistic basis for his experience of the relationship, so must the analyst find as plausible a realistic basis as he can for his interpretations of this experience. In doing so, he underscores the importance of what is actually going on” (p. 111).

⁴ “The overcoming of resistance to the resolution of the transference means that the patient must come to see that certain attitudes are indeed transference, or at least to recognize the role played in his attitudes by what he brings to the situation” (p. 117).

⁵ The transference is resolved during its analysis by two factors: “First, the clarification of the contribution of the analytic situation to the transference leads to the recognition that the way the patient has experienced the analytic situation is idiosyncratic. The patient must then perforce recognize his own contribution to this experience, that is, the contribution from the past. Second, barring impeding countertransference, the examination of the transference inevitably involves an interpersonal experience with the analyst which is more beneficent than the transference experience” (pp. 178-179).

in the way they are used to express feelings about the analyst, or the light they shed on the patient's view of the analyst.

Gill leaves to accepted technique the matter of what the analyst does when the patient talks directly about the analyst. He does recognize that even at those times, the patient may be covertly expressing still other feelings (pp. 16, 74; II, p. 179). As to personal history, Gill finds it helpful in dissecting the patient's bias (pp. 95, 123). But he warns that genetic interpretations are frequently used to discount the patient's real experience of the analyst and the analyst's actual responsibility for it.⁶

Gill's Primary Rationale: Resistance

Gill says that he is led to his recommendations by a consideration of the nature of resistance. If we put Gill's use of Freud's definition of resistance (p. 46) together with his other comments, the argument runs like this:

Resistance is the patient's way of dealing with his analyst so as to protect his investment in primitive gratification. A patient can do this in two ways. He can avoid "specific and regressive involvement with the analyst." Or, once involved, he can refuse to see that involvement as regressive and optional.

If the patient has an intense, fixed view of the analyst, the analyst should help him recognize his bias, and the transference will resolve itself. Although the analyst is not an authority on reality, he and his patient can reach an agreement on what might have been seen differently. When the patient

⁶ "It is not that contemporary extra-transference and genetic transference interpretations have no value, but the danger is always that they will be employed as a flight from the immediacy of the transference within the analytic situation. They are the interpretations most likely to lend themselves to defensive intellectualization by both participants, and their repercussions on the transference may well be left unexamined. This is not to deny that contemporary and genetic material may have to be *clarified* and even interpreted to gain clues to understanding the transference. It is work with extra-transference material as such, without any reference to the transference, that I find questionable" (pp. 122-123).

becomes aware of his prejudice within the range of possible perspectives, the prejudice no longer traps him, and the transference dissolves.

If, however, the patient does not explicitly talk about the analyst, the analyst must look for his subject matter in the patient's covert allusions. At such a time, the patient is resisting awareness of the transference or resisting experience of the transference (the distinction is not elaborated). This kind of resistance is overcome by showing the patient the covertly transferential nature of what he does say. The analyst helps the patient to see the resisted attitudes by acknowledging their plausibility.

Thus Gill's first rationale for his procedure is that the transference should always be interpreted because that is where the resistance is. But then the pressing question is: Where is the *transference* manifested? And we must answer that it is everywhere. Anything the patient does has some relationship to the transference, because it happens in the presence of the analyst.

Transference and resistance are reflected in every effort of the patient to adapt his old wishes to his new, psychoanalytic existence. But when we look at the matter that way, we might be inclined to take up Gray's (1973) position rather than Gill's and state that the analyst is interested in *everything* that is presented to him, in regard to how it is arranged for his attention, not just in allusions to the analyst's behavior. To put it another way, we would not necessarily expect allusions to the analyst to be veiled expressions of one focal reaction; we would expect allusions to the analyst to appear as a continuous shaping of the patient's productions according to the myriad valences of the transference at the moment of speech. (These allusions could be discussed both intrapsychically and interpersonally. In practice, for example, Gill is as interested in a patient's need to comply as he is in his semijustified grievances [II, p. 102].)

We may grant Gill's point that the patient's behavior is partly caused by the analyst's attitudes. An analyst should

want to know how he deserves the patient's reaction. And he would satisfy himself on that score most *easily* if the patient were reacting to some discrete act or attitude of his. But although it would make his task easiest if the patient's reaction were always that specific, the mind was not created for the benefit of analysts, and we cannot assume that its reaction will always be of that sort.

I conclude that one would not be forced to adopt Gill's technique simply by being convinced that resistance is entirely expressed in the transference and must always be dealt with there. Equating transference with resistance does not tell us how best to call attention to either transference or resistance in treatment. That is a separate question, involving issues of *influence* and not simply definition of concepts. I believe that Gill is actually concerned with influencing the formation of meaning, and it is his concern with that issue, rather than a simple need for theoretical clarity, that inclines him toward interpersonal terms. For purely theoretical purposes, intrapsychic and interpersonal definitions would do equally well. Resistance can also be described intrapsychically. Situations between people also have intrapsychic meaning. As I read him, what properly inspires Gill's sympathy for interpersonal formulations is his recognition that *the forces that determine the outcome of the treatment relationship* are inevitably interpersonal. The analyst must do something to insure that the patient can see things with a freedom he is not used to. Therefore, Gill is not content to make allusions explicit: he wants to seize the attitudes they represent and undermine their hold on the patient's world view. In the context of this operation on the patient, "resistance" has to be an interpersonal term. In passing, we might note that Gill's theory is even more interpersonal than those theories according to which the analyst amplifies the patient's meanings by "resonating" with them (e.g., Levenson, 1972). Such theories are probably describing the same transaction that Gill has in mind, but their language hides the specific, directional pressure that Gill acknowledges (and which we are more accustomed to in the analytic literature).

Gill's Secondary Rationale: Interpretation

Gill knows that a shift of meaning has already occurred when an unrecognized perception is acknowledged (p. 178). Acknowledging it probably allows modification by other thoughts. But what is more important, I think, is that a forbidden perception is embedded in one context while an allowed perception is embedded in a different context. Gill is vague about this shift in contexts, because it involves the effect of the therapeutic relationship on the patient's meaning (p. 119), and he is extremely ambivalent about that. A " 'corrective emotional experience' [is] *not sought for* as such, but [is] an *essential byproduct* [!] of the work" (p. 179, italics added; see also, p. 93).

The equivocation so honestly set forth here is found throughout Gill's writings on treatment. Being anti-authoritarian, he wants to work by enlightenment alone. But his interpersonal paradigm shows him that meanings arise through interaction. He thus finds himself caught between the tradition that regards meanings as already prepared within the patient's mind, needing only to be discovered by analysis (as, for instance, in Ferenczi and Rank [1924]) and the tradition that describes meanings as newly created in psychoanalysis (e.g., Lichtenberg, 1983). Positioned in the middle ground, Gill says, in effect, that an experience of regression is actualized by calling attention to its incipient overtures.

But it can happen that a person is able to live out a certain role and relationship *because* he keeps it secret from himself. So the old question remains with us whether interpreting the transference "widens and deepens" it or, on the contrary, diminishes it. It is difficult to answer this question because there is no one transference. Interpreting may enlarge one transference and discourage another.

Even on superficial questioning, patients confess that talking freely about the analyst is not only too intimate a surrender (for example), but also a spoiler of the desired, tacitly felt relationship. Every contradictory thing that has ever been

said on this subject seems to be true. Transferences that are not mentioned, let alone analyzed, are the strongest transferences. Interpretation, or even simple discussion of a transference, tends to dispel, not enrich it. But *also*, transferences that are not picked up and discussed may remain gray, bland, dull, rudimentary, and scarcely felt.

Gill (p. 124) recognizes that an undiscussed transference attitude may be much more intense, real, and intractable than one that has been discussed. He also believes (p. 22) that allusive themes that are not picked up continue through the hour (and presumably beyond). He holds that transferences account for the outcome of treatment to the extent that they are not discussed; whereas if they are discussed, the outcome has more to do with newly achieved flexibility and less with transference (pp. 119-120). These beliefs imply that interpretation *dispels* transference. But overall, Gill holds that calling attention to them maximally develops transference.

It seems to me, however, that as Gill encourages some transferences, he disposes of many more by his behavior as an analyst. (Very generally, as a good analyst, Gill tends to behave like someone who neither wants nor appreciates any one attitude from his patient more than any other, and that by itself demolishes a lot of transferences!) I think it best to say not that Gill catches the transference *in flagrante*, but that he shatters an inhibiting transference by encouraging the one alluded to.

In any case, Gill feels that although the analyst helps the perception to become flexible by making it explicit, he will make it still more flexible if he contrasts it with reality. The analyst does not authoritatively define reality; but together with the patient he sets out an array of possible meanings, against which the patient's bias may be seen by contrast.

Since Gill does not want to rely indefinitely on positive transference, it is important for him to believe in an independent incentive that inspires flexibility. That incentive is provided by a neutral reality (a range of neutral possibilities) which the patient's cognitive sensibility cannot deny when it

is presented to him in discussion with the analyst. Gill strongly believes that the essence of the psychoanalytic method is that it accomplishes its goals by verbal clarification of the patient's experience of the analyst.

To facilitate the comparison of experience with reality, Gill relies on a distinction between cognitive and affective apprehensions. The distinction between cognitive and affective responses is another example of Gill's mid-position between those who feel that formed but concealed meanings are revealed in psychoanalysis and those who feel that psychoanalysis develops meanings into something new. Since he uses separate categories of cognitive and affective meaning, Gill should be able to say that treatment helps patients appreciate how they have cognitively twisted the truth to suit their needs. On the other hand, his policy of canvassing all the ways that the truth can be perceived, each presumably with its own affective bias, seems to be directed toward altering or expanding the patient's wish-forms, and from this standpoint, the distinction between cognitive and (psycho-genetically determined) affective reactions would seem superfluous and misleading. The Gill of *Topography and Systems* would not have had this problem.

Other Rationales for Gill's Procedure

If resistance can be nebulous in form and origin, and if calling attention to transferences cannot be counted on either to encourage or to invalidate them, we would need another rationale for Gill's technique. It should not be hard to find one. What the analyst *does* when he carries out Gill's procedure is, after all, something complex and forceful, regardless of his definition of resistance.

To appreciate this, one should again compare Gill's approach with Gray's (1973). Gray typically draws the patient's attention to an interaction of two conflicting tendencies, both of them evident to the patient. Therefore, Gray does not have to "sell" his patient on a hidden content. Gill, however,

has to make his patient aware of one hidden feeling. He must have some power to make the patient acknowledge what he did not previously acknowledge. Gill implies that the analyst's willingness to accept the patient's feelings without rancor has a corrective effect. True, he warns against deliberately adopting a sympathetic attitude as a "corrective emotional experience" (in the sense of a posturing manipulation). However, Gill's account does seem to imply that the analyst's readiness to see the patient's perceptions as reasonable is at least partly what allows the patient to acknowledge them. And that implies that the patient formerly regarded them as unreasonable or intolerable to the analyst (see pp. 59-60). Even self-criticisms may create ill will toward the analyst who is seducer and audience. These might also be freed up by the analyst's acceptance of the ill will. (Once again it must be noted that Gill himself does not *want* his accepting attitude to be the decisive factor; he wants the decisive factor to be his clarifying of the patient's experience. I am elaborating what I believe is the rationale implied by his procedure.)

The covert allusions which Gill finds it useful to draw out are unpleasant. His clinical examples confirm that. What Gill takes as the focus of analytic work is not just anything referable to the analyst, but the *trouble* a patient has with his analyst that he is not able to admit to himself. Gill is interested in troubled feelings. An unavowed transference feeling might lurk in a pleasant reminiscence. But Gill does not encourage the analyst to say something like this: "You talk about enjoying the movie yesterday with your husband; perhaps you enjoyed our session last Thursday." Only if the analyst perceived that comment as an invidious comparison with the misery of the analytic session, or an expression of the patient's hope for what he has not gotten from the analyst, or a discomfort about acknowledging his enjoyment of the analyst, or some such *troubled* feeling, would yesterday's happy experience appear to the analyst as an allusion fit for analytic work. It is not the allusion per se but trouble that gives the analyst his opportunity.

But trouble is not merely a useful fulcrum for forcing the patient's perceptions. It is also important as a signpost for the analyst. As Spence (1982) points out, anything can be seen as related to anything else. If we were to follow the rule to look for what is being expressed covertly, it would hardly tell us what to make out of process, unless we had some reference point. Transference is a good reference point. But it is too broad a concept to discriminate details. And I believe that one of the attractions of Gill's procedure is that it offers specific, disturbing actions of the analyst as a reference point for parsing process.

Of course, Gill could say that whatever is unexpressed is troubled insofar as it cannot be expressed. (This would entail the thesis that feelings and thoughts are always explicitly stated unless there is a countervailing force.) But then we could take anything as a present but stifled meaning. Absence would prove presence; nothing would be excluded. On the other hand, manifest trouble narrows the field a little, provided, of course, that one has a way of identifying it.

By orienting toward trouble, dissatisfaction, or complaint, Gill finds a specific way of decoding the patient's communication. That is one rationale that may be offered for his method.

Another rationale might be that Gill has found a way of isolating a patient's problem as something that the analyst can also feel as a problem. One cannot depend on what a patient *says* is a problem. And we cannot assume that what feels problematic to the analyst is a problem to the patient. The way Gill identifies a *shared* problem is by sensing that he has disturbed the patient in a way that the patient has difficulty correcting. (Its inexplicitness shows that the patient has trouble correcting it.) In addition, by this means, Gill trains the patient to become sensitive to a certain kind of problem. (By contrast, Schafer is more variously problem oriented.)

Third, Gill gives the patient instructions: he shows him that the analyst is important to him. I believe he indicates that

this is what the patient should be attending to, although he denies that he does that (pp. 66, 111). Gill has a way of finding a specific, personal, immediate problem with the analyst that the patient is working on and throws his weight behind certain efforts to solve it.

Let us look closely at this procedure from a phenomenological point of view. If it is an analyst's reaction that makes it possible for the patient to take action (to "come out with" what he is alluding to), that suggests that what held him back in the first place was mistrust of the analyst. By his approach, Gill has shown that he is not like the patient thought him to be. That difference gives the patient leeway for the new possibility of explicitly acknowledging what he has covertly implied (pp. 119, 178). (This was also Strachey's strategy.)⁷

To put this another way, if Gill persuades a patient to recognize a reaction that he formerly concealed, he must have found something which was almost ready to be revealed. He has seen it manifested in a way, though not a way that the patient could look at and explore. Gill has found a problem that is *near* a new solution. (Gill implies that it is a substantial problem, involved in a conflict, since he holds that mere "muddles" are not the kind of things addressed by analysis [p. 137]. Although Gill's position seems to me the most cogent, others may want to consider that work on allusions sometimes amounts to a didactic clarification of the patient's subliminal perception.)

Let us sum up the influence that the analyst brings to bear when he follows Gill's advice. (1) As recommended by Ferenczi and Rank (1924), he induces engagement. (2) As Strachey (1934) recommended, he forces himself on the patient in a way that is different from the role he has been assigned by the patient. (3) He sees where the patient is about to—but has not quite—let himself do something different

⁷ Note, by the way, that Gill hints that the analyst should not just elicit the patient's alluded-to needs, but also sometimes heed them by modifying his behavior! (p. 179; II, pp. 91-115).

and draws him out (following the familiar rule to operate with what is closest to consciousness).

SCHAFER

Schafer makes three claims: He seeks to reform psychoanalytic theory. He claims that his is the best description of how analysts think. And he believes that troubled people who adopt his approach will become less troubled.

The last of these claims is the most relevant to therapeutic action and the least systematically set forth.

In essence, Schafer says that troubled people observe themselves faultily. In their self-deception, they mistake what they are doing, and (though this is less clear) they also do things incorrectly.

Moreover, once we distinguish, as we should, action plain and action observed, we realize that there are four possibilities in this regard: faulty action that is accurately observed, faulty observation of action that is just right, faulty observation of faulty action, and accurate observation of action that is just right (1973a, p. 273).

"Faulty action" may seem self-explanatory, but that is only because we automatically think of it in realistic, or even physical, terms. Thus, as Freudian metapsychologists, we can easily picture an id-mover forcing an ego-executor to perform an action partly designed by a superego, which in the end fails to satisfy the urgent wishes, or relieve the feelings of guilt, or bring about a tolerable relationship with the world. The purposes which initiated the action not being met, we would judge the action to be faulty. But that is not what Schafer means by "faulty."

[As Freudian metapsychologists], for each instance of an action, we provide a designer, a mover and an executor; implicitly we view the action as a manifestation of that "agency." . . . I propose that it is clearer . . . to speak of one person's doing a large number of actions, each of which may be looked at from many points of view, i.e., may be defined variously as an

action. Each action may be defined variously by the agent as well as by independent observers (1973a, p. 271).

In Schafer's relativistic universe, "faulty action" is paradoxical. We are exhorted to discard our naïve belief in a ghostly mind of motives which mental actions can serve well or badly. The actions themselves are the mind. But if mental actions build psychic reality, how is it possible to err? What more can be said but that we do what we do, and that is that?⁸

Schafer says more about what the fault is in faulty observation: in general, it is acting unheedfully, inattentively, unobservantly, or inaccurately (1973a, p. 273). More particularly, people may observe themselves faultily by assigning responsibility to pieces of their mind rather than to themselves as persons, as when they say to themselves:

I inhabit a world of autonomously acting mental entities. These entities include thoughts, feelings, desires, attitudes, impulses, prohibitions, and judgments. They act on me or on one another, and these actions take place in me or around me in space. The actions of these entities [are] more evident at some times than others. They cause my suffering and my gratifications. At best they are only sometimes or partly subject to my influence or control.

Examples:

I couldn't seem to shake off the sad feeling about my childhood.

The thought of revenge suggests itself.

My anticipation of today didn't let me go to sleep. . . (1980a, p. 74).

Somewhat more equivocally, Schafer suggests that blaming the outside world is also a kind of faulty observation. Schafer does not deny the impact of the world. To some extent he seems to regard the assumption of responsibility as a narrowly psychoanalytic rule of thumb:

Thus, the analyst *as analyst* sees the analysand as continuously selecting, organizing, and directing his neurotic existence. . . .

⁸ " . . . there cannot be more than one reaction to one situation and . . . there cannot be more than a relatively narrow range of similar reactions to a group of relatively similar situations. Clearly different actions must imply clearly different situations" (1973a, p. 269).

Passive experience—the representation of oneself as passive in relation to events—is, of course, of the utmost significance in psychological development and psychopathology. I am emphasizing that it is intrinsic to psychoanalytic understanding to regard passive experience as a mode of representation that can never tell the whole story of any psychological event or situation. . . . More and more, the analysand indicates a readiness to accept the responsibility of his life as action. This acceptance has nothing to do with ideas of omniscience and omnipotence, however, in that it does not imply a belief on the part of the analysand that he has caused his whole life or can cause it from now on. Nor does it preclude his having “passive” experience (passive self-representations). But more often than before he says, “I will” and “I won’t,” rather than “I must” and “I can’t.” More often than before he says, “That’s the way I see it,” “I decided,” “I chose,” “I know” and “I prefer” (1973b, pp. 187-188.)

To summarize, then, faulty self-observation disguises responsibility by exaggerating external influence and by pretending that reactions to it, instead of being decisions of the person himself, arise from reified aspects of himself which he visualizes as independent agents and forces. The language used to dodge responsibility is a language of disclaimers.

Schafer's Featured Rationale

Why should using disclaiming language cause trouble? Schafer acknowledges that it frequently does not cause trouble. People use disclaiming language all the time in ordinary speech. However, some people, for some reason, disclaim agency and responsibility “excessively or desperately,” and these are the people we call neurotic and treat with analysis (1980a, pp. 75-76). Characteristically, Schafer does not concern himself with why one person disclaims variably, while another does so excessively and desperately. Nor (so far) does his mission require him to *describe* excess and desperation: disclaiming is simply something people do more or less of, and if they do a lot of it, that is both a manifestation

and the substance of a psychological difficulty. Schafer does suggest that people who do a lot of disclaiming are those who view their wishes and aims as thoroughly and devastatingly incompatible (1980a, p. 65), but he makes it clear that conflict is simply what disclaimers proclaim; it is not the *cause* of disclaimers. As a matter of fact, the notion of actual, conflicting aims is itself a typical disclaimer—a misleading division of an individual into reified aspects of himself. In truth, Schafer tells us, such an individual is simply acting “in a conflicted manner.”

Schafer’s approach is to deal with human beings solely as narrators. Consequently, a person’s use of disclaimers is an ultimate fact and neither requires nor allows an explanation (which would in any case just be another narration). Although an analyst can talk with his analysand about the way disclaimers were developed, that account is just a rephrasing of the disclaimers in an alternate language.

Needless to say, this is not a position that can be held to consistently by a provider of services. At the very least, references to unhappiness and satisfactoriness have to be worked into the account. And since Schafer is an extraordinarily insightful therapist, he has a great deal to say about help, but much of it is in the nature of *obiter dicta*. I believe he has deliberately adopted an informal style of discourse to avoid a systematic statement of such substantive matters as pain, because he foresees that a systematic statement would edge toward something he would consider mechanism.

Conflicts have no reality in action language apart from their description. They do not need to be compromised in order to be resolved; action language simply makes conflicts superfluous. Helped by analysis, misperceived “conflicts” may be replaced by plain conflicted acting, but the latter is not necessarily harmful. An analyst who faithfully adhered to this position would treat neuroses the way Oxford language analysts treat Philosophy—by exposing problems as cognitive “muddles.” As a clinician, fortunately, Schafer is second to

none in his respect for the reality and intricacy of human unhappiness. By a literary tour de force, he transmutes his voluntaristic theory into an infinitely more compassionate vehicle than the *actually* exonerating rival theories of causal forces and constraints. (In this, his stylistic skill is assisted by the equation of action and situation: in a sense, a person is compelled by his situation, but he does not have to be in that situation!)

In any case, since disclaiming does not cause conflict or prevent its resolution, our common rationale for prescribing honest self-confrontation will not work here, and it becomes the reader's task to collate those of Schafer's remarks that amplify the word "faulty" in "faulty perception."

Implicit Rationales in Schafer's Work

Schafer (1980a, p. 70) says that the passive mode is "by far the more burdensome or threatening in that it throws into question one's ability to regulate and understand one's own conduct." This presents more difficulties than its casual formulation suggests. First of all, as Schafer observes, the passive mode is frequently used in everyday thought and speech, which is strange if it is burdensome and threatening. And it seems odd that people who are especially burdened and troubled would cling to a burdensome and threatening mode. (In general, of course, any noncausal theory of analytic action will make it easier to say why hermeneutics helps than why it is needed—just as the causal aspect of Freudian theory makes it easier to say why a patient remains disturbed than how it is possible to help him.)

Indeed, Schafer, the clinician, knows that ordinary language may make people happier than responsible language. (For example, he recognizes that a disclaimed mode may make a person feel less alone [1980a, p. 75] or more emancipated [1973a].) In addition, Schafer implies that disclaimed action may somehow allow a person to live with motives and

aims that are “felt to be drastically conflicting,” although, as we have seen, what this means is unclear, since we have been led to believe that feeling oneself to be possessed of a conflict is *equivalent* to disclaiming.

In any case, since language varies with respect to disclaiming, some trade-off of burdens and benefits must be involved in the choice. What are the specific benefits for which Schafer recommends responsible language? We are told that action language opens up more options to the patient and gives him the power to unify the scene of his experience (1980a, pp. 70, 74, 75; see also, 1973a, p. 283).

We might add that an analyst who is good at finding coherent meaning will seem to be giving personal approval: Schafer (1979) refers to the analyst’s “appreciative attitude.” The fact that appreciation helps an analysand face responsibility suggests that he has been evading responsibility because he disapproved of himself and because he believed that people such as the analyst would also disapprove of some of him. Since Schafer’s appreciation of what seemed unacceptable reveals a fittingness and coherence, we might say that integration is what both appreciation and nondisclaiming language foster. That the goal of treatment is to increase integration and flexibility is also implicit in Schafer’s theory of situations (e.g., 1973a, p. 274) and explicit in his stated goals (1973a, p. 283; 1973b, pp. 187-188). Since a person’s action is equivalent to the situation he senses himself to be in, remaining ignorant of one’s action is tantamount to remaining ignorant of the details of one’s situation.

Events, Schafer says, exist only within an interpretation; they have a meaning only in the context of a person’s interests. We may assume, then, that when a person sees how he constructs experience, he will also see his interests more clearly; he will see how experience could appear otherwise; and as a result, he will see how his desires could be variously accommodated and combined. What is at stake is how many possible worlds we can live in and how many interests we

can acknowledge.⁹ But that is more a goal than a rationale. How is the *procedure* supposed to work? Here are some ways.

Providing useful perspectives. The analyst's creativity provides a model of how the analysand could synthesize his awareness if he should wish to do so. I have singled this out above as Schafer's featured rationale. It is the only one he is comfortable with, because its emphasis on the analyst's *creativity* does not seem to require Schafer to commit himself to a natural science statement about the world or the mind. He need only say that some *descriptions* of analysands are *helpful*. (Of course, that is an empirical proposition, but not one that calls attention to its hypotheticalness or to its positivistic implications.) Schafer's philosophy does not allow him to advertise the other rationales widely because he wants to avoid a theory of human interaction; other rationales cannot be limited to the realm of hermeneutics.

In suggesting that he can show the analysand a *better way* to think, Schafer echoes the Freud who tried to persuade his patient that there are advantages to giving up the pleasure principle. But Freud used interpersonal means to persuade the patient to give it a try. What does Schafer use? Sometimes he seems just to count on the obvious usefulness of his way of thinking, as "educating" analysts have always done. We are familiar with educating analysts who "treat" deficiencies of reality testing; Schafer "treats" deficiencies of available esthetic forms. But that is only one of Schafer's approaches. There are many more.

Interfering with simplification. The analysand gives directions

⁹ Schafer (1973a) finds that some people are more limited in this regard than others. He implies that if a person does not have enough complexity to draw upon, he can never detach himself from the particular experience he has constructed. Apparently *this* person's passivity is not a refusal to acknowledge agency, but is a sign that there really is no other story to tell. And if that is the case, then we have here a paradox of a *truthful* disclaiming, reifying, and projective language. It is another example of how Schafer's fidelity to clinical experience constantly strains the skeptical philosophical corset in which he encloses it. How could a voluntaristic theory such as his ever conceivably account for a *built-in* limitation of perspective?

to the analyst about how he wishes to be seen. (He simplifies himself.) Schafer does not take directions from his analysand: he describes that as avoiding countertransference (1980b, p. 43). How does he avoid taking directions? By refusing to settle for a single view and by refusing to accept ordinary speech. The action language is a distractor. Schafer superimposes a different style of narrative on the patient's. A new reality is layered over the patient's reality. And the new reality contains many alternate realities. (Schafer does not dwell on what that does to a relationship.)

Interchange between showing and telling. Schafer (e.g., 1980b) emphasizes the interconvertibility of what the patient shows and what he tells. Evidence can be considered an account, and the way the patient chooses to speak can be evaluated as evidence about him. Of course, there is no point in drawing these two together if they are not, in fact, different. But though converting a showing into a telling begs the philosophical question of the difference between a manifestation and a communication, it is a useful *technique* for the analyst. By using it, an analyst can quickly reflect varied images to the patient in the form of a narrative, acting *as though* the patient had made the statement he has in fact avoided. (Schafer [1980a, p. 80; 1983a, p. 153] includes Gill's maneuver as one form of this practice.) When he converts a showing into a telling, the therapist slips out of the audience role and claims his own narrative freedom. Narration is a way that ideas can be shuffled. And Schafer is fully aware of this.

This, too, is a way of preventing the analysand from controlling the analyst. An analysand might please Schafer by agency-statements. But there is *no* way he can prevent the analyst from noticing a disclaimer on a metalevel.

Schafer responds *as though* the patient actually intended to reveal what he conceals. That is standard psychoanalytic procedure. Schafer's peculiarity is that he makes the procedure sound merely formal ("I will tell a different story now, according to the Freudian rules"). However, as we have seen, Schafer admits that there are people who do not have a variety

of covert intentions that can be appealed to, and hence are unable to profit from this translation, even though he can tell them just as many different stories as he tells analyzable people. This proves that the analyst must touch actual *intentions* and not just provide possible story lines. Thus Schafer, no less than Gill, picks up something that is covertly intended and phrases it explicitly. This also highlights the appeal function of language and sensitizes the patient to that aspect of his communication.

Viewing the analysand's activity as the solution to a problem. Narration is not arbitrary composition: it is designed to answer certain questions. The analyst wonders what is being solved by the patient's action (1980a, p. 80). That is equivalent to seeing what situation the patient feels he is in (according to Schafer's equation of action and situation). A disowned action is a secret problem. Schafer extends that further than Gill; he is willing to observe bias in a story, as well as allusion to trouble with the analyst, and he perceives *many* allusions to the analyst besides unhappiness. Thus Schafer's is essentially a theory of the discovery of problems, attunement to problems, and the definition of problems in the context of talking with an analyst. But he does not have the specific problem-finder that Gill has. (He uses disclaiming grammar as an alerting signal, but he does not rely on it.)

Self-effacement. Schafer reminds us that, ideally, the analyst demands nothing of the analysand. The analysand can do no wrong because he can do no right (1980b, p. 44). Schafer's emphasis on redescription unsettles any arrangement the patient thinks he has made with the analyst. When the analyst regards what the patient inadvertently reveals as a narrative, he makes it impossible for the analysand to hold onto a role or to control the relationship, and therefore the analysand cannot "satisfy" the analyst. To put it more crassly than Schafer does, the analyst's job is to note how the analysand is always "up to something." In order to do this, the analyst must have no requirement of his own which can be used as hostage. By having no desire of his own that can be met,

Schafer is really chasing the analysand's desire (his appeal) down the corridors of narration that temporarily confine it. (I think that is how Lacan would have viewed it, and, by the way, Lacan could have made a good case that this deconstruction and multiplication of narratives shows that a narrative is just what is *not* important in this treatment.)

GENERAL COMPARISON

The initial warrant for the comparison of Schafer and Gill was that, more than most theorists, each seemed to focus with preponderant intensity on one of two contrasting aspects of psychoanalysis, the development of long-line pictures of the patient, on the one hand, and the determined agitation of the therapeutic relationship in pursuit of transference experience, on the other. (By contrast, for instance, a theorist who made the concept of *interpretation* central to his exposition would subsume these two aspects in his primary term, or distribute them here and there among side issues, and *his* theory would be more usefully held up side by side with theories of nonverbal influence.)

As we might have expected, this macroscopic difference faded when we looked at the details of the two theories of therapeutic action. There we found them far more alike than different. The difference between these representations of analysis is not, after all, that one shows us the analyst making pictures of patients while the other shows us the analyst pushing patients toward interaction. We are left, then, to wonder what substantial (though more limited) problem Schafer and Gill deal with differently that gives rise to the misleading initial contrast. If we can identify the real difference, we may find a more workable way to study the contrast of psychoanalysis as a picturing and as a forcing procedure.

Despite their many similarities, the different styles of Gill and Schafer do foster different poetics of treatment. The atmosphere that Gill describes is one of accepted discord resolved into mutual investigation; the atmosphere Schafer describes is a mutual investigation enriched by intermittent discord.

The main practical difference that follows from Gill's greater specificity (and prejudice) is that he takes on a more fixed role with his patient. That is partly because his focus is more obvious and his therapeutic wishes more identifiable. His implied instructions to the patient are more specific. The patient can "satisfy" Gill, so to speak. (There is here a trade-off of comprehensive sophistication for powerful, local practicality.) Patients can see Gill's visible wish to distinguish what is distortion from what is not. (Gill is acutely aware of the hazards his technique runs in the area of predictability and routinization; see, for example, p. 125).

FUNDAMENTAL ISSUES IN THE DIFFERENCES

The most important difference between Schafer's emphasis and Gill's can be seen in Gill's attention to disguised complaints about the analyst as a sign of imminent mobilization of wishes.¹⁰ He implies that other expressions of underlying wishes will not be as useful as covert complaints. He believes there is something special about these allusions among all the ways a patient's behavior reflects his feelings about the analyst. In other words, he seems to suggest that there is such a thing as a main meaning of the patient's communication.

Of the three issues on which Gill is most divided—objective reality versus relativism; interpersonal experiencing versus the understanding of bias; transference allusions as a main meaning versus allusions as useful openings—the last is left most to the reader to work out. Gill (p. 64) says in one and the same paragraph, (1) that transference meaning is just one meaning, chosen by the *analyst* for its usefulness, and (2) that a topic is chosen by the patient for its allusiveness to the transference. When Gill (p. 22) suggests that an allusion continues to organize the entire session, he seems to be

¹⁰ "Imminent mobilization of wishes" is my term, not Gill's. It refers to the patient's temptation to override a resistance to the experience of the transference.

saying that it is the real, main meaning. (We may ask whether it carries over into the next hour, and, if so, how the accumulated, concatenated meanings can be sorted out.)

Whether there is such a thing as a main meaning is one of the most troubling and interesting questions in the psychotherapeutic enterprise. (It is a slightly different question from the problem of defining a given aspect of meaning, as discussed, for example, in Gill and Hoffman [II, p. 179].) I believe that if one were to carry to the limit the idea that allusions to the analyst are the main meaning of a patient's communication, it would ultimately lead to this: the sign that something within a patient is nearest to development is that it pushes the analyst off balance. That "something" is then no longer just a message, but is a virtual act (in the interpersonal sense of act, not in Schafer's sense). It is not a compromise formation in the ordinary sense; it does not correct or solve the problem. It *invites* the analyst into a *possible* situation. The analyst's felt imbalance is the sign that the patient is offering to share a problem with him. If the analyst responds one way, he will inspire hopeful elaboration; if he responds another way, he will shut off that elaboration, regardless of how many other clues to the same issue he picks up. Therefore, a single allusion will not necessarily go on knocking at the door indefinitely, and if we regard the allusion as the main meaning of a given utterance, then the main meaning is more nearly expressed by some of what the patient says than by the rest of it.

There are nodal points where the patient tests a solution to his problem with the analyst more tangibly than at other times. He sketches a structure within which he is prepared to move. The analyst may infer other "true" structures, and he may bring those other structures to conceptual fulfillment, but the patient's meaning may not be able to develop and enlarge itself within them. These other responses may not mean the same thing to the patient as the ones his allusions invited, even if all of the patient's references were semantically equivalent. It is only in taking up a position vis-à-vis

the allusion to himself that the analyst is heard to speak to the problem that the patient is having with him. Thus, it is not just *what* the analyst says that matters. It is also the very *doing something at that point* that says something to the patient (because that is the moment when the patient is half intending to do something to the analyst). This, of course, was Strachey's message.

Gill would seem to offer a theory of the mind in which meanings are summed up by a bid to the object world and take on new meaning depending on the answer to that bid. (See also, process theorists, such as Gendlin [1964].)

The objection to this, which I would associate with Schafer, is that everything a patient does is a nodal point for some meaning or other. And probably the truth lies in between these arguments. Perhaps one should say that the patient's illocutionary meaning (the gestural or manipulative force of what he says) is carried more in some aspects and moments of his communication than in others.

But let us return to Gill. If the patient's meanings are of a sort that will move according to how the analyst receives them, then we should be able to describe what happens in terms of the patient's perceptions as well as his wishes. The question of whether meaning shows itself in special, privileged manifestations, or whether it is uniformly manifested in everything the patient does, then becomes the question of whether some of the patient's actions more than others put the analyst's *role* especially in question. (Strachey was involved in this debate also.)

Of course, the analyst is always being cast in some role or other. The question is whether this casting is more experimental, fluctuant, or unstable at some points than at others. Gill tries to find a place where the patient says: "I *almost* see you this way, which bothers me, and I *almost* see you in such a way that I could do something about it." If the analyst does not notice that juncture, what would have happened may, in fact, not happen, despite other conversation about those visions.

Suppose that is so. Suppose there are special crossroads within the patient's production. The next question would be whether at *all* times, *somewhere* there is such a special crossroads. Neither Gill nor Schafer believes that there is always a nodal point. Gill implies that although direct references to the analyst may conceal indirect ones, nevertheless, when the patient talks about his feelings for the analyst, no one part of his communication as opposed to another is in principle a privileged vanguard approaching new meaning in the same way as allusions to the analyst were a vanguard while he was not talking about the analyst (though it is hard to understand why allusiveness should disappear simply on account of the topic of discussion, and in practice Gill seems to continue to pick up allusions). And Schafer, although in practice he undoubtedly responds at points of maximum urgency, does not describe privileged moments or invitations to share a problem. (Schafer's theory would not seem to comprehend layers of greater and less intensity or importance within a patient's mental state.) Yet, for that very reason, Schafer (like Gray) is more able to remain alert to "allusions" even when the explicit topic is "the transference."

A similar contrast applies at many levels. Though not directly named by Gill, the arousal of old hopes figures dramatically in his model and not particularly in Schafer's. Schafer, however, is more adept at describing choices made by patients at lower levels of urgency and aspiration, where we might not be inclined to use such a big term as "hope." In general, I am sure, Schafer does what Gill suggests, and Gill does what Schafer suggests. But Gill's mandatory procedure is optional for Schafer.

One finds Schafer, but not Gill, discussing new metaphorical coinage and the creation of new meaning by describing old. (Gill acknowledges that the transference is a new, creative emergent, but he is more interested in what is old about it.) On the other hand, Gill, by his particular injunctions, shows us the interactive process as something with its own metaphorical power to create meaning. (I have elaborated this possibility elsewhere [Friedman, 1983].)

Ultimately, Schafer reaches the same conclusions as Gill: events are describable only in narrative, and narrative is dictated by interests and questions. Thus, the narrative that the patient makes out of the analyst's intervention depends on what the patient is interested in at the time the analyst acts. (Michels [1983] has shown how this answers many puzzling questions of theory of technique.) It follows that the story the analyst tells is not all that the patient will incorporate into his own story; the patient's internal narrative especially notes when, and in response to what, the analyst tells his story about the patient's story. New meaning and metaphor thus arise for the patient by the way the analyst's actions and attitudes *fit* into the live play of the patient's impact on him.

But Schafer's terms are borrowed mostly from literary criticism, and so it is easier for him to talk about how a person makes sense out of his experience than how a person affects someone else's sense-making. He finds it useful to dwell on the patient's responsibility in narrating his own childhood (as against the passive imprint childhood events made on him). He has more to say about each of the two narrators in an analysis than about their impact on each other. He has chosen an esthetic, solipsistic, autonomous slant for its practical usefulness. As Schafer describes it, action is creation. But in that case, action is akin to Piaget's assimilation, and Schafer is left with few means to describe what we *usually* call action, that is, something that has *impact* on somebody else, action *on* the analyst and the analyst's action *on* the patient—therapeutic action in general. Schafer dwells mostly on how one transforms one's own experience.

Gill, on the other hand, writes less ambitiously about how meaning is formed, but he describes what kind of events make somebody else's enfolded meaning blossom. Gill shows how what *happens* between analyst and analysand—and not just how it is narrated—puts a new aspect on a meaning.

Although Gill does not realize it, he is functioning as a natural scientist when he suggests that, to get a certain result, the analyst has to react in a special way at specified, actual space-time points, while Schafer seems to feel that various

actions can be taken at various points, depending upon the analyst's chosen description of the patient, since what is at stake is simply a "reading" of the patient.

Schafer (1959) earlier described generative empathy with great refinement and nuance, but even at that time, he was more interested in the analyst's psychology than in the nature of his effect or influence. He was more interested in what generative empathy looks like in detail than in how and what it generates. (One of the few interactive effects he mentioned there is "giving permission" [p. 367].)

In his later writings Schafer has further elaborated the analyst's epistemology and has added a great deal about the patient's. We hardly notice that what is missing is the relationship between the two. The connection is probably undescrivable in a strictly relativistic account.

Schafer is very clear on the various ways that a patient can perceive the analyst's help—for example, as a feeding. The analyst may see it, on the other hand, as strengthening the ego. How can the analysand make good use of what the analyst does, even though he construes it so differently? We are not told. Nor is it said how the one can come to a different experience of the other's activity, and how they can participate in the same activity, although Schafer does count on this progressive agreement.

Schafer (1959; 1983a, pp. 126-128) has hinted that the patient takes what he needs from the many possible meanings in the analyst's interpretation. He has not continued that line of inquiry. He would certainly agree that the patient selects meanings not only from interpretations, but from the entire analytic situation (see also, Friedman, 1983).

WHAT ARE ALLUSIONS TO THE TRANSFERENCE?

The psychoanalyst views his patient's behavior as a series of attempted solutions to problems, avoiding dangers and courting satisfactions. In order to highlight the problematic

aspect of experience, the psychoanalyst tries to make a situation tolerable that exposes his patient to the most severe emotional dangers and the most risky lures. The analyst finds himself left to his own devices more radically than in any other human relationship, while at the same time seeming to be unreasonably accepted and protected. (Nunberg [1928] portrayed that situation most clearly.)

How do Gill's allusions to the analyst fit into this project? First of all, experience reveals a *spectrum* of allusions. At one end of the spectrum are explicit, conscious, withheld thoughts, while at the other end are implications that neither party will ever be aware of—occult ways in which the patient's behavior is affected by the analyst's presence, his actions, his character, his significance, and his meaning to the patient.

At the explicit end of this spectrum are those occasions when the patient actively challenges his own solution to a problem. At those times, the patient has in mind a specific complaint, or perhaps a plea: something addressed to the analyst to make him do one thing or avoid another; some effort to readjust the analyst's place in the world of the patient's desires. Having addressed the analyst this way in his mind, the patient nevertheless proceeds pretty much as he has already been doing. After imagining a different way of dealing with the problem, he continues to deal with it as before. In effect, he has challenged his own solution, but decided not to accept the challenge. Yet his imagined action is felt by the alert analyst.

Moving toward the other end of the spectrum, one encounters a range of less explicit, less consciously rehearsed references to the analyst. In these instances, the patient is dissatisfied with the way he has been dealing with his problem concerning the analyst, but he is less willing to challenge it even imaginatively. Despite his misgivings, however, the patient has toyed with a different approach to the problem. The inclination to deal with the analyst in a different way shows itself in aborted actions directed toward the analyst. These actions can be described as initiatives for a different

relationship; they can also be described as requests that the analyst be a different "object." But they are more and more covert the farther we move on the spectrum toward unknowable "body English."

This is, of course, just one way of stating the well-known function of conflict in treatment. What needs to be emphasized, however, is that the different possibilities of handling conflict about the analyst are not just different imaginings about him, but are different approaches to him, different attitudes toward him, speaking to him in a different voice, abandoning agreed-upon assumptions, accepting different entitlements, reconstruing the entire psychoanalytic set-up, etc. For a patient to entertain alternative possibilities may mean that he is considering taking seriously something he had been treating as provisional, or seeing something as real that he had pretended to regard as formal, or finding a personal meaning in what he had previously tried to believe was a professional convention.

These are not simply times when the patient is withholding part of a response. They are times when he would be talking in a different style, i.e., bidding for a different relationship. It would *feel* much different to talk *that way*, and the patient is not entirely ready to experience that different feeling. He knows he would invite a different response from the analyst, or perhaps require it, and in any case, it is not certain just *what* it would lead to. The different approach would gather up synoptically a great number of vaguer wishes and fears and would force issues that cannot be known ahead of time.

We need more detailed phenomenology and theoretical description of the various states of mind that underlie very inexplicit allusions to the transference. The two theoretical concepts that have done duty in those areas, the concept of the preconscious and the idea of the transference neurosis, now need to be spread out and dissected. We often describe a patient's course of treatment as an initial holding-out from—and then falling into—a transference neurosis. Gill's terms are most adequate to that kind of situation. But there

are other situations that require a more complex description. Not all resistance to awareness of a deep transference simply draws upon characterological or floating transference. It seems that Freud was right after all: there can be profound transferences that paralyze a patient. For example (although it is not Freud's), strong feelings of need and an expectation of abandonment can make a patient reluctant to take initiatives that would intensify his plight.

If we were to say that all allusions lie in the preconscious, we would bypass what we most want to know about, which is the conspicuous difference between the sort of preconscious that needs only to be attended to in order to be voiced and that other kind which is unconscious in the sense of being actively denied, but is not part of the system unconscious inasmuch as it might become plainly voiced in a slightly different context a few moments hence.

What distinguishes allusions that need only to be mentioned in order to be confirmed from allusions whose message is indignantly denied? I believe that it is not always a question of readiness to experience a transference neurosis, nor is it always fear of the specifics of the transference, nor is it necessarily the armor of character transference or a penumbra of floating transferences that stand in the way of individualized regressive transferences. All of these are clearly present in some situations but not in others. I suggest that the most universal variable which decides how much the analyst can exploit allusions to the transference is the degree to which a patient is willing to accept uncertainty. Of course, it might be said that this is simply a function of how frightening the potential transference neurosis is, but that is an empirical question and should not be decided by theory. Very indirect allusions to the transference, especially those whose translation is strongly resisted, may represent an unforeseeable and unvisualizable attitude toward the analyst, an attitude that would be precipitated by an aborted statement or provocation. The uncertainty may be as frightening as the particular transference theme that has been stimulated. As

we have seen, both Gill and Schafer recognize that patients vary in the basic flexibility of their outlooks. Logic requires that Gill and Schafer, and the many analysts like them who believe that transference is a new synthesis, not just a repetition, must grant that the patient faces a vast uncertainty in allowing transference to blossom. Obviously, as the transference is clarified, particular dangers replace the initial uncertainty of the venture, but that does not mean that it was the developed fears in their particularity that most immediately inspired initial resistances. In these terms, then, one might say that Gill seizes the moment when the patient has an incentive to risk overturning the whole analytic arrangement. Following Gill's advice, the analyst acts as though he had already been dealt with in that different way, and so the uncertainty is reduced and the risk already taken.

It has often been remarked that psychoanalytic treatment requires a subtle interplay of responsibility (intensity of feeling) and irresponsibility (playfulness and tentativeness). A degree of tentativeness is what allows experiments with real action. But if, *per impossibile*, an analysis were conducted entirely as make-believe, the analysand would never have actually taken a risk or experimented with images and relationships. That is reason enough to follow Gill in insisting that the patient address the analyst directly, spelling out the details of his perception and pinning down their consequences by *ad hominem* assertions. After an allusion has been turned into a direct statement, the patient stands in a different relation to the analyst.

When presented with relatively explicit allusions, the analyst has a great opportunity to effect change and a corresponding liability if he discourages it. The patient shows more of his wish, and the wish is more open to participation from the analyst. If the analyst misses those points, he says directly that he will not participate in that kind of change, does not want it, or is threatened by it. The most powerful argument for Gill's procedure is the negative one: a simple silence in

the face of an obvious allusion is one of the most intrusively personal statements an analyst can make.

But what about the analyst's response to messages at the other end of the spectrum—those subtle explorations of different solutions in the form of a hint of behavior or a highly analogical allusion? Certainly, any debate that Gill will stir up has to do with this end of the spectrum. What is the effect of the analyst's picking up the kind of bid that is not willingly, imminently, or pressingly offered?

Picking up that kind of allusion has a number of special consequences. It is more instructional. In defining a *very* covert allusion, the analyst has a lot of options to select from. As Gray (1973) points out, problems appear on many levels of generality. Thus the analyst's statement of an unformulated reaction will be much more arbitrary and authoritarian than when he echoes an already formulated thought. The patient is pushed more conspicuously toward what and how the analyst wants him to think, and what kind of hypothesis the analyst is interested in. Gill even offers samples of what he is after, i.e., *ways* of calling into question the analyst's own action. And finally, interpreting very hidden allusions tends to destabilize the patient's control of messages, his conscious intent, and his definition of what is happening (until daily routine catches up with the analyst's technique). We should not judge these consequences according to whether or not we like the picture. What needs to be asked is what are the sacrifices in pursuing allusions at the extremely inexplicit end of the scale, since for everything we do we pay a price.

WHERE ARE ALLUSIONS FOUND AND HOW ARE THEY ILLUMINATED?

Interaction is a unilaterally continuous, as well as a turn-taking process. A patient continuously reacts to the way he himself is behaving. Even if it were supposed that there is a single stimulus to his productions, he would, by those very productions, set up further stimuli for himself.

This fact is most forcefully presented by Gray (1973). Whatever the analyst has done that initially stimulated the patient's allusion, Gray can see still other allusions to the analyst develop during its production and elaboration. Indeed, the *reason* for the patient's allusiveness may sometimes be more apparent in the shifts and transformations that occur while he is expressing his allusion (for example, a shift from an account of aggressiveness to one of caring) than in the link between what the analyst did and how the patient responded. Because Gray's focus is on the patient's reaction to his own reaction, he has less need than either Gill or Schafer for a neutral reality to arbitrate the patient's accuracy.

In practice, the contrast is a little like the difference between understanding a boater's reluctance to put his canoe in rapids and watching him paddle clear of underwater rocks. Gill might be compared to a coach who says, "I will help put your canoe in the rapids, and we shall see what concerns you in those waters!" (Gill *pulls* tentative reactions into full perception or accusation.) Gray watches the patient in action and charts the rocks he is instinctively avoiding. (Gray *points* to the already visible efforts of the patient to solve problems he has set up for himself.) Gill wants the patient first to feel a passive reaction to the analyst and not to start by reflecting on his mode of dealing with the analyst. He wants the patient to register the experience first as an emotionally charged perception and only later as a motivated, or even motivating, perception. (Understandably, then, Gill wants to know that he has a way of eventually "correcting" the perception.)

We should not exaggerate the practical differences between these approaches. Both will alert the patient to the analyst-figure he has been subliminally imaging, and thus both will enlighten the patient about his own behavior and the construction of his experience.

However, if what the patient is responding to are extremely subtle stimuli in the image of the analyst, the analyst will not find them by hunting for localized perceptions. Even though it may be the analyst's best policy to assume that if he looks hard enough he will find what he did to provoke the patient's

reaction, he may anyway run the risk of interrupting the display of the broad picture by fastening onto the moment. Furthermore, if the analyst took it as a rule of thumb to look for the immediate source of the patient's reaction in a currently identifiable feature of the analyst's attitude, that would tend to focus on the perceptual rather than on the imaginative sphere. It might distract him from the legendary kind of literal transference where the patient talks to figures of his past; he might obscure the patient's reaction to him in the role of mere interlocutor. Admittedly, Gill is right that this picture of transference has been unconscionably overworked, but can we say that it is *never* a good description? (Actually, Gill leaves that question open [e.g., 1983, p. 234], allowing that his approach may turn out to be the correction of a frequent error rather than a comprehensive description of analytic procedure.)

As Gray might say, the transference of defense may not take the form of a specific image. For the analyst to say, "You are talking to me as though . . ." does not necessarily entail, "You have observed me to be. . . ." In order to see how the patient is "talking as though," one must scan the broad text, since self-presentation occurs in all shapes and sizes and ultimately, as Schafer would say, in the shape of an entire psychoanalysis.

In this respect, only Gray consistently and exclusively watches the appeal function of the patient's activity—the relation of speech to wants, fears, etc. In contrast, both Gill and Schafer are preoccupied with error. I know that sounds strange, since both Gill and Schafer are modest about objective truth. Yet Gill places great importance on separating bias from consensually validated perception, and Schafer establishes an acceptable set of narratives (and has recently [1983b] added criteria for reliability and objectivity).

THE ANALYST AS PROVOCATEUR

But it is not all truth-finding and story-telling for Gill and Schafer. Each also has a powerful way of creating an expe-

rience of change. Gill "calls" his patient on the half offer of a different style of behavior toward himself. His personal, particularistic, incident-focused efforts are clearly more important for their experiential component than for the subsequent sorting out of reality. His interventions induce different *actions*. And Schafer's emphasis on responsibility exerts a steady pressure that must make patients *feel* their hidden dealings with the analyst which were formerly obscured by disclaiming figures of speech.

It should not surprise us that plausible programs, though oriented toward the discovery of truth, should turn out to be, in part, stimulating manipulations. The truth of desire cannot be established during a routine mode of scrutiny, because the very routine would eclipse signs of appetitive control. The data base, so to speak, would dry up. An analyst might snuff out the pilot light by too programmatically taking up only allusions to himself, or by ignoring those allusions when they are pregnant. In each case, the patient's general attitude to the analyst would not be allowed to fluctuate, although he might oblige the analyst with playful excursions regarded as "part of the game." A fixed pattern of allusion detection would become a training in assertiveness. A fixed pattern of ignoring allusions would be a simple training in introspection. The mainstream of psychoanalytic tradition has always endorsed a combination of random attention and orderliness. (Gill [p. 179; II, p. 137] is aware of the dangers of a fixed program, but it is not clear how he avoids them.)

There are, then, two dangers in a fixed program of detecting allusions: (1) subtle strivings might be ignored, and (2) unpredictability, with the attendant possibility of new solutions, might be minimized.

Is it possible to respond to the appeal function of language both continuously and unpredictably? I believe there is evidence that this can be done in nondiscursive ways, but it would not accomplish a psychoanalysis, probably because, though it would keep uncertainty alive, subtle discrimination requires wandering, truth-seeking narrative. Although varied

talk about many things can itself become routinized and secure, still, if handled correctly, it allows the analyst to spot subtle reflections of his influence without setting up a standard, routine interchange. Only with a variable base of curiosity can the analyst avoid a fixed relationship which will confirm the patient's transference meaning. (Gill writes about the need for spontaneity, but he does not integrate that with the rest of his discussion.)

As always, the big problem for theory is the relationship between discursive and nondiscursive elements in treatment. What, for instance, happens to the transference when treatment does not *seem* to be concerned with transference? Presumably, transference is then being elaborated anyway. But how can we know it is not also being modified at the same time? And what happens when the transference is being discussed? Presumably, something of the same sort is going on. In other words, despite efforts to neaten the schema, one never stands outside transference looking at it, and one never stands inside transference without changing it. (Schafer captures this truth in his description of multiple histories.) Surely, working on the transference does not mean talking about the analyst. The difference between exploiting the transference and analyzing it cannot simply be a matter of whether there is a lot of talk about it or just a little. The desired effect has to do with (1) experiencing the transference, and (2) experiencing some varied perspectives on it. All the authors discussed in this paper agree on that. If they do not say it that way, it is because they fear being tarred with the brush of the dreaded corrective emotional experience. It is time to shake off the concern of heresy that clouds this issue. Some kind of manipulation is involved in any deliberate procedure, and we can make our distinctions while accepting that fact. Psychoanalysis brings new perspectives to the patient with the help of a lot of verbal propositions. It is hard to imagine how else so much detail could be delineated. But change hinges on the resultant intensity and new variability of core attitudes.

Gill is doubtful that analysis can elicit intensity and variability without an explicit focus on transference. (He argues this against Loewald [pp. 78, 79].) There is indeed reason to worry that an analyst who relied on an implicit relationship to both nourish and readjust the transference would lower his guard and collude with the transference. But Gill offers no argument to support his belief that an analytic response is collusive if it is not a discussion and no argument to show that the only response that lessens the rigidity of a patient's transference is transference talk. Gill is readier to admit that some of the net effect of treatment comes from unanalyzed positive transference than he is to admit that some of the resolution of the transference might occur nondiscursively. That leaves him with an acknowledged but unclassifiable debt to the aspect of the analytic experience that goes beyond cognitive discovery.

CONCLUSION

These considerations suggest that flexibility of outlook is the goal of treatment; that it is achieved in a complex fashion; and that it can be fostered during the recounting of many different things.

Psychoanalytic theory would benefit from cross-matching the focus on transference with the story-telling tradition, in order to describe how transference talk tends to produce new images, and how acts of visualization (narratives, etc.) loosen transference frames.

Gray (1973) points out that the analyst is involved in the patient's own representations of his life and history during the time he is in analysis. There must be a complex interplay of adjustment and readjustment simply in talking to the analyst about analyst-soaked life events. (Strachey understood this.) In other words, an allusion to the analyst is already present in the anticipated audience reaction to—and interest in—even untold stories. Allusions to the analyst are not confined to the aspect of speech that encodes a reference to

some particular action or attitude of the analyst. Seen from this standpoint, Gill's allusions are simply the most therapeutically powerful allusions, when they are available.

According to both Gill and Schafer, the ultimate achievement of analysis is flexibility, and that may be said to be the common denominator of all statements of analytic aims. It is also a commonplace, embodied in many technical prescriptions, that the patient's ultimate flexibility has something to do with the analyst's flexibility. Looking further into theory as well as practice, it is evident that the analyst's flexibility has something to do with what he is interested in, that is, in the nature of his reactivity.

Bearing this in mind, we should view Gill and Schafer as offering not two grossly different pictures of treatment, but slightly different instructions for training the analyst's interest, and the effects of following these instructions should be empirically studied.

SUMMARY

1. Schafer seems to be mainly concerned with how life histories are designed. Gill seems primarily interested in eliciting hidden allusions to current interaction with the analyst. But actually the common goal of both authors is to provide the patient with more ways of experiencing than he is accustomed to.

2. Gill believes that the appeal function of the patient's language shows up in references to the analyst's specific attitudes. Schafer believes that the appeal function is often less focused. The two authors therefore train the analyst's curiosity along slightly different lines.

3. Although they do not emphasize it, both Gill and Schafer assume that the analyst's attitude changes the meaning of the patient's potential alternatives enough to make those options newly available. And, though they do not emphasize this either, both authors believe that something like awareness

of a neutral reality further induces the patient to revise his old certainties.

4. The analyst's actual influence is most forthrightly exemplified in Gill's persistent unpacking of transference allusions.

5. The patient's allusions to the analyst can be thought of as more or less faint efforts to change the way he handles problems that he encounters with the analyst. If the analyst ignores these allusions to himself, he will actively discourage new ways of dealing with conflict. (For an adult, transference is a new way of dealing with conflict.)

6. Because Gill's effort is specific and visible, the analyst who follows his instruction may compromise his neutrality, and may give patients a way of implementing old patterns by "cooperating" and by not "cooperating," whereas it is harder for a patient to "cooperate" and not "cooperate" with an analyst who is influenced by Schafer. (This difficulty has not escaped Gill's notice.)

7. More work needs to be done on the phenomenological gradation between "deep" preconscious and "tip-of-the-tongue" preconscious. A fixed program of seeking allusions to the transference may obscure subtler references to the analyst that arise not from nameable perceptions, but from generalized expectations that manifest themselves in the patient's overall self-presentation. To see how the patient tailors his overall appearance for vital purposes, it may be necessary to encourage the longer narratives that Schafer examines.

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Some Observations on the Rescue of Fallen Women

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To cite this article: Bernard C. Meyer (1984) Some Observations on the Rescue of Fallen Women, The Psychoanalytic Quarterly, 53:2, 208-239, DOI: [10.1080/21674086.1984.11927067](https://doi.org/10.1080/21674086.1984.11927067)

To link to this article: <https://doi.org/10.1080/21674086.1984.11927067>



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SOME OBSERVATIONS ON THE RESCUE OF FALLEN WOMEN

BY BERNARD C. MEYER, M.D.

Citing the example of the creator of Professor Higgins of Pygmalion, as well as other celebrated figures, this paper delineates a number of biographical features common to some would-be rescuers of degraded women. Aside from demonstrating the relevance of these portraits to Freud's observations on the oedipal aspects of the subject, the author emphasizes the attempted verification of phallic attributes in the women as an additional motive in their redemption.

Lazy laughing languid Jenny,
Fond of a kiss and fond of a guinea
Poor shameful Jenny, full of grace
Thus with your head upon my knee;—
Whose person or whose purse may be
The lodestar of your reverie?

Dante Gabriel Rossetti: Jenny

At that enchanting moment in the musical play, *My Fair Lady*, when, after long and painstaking effort, Eliza Doolittle finally succeeds in reciting with perfect diction, "The rain in Spain stays mainly in the plain," her mentor, Professor Henry Higgins, rejoices in the attainment of that triumph that has often been the goal of many men of good will—the redemption of a debased woman. Both in the original play, Shaw's *Pygmalion*, and in its musical adaptation, it is clear that the reformation of Eliza is aimed not at her morals, but at her speech, that well-nigh incomprehensible cockney dialect

Presented to the meeting of The American Psychoanalytic Association, December 17, 1983, and to the meeting of The New York Psychoanalytic Society, January 10, 1984.

which the professor seeks to transform into the elegant cadences of the English upper classes.

Lest there be any misunderstanding on this score, when Higgins declares, "I shall make a duchess out of this draggle-tailed guttersnipe," Eliza, suspecting that she is being taken for a loose woman, protests, repeating, "I'm a good girl, I am," a characterization that was surely Shaw's conscious intention.¹ For Eliza is a modest flower vendor, not like the vulgar Nell Gwynne, the former "orange-girl" who became the mistress of Charles II, and who attained fame by her forthright retort to an angry crowd who mistook her for the King's Catholic mistress, Louise de Kéroualle. "Good people," she cried, poking her head out of her carriage, "this is the Protestant whore!" (Fraser, 1979, p. 289). No, Eliza's redemption is directed at her diction, not her decorum.

More commonly, to be sure, such efforts have been directed at more earthy issues, whether it has involved Mary Magdalene, the repentant prostitute whose evil was cast out by Jesus, the Thaïs of Anatole France, or that bevy of nameless young women who, in our own time, have served as the objects of rescue for some of the personages mentioned in this paper.

But just as the holy monk, Paphnutius, priest of Antinoë, having set out to redeem the beautiful Thaïs, succumbs to the irresistible appeal of that voluptuous courtesan, so, embarked upon a similar course, have other men of good will been wrecked upon the shoals of unbridled passion. A man who has yielded to women of that sort, wrote W. Somerset Maugham (1904) in *The Merry-Go-Round*, "thinks he is going to lift her up to his station. The fool! It's she who drags him down to hers" (p. 215).

It goes without saying that even among those judged to

¹ Yet, despite her relative illiteracy, strictly speaking, Eliza is not wrong in her suspicion, for, in addition to *untidy*, the dictionary defines *draggle-tailed* as *sluttish* or *slatternly*. That Shaw was interested in prostitution is evident in his play, *Mrs. Warren's Profession*, the meaning of which was clear enough to have it banned in its day in New Haven and New York.

be pure in heart the intended redemption of such women is not without its carnal compensation, its fringe benefits, so to speak, in which the would-be rescuer is himself rewarded with more or less overt or vicarious erotic gratification. Indeed, as Freud (1910) noted, "love for the harlot" may prove to be the only means of attaining sexual satisfaction for some men. Such men are psychologically hindered by a general disturbance in their relations with women: "Where they love they do not desire and where they desire they cannot love" (Freud, 1912, p. 183). This dissociation in their erotic life, "divided in the two directions personified in art as sacred and profane (or animal) love," Freud stated, is a consequence of the repression of libidinal impulses toward the mother. In an insistent, albeit unconscious, wish to remove from her any taint of sexuality, such men confine their erotic impulses to prostitutes, thus isolating sensuality from the balance of their emotional life. A similar aim may be pursued in the selection of those women whose racial, ethnic, or national affiliation is so foreign to the image of the mother as to confer upon them a modicum of immunity to forbidden incest, a phenomenon termed by Abraham (1914) "neurotic exogamy."

Yet, despite these measures designed to prevent a recognizable enactment of an incestuous liaison, traces of the repressed impulse may be discernible, and the very woman deemed suitable for sensual love may display traits strongly reminiscent of the tabooed mother. For at some level of awareness all women may be regarded as mother surrogates and hence appropriate objects for fantasies of rescue. Conversely, those women who are apparently divested of any hint of sexuality tend to be regarded by these men as older maternal beings, arrayed in quasi-saintly colors, likened to angels, and endowed with the attributes of unearthly chastity. In real life, as in art, these two themes may exist in close relation, so that the would-be rescuer is often revealed as one unconsciously seeking to be saved.²

* In Maugham's (1904) *The Merry-Go-Round*, for example, a counterpoint to the marriage of the protagonist to a bar-maid—"If I don't marry her [she'll] kill herself"

But beyond its function as a countermeasure against the wish to be protected and mothered, the impulse toward rescue may serve as a defense against fears of castration and death. Such fears are indeed prominent in the examples I shall present, for whom the act of rescue seemed designed to bestow upon the beneficiary attributes of power and invulnerability, a conception epitomized by the notion of the phallic woman.

SAMUEL JOHNSON (1709-1784)

Although, like Professor Higgins, Dr. Johnson was much concerned with language and speech, his reputed habit of taking "women of the town" to taverns in order to hear them relate their histories was prompted not by a desire to improve their pronunciation, but to guide them on the path of virtue. Although his friend Boswell (1791) wrote that it was well known that Johnson's "amorous propensities were uncommonly strong and impetuous" (p. 1375), Johnson would become indignant were it suggested that his consorting with prostitutes was prompted by any ulterior motives. This was an attitude shared by Boswell, who claimed that if Johnson did "converse with these unfortunate females it was to redeem them from their dissolute life" (Watkins, 1939, p. 51). To this assertion, the critic Watkins (1939) emphatically agreed, declaring in a burst of sanctimony that "to mistake Johnson's motives is absurd" (p. 52). These opinions were apparently dictated less by an earnest pursuit of biographical truth than by the wishful thinking that is the common handmaiden of

(p. 55)—is the union between a young man afflicted with tuberculosis and a woman twenty years his senior. Chided by a friend that the youth is young enough to be her son, she replies, "It's the only way I can save his life. . . . I want to be his nurse more than his wife" (p. 89). The role of shifting identifications is evident when it is pointed out that when Maugham was eight years old, his mother died of tuberculosis. It is not surprising that prior to his embarking on a literary career, Maugham chose to become a physician. A poetic intermingling of these several themes was movingly portrayed in Noel Coward's play, *Still Life* (renamed *Brief Encounter* for the film), in which the removal of a painful cinder from a young married woman's eye leads to a romantic love affair with the rescuing doctor.

hero worship; there is abundant evidence that throughout his life Johnson was caught in the snares of tormenting sexual conflicts in which his consorting with streetwalkers undoubtedly offered him some promise of scopophilic and vicarious erotic gratification.³ His diary provides telling evidence, moreover, that he was entangled in a painful and unceasing struggle with masturbation, a practice in which masochistic components and fantasies of bondage may have played an important role (Meyer, 1979).

Married at twenty-five to a widow of forty-five, a mother of three children, Johnson does not appear to have enjoyed much domestic or sexual felicity in the relationship. The real love of his life would be Mrs. Hester Thrale, a bright, witty, and vivacious woman some thirty-two years his junior, whom he met when he was fifty-six. Despite her youth and her many children, Hester watched over him for many years, rescuing him from a mental depression and playing the part of a loving and devoted mother. Although there is no reason to conclude that there was ever a physical component in their relationship, a measure of its intimacy may be gauged by the fact that at one point, without any apparent explanation, Johnson committed to her care a padlock, which, it has been conjectured, may have played a role in perverse masturbatory practices (Balderston, 1949).

Toward his real mother, who was forty at the time of his birth, he tended to express less affection than resentment, a consequence, it may be, of her having committed him to the care of a wet-nurse, who, unknowingly stricken with tuberculosis, was apparently to blame for the scrofula that led to the disfigurement of his face and neck, to the disturbances of his sight and hearing, and to the tics and convulsive movements that were to beleague him to the end of his days

³ "I'll come no more behind your scenes," he told his good friend David Garrick, the celebrated Shakespearean actor, "for the silk stockings and white bosoms of your actresses excite my amorous propensities" (Boswell, 1791, p. 143). There is some question, it should be noted, about Johnson's exact language here. Some said he had said "bubbies," not "bosoms," and "genitals" rather than "amorous propensities" (Pearson, 1959).

(Bate, 1977, pp. 6-7). Less conjectural was the grievance he held against his mother for her seeming dominion over him in his youth. Sunday, he told Boswell, "was a heavy day to me when I was a boy. My mother confined me on that day and made me read *The Whole Duty of Man*, from which I could derive no instruction" (Boswell, 1791, p. 50). One day, when in anger she called him a puppy, he asked her if she knew what they called a puppy's mother (Piozzi, 1786, p. 21). In apparent flight from her, in March 1737, in the company of Garrick, he left his mother in his native Lichfield, and although during the remaining twenty-three years of her life he was living a mere one hundred twenty miles away, in London, he virtually never saw her again. Her death in 1759, at the age of eighty-nine, unloosed a flood of remorse in him and quite clearly stimulated the writing of *Rasselas* (1759), perhaps his most celebrated work, which he completed in eight consecutive nights, ostensibly to defray the cost of her funeral, although there is reason to suspect that less utilitarian considerations may have played at least as important a role.

Rasselas tells of the adventures of an Abyssinian prince who escapes the stifling confines of a distinctly gynecomorphous region known as The Happy Valley. A tale of tombs and catacombs, of grief and the pangs of separation, of madness and death—it is a work that may be regarded as a literary requiem for the mother whom the author had long ago abandoned, at the very age (twenty-seven), in fact, as that of Prince Rasselas at the time of his escape from The Happy Valley.

Johnson was afflicted by an overwhelming fear of death. Recalling the custom among some peoples who, in time of grave illness, change the name of the patient in order to conceal his identity and thus foil the hovering demons (Frazer, 1890, p. 126), Johnson, in referring to death, used euphemisms and codes. On the subject of going to bed, for example, he never spoke of "going to rest" for fear of its funereal connotations, nor would he permit others to do so (Hill, 1897, p. 231). In his diary entries for 7 April 1776 and

April 1781, he substituted the Greek letter theta for *Thanatos* (McAdam, 1958, pp. 259, 306), and although this apostle of reason urged Boswell to "clear his mind of cant" and "not to think foolishly," he was himself a sort of closet believer in a life after death, concerning which he wrote, "All argument is against it; but all belief is for it" (Boswell, 1791, p. 900).

To what extent his fear of death and his no less evident castration anxiety were derived from his early brush with surgical mutilation is conjectural, but there can be little doubt that his ambivalent regard for women was shaped by these experiences. He divided women into two distinct classes. There were those before whom he humbled himself, treating them as objects of veneration, like Hester Thrale, a little person less than five feet tall whom the six-foot Johnson called his "governess" (Letter 287, 23 November 1772),⁴ and a Miss Boothby Hill, whom he addressed as his "sweet angel" and his "monitress" (Norman, 1951, pp. 110, 112). Conversely, there were those upon whom he unloosed a spate of misogyny, which attained its clearest expression in his pieces written for *The Idler* and *The Rambler*. There and elsewhere he alluded to the hypocrisy, tyranny, and emasculating propensity of women. Scornful of the alleged compassion of a lady acquaintance of Mrs. Thrale, Johnson declared, "She will suffer as much perhaps as your horse did when your cow miscarried" (Piozzi, 1786, p. 59).

As is characteristic of those whose hatred of women originates in a revulsion aroused by the female genital, he railed against them for their alleged want of personal fastidiousness. Were he to keep a seraglio, he told Boswell, "the ladies should all wear linen gowns or cotton; I mean stuffs made of vegetable substances. I would have no silk; you cannot tell when it is clean. It will be very nasty before it is perceived to be so. Linen detects its own dirtiness" (Boswell, 1773, p. 176). Most incisive was the scorn he aimed at those women

⁴ Citations of Johnson's letters refer to Chapman (1952).

who ruined their sons, citing in particular the Countess Macclesfield, the putative mother of the poet Richard Savage, about whom Johnson (1744) wrote, "If they deserve death who destroy a child at its birth, what pains can be severe enough for her who forbears to destroy him only to inflict sharper miseries upon him . . ." (pp. 104-105). Merited or not, there is good reason to suspect that these harsh sentiments represented oblique attacks on his own mother.

Yet, at the time of her death in January 1759 Johnson sang a very different tune, declaring that she had been "the best mother and, I believe, the best woman in the world" (Letter 123, 20 January 1759). No less remarkable was his statement, "The life which made my own life pleasant is at an end and the gates of death are shut upon my prospects" (*Idler*, 27 January 1759 [see Bate, 1963, pp. 128-129]). Neither of these claims appear confirmed by his account of their relationship, in which there is no hint that he considered that she had sweetened the savor of his life, nor that she had ever exercised any sway over his fortunes or his destiny. Thus her death, it would appear, enabled him to rescue her from the low opinion he had held of her during her lifetime and to crown her with an aura of near saintliness. Now the terms "governess," "monitress," and "sweet angel," which he would one day apply to Hester Thrale and other objects of his reverence, became suddenly applicable to his mother. Now, like a new-found suppliant, Johnson, who had shunned his native Lichfield during the last quarter century of his mother's life, began to undertake an almost annual pilgrimage to that place (Krutch, 1944, p. 550).

A remarkable reversal of this shape of things took place during the final years of Johnson's life when it appeared that his beloved Hester, now widowed, was contemplating marriage to Gabriel Piozzi, an Italian musician with whom she was passionately in love. In mid-June 1783, he suffered a paralytic stroke accompanied by an aphasia, a temporary condition which today would probably be viewed as a transient ischemic accident. When a year later she informed him of

her intention to marry Signor Piozzi, she, whom he had once named, in terms recalling those he had once applied to his mother, "the first woman of the world" (Boswell, 1791, p. 1129), became an object of calumny and ill-suppressed rage. Accusing her of having abandoned her children and her religion and of having forfeited her fame and her country, he begged God to forgive her wickedness (Letter 970, 2 July 1784). Although he was soon to retract these expressions of his ill will, it would seem that, like a lover scorned, he viewed her show of love for Piozzi as a shameful display of sordid lust. In his diatribe against her he had all but called her a whore. Indeed, in her errant behavior, this surrogate mother who had "soothed twenty years of a life radically wretched" (Letter 972, 8 July 1784), and with whom he had maintained a chaste and loving liaison, had now enacted a glaring repudiation of those deeds of rescue that had once expressed his urge to redeem the streetwalkers of London.

WILLIAM EWART GLADSTONE
(1809-1898)

Some similarities to aspects of Johnson's life may be discerned in the history of Gladstone, the celebrated statesman who served four times as Prime Minister of Victorian England. A deeply religious man like Johnson, Gladstone devoted much energy and money to the rehabilitation of prostitutes in London, an endeavor in which he persisted until his old age. With the aid of several clergymen, he helped create establishments for this purpose, such as The Church Penitentiary Association for the Reclamation of Fallen Women, and The Saint Mary Magdalen Home of Refuge (Magnus, 1954, p. 105). It was his custom to walk the streets alone at night, armed with a stick for protection. At times, it is said, he liked to wait for the women to accost him, whereupon he would reply to their solicitations with "courtesy, simplicity and charm" (p. 106). On other occasions he would approach them, suggesting that they accompany him home where, he told them, they would be treated with respect

by his wife and himself, and where they would be provided with food and shelter (p. 99, n.). When, despite his efforts, they resumed their former occupation, Gladstone would blame himself for his failure and would go after them again and again, not hesitating to pursue them into the brothels.

How eager these ladies were to become the beneficiaries of these gestures of spiritual or material bounty is questionable. Marcus (1966) cited a study of prostitution in Victorian England by Dr. William Acton, published in 1870, in which the author challenged a number of commonly held prejudices aimed at that institution. Acton denied, for example, the popular myth of the inexorable downward progress of the harlot, asserting, on the contrary, that her health and welfare were usually far superior to that of her more virtuous sister, and that "by far the larger number . . . return sooner or later to a more or less regular course of life." He further remarked on the frequency with which "the better inclined class of prostitutes become the wedded wives of men in every grade of society, from the peerage to the stable" (p. 6).

The fourth son of an energetic father and an invalid mother who "showed a certain tenacity in her determination to be unwell" (Marlow, 1977, p. 6), and who, from her vantage point of ill health, dominated her children with a "limpet-like" hold (p. 7), Gladstone gained from her an ideal of pure womanhood that would affect his regard for the opposite sex throughout his life. A votary at the shrine of his mother's sickbed, he grew to manhood burdened by a "deeply rooted sense of base, vile sin, which had to be ceaselessly combatted in a personal fight, assisted only by God" (p. 6). The response of the Gladstone children to her fanatical beliefs disclosed a varied spectrum of compliance. Anne, the oldest, a gentle, pious girl who spent most of her short life as a semi-invalid, appears to have adhered closest to her mother's example. Helen, the youngest, in a posture of "defiant revenge against her family," became seriously interested in joining the Catholic Church. In her lavatory she supplied pages from the writings of Protestant ecclesiastical figures to be used as toilet

paper. She was mentally unstable, and for a time she was addicted to laudanum (p. 34).

William's response to the evangelical atmosphere of the home lay somewhere between these extremes. Periodically depressed, he was evidently caught in painful inner conflicts which became especially acute when he was subjected to the threatening stresses of burgeoning sexual impulses during his adolescence. On leaving home for Oxford, he became "unsettled and fidgety" and at once began his nocturnal pursuit of prostitutes, thus establishing a pattern for his future behavior, for characteristically it was when he felt isolated and alone that these activities recurred. Indeed, there is reason to suppose that such feelings were provoked by his wife's pregnancies, during one of which he shot off the forefinger of his left hand while cleaning a gun. In light of this act of self-mutilation it is noteworthy that in his diary in 1849 he made mention of the practice of self-flagellation. "I made a slight application of a new form of discipline," he wrote, and during the next ten years he recorded his indulgence in it by writing a sign resembling a whip (Marlow, 1977, p. 54). Like Johnson's, Gladstone's diary is replete with expressions of self-condemnation, presumably prompted by guilt over compulsive masturbation and an interest in pornography (p. 10). Accusing himself of "a deep and inveterate depravity" in a diary entry dated 15 November 1829, he denounced himself as "a hypocrite and the essence of sin—desperately wicked" (Gladstone, 1825-1832). Musing on the death of his sister Anne in his diary on 17 April 1831, he asked, "Is it possible that such a saint can have held communion with such a devil?"

An obsessional character who instructed his children to chew each mouthful of food thirty-two times (Marlow, 1977, p. 43), Gladstone sought to resolve his struggles between good and evil, between the promptings of his despotic conscience and the seductive siren-call of Eros by effecting a fusion between the two: his chasing after fallen women, it was claimed, was motivated solely by a desire to redeem them.

It goes without saying that not everyone subscribed to a belief in the altruistic purposes of what some referred to as Gladstone's "unfortunate craze," while others wondered that his political enemies did not make more capital of it (Marlow, 1977, p. 216, n.). A parliamentary colleague, Henry Labouchere (Lord Taunton), noted that Gladstone managed "to combine his missionary meddling with a keen appreciation of a pretty face," adding that he had never been known to rescue any of the East End whores. "I am quite sure," he wrote, that Gladstone's "conception of the Magdalen is of an incomparable example of pulchritude with a superb figure and carriage" (Pearsall, 1969, p. 246). Among some of the prostitutes, Gladstone was known as "Old Glad-Eye" (p. 251). In a word, there is reason to suspect that for him, as for Samuel Johnson, nocturnal ramblings were not devoid of erotic gratification. In the opinion of one of his biographers Gladstone's zealous dedication to good works should be viewed "as a supreme example of canting Victorian hypocrisy . . . while pretending to rescue girls—young and attractive ones, too—from their sinful lives, he was in fact obtaining a prurient voyeur's satisfaction, and perhaps more" (Marlow, 1977, p. 68). In more than one sense, it might be asserted, Gladstone's activities were a labor of love. Be that as it may, it is difficult to ignore the picture of guileless sincerity and the absence of self-doubts in Gladstone's behavior, nor is it surprising to learn that he was reputed to be incapable of understanding any joke that contained a sexual reference (Marcus, 1966, p. 163, n.).

GEORGE GISSING (1857-1903)

No doubts need be entertained about the physical involvement of another rescuer of women, the English novelist, George Gissing. A writer whose works are relatively ignored these days, Gissing attained considerable renown during his short life which was punctuated by a parade of self-induced disasters, of which the most spectacular occurred during his

first year at Owens College in Manchester, where he enacted a scenario of self-destruction of major proportions.

A brilliant student endowed with exceptional promise, Gissing won prizes for English poetry, Greek, Latin, and German, and passed matriculation examinations for London University before the age of seventeen. It was confidently predicted that he was certain to make an illustrious name for himself in the realm of scholarship. And then suddenly all these bright prospects collapsed and the prodigy was ruined, impaled, as it were, by the sharp arrows of Eros.

This is what happened. At eighteen he fell madly in love with Nell Harrison, a seventeen-year-old prostitute. Viewing her as a victim of a cruel society, he set out to redeem her. Seeking to persuade her to abandon her disreputable profession and to adopt a more respectable one, he bought her a sewing machine, gave her all his money, and even sold his father's treasured watch, all to no avail. Despite the fact that she was an alcoholic, afflicted with a venereal disease, and that she continued to consort sexually with other men, including friends of his, Gissing, blinded by his infatuation, plunged recklessly forward on the path of self-destruction (Halperin, 1982, p. 17). For now this gifted scholar began to steal money in the school locker room in order to satisfy the seemingly exorbitant demands of his girl. He was caught, jailed, and expelled from college, his admission to the University of London was annulled, and he was sentenced to a month of hard labor. Friends sent him to America where he supported himself by teaching and writing for the newspapers, but within a half year he was back in England where he sought out Nell and married her. Not surprisingly, the marriage was a disaster, although for years after they separated he continued to send her money until her death, apparently from tuberculosis, in 1888 at the age of thirty. In his diary he wrote, "Cut a little hair from her head—I scarcely know why" (Halperin, 1982, p. 103). Soon he was complaining of solitude, asserting he must resume his old search for "some decent working girl." Committed to this course, in

the fall of 1890 he met Edith Underwood, who, though not a prostitute, was in his eyes a social inferior, and whose diction, like that of Eliza Doolittle, was an object of his scorn. It was his aim, he wrote, to "accustom her to speak without the vile London accent" (p. 140). Against the advice of a friend he married her, a step which proved no more felicitous than had his marriage to Nell. She became the mother of his two children, a development which probably contributed to his finding his life with Edith unbearable. Ultimately, she was declared insane and was institutionalized (p. 331).

It must not be concluded, however, that Gissing's insistent eagerness for rescue work was dictated by compassion for his social inferiors. Far from it, for he made no secret of his contempt for the masses, "the malodorous rabble" (Gissing, 1892). "I have nothing in common with them," he wrote, "but the animal functions . . . they are the enemies of every man who speaks the pure English tongue and does not earn a living with his hands" (Halperin, 1982, p. 78).

Evidently it was the matter of the "animal functions" of the "malodorous rabble" that determined his choice of debased women as sexual objects and gave the lie to his claim that he was too poor to marry an equal. Indeed, the time came when he became involved with a woman whom he regarded not merely as his equal but as his superior, for in 1898 he fell in love with Gabrielle Fleury, a French woman whom he idolized, pronouncing her "incredible" and "far above" him. Reminiscent of Johnson's submissive attitude toward Hester Thrale, his "governess," Gissing ascribed to Gabrielle a "terrible power" over him, which he begged her to use kindly. Despite the fact that he was still married to Edith, he went through a mock marriage ceremony with Gabrielle in Rouen and then settled down with her and her mother in Paris (Halperin, 1982, p. 275).

In time, predictably, this relationship, his third liaison with a woman, came to grief—over the matter, it was said, of the dining table (p. 316). Homesick for England, he began to complain that Gabrielle and her mother, who "rules the

house in a maddening Gallic way," were underfeeding him and subjecting him to "systematic starvation" (p. 316). Consumed by a growing hatred of Paris and a desire to escape from the clutches of his "austere" mother-in-law, Gissing returned to England, where, in the care of his friend, H. G. Wells, he soon put on weight and regained his faltering health (p. 322). The rescuer, it would appear, was now himself rescued, an aim, it may be suspected, that, unconsciously at least, was his from the start.

As for Gabrielle, resentful of Gissing's attachment to Wells, she returned to Paris to take care of her ailing mother. Thereafter, until his death in 1903, Gissing's relationship with Gabrielle, "the woman to go through fire for," became a sporadic affair in which it is difficult to discern a convincing hint of sexual passion. Indeed, there are some who question whether this so-called marriage, this venture into "neurotic exogamy," was ever consummated (Tindall, 1974, p. 155). His letters "do not strike one as the letters of one adult in loving accord with another," wrote one biographer, who discerned "a forced note about them [suggesting] that Gissing seemed far keener on presenting himself in a more or less favorable, or at any rate, romantic light, than on being really frank with his beloved, giving the impression not so much of a man profoundly in love with a true mate, but of a man determined to be 'in love'" (Tindall, 1974, p. 164).

It is evident that the misadventures of Gissing's liaisons with women cannot be attributed solely to barriers created by their character or caste. With strumpet or saint he was equally unmanned, and the gulf he perceived between himself (or his many fictional alter-egos) and a refined and virtuous woman was no broader, in fact, than that which existed in relationships with his inferiors.

Author of more novels than any other major nineteenth century English writer, save Scott and Trollope, Gissing used fiction as a palette upon which, with minor but not insignificant revisions, he painted the story of his life. His whole life, wrote Halperin (1982), "was a piece of biography," a story

to be told over and over again in his novels (p. 315), a conception with which Gissing himself evidently concurred when he wrote that the only true biographies are to be found in novels (Tindall, 1974, p. 24). With respect to his own fiction, however, his assertion must be taken with a generous heaping of salt, for like some of the tales of Joseph Conrad, Gissing's works were evidently often designed to provide a corrective revision of a painful reality (Meyer, 1967, p. 8).

A particularly vivid example of this may be seen in *Born in Exile* (1892), a novel which, aside from some changes in names, starts out as a frank autobiography of George Gissing. Thus, the year of the birth of the protagonist, Godwin Peak, and that of the author are identical; both men have lost their fathers at the same age. Like Gissing, Peak is a brilliant student marked for a distinguished academic career, prizes, scholarships, etc., when an incident occurs that causes all these bright hopes to vanish in thin air. It is at this point that the author's creative imagination took off, as it were, soaring on the wings of wishful thinking. Like Gissing, Peak is forced to leave the college, but not because he has been caught committing a felony in behalf of a beloved prostitute. Instead, he must leave because his uncle Andrew, an uncouth lout afflicted with a repulsive cockney accent, is about to open a restaurant—Peak's Dining and Refreshment Rooms—in town, an action that will expose his nephew to such shame and humiliation that he can no longer face his confrères in the academic community. Far from being a criminal, Peak is depicted as a highly moral person who courageously refuses to answer a certain examination question because by accident he has discovered the text of the question in advance. In later years he seeks to become a clergyman.

Yet despite these evasions of biographical truth, *Born in Exile* does indeed reveal facets of Gissing's portrait, notably his revulsion toward the lower classes and the disadvantaged, his contempt for uncultured speech, and his preoccupation with disaster and death. A confirmed hypochondriac disposed toward dietary fetishes, in his early twenties Gissing began

to look for blood whenever he coughed (Halperin, 1982, p. 7), a practice that became more pronounced after the death of Nell Harrison when he became haunted by the idea that he was a consumptive and had not long to live. Undoubtedly, this conviction was strengthened by the death of his father from "congestion of the lungs" when Gissing was thirteen and the death of his younger brother William ten years later following a lung hemorrhage. In his travels he eagerly sought out the city morgue; in Paris, Venice, and other cities he visited the tombs of famous men, where he read inscriptions and epitaphs, thereby revealing the same fascination with death that is reflected in his fiction (p. 129).

Like Johnson, he gave vent to a flood of seemingly limitless misogyny. "I hate a dirty, lying incapable creature, that's all . . . no doubt they're more common in petticoats," declares the protagonist of *The Whirlpool* (1897), a story whose title is a metaphor for London, that vortex of human chaos. When one of the characters is killed off by bad street drains, it is tempting to suspect that this annihilating instrument of public plumbing was a symbolic representation of the devouring female genital, an awful image of that cloacal anatomy that appears to have become for Gissing an emblem of all ugliness. The very streets of London appear to partake in the mephitic attributes of the women who roam them. Thus in his novel, *Thyrza* (1887), he wrote of the Caledonian Road, "It is doubtful whether London can show any thoroughfare . . . more offensive to the eye and ear and nostril." Seeming to endow this foul urban sight with gynecomorphous attributes, he continued, "You stand at the entrance to it and gaze into a region of supreme ugliness . . . every shop seems to be breaking forth with mould or dry rot" (Halperin, 1982, p. 93).

In another work, *In the Year of Jubilee* (1894), women are denounced as "brainless" and "incapable of friendship." Of every 500 women, the protagonist asserts, "you can reckon on 499 being fools" (Halperin, 1982, p. 205). Like characters depicted by Johnson in his *Idler* and *Rambler* papers, Gissing's

fictional women are endowed with a noxious potential. Such a one is the landlady in the short story, "The Tout of Yarmouth," who has no compunction about renting to a family with children a flat that has just been vacated by a tenant afflicted with scarlet fever.

Not even the Queen was spared his shafts of misogyny. On the occasion of Victoria's Golden Jubilee he denounced the glorification of royalty, the exhibition of "fatuity, vulgarity and blatant blackguardism . . . the inscriptions hung about the street turn one's stomach . . . all for a rather ill-tempered, very narrow-minded and exceedingly ugly farmer's daughter" (Halperin, 1982, p. 100). Although he expressed himself in similar terms at the time of her sixtieth anniversary in 1897, when she died in 1901, Gissing's sentiments, like those of Johnson after the death of his mother, underwent an abrupt change. His tone much softened, he wrote to his mother, (perhaps the original model for his earlier hostility to Her Majesty), "It is impossible not to be affected by the news [for she] has been a part of our lives and now that she is gone the world is greatly changed" (p. 205).

Whatever may have prompted this *volte-face*, it reflects the instability of his regard for women, which ranged from "absurdly sentimental over-valuation to rabid hatred" (Donnelly, 1954, p. 25). In his personal life those extremes were expressed by his worshipful attitude toward Gabrielle Fleury, "the crown of life," and his scorn for his mother's "ceaseless regard for kitchenware and the back door steps" (p. 27).⁵

WILLIAM LYON MACKENZIE KING (1874-1950)

A similar ambivalence toward women, regarded as either harlots or saints, may be discerned in the personal life of the late Prime Minister of Canada, Mackenzie King. A sort of "as if" personality, this "*king* of shreds and patches" ornamented

⁵ Impatient with his wife's seemingly excessive concern with tidy housekeeping and spotless floors, Dr. Johnson once told her that he thought "we had had enough about the floor [and] would now have a touch at the ceiling" (Piozzi, 1786, p. 96).

his prosaic life and rather pedestrian character with imitations of distinguished models. Every table top carried an assortment of silver-framed and autographed photographs of famous personages, and, although he did not smoke, he kept a box of pipes in view that had belonged to his deceased father (Hutcheson, 1953, p. 80). On his country estate—Kingsmere—he constructed some stone “ruins,” fashioned from demolished arches and walls of British buildings, in a contrived effort to achieve an impression of antiquity. When, in 1941 during the “Blitz,” King learned that the Palace of Westminster had been bombed, he called Canada House in London—“Secret and Most Immediate”—asking that some stone from the wreck be sent to Kingsmere (Stacey, 1976, p. 129). The monument he erected to a deceased brother was modeled on the tomb of Louis Pasteur, one of King’s great humanitarian heroes. He liked to relax wearing rough baggy tweeds, a stick in hand, in the attitude of a country gentleman, a pose adopted in imitation of another of his heroes, none other than William Gladstone, whose picture and works occupied a place of honor in his library. Like Gladstone, King was a religious man who read the Bible daily, and who appeared to be strongly motivated to improve the lot of his fellow man. Indeed, it was an article on the evils of sweated labor, published in 1900, that first brought him into public attention (Stacey, 1976, pp. 1-50).⁶

During his steady ascent into prominence and power, King,

⁶ Recent sources indicate, however, that during his leadership Canada’s hospitality to victims of Nazism fell woefully below that of many countries. While the United States admitted over 200,000 Jewish refugees, Canada refused to accept more than 5,000, a policy for which King was held largely to blame (*New York Times*, January 1, 1983). The accuracy of his estimation of Adolf Hitler, moreover, was no more impressive than was his compassion toward the latter’s victims. Following a long secret talk with the *Führer*, King concluded that he was “a simple sort of peasant, who presented no serious danger to anyone.” Once he had brought the neighboring German-inhabited territories back into the Reich, King asserted, Hitler would be satisfied. Impressed too by Hitler’s alleged devotion to his mother—a supreme test of virtue in King’s eyes—King was certain that one day the German leader would come to be regarded as a very great man, who “will rank with Joan of Arc among the deliverers of his people” (Stacey, 1976, p. 187).

like Johnson and like Gladstone, kept a diary in which he too recorded his seemingly endless battles with his conscience over his sexual impulses. Like his idol, too, he was beset by a lust for rescuing prostitutes, an activity he began as a "one-boy program" at the age of nineteen during his college days.⁷ In this endeavor, however, he appears to have encountered questionable success, for his diary, maintained for nearly sixty years, provides repeated evidence of his succumbing to the enticements of the very women he had set out to save. "Got into another trap," he wrote. "Cost me one dollar. I now feel terribly sorry and disgusted. . . . Why am I so weak? . . . When shall I subdue the evil in me?" (Stacey, 1976, p. 46). On another night, wandering "like a lost child at the biddings of passion," he managed to get home, "thanks to Heavenly protection, without having fallen, but O Lord, what a struggle. . . . I looked at the sad picture of mother, resolved to start again. . . . There is no doubt that I lead a very double life. . . . I fear I am much like Peter: I deny my Lord when the maid smiles at me, but with God's help I will overcome even this temptation" (p. 50).

As he ascended the political ladder, again like Gladstone, King pursued his nightly strolls recklessly incautious of the possibility of being discovered, a potentially calamitous fate for the leader of a great nation, an observation that is no less applicable to his fanatical dedication to spiritualism, his visits to mediums, and his participation in seances.

As with Gissing, King's pursuit of prostitutes was counterbalanced by a quasi-worshipful and sexually chaste attitude toward a "higher" class of womankind. At the age of twenty-three, while hospitalized in Chicago for typhoid fever, he made the acquaintance of several "delightful nurses" who represented to him what was "noblest and best in woman." He characterized one of them, a Miss Mathilde Grossert, as his "Evangeline," his "Marguerite," his "Joan of Arc"

⁷ Stacey (1976) claimed there is no evidence that King knew of Gladstone's rehabilitation efforts (p. 43).

(Stacey, 1976, p. 47), the latter an appellation, it will be recalled, that he had also applied to Hitler.

Unfortunately, his attempts to establish a relationship with this demigoddess precipitated a state of confusion and anxiety, especially when physical feelings entered the picture. "I have had Mathilde in my arms," he wrote, "I have kissed her lips, but Oh God, Oh, God, Oh God, where! where! Oh what! Oh What! Where is the love that was so strong and beautiful in me, what are those feelings of pain and anguish that now fill my breast. . . . I could not speak." Clearly bewildered and panic-stricken by the absence of any sign of the passion he had experienced with prostitutes, he complained, "I did not have the thoughts I longed to have. Nor was I carried as I had hoped I might to other worlds Oh miserable man that I am, what sort of a man am I? What was wrong? We talked together, we had dinner together, I felt more like crying than eating. . . . I left her at midnight" (Stacey, 1976, p. 57).

In the end, despite mutual declarations of love, punctuated by King's sudden fits of doubts and suspicion, Mathilde concluded that neither his words nor his actions were "those of a sane man." In the words of one of his biographers, "Mathilde had had it." When, in 1900 at the age of twenty-six, he heard that she had married, he was clearly relieved, declaring he now felt himself to be a "newer, freer, happier and better man because of the news" (Stacey, 1976, p. 61).

At some level of awareness he seemed to perceive the nature of his difficulty. Although she was but two years his senior, for some reason he clung to the idea that she was twelve years older, an impression that corresponded to his assertion that his love for her was "the love of a child for his nurse, not that of a lover and lover; she is more like a mother than a sweetheart" (p. 64).

King's devotion to his mother appeared boundless. Clearly it was inseparable from his reverence for her father, William Lyon Mackenzie, after whom he was named, a man who had led a rebellion against England during the mid-nineteenth century and had fled to the United States, and whose good

name his grandson set out to vindicate. In his late teens, after becoming aware of his grandfather's history, King became "quite inspired and intensely interested" in him. "I could feel his blood coursing through my veins," he wrote. "I have become a greater admirer of his than ever, prouder of my own mother and the race from which I am sprung." It is not surprising, under the circumstances, that in speaking of his mother's face, the images of famous men came to mind. "Had it been the face of a Luther, a Savonarola, Elisha, or other great Prophet of God, it could not have been more beautiful. . . . I could see the strongest resemblance to grandfather . . . she (has) such a face [that is] bound to lead and guide men I whispered to [her] that I believed that, if opportunity came in the future, I might become the Premier of the country" (Stacey, 1976, pp. 67-68). Indeed, it was a face he kept constantly before him. During a stay in London toward the close of the century he had no less than five photographs of her displayed in his room (p. 69). Clearly, he allowed no hint of sexuality to sully that chaste countenance. "She is, I think, the purest and sweetest soul that God ever made. If only I can win such a wife as I have such a mother, how infinitely happy!" But his experience with his Evangeline, Mathilde Grossert, suggested that such a future was most improbable.

Although in years to come he formed a number of attachments to women, notably married women who were older than he, it is doubtful that any of these relationships contained a sexual component. A bachelor to the end of his days, his chief motivation for marriage appears to have been a wish to conform to convention and the prospect of material gain. Of a certainty he disclosed no hint of a longing for the companionship or the pleasures of marriage and family, declaring, "I feel despairingly sometimes, and wondering if I will ever see anyone I can truly and deeply love" (p. 110). His doubts on this score were evidently well founded, for no such woman ever succeeded in eliciting from him the unambivalent and whole-hearted love he felt for his dog.

With his mother's death, King became a fanatic believer in

spiritualism and reincarnation. Especially noteworthy was his belief in some sort of mystical kinship between his deceased mother and Pat, his pet Irish Terrier, on whom he lavished all the affection and sentiment he withheld from people. "I sometimes think [Pat] is a comforter dear Mother has sent me," he wrote. When one of Pat's siblings became ill, King "knelt at the side of the arm chair in which dear Mother died, with little Pat on his knees to pray for his 'little brudder' who is very ill, and to ask God to send his good angel, Dr. Pasteur, to direct the hand and mind of the 'vet.'" At the time of the animal's death, which King likened to that of his mother, he declared that he felt that Pat was more to him than all else in the world. Pat, he wrote, was his "little angel-dog that some day will become a dog-angel." When the ailing dog died King took him in his arms and sang aloud to him, "'Safe in the arms of Jesus' . . . all the while looking at dear Mother's picture," as he sang, feeling amazed at how calm and peaceful he felt. "I kissed the little fellow as he lay there," he recorded, "and told him of his having been faithful and true, of his having saved my soul and being like God—thought of how I felt as I knelt at dear Mother's side in her last illness" (Stacey, 1976, pp. 139-142).

Those disposed to concern themselves with world affairs, and with the government and politics of great nations, would do well to consider that at the same moment that he was sending messages of love to his deceased mother through the medium of his dead dog, Prime Minister Mackenzie King, like Winston Churchill and Franklin D. Roosevelt, was conducting the affairs of his country through the perils of one of the most crucial wars in world history.

But neither such events nor the passage of time ushered in any abatement of King's growing addiction to spiritualism, magic numbers, and superstition. Just as George Gissing had apparently combatted the menace of death by recreating it repeatedly in his fiction, King dismissed its inevitability through his devout belief in a life hereafter, with which he made mystical contact by means of signals and numbers. The

number thirty acquired such importance to him that he seemed to discover its presence nearly everywhere, as, for example, in his loose-leaf paper, where it appeared in the three holes in the margin. By the same token he attached magical significance to the word *radio*, because in its final two letters is hidden the number 10. He also engaged in tea-cup reading and table rapping, by means of which he made contact with Leonardo da Vinci, Lorenzo di Medici, King George of England, and Louis Pasteur, who, as already noted, prescribed remedies for his ailing dog.

In December 1949 King suffered a heart attack. Seven months later, on 22 July, 1950, at the age of seventy-six, he died. In accordance with his instructions, which were accompanied by words from The Book of Ruth—"Where thou diest, I will die, and there will I be buried"—he was buried beside his mother. And so in death, if not in life, he was able to join her in that corporeal union whose forbidden nature had contributed to the distorted character of his life: his bachelorhood, his asexual liaisons with older, married women, his unrestrained affection for dogs, and the restriction of his erotic life to the compulsive pursuit of prostitutes.

And yet the psychological defenses that had served to maintain King's belief in his mother's chastity and the inviolability of the incest taboo were not invulnerable. One night, some ten years after her death, he had a dream in which he appeared to identify his mother with the prostitutes he was forever stalking, and whose monetary demands he never failed to record in his diary. "I dreamt of dear Mother," he wrote, "and thought I was giving her an old one dollar bill. I was ashamed of its appearance" (Stacey, 1976, p. 161).⁸

⁸ A more poignant expression of a reunion with a deceased mother may be found in the following vignette. During the Allied invasion of southern France in World War II, an American soldier learned that, not far from where he was stationed, from time to time a woman of stately carriage and dignified attire would appear in the evening in a nearby restaurant, where, in unfailing custom, she would seat herself at the same candle-lit table, and order her dinner. That lady, the soldier was told, was W. Somerset Maugham, who, in paying homage to his mother's memory, enacted this transvestist impersonation of her (personal privileged com-

To return to Eliza Doolittle, it is not surprising that, as with Prince Rasselas, her coming into being was closely associated with the death of the mother of her creator, for Shaw wrote *Pygmalion* in 1912, when his mother was eighty-two and had suffered a severe stroke. A further connection between the two women was pointed out by Philip Weissman (1958) in his excellent study: he noted that Eliza's very name was undoubtedly derived from that of Shaw's mother, Lucinda Elizabeth. Nor can there be much question, as Weissman convincingly showed, that the emphasis on speech and diction that serves as the leitmotiv of the play originated in the crucial importance of the singing voice in the life of Shaw's mother.

Married to a weak and ineffectual man, her most important relationship was with George John Vandaleur Lee, her music teacher and the author of a book entitled *The Voice*. When Shaw was fifteen, his mother deserted him and his father and, with her two daughters, followed Lee to London where, five years later, she was joined by her son.

Under these chaotic domestic conditions it seems inevitable that Shaw was destined to a disturbed psychosexual life. Up to the age of twenty-nine he was "perfectly continent except for the involuntary incontinences of dreamland, which were very infrequent" (Pearson, 1942, p. 97). He ascribed his chastity not to moral scruples, but to fastidiousness, and when he finally experienced coitus, it was because one of his mother's singing pupils, having invited him to tea, virtually "raped" him. "I permitted her," he explained, "being intensely curious on the subject" (p. 97).

At the time of his marriage at the age of forty-two he was on crutches, a disability soon compounded by a broken arm. Whether he was indeed the author of that celebrated pejorative definition of sexual intercourse—an activity in which the pleasure is momentary, the position ridiculous, and the

munication). "When I was a small boy and unhappy," Maugham wrote in *The Summing Up* (1938), "I used to dream at night that my life at school was all a dream, and that I should wake to find myself at home again with my mother. Her death was a wound that fifty years have not entirely healed" (p. 308).

price prohibitive—is uncertain, but he might well have been, for he made no secret of his distaste for it.⁹ He once declared that the sexual act was to him monstrous and indecent, and that he could not understand how any self-respecting man and woman could face each other in the daylight after spending the night together. What made the God of the Eden legend incredible, he asserted, was His deliberate combination of the reproductive with the excretory organs, and consequently of love with shame (pp. 90-91). He found sex hopeless as a basis for permanent relations and never dreamed of marriage in connection with it (p. 100). His correspondence with Ellen Terry “was a wholly satisfactory love-affair. I could have met her at any time; but I did not wish to complicate such a delightful intercourse. She got tired of five husbands; but she never got tired of me” (p. 91). By the same token, the actress Mrs. Patrick Campbell “had worn out two husbands; but her last letter to me, written immediately before her death, began, ‘Dear, dear Joey’” (p. 91).

Significantly, in view of his mother’s vocal talents, Shaw first became attracted to Mrs. Campbell, when, at the age of about thirty-one, he heard her play the piano and sing. That he endowed her with other remarkable physical attributes is attested to by his assertion that he was convinced that she could thread a needle with her toes, an achievement, it must be granted, that lends itself quite nicely to a refined and sublimated symbolization of another human activity. Especially noteworthy was Weissman’s observation that Mrs. Campbell assumed particular importance to Shaw at the time of his mother’s death in February 1913, an event to which he reacted with an exaggerated denial of grief and with a marked intensification of his attachment to Mrs. Campbell. It was for her, indeed, that he had written *Pygmalion* (Weissman, 1958, p. 155). As in the case of Johnson’s *Rasselas*, the composing of *Pygmalion* may be viewed as a creative gesture designed to counteract the real or threatened loss of a

⁹ I have since learned that this quotation is to be attributed to Lord Chesterfield.

mother. The very transformation of Eliza Doolittle into a lady would seem to signify a rebirth, a fitting denial of the finality of the loss of her namesake, Elizabeth Shaw.

In light of the close association between castration and death, it is not surprising that acts of rescue have been shown to signify the bestowal of a phallus on a castrated or degraded woman. In his paper, "The Voice as (Female) Phallus," Bunker (1934) described a patient who, on seeing a male corpse lying naked in the morgue, thought to himself, "it will never rise again." Like Shaw, Bunker's patient was emotionally fixated on singers and actresses, a fetishist with a fetish for the female voice. The intensity of his worship for celebrated performers was enhanced when circumstances transpired to lend a transvestist component to the picture, as when Maude Adams played Peter Pan, and Sarah Bernhardt—the "Divine Sarah"—was cast as Rostand's L'Aiglon. "It will hardly come as a surprise," wrote Bunker, ". . . that Sarah Bernhardt—on the one hand a definitely phallic woman, the undisputed possessor of a penis (on one occasion . . . the patient made reference to her artificial leg, surely the penis hidden under the clothing), and yet at the same time a woman of the most glamorous femininity . . . should have appeared in a dream in which she was absolutely identified with the patient's mother . . ." (pp. 399-400). More recently Weich (1982) has written several papers illustrating the conception of voice as female phallus. In one communication he described how obscene telephone calls served as a fetish creating sexual excitement.

Like the creator of Henry Higgins, George Gissing was obsessed with the female voice. In his autobiographical novel, *Born in Exile*, there is a digression on the subject dealing with such minutiae as intonation, accent, diction, and so on. Catching a glimpse of two elegant ladies in a crowd, the protagonist muses, "How fine must be their enunciation!" (Gissing, 1892, p. 139). In contrast to the "vile London accent" of his wife Edith, Gabrielle Fleury, luxuriantly endowed with bilingual speech, had a voice that was described as "absolute music"

(Halperin, 1982, p. 167). Like Shaw, Gissing evidently sought in a woman's voice a rich compensation for her other defects, a compensation which, in the case of Gabrielle, he believed, would make of her what he termed "a complete being" (Donnelly, 1954, p. 101).¹⁰

Be it through the purification of her diction or the reclamation of her morals, it would seem that the redemption of the fallen woman has often been motivated by a wish to transform both her physical and her spiritual attributes. Yet, viewed at closer range, there is evidence that at some level of awareness and belief the gap dividing sinner from saint may not be as formidable as would appear at first blush. In a chapter entitled "The Rise of the Fallen Woman" in her scholarly work, *Woman and the Demon*, Nina Auerbach (1982) has offered compelling evidence in Victorian art and literature of the close kinship between the images of the fallen woman and the Madonna. For a graphic depiction of the transformation of the erring woman into an imposing figure of awesome power and saintly majesty, she has reproduced a painting by Ford Madox Brown bearing the title, "Take Your Son, Sir" (see next page), a portrait of a woman, presumably abandoned, who, thrusting forward her naked child, is evidently demanding that responsibility for his conception be shared by his father. "Not only is she free from the conventional posture of abasement," writes Auerbach, "but the viewer is abased before her. . . . the large unfinished block of her drapery and the mirror haloing her head give her the air of a looming outsize Madonna" (p. 163).

Yet beyond her perceptive recognition of the painting as a depiction of the sanctification of the magdalen is the re-

¹⁰ The voice played no less a crucial role in the life of Maugham, that laureate of tales of rescue, but for him speech was no valued ornament but a dreadful defect, for it was his misfortune to be afflicted by a stammer. Significantly, however, in his autobiographical novel, *Of Human Bondage*, Philip Carey, his fictional alter-ego, is disabled not by a speech defect, but by a club foot. Whether in contriving this substitution Maugham was consciously aware of the kinship between Philip's deformity and the swollen foot of King Oedipus I do not know, but it seems certain that either defect served as an emblem of castration.



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markedly unrestrained boldness of anatomical detail. For here it is difficult to avoid the impression that what has been rendered is the act of childbirth, or its sometime equivalent, the female phallus.

Indeed, it may be said that this bestowal of a fantasied phallus upon the mother or her surrogate as a means of fostering the image of the "complete being," and thus warding off the threat of castration or the menace of death, appears to constitute a major component in those acts and fantasies of rescue mentioned in this presentation. In the case of Johnson it may be implicit in the surrender of his secret padlock to his beloved Hester. Like Professor Higgins, George Gissing sought to attain that goal by transforming the speech of a degraded woman, while Mackenzie King, who had compared both his adored Mathilde and Adolf Hitler to Joan of Arc, endowed his mother with phallic attributes by fusing her image with her father, with historic heroic male figures, and with Pat, his dog.¹¹ The miracle wrought by Higgins, the counterpart of Vandaleur Lee, is the transformation of Eliza Doolittle into a phallic woman. "Five minutes ago," Higgins tells her, "you were a millstone around my neck. Now you're a tower of strength, a sort of battleship. You and I and [Colonel] Pickering will be three old bachelors together, instead of only two men and a silly girl."

As for her marrying Higgins, Shaw was dead set against it, and he composed a postscript to the play stating that such a *dénouement* was "unbearable" and ran counter to the intuition of "anyone with a sense of human nature in general

¹¹ In a discussion of this paper, K. Calder emphasized the role of the woman as a potential pathway to a powerful paternal figure, a hypothesis that is especially plausible in view of the observation that most of the "rescuers" cited here failed to experience a gratifying relationship with their fathers. In this connection it is noteworthy that James Boswell, a man who "collected" numerous older celebrities in addition to Samuel Johnson, was notoriously promiscuous with women. Among his conquests was the mistress of Jean Jacques Rousseau, Thérèse Le Vasseur, who, it may be suspected, provided Boswell with a venereal bridge to his hero, Rousseau. In view of the fact that Boswell was afflicted some nineteen times with gonorrhea, it is not unlikely that the gonococcus served the same function as conduit to an anonymous male world (Ober, 1979).

and of feminine instinct in particular." Noting that in the film version of *Pygmalion*, Eliza and Higgins do get married, Martin Stein (1956) wondered, not without reason, whether the marriage could be a happy one, for in transforming her speech from that of a "draggled-tailed guttersnipe" into that of an elegant duchess, Higgins had achieved all he had set out to do. When in the musical play, after Eliza has finally and fluently mastered that lovely flowing line about the rains in Spain, and Higgins exultingly exclaims, "I think she's got it! By George, she's got it!," there is no need to question just what it is she's got.

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Reflections on the lidea of Personal Fate and Its Psychopathology: Helene Deutsch's "Hysterical Fate Neurosis" Revisited

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To cite this article: Donald M. Kaplan (1984) Reflections on the lidea of Personal Fate and Its Psychopathology: Helene Deutsch's "Hysterical Fate Neurosis" Revisited, The Psychoanalytic Quarterly, 53:2, 240-266, DOI: [10.1080/21674086.1984.11927068](https://doi.org/10.1080/21674086.1984.11927068)

To link to this article: <https://doi.org/10.1080/21674086.1984.11927068>



Published online: 28 Nov 2017.



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REFLECTIONS ON THE IDEA OF PERSONAL FATE AND ITS PSYCHOPATHOLOGY: HELENE DEUTSCH'S "HYSTERICAL FATE NEUROSIS" REVISITED

BY DONALD M. KAPLAN, PH.D.

The idea of a psychopathology of fate or what had come to be called a fate neurosis has failed to retain any established place in the structure of psychoanalytic thought. The clinical observations and theoretical formulations, to which the idea of a fate neurosis answered, have been subsumed in the course of things by more fundamental and systematic conceptualizations. A review of Helene Deutsch's (1930) paper, "Hysterical Fate Neurosis," is therefore bound to be largely an excursion into an area of intellectual history. However, such history never fails to shed light on certain ongoing clinical and theoretical problems that may have lost too much to current developments in psychoanalytic thought. It is with this historical purpose that the present study of Deutsch's classic paper on a fate neurosis is undertaken.

Although I have in mind to pursue a few aspects of the errant psychoanalytic concept of personal fate, I begin on something of a literary note, inasmuch as I shall be dwelling throughout on Helene Deutsch's 1930 paper, "Hysterical Fate Neurosis," a paper that warrants comment as a species of historical contribution.

Deutsch's paper is one of those in the annals of psychoanalysis that might be called a classic in the sense that its sustained consideration of a particular subject achieved an originality that has not been superseded. In this sense a classic is a standard with respect to which further advancements of its conceptual issues are oriented. In the bargain, Deutsch's paper enjoys a certain historical distinction, in that the case

Presented at the Colloquium Series on Classics Revisited of The New York Freudian Society, New York Academy of Medicine, October 1, 1982.

around which the paper is constructed was the first psychoanalysis presented in a continuous case seminar for candidates of the Vienna Psychoanalytic Institute in the 1928-1929 academic year. The paper acquires a further interest in connection with the fact that Deutsch went on to report a follow-up of its case in a 1959 number of the *Journal of the American Psychoanalytic Association*, a report quite striking for the continuities between the concerns of the original analysis and the course of the patient's life over the ensuing twenty-five years.

None of this insured much in the way of a lively future for the original paper. However, in noting that it is an unread classic, I am not preparing to admonish an oversight of scholarship or to register misgivings about the uses to which the development of psychoanalytic thought has come to put its published past. On the contrary, both the theme and the style of Deutsch's paper strike us as quaint from our present vantage. The theme is fate, which is sustained in the paper through a case of its psychopathology. Yet the idea of a psychopathology of fate or what had come to be called a fate neurosis has failed to retain a clear and definite place in the structure of psychoanalytic thought. Whatever fate used to signify from a psychoanalytic point of view, the concept has long since been assimilated by more systematic concepts, so that we no longer find it urgent to hold any opinions on the subject of fate. Thus, as a theme in a publication of a former epoch, it seems to us a curiosity, a provisional construct that was bound to succumb to a process of conceptual reorganization.

Deutsch's paper is certain to strike us as quaint also because, like so much of the psychoanalytic literature around 1930, including much of Freud's own writing of that period, it employs a style that Thomas Kuhn (1962) has called totally normal discourse. Normal discourse occurs at a stage in the development of a discipline when its practitioners are joined in the belief that basic assumptions and principles are well established, that the meanings of all the crucial organizing

concepts are at last clear, and that the methodology has been so perfected that all parties properly initiated into the discipline can be trusted to be conducting a common practice without having to justify that they are. Much about such a state of affairs, of course, will turn out to have been matters of shared illusions of a professional community at one or another moment in the evolution of its thought. Indeed, it is inevitable with any passage of time that things prove not to have been as simple and straightforward as our intellectual forebears thought. When we, in our perusals, encounter a publication rendered entirely in the normal discourse of its period, undisturbed by any consciousness of complacency, we feel we are in the presence of something starkly historical. Our pleasure then goes in the direction not of enlightenment about current problems but of historical musings and the gratitude we experience toward those in our past whose efforts have made our present simply possible. Complacent, unassuming, even naïve, Deutsch's paper on hysterical fate neurosis, to the extent that it is read at all, is most likely read for this experience of history.

A further point should be made, however, about this matter of normal discourse. While it is true that normal discourse represents a moratorium on epistemological reflection, it has the advantage of liberating those who are parties to it to examine straightforwardly otherwise arcane phenomena in some detail and thus to advance the interests and concerns of a professional community without the distractions of questioning first principles. Much that we have become skeptical about yet continue to puzzle over is still what was singled out in the past as meriting our attention. This is not to say that the past embodies an unimpeachable authority, for we know also that it is a vast realm of nonsense. Nevertheless, it is often instructive to revisit an idea that has fallen by the wayside in the course of things because certain ideas corresponded to crucial observations in the empirical domain of psychoanalysis, observations that our present complement of ideas may no longer urge so strongly upon our attention.

Fate and its psychopathology was an idea corresponding to the larger outlines of the patient's strivings, surpassing the more limited repetitions of symptomatic acts and the day-to-day trials that character structure creates in the patient's psychological commerce with the social order. In our present epoch, rightly or wrongly, we think virtually nothing of the idea of fate, although to Deutsch and doubtless to most of her colleagues in 1930 the idea of fate was current, ordinary, and plausible, even though it was not often placed at the center of a sustained examination. Indeed, Deutsch's paper on hysterical fate neurosis seems to be the only sustained clinical study of the idea in the literature.

I have mentioned that the case presented in Deutsch's paper was one she treated in the late 1920's and wrote up in 1930. It appeared in English in 1932 as the nucleus of the second chapter of her primer, *Psychoanalysis of the Neuroses*, a work that was reissued in the United States in 1965 as the first part of an enlarged text called *Neuroses and Character Types*. One of the strategies of Deutsch's book entailed the long-standing psychoanalytic principle that what psychoanalysis differentiates diagnostically are vicissitudes of ordinary processes operative in a general conception of mind. While the successive chapters of Deutsch's book constitute a taxonomy of symptoms, what she was at pains to demonstrate were not separate etiologies but rather continuities among clinical phenomena owing to factors of variation within an underlying set of genetic, structural, and economic principles. This explanatory point of view was explicit as early as 1894 in Freud's "Neuro-Psychoses of Defence," in which he explained conversions, phobias, obsessions, and even hallucinations as variations of a return of the repressed in a process of defense against trauma. This explanatory approach went on to assimilate increasingly attitudes, experiences, and behavior previously outside the scope of clinical concern. In fact, when Freud observed that in his early years of psychoanalytic practice he did not know when an analysis was finished, one of his meanings was that he had not been sure

what was and what was not clinically his business. He had not yet realized how far into the human spirit his method was to reach, or that a full psychoanalytic reflection on every neurosis would eventually involve a psychopathology of development, character, social life, ideals, morality—even personal destiny, which he later impelled to clinical interest in his 1916 study, “Some Character-Types Met with in Psycho-Analytic Work.” In short, the complete realization of the psychoanalytic method exempts nothing in individual existence from conflict; hence the psychoanalytic principle that the abnormal is a vicissitude of the normal. By 1930 this version of the scope of psychoanalysis was commonly held by psychoanalysts in varying degrees of comprehensiveness, and Deutsch’s book, *Psychoanalysis of the Neuroses*, can be read as an exercise of its versatility.

Thus it is that Deutsch introduced her case of hysterical fate neurosis with the statement: “We shall be able to show that the patient, who was without symptoms and as unsuspecting as her friends and relatives of the pathological element in her fate, was nevertheless subject to the same difficulties and pathological fixations in her mental life as other people who suffer from severe hysterical symptoms” (p. 16). Whereupon Deutsch presented as much of the case as would “illustrate the typical features of a ‘fate neurosis’” (p. 17).

The patient, we are told, was a young woman in her mid-twenties, quite beautiful and versed in the manners of wealth. She had made a long overseas journey to Vienna not only for treatment but also for respite from her actual surroundings in which she had recently experienced some rather dramatic turmoil. Shortly before her departure she had made an attempt at suicide with a revolver in a small hotel in her hometown. A scarcely visible scar on her temple was all that remained of the incident. By the time she presented herself to Dr. Deutsch, the emotionality of the suicide attempt and the events that led up to it had subsided, and in her first interview she appeared calm, self-possessed, and at a loss to

say what she needed treatment for. As the interview drew on she began to detect something vaguely morbid in the larger story she told of her life but nothing so definite or acute as to account for the crisis she had recently brought about. And so the analysis began with this puzzling contradiction.

Although the patient's attempt at suicide was a culmination of a succession of events in her love life, all that she could repeat about it was that it occurred in the midst of preparations to marry a man she regarded with great respect and with whom she felt fulfilled, amorous, high spirited. Early on in the analysis she could recall an apprehension about the marriage; if there was anything to despair about, she made a distinction between the person she was about to marry, whom she exempted from her concern, and the act of marrying itself, which seemed to her hasty and demanding of capacities beyond her and therefore doomed. What was intolerable to her about the prospect of a marital failure was the idea that she would be forced to resume her material dependence on her father. For years she had tried to win independence from her father by embarking on several careers, but despite her obvious intelligence and talents, all her efforts had come to grief.

In connection with this she began to single out in the analysis a clear and long-standing complaint about her life. In an otherwise subjectively uneventful childhood and adolescence, she was increasingly troubled by the fact that vague inner difficulties prevented her from fulfilling her intellectual ambitions to enter a university and pursue a profession. Her academic interests were in the physical sciences. Yet she had not been able to finish high school.

The patient's love life began to reveal correspondences to this academic problem. While failing in high school, she became engaged to marry a young man, a distant relative, with whom she had a tender love relationship for several years. This was not altogether satisfying, however, because her fiancé related exclusively to the "woman" in her, ignoring her intellectual ambitions. Consistent with this, the patient elab-

orated, he was something of a womanizer, although she denied any jealousy. During this relationship, on one of her travels, the patient gravitated into a friendship with a man significantly older than she was, a man of appreciable intellectual attainments in an important diplomatic position. The man's first wife had died, and his second marriage seemed at first to the patient a happy one. But as their friendship deepened, he confessed to the patient that his second marriage never compensated him for the loss of his first wife, whom he had loved adoringly, and this intimate information inspired a sudden mutual erotic infatuation. The patient recalled the exciting prospect of being loved as passionately as the deceased wife. She broke off her engagement, her new lover separated from his second wife, and a period of great happiness was launched for the patient. In contrast to her previous relationship, this one was entirely satisfying, owing to the high regard her new lover, himself so gifted, placed on the patient's intellectual life.

Here the patient's story was beclouded by what Deutsch called a strange incident. By what measure, we might ask, is an incident in a patient's life strange in the view of an analyst, who expects, after all, that no incident in life speaks wholly for itself and that all incidents under the aspect of analysis are symptomatic? What affects us as strange is not the incident in itself so much as the manner in which it is related. A deed may be wasteful, stupid, self-defeating, even out of character, but it becomes strange when the telling cannot include a design of personal agency, an account of motivation accruing to the functions or even malfunctions of ordinary ego processes, an account, in other words, of how reality testing, good or bad, was being maintained in and by the deed. Whereas Deutsch's patient could give an account, however truncated, of why her second lover seemed preferable to her first, in the following incident, which involved an impulsive sexual encounter, she could not say what cause of life she was advancing—curiosity, vanity, doubt, challenge. While this quality of self-presentation is seen in varying de-

grees now and again in the narratives of all patients (indeed, the total repression of motive was one of the first processes Freud used to account for symptom formation and for a patient's experience of the strangeness of symptoms), it figured prominently in the presentations of what had come to be called a neurosis of fate. In such cases it occurred in connection with actions larger and more sequential, hence more consuming and consequential, than what we ordinarily call symptomatic acts.

The incident was this. The patient's lover was called away to the sickbed of his estranged wife. The patient looked upon his departure as an ordinary act of civility, which aroused no protest in her, and she took the occasion to go on a short pleasure trip. While away, she ran across a man of slight acquaintance and disinterestedly went to bed with him. She became pregnant, and an immediate marriage was decided upon. However, in short order, she changed her mind, aborted the pregnancy, and returned to her lover full of remorse. He forgave her. Their relationship became as fulfilling as before, he went on to divorce his wife, and a marriage date was set.

The narrative continued. It was during this happy period that the patient began to go through nights of torment from feelings of inadequacy and inferiority, as she converted her fiancé's admiration of her intellectual potential into demands she felt she could not possibly meet. As the wedding drew near, the patient made her suicide attempt, and this put an end to her relationship with her fiancé. She was convinced that they would never meet again. The suicide attempt, which closed a chapter on the patient's life, was as inexplicable to the patient as to others in her life—Deutsch used the term "unmotivated."

Perplexed only at what now had receded to memory, but increasingly calm and self-possessed, this no longer beleaguered young woman decided on the trip to Vienna for psychoanalytic treatment.

Now it was mainly on the basis of this story, which predated

the patient's actual treatment, that Deutsch presented us with the idea of a fate neurosis. As I have noted, such an idea enjoyed ordinary currency in 1930, dating back to Freud's 1916 paper, "Some Character-Types Met with in Psycho-Analytic Work," the second section of which described "those wrecked by success." The story Deutsch's patient told corresponds precisely to what Freud described. In fact, the first case with which Freud opened his own discussion involved a young woman, well brought up, whose adventurousness led her on long travels from home. During one of these she made the acquaintance of an artist who could appreciate not only her feminine charms, as Freud put it, but the finer qualities she possessed as well. They began to live together, and it seemed to her that all she needed to achieve complete happiness was a marriage to this man. After some years, her lover succeeded in winning his family's approval of her, and they went on to prepare for the wedding. At that moment she began to go to pieces. She became obstreperous and delusionally jealous of her fiancé. She felt persecuted by his family and involved herself in what Freud called an incurable mental illness.

Freud gave another case in point in Ibsen's character, Rebecca West, who won the man she loved in a cunning triumph over his wife but who then threatened suicide on the occasion of her lover's proposing marriage.

Reflecting on the seeming contradiction between those onsets of neurosis in which a long-cherished wish is about to come to actual fulfillment and the psychoanalytic finding that an increase in frustration is one of the essentials in the onset of neurosis, Freud went on to resolve the contradiction by reminding us that it is never frustration alone that is pathogenic. A fuller explanation of pathogenesis entails the addition of guilt arising from an increase in an effort to alter the economy of frustration. Freud (1916) wrote:

In those exceptional cases in which people are made ill by success, the internal frustration has operated by itself; indeed it has only made its appearance after an external frustration

has been replaced by fulfilment of a wish. At first sight there is something strange about this; but on closer consideration we shall reflect that it is not at all unusual for the ego to tolerate a wish as harmless so long as it exists in phantasy alone and seems remote from fulfilment, whereas the ego will defend itself hotly against such a wish as soon as it approaches fulfilment and threatens to become a reality.¹ The distinction between this and familiar situations in neurosis-formation is merely that ordinarily it is internal intensifications of the libidinal cathexis that turn the phantasy, which has hitherto been thought little of and tolerated, into a dreaded opponent; while in these cases of ours [those wrecked by success] the signal for the outbreak of conflict is given by a real external change (pp. 317-318).

Freud added that the signal is the distressing affect of guilt, which he attributed to transgressions of incest derived from oedipal strivings.

Deutsch's case not only resembles quite closely this view of things, including, as we shall see, an oedipal pathogenesis revealed by the analysis, its presentation is also informed by subsequent ideas of Freud regarding the psychopathology of fate, namely, ill-fated actions as repetitions of traumas, that is, of issues preliminary to guilt in its association with the imminence of forbidden pleasure. In *Beyond the Pleasure Principle* Freud (1920) would attribute to certain actions the function of producing a distressing affect which the ego had failed to develop as a regulatory signal anticipating trauma. Simply put, his thesis was that the repetition of certain actions, limited merely to the experience of distress and its cessation, mimicked the mastery of trauma achieved by the ego in its development of complex defensive processes. This subsequent idea, spelled out in *Beyond the Pleasure Principle*, was already implied in the passage I have quoted in which Freud

¹ A bearing on Freud's observation here will turn up further on in my discussion in regard to Boesky's (1982) idea that imminent actualizations of unconscious fantasies in the transference are warded off by the patient through acting out. I might add that the concept of acting out is one of those into which the idea of a psychopathology of fate has been assimilated.

spoke of the outbreak of the affective signal of conflict as something "given by a real external change." His implication was that in what he called neurosis-formation a signal by the ego is sufficiently anticipatory to restrict the consequence of drive arousal to the formation of a restricted (and restricting) symptom. In the fate neurosis, on the other hand, the signal—the motive for defense—is not readily produced by the ego, so that a more extensive approach to a situation of danger takes place in the form of a large, comparatively unrestricted action. While such massive collusion with psychic danger is facilitated by an impairment of distressing affect, the "real external change" that is brought about by the patient goes on to produce its own distress and ultimately the inhibition otherwise missing in the ego's response to danger, as if the patient created by actual circumstance what could not be created in an affect-laden fantasy. In this regard such massive actions leading to "real external change" represent impoverishments of thought, which is clinically evident in Deutsch's case in the patient's difficulty in furnishing even a feeble rationalization for her suicide attempt. This is what Deutsch meant when she referred to the patient's suicide attempt as "unmotivated."

But, then, so do symptomatic acts and perversions represent impoverishments of thought, insofar as the patient can give no account of their motives. Also, they retain in their repetitions a traumatic quality in their being experienced as subjectively alien. Moreover, it is not easy to distinguish in the performance of symptomatic acts and perversions the aroused aspect and the anticipatory aspect of the distressing affect involved. If Deutsch followed Freud in his distinguishing a "neurosis-formation" from a fate neurosis, she also followed him in regarding the two as manifest contents related to similar genetic and dynamic principles. (Freud [1923] began later to subsume the difference between symptoms and large symptomatic actions under the unifying concept of the unconscious need for punishment.) Thus Deutsch described the patient as "without symptoms," yet "nevertheless

subject to the same difficulties and pathological fixations in her mental life as other people who suffer from severe hysterical symptoms" (p. 16). Nor is the aim with respect to reality different in the two neuroses. In Freud's (1924) "The Loss of Reality in Neurosis and Psychosis" he recalled a patient he had treated many years before (doubtless Elisabeth von R.), who repressed sexual impulses toward her brother-in-law and fell ill with a hysterical paralysis when her sister died and she pushed away the thought, "Now I can marry him." Although the patient's symptom, unlike a fate neurosis, curtailed further contact with the reality at issue, as Freud observed, in this curtailment it achieved the same end as a fate neurosis, albeit in a preservation of larger aspects of the patient's life. The point is that part of the therapeutic endeavor with both Freud's patient and Deutsch's was the restoration of a capacity to engage the environment actively and directly, a capacity from which both neuroses took significant tolls. This is a point in Deutsch's case I shall return to further on.

As for the analysis of Deutsch's patient, it reconstructed a particular and rather straightforward oedipal scenario, as Freud suggested about the fate neurosis and as had become customary in 1930. The patient perceived her father as an efficient, opinionated, and intimidating authority and her mother as stupid, uneducated, and slavishly devoted to the patient's father. Beautiful and talented as a child, the patient recalled the experience of being her father's favorite and of despising her mother. Early on she was already negativistic, hostile, full of protest, and, we might surmise, imperiously so—in later life she was to break off three marriage engagements in rather short order with no evidence of remorse or sympathy for the jilted fiancés. These tendencies were exacerbated by the birth of a brother when the patient was four. At first she denied in play and in fantasy that it was her mother who had had this child by her father. But not only did this denial fail, the brother also began to endanger the patient's position as the father's favorite. Still worse for the

patient, the brother was to go on to impressive academic success up to the point of his death when the patient was twenty-four and long since an academic casualty. The patient's childhood culminated in "vindictive tendencies toward the unfaithful father, the despised mother and the little rival" (p. 20). The patient's vindictiveness, jealousy, and divisive impulses were not settled by a reaction-formation but by a supervalent conscious rebelliousness that repudiated the mother as a model for feminine strivings—"I refuse to play the part my mother played." Deutsch tells us, not to our surprise, that such vehemence "against the mother's masochistic attitude was, it proved, really a protest against her own masochistic fixation" (p. 21). This protest, limited to the mother, also preserved the father for the patient's unconscious subjection. Deutsch gave several specific details from the patient's early years, including an accident that figures in the form the patient's suicide attempt later took. But merely Deutsch's adumbration of the patient's positive oedipus complex is sufficient to represent a conflict soluble in the future only by compromise. In this case the compromise at issue is synonymous with neurosis. For only in neurosis will a masochistically submissive aim play itself out in a successful seduction and fantasied triumph, which prove to be merely the prizes poised to be sacrificed in a massive episode of self-defeat.

Deutsch reported that from early adolescence on the patient gravitated toward any male figure perceived as bereft owing to having lost a beloved wife. When the patient was twelve, for example, she was drawn into a mortifying incident involving an eighteen-year-old youth who played upon the patient's susceptibility with a story about his unabated passion for a deceased wife. He set up a liaison with the patient later in the day, but the address he gave her proved to be a hoax, and she never saw him again. Again, while in treatment with Deutsch (and away from home), the patient came into contact with a man who was deeply depressed over the recent

loss of his wife; the patient was aroused to rescue him in a brief affair.

But none of this is yet what Deutsch would call a fate neurosis. What she was describing was simply a repetition of libidinal object choices that were made on the basis of the patient's version of her oedipal triangle. Deutsch was quick to assure us that there is nothing pathological in this. "The fact that our patient made her object choice on the model of the father was not in itself neurotic, nor even her preference for widowers. All we can say is that a peculiar repetition tendency could be clearly traced in the course her life had taken" (p. 26).

Nor is repeated disappointment a criterion of a neurosis of fate. Deutsch reminded us that "disappointment is the normal fate of *every* love relationship" (p. 24), by which she meant that the narcissistic basis on which one falls in love will sooner or later give way in varying degrees to a perception of difference between actuality and the ideal. This is a source of the ordinary frustration, experienced as disappointment and unhappiness, which the ego tolerates in its development. Deutsch rejected the idea that "whoever is unhappy is therefore neurotic" (p. 27). In this she removed the problem of diagnosis from judgments of behavior or what she called the "method of social valuation" (p. 26).

The diagnostic problem, then, does not have to do with the infantile origins of ambition or with the missions and designs we pursue as the ongoing and plausible causes of our individual existence, that is, with what I begin here to call our fate. Nor does it have to do with our grief at the perception that our fate is never precisely realized in any achievement, inasmuch as reality testing includes a differentiation of past and present. The diagnostic problem is rather a commentary on the origin of disappointment in fixation and regression, in what Deutsch referred to as an anachronistic relation to the present version of the object and to present circumstance. And the extent to which this

anachronism insists that approximations of fate are psychologically exact correspondences to the past is the extent to which discontent must be elaborated into symptoms or, short of that, into a pitch of doom. This idea is not unlike Freud's early point of view on a goal of therapy as a transformation of hysterical misery into common unhappiness, a reply he made to the protest of a hypothetical patient complaining that he could do nothing to change her fate (Breuer and Freud, 1893-1895).

Deutsch demonstrated such protest in her patient against the approximations of the present with an example of regressed ego function. The patient's attraction was to men whose love belonged to another woman, a situation in which the patient's oedipal rivalry came into play. The fact that the other woman was already dead had the advantage of relieving the patient of the necessity of bringing her aggressive impulses into full play. But, then, Deutsch tells us, the patient unconsciously protested "the real facts in the matter of her predecessor's death" (p. 25) and assigned a personally referential meaning to this indifferent event in the present, assuming the guilt for her rival's removal, as if the patient herself had murdered her by wish fulfillment.

The subsequent disposition of guilt becomes a crux of the fate neurosis, in Deutsch's phrase, a "criterion of morbidity" (p. 27). In symptom neurosis guilt motivates the ego to create a symptom that distracts the patient from some critical engagement with the external possibilities of fate; one's fate is played out restrictively in the symptom. In a fate neurosis the guilt becomes regulatory only after one's fate has been advanced to the brink of an anachronistic realization in large external circumstance. This was the outcome Deutsch's patient presented at the beginning of the analysis.

In a passing remark Deutsch made another observation that is crucial to an appreciation of fate neurosis. She attributed the patient's crisis of fate also to "a provocative compulsive acting out" and thus distinguished acting out as an ego mode or function from fate as a content of libidinal and

aggressive striving. Actually, she tossed off the distinction as if it were common lore of that time, but I single it out because the recent literature seems to find no occasion to reckon with such a distinction, although it remains important to certain clinical considerations of a broad and general nature. We have seen that the idea of fate is of seemingly only academic interest until it appears as an issue of psychopathology. Such psychopathology is in turn merely descriptive until it is accounted for by a psychopathology of function—here the psychic deployments of distressing affects, the regressions of ego functions, the subversion of thought and judgment by regressions to action. Since these are the concerns of our present literature, the fate neurosis appears to us as a clinical glimpse that quickly succumbs to a longer look at a psychopathology of functions. If acting out seemed to Deutsch a good handle for grasping the fate neurosis as a clinical category, this was because the assumptions about acting out as a distinct and abiding characteristic of certain patients were not challenged by sustained clinical observation.

How much this has changed is evident in Boesky's (1982) recent reconsideration of the concept of acting out. Boesky's study has the merit of returning now and again to observable differences in patients with respect to acting out. Speaking of "the ubiquitous shifts during analysis from intrapsychic, introspective experiencing [a capacity rather lacking in Deutsch's patient at the outset of her analysis] to action, behaviour and reality," Boesky noted:

Obvious and profound differences separate those patients who cross this boundary rarely from those whose bustling traffic at this frontier is a source of bewilderment and even danger. We want to know why certain patients can't tolerate average levels of frustration and we assume that the patient's intolerance of painful affects is crucial in determining the shift to behaviour (p. 51).

However, Boesky went on to caution that while there are important differences among patients in this regard, "it may

be wise not to segregate prematurely the major [acting out] and minor [symptomatic] categories," because potential, concealed similarities may provide an understanding of the underlying reciprocities between the manifest categories of functioning (p. 51).

One point here is that all patients act out. Such ubiquity is particularly observable in psychoanalytic therapy in which the transference forces confrontations with fate in the form of what Boesky described as imminent actualizations of unconscious fantasies. Boesky's formulation is that action opposes actualization by preventing a conscious realization of the aroused infantile fantasy—action is the antithesis of thought. In acting out, the distressing affects of actualization are warded off. Although Boesky nowhere mentioned the idea of a fate neurosis, this drift of his thinking suggests how the concept has been assimilated in the present literature. Where Boesky spoke, for example, of the bustling traffic at the frontier of action as a source of bewilderment and even danger, we encounter the ghost of the idea of a fate neurosis in the language of description and magnitude.

Another point Boesky made is that the value of a hard and fast separation of the neuroses of action and of symptom may not survive clinical scrutiny. The issue here is not only that a general theory of neurosis accounts for both types but that a separation of these particular types may be a function simply of the moment in time at which the patient is being observed.

But, then, Deutsch herself told us as much in a conclusion to her paper that is rather forward looking in its surrendering the specific clinical phenomenon she has singled out to a superordinate view of neurosis. If one reads Deutsch generously, a fate neurosis is a phase of a process of a larger neurotic structure and therefore cannot always be distinguished from symptoms and from what Deutsch called the "diffuse disharmonies" of character. Indeed, Deutsch's patient revealed a long history of discomfort with her external world that contrasted with the clear and specific critical dis-

harmony of her fate neurosis. This history entailed the same determinations of character that enabled the patient to exploit so high-handedly the various persons in her story for the purposes of her eventual life crisis. Nor was the patient significantly free of neurotic inhibition, specifically a demoralizing intellectual inhibition, this despite her propensity for acting out, an ego mode that in the end does not guarantee a permanent involvement in a category of neurosis that Freud and Deutsch distinguished from "neurosis-formation." Thus the fate neurosis is a diagnostic state of affairs only at a point of clinical observation when its prominence is the issue in an otherwise fuller consideration of a more complex and extensive neurotic process. This accords with one of the meanings of the term given by Laplanche and Pontalis (1973). They noted that the fate neuroses "constitute a sequence of events which may imply a lengthy temporal evolution" (p. 161). Had Deutsch's patient come for analysis some years earlier, it is doubtful that she would have suited so well Deutsch's purpose in this particular paper.

In the end Deutsch has it that diagnosis from a psychoanalytic point of view is a function of analyzability. Whether a patient presents a neurosis of character, symptom, or fate is prognostically insignificant compared to the patient's analyzability. Deutsch concluded that a fate neurosis is eminently treatable "because the blows of fate are . . . conditioned by the same inner motives as neurotic symptoms. Indeed the suffering of the individual will be accessible to analytic therapy in so far as he himself recognizes it to be morbid" (p. 28).

In 1959 Deutsch published a follow-up of the patient whose crisis she had described thirty years earlier. The subsequent report was based on a chance meeting with the patient when the patient was nearly fifty. It offers an instructive epilogue to the problems of the patient's fate as it was liberated by analysis from the total arrest the patient presented when she was in her mid-twenties. Deutsch did not raise any questions of analytic technique either in the original paper or in the

follow-up, which is just as well, since they would be digressive from the point I mean to pursue.

Deutsch stated flatly in her 1959 report that the patient's analysis "ended in complete success" (p. 451). Deutsch also remarked that the woman she encountered was as strikingly beautiful as ever and quite alert and energetic. By a complete analytic success she meant this: at termination the patient returned to the man she was about to marry when she attempted suicide. As an object choice, he was still modeled after her oedipal relationship to her father but, in Deutsch's phrase, "the anachronistic effect of the previous taboo" had lost its hold on the patient. The patient's wish for a child, originally acted out and then retracted destructively, could now be realized—though not so soon. Also at termination, after Deutsch's active encouragement all along, the patient completed high school and entered college coincidental with her marriage. Her fiancé's divorced wife had died in the meantime, which precluded certain complications, although it is unlikely that the patient would not have proceeded with the marriage had the second wife lived. After years of what the patient described as a fulfilling marriage, she gave birth to a boy, a wonderful and adored child. However, what seemed to the patient most important was her intellectual achievement over the twenty-five years, which began with high honors in college and proceeded to a most distinguished career in physics. Her husband, who had also achieved fame in a different profession, was extremely proud of her on this score. When Deutsch inquired why she had waited so long to have a child—the patient must have been around forty when she became a mother—she replied hesitantly that she had wanted to establish a career first.

"Toward me," Deutsch observed, "she showed a certain condescending benevolence, as to a good, old aunt" (p. 452). When Deutsch remarked how successful the analysis seemed to have been, the patient might have let bygones be bygones—it was, after all, twenty-five years later, and Deutsch was an aging presence—but she could not transcend her

imperious inclinations. She said, "You have helped me a great deal, but analysis gave me nothing. I don't believe in analysis at all—it is a hoax—all bunk—purely constructions of your own mind" (p. 452). This ungracious impulse toward Deutsch was, in fact, present early in the analysis itself. When the patient's father had retracted his offer to pay for the analysis, Deutsch continued the treatment without a fee. The incident had informed a dream in which Deutsch appeared thinly disguised as a loathsome and tactless woman who was coming between the patient and her father. In the follow-up we are told that it was now the patient's husband who was not favorably disposed toward psychoanalysis. Moreover, the persistence of the patient's narcissistic sensitivities would have made any reminder of her neurotic past a sore point and cause for reactive hostility. Deutsch also assumed that the old hostility and devaluing attitude toward the mother were lively in the patient's comment about analysis, this despite considerable analysis of the negative transference. "She expresses this devaluation by displacement from my role as woman and mother into the sphere in which she herself feels secure: in the professional life where she achieved so much (as physicist) and I so little ('Nothing') (as analyst)" (p. 453). And insofar as the patient's neurosis included conflicts with her brother, her remark is compensatory for a long-standing phallic narcissistic injury. "I speculate," Deutsch went on, "that her declaration, 'Analysis gave me *nothing*,' expresses her unconscious dictum that analysis did not change the biological fact" (p. 454). Nor did Deutsch fail to detect what she called a "residual of acting out" in the patient's follow-up story, although she did not supply an example of this.

So it was not that analysis contravened the issues of the patient's fate but rather that it transformed her ego so that her fate could be worked out over the course of an eventful, gratifying, and, at times, trying life. What did analysis do for this patient, Deutsch asked. Through a better deployment of guilt feelings toward her brother and a more realistic sense of her own powers, the patient achieved a career. Also, she

could allow herself to marry a man chosen under the influence of her oedipus complex, perceiving the death of her rival as something independent from her unconscious matricidal strivings, and she was able to realize her wish for a child. That her fate could be pursued in some chronologically linear fashion rather than in the disorganized manner that brought her to catastrophe years earlier might say something for her capacity to delay and to tolerate frustration. Much that remained characterologically headstrong could be said to have been diverted to the service of her ego aims.

But all this had to be on her own terms. "To her," Deutsch wrote, "femininity was and is the degradation to the passive, slavish role of her mother. She can accept the reality of her marriage and her motherhood . . . by opposing defensively her femininity with work and intellectual life" (p. 454). The postponement of motherhood was not, if indeed it ever is, a logistical matter but emphatically a psychological one.

When Deutsch concluded that this was an eminently successful analysis, she explicitly referred to a message in Freud's "Analysis Terminable and Interminable" (1937) to the effect that analysis has accomplished its task when it secures for the ego the best conditions for solving the problems that individual fate has already assigned. Thus Deutsch stated at the end of her follow-up: "What we conquer are only parts of psychogenesis: expressions of conflict, developmental failures. We do not eliminate the original sources of neurosis" (p. 458).

Here I am about to draw this review of Deutsch's case and commentary to a particular conclusion. I begin by admitting an uneasiness with certain limitations in Deutsch's psychoanalytic interests. Her exclusive emphasis, for example, on her patient's reconciliations with personal destiny, portrayed largely in terms of active attainments, obscures considerations of the patient's intrapsychic experiences and processes, modifications of which also figure in the goals and outcomes of analysis. In this and other things she makes too little of too much. However, I note this merely to acknowledge that

there are enough questions about Deutsch's psychoanalytic sense of things so that, had one a mind to, one could go on to some ending in a critical vein for whatever lessons might come of this. However, the lessons I foresee in this direction are too well known to merit the effort.

What I would rather pursue is that aspect of my uneasiness having to do with Deutsch's remarkable tolerance and acceptance of her patient's destiny. In her follow-up Deutsch displayed pride in her own knowledge of the enduring unconscious significance of her patient's major sexual and vocational lines of development over the many years since the termination of the analysis, and she was quite pleased with her patient's engagements with these motives. In this point of view, Deutsch was implying a distinction between the unconscious as a source of motives and as a source of conflicts. Having resolved her patient's crucial conflicts, Deutsch seemed entirely at ease with the knowledge she retained of her patient's unconscious motives. This attitude in Deutsch may have been expressed on this occasion too complacently for our own comfort, but we might also regard this attitude as an expression of neutrality. In one of its meanings, neutrality refers to the analyst's capacity to accept the patient's reclamations of various pieces of his existence following resolutions of repression and conflict.² This safeguard of objectivity is a most difficult one to maintain, especially at termination when, knowing better, we are still disturbed by the fact that the unconscious survives the analysis and eternalizes the patient's fate and that the patient is about to depart

² One of the points made by Sedler (1983) in his paper on the concept of working through, which appeared after the completion of this present discussion, is that the recollection of the past in the analytic situation presents decisions to the patient about what in the past might remain continuous with the present and what might become discontinuous, that is, relegated to the realm of ideas (memory) rather than active strivings. Sedler went on to emphasize that such decisions belong to the analytic process, not to analytic technique. This was why Freud regarded working through as the patient's contribution and a "trial of patience" for the analyst, who does not suggest the decisions the patient should make regarding the past but who accepts such decisions made in a present analytic context of improved ego conditions.

in the midst of actions on behalf of personal causes still traceable to unconscious history. In fact, termination itself is an enormous and vastly consequential action. We speak of object loss and object removal and the psychic structures that develop in these processes, but at termination we wonder at the quantitative status of such things, particularly when regressions occur at the eleventh hour. Ticho (1972) in his paper, "Termination of Analysis: Treatment Goals, Life Goals," referred to "research anxiety" that arises when analysts are interviewed about the outcomes of even well-terminated cases. Something of such defensiveness may have to do with the analyst's distress in an avoidable passive-receptive position toward the irrepressible survival of much of the patient's personal fate, albeit lived out now under more—even greatly more—favorable psychological auspices.

In the last chapter of his book, *Aspects of Internalization*, Schafer (1968) wrote about "The Fates of the Immortal Object," exploring the proposition that "in psychic reality the object is immortal" (p. 220). His discussion is more sophisticated than Deutsch's but his point is continuous with hers. Schafer spoke of the object's losing or gaining importance, disappearing and reappearing. "It is broken apart and put together again; . . . it is replaced by a substitute and may later replace its replacement; it is either swallowed up by or swallows up the subjective self, or both" (p. 221) and so on. However, while "the object of primary process does change in these ways, it nevertheless appears to retain a fundamental sameness; and this sameness reflects the subject's unchanging fundamental wishful tie to the object" (p. 221). Fate might be a term for the survival of the object in psychic life.

Further on in this chapter, Schafer took up the problem of dealing with the object in its guise in external actuality and posed this as an antithesis to internalization. While both modes of reckoning with the object complement development and adaptation, Schafer did not let us forget that "experience that includes significant, lasting and realistic external objects is psychically more mature and satisfying

than one that involves primarily desperate internalizations in the passive mode" (p. 236).

This is interesting in light of the encouragements to action that Deutsch's commentary suggests, despite the fact that her patient presented at the outset a gross psychopathology of action. But, then, paradoxically, a fate neurosis, like any neurosis, becomes an inhibition of what Schafer called experience with realistic external objects. When Deutsch's patient presented herself for analysis, she was arrested from action in every area of life except for the analysis. A great part of the success of her analysis consisted in the patient's renewed capacity for what Schafer also called the alloplastic mode of engaging the immortal object. The extent to which this persistence of the immortal, hence unconquerable, object arouses trepidation in the analyst, as though the unconscious itself was not a fact but a defiance of improved development and adaptation, is the extent to which we would also react uneasily to the taking of action by our patients. Whatever shortcomings we surmise in Deutsch's presentation, this is not among them. Rangell (1968) has referred to such uneasiness as an "anachronistic persistence of a moralistic attitude . . . toward 'acting' on the part of an analytic patient" (p. 200). His remarks are worth having (and not incidentally they contain an explicit comment to Deutsch on precisely this issue):

The goal of normal life, and of psychoanalysis, is an optimum blend between thought, feeling, and action, suited of course to the particular constitution, life situation, and idiosyncratic development and character of the individual. I believe that an examination of clinical experience will show that the limitation of actions, imposed for good reason during the analytic process, is, in a certain number of cases, allowed to proceed to a generalized and more permanent inhibition of action which outlives the analysis and may go on to a long-lasting deleterious effect. I have seen a wrongly moralistic, anti-action attitude which creeps into some analyses fortify the patient's own phobic avoidance of action and lead in some cases to almost a

paralysis of the latter and a taboo against even the necessary actions of life. Such analyses may hit a snag somewhere after midpoint where a marked indecisiveness eventuates at the necessity to convert long-standing insights into effective action. Deutsch . . . has similarly remarked, in discussing the acting out of a patient with 'fate neurosis', on the necessity to be equally alert to the patient's serious tendency to inhibition of action (p. 200).

Rangell was not wrong in his observation of such a tendency in the analyst's point of view. Are we not instantly familiar with this statement of Freud (1914)? "One best protects the patient from injuries brought about through carrying out one of his impulses by making him promise not to take any important decisions affecting his life during the time of his treatment. . . ." (p. 153). Yet we are less familiar with the sentence that immediately follows: "At the same time one willingly leaves untouched as much of the patient's personal freedom as is compatible with these restrictions, nor does one hinder him from carrying out unimportant intentions, even if they are foolish; one does not forget that it is in fact only through his own experience and mishaps that a person learns sense." This, in turn, is followed by a sentence reminiscent of Deutsch's conclusion about the analyzability of a fate neurosis: "There are also some people whom one cannot restrain from plunging into some quite undesirable project during the treatment and who only afterwards become ready for, and accessible to, analysis."

I might add here that Erikson (1964) spoke about this very problem of action as a matter of therapeutic urgency much in the vein of Rangell:

Some mixture of "*acting out*" and of *age-specific action* is to be expected of any patient of whatever age, and all patients reach a point in treatment when the recovering ego may need to test its untrained or long-inhibited wings of action. In the analysis of children, we honor this to some extent, but in some excessively prolonged treatments of patients of all ages, we sometimes miss that critical moment while remaining adamant in

our pursuit of totally cleansing the patient of all "resistance to reality." Is it not possible that such habitual persistence obscures from us much of the ego's actuality, and this under the very conditions which would make observation possible on clinical background? (p. 174).

In this same paper Erikson assures us that "Luther sang, Ghandi waltzed, and Kierkegaard drank—all for brief and disastrous periods" (p. 203).

Kafka somewhere said, "In the battle between you and the world, back the world." This is a diabolical aphorism on the failure of thought to find a dialectical relationship to action, in which failure is the failure of personal destiny. We surpass the limitation lamented by Kafka when we find correspondences between our fate and certain causes in the world which we then take up actively as our own. Then in backing the world, we are also backing ourselves.

This is a lesson Deutsch exemplified in her emphasis on the restitution of her patient's capacity for active engagement of a world embodying her personal fate. And in this regard her patient was unwittingly describing something as it should be in her manifestly disparaging remark that analysis gave her nothing.

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Mirror Masturbation

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To cite this article: Paul A. Bradlow & Stanley J. Coen (1984) Mirror Masturbation, The Psychoanalytic Quarterly, 53:2, 267-285, DOI: [10.1080/21674086.1984.11927069](https://doi.org/10.1080/21674086.1984.11927069)

To link to this article: <https://doi.org/10.1080/21674086.1984.11927069>



Published online: 28 Nov 2017.



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MIRROR MASTURBATION

BY PAUL A. BRADLOW, M.D. AND STANLEY J. COEN, M.D.

A case is presented of an analytic patient who reported adolescent and adult mirror masturbation in the context of a struggle for psychic differentiation and separation from his mother. A model is elaborated in which magical manipulation and transformation of the self- and object images are facilitated by masturbatory mirror play. The role of impersonation and transformation as another man or woman is explored. Visual hunger, traumatic overstimulation, incestuous games, and fear of actually committing incest with a seductive parent are proposed as genetic contributants. Mirror masturbation is understood as a dramatic play which defends against castration anxiety and attempts to master childhood sexual overstimulation by active repetition and re-creation.

Our emphasis in this paper will be on the unique combination of masturbation and the mirror. It is our view that significant meanings of mirror masturbation may be overlooked if it is assumed that the mirror functions simply to facilitate masturbation. Our clinical material concerns a man who reported adolescent and adult mirror masturbation in the context of a struggle for psychic differentiation and separation from his mother. Analytic exploration of the patient's secretive references to a ritualistic quality to his masturbation led to disclosure of his mirror masturbation.

We will emphasize the concept of magical manipulation and transformation of self- and object images. The schema of masturbatory impersonation and transformation, which has evolved during study of this patient, may apply as well to certain transvestitic and homeovestitic persons. We believe that the role of impersonation during such behavior has been insufficiently considered. Of possible genetic significance is

An earlier version of this paper was presented to The American Psychoanalytic Association, May 1978, Atlanta, Ga., and to The Association for Psychoanalytic Medicine, December 1978, New York, N.Y.

the occurrence of childhood sexual overstimulation and incestuous games with a seductive parent. This may lead to dramatic enactment of fantasies in an attempt at active mastery of trauma.

Beyond the province of this paper are the related topics of mirror gazing, mirroring, mirror magic, intercourse before the mirror, and twinning and the mirror. We agree with a proposition advanced by Shengold (1974), which is a foundation on which this paper rests: the mirror as metaphor for the mind, its structure and functions; the mirror as a primarily narcissistic instrument which may reflect the maturational spectrum from the earliest undifferentiated self-object representations through any subsequent phase of libidinal development, psychic structure, and object relations.

Review of the Psychoanalytic Literature

Although Freud did not discuss mirror masturbation, he did describe the Rat Man's penis play before the mirror (1909). This occurred

at a time when he was working for an examination and toying with his favourite phantasy that his father was still alive and might at any moment reappear. . . . He used to arrange that his working hours should be as late as possible in the night. Between twelve and one o'clock at night he would interrupt his work, and open the front door of the flat as though his father were standing outside it; then, coming back into the hall, he would take out his penis and look at it in the looking-glass. This crazy conduct becomes intelligible if we suppose that he was acting as though he expected a visit from his father at the hour when ghosts are abroad (p. 204).

Freud commented on the Rat Man's obsessional conflict between pleasing and defying his father. The Original Record of the Case (pp. 302-303) reported that the patient would be nude before the mirror and would sometimes use a small mirror between his legs. The erection of his penis reassured him that his penis was not too small. Freud was clear that

the patient had major conflicts about masturbation. Adolescent masturbation was minimal, but when the patient was an adult, masturbation, including mirror play, began, following his father's death.

Mirror masturbation may be understood not only as an expression of the need to objectify internal fantasies (Ovesey and Person, 1976), but as a re-enactment of actual infantile experiences. Ostow (1974) speculated that mirror masturbation involves symbolic re-enactment of a childhood experience, usually involving the mother. Bak (1968) clarified this regarding the transvestite; he posited a genetic background for the transvestite's concern with the visual image: the experience of having viewed the mother dressing and undressing before the mirror. In one case, he noted an exact replication of the angle of the mother's mirror attached to a closet door. Those authors (e.g., Greenacre, 1953; Segal, 1965; Sperling, 1964) who have emphasized the re-creation of the primal scene in mirror masturbation have implied that mirror masturbation stands for an actual event rather than a fantasy.

All descriptions of mirror masturbation appropriately emphasize defense against castration anxiety. Most suggest a strengthening of the same-sex identification and a warding off of the opposite-sex component. Greenacre (1953) emphasized the role of vision in terms of primitive forms of visual incorporation and denial. Feigelson (1975) suggested that the patient before the mirror becomes the admiring mother while the mirror images represent himself. Stolorow (1975) proposed that such patients function as their own self-validating audience. Strengthening of the same-sex identification by the use of clothing of the same sex during mirror masturbation was reported by a Kris Study Group (Joseph, 1965) and by Zavitzianos (1972, 1977). In his earlier paper Zavitzianos (1972) defined homeovestism as a kind of perverse behavior in which the patient wears clothing of the same sex (in contrast to transvestism). His report on mirror masturbation by a male patient dressed only in a jockstrap

suggested identification with the idealized omnipotent father, projection onto the mirror, and introjection through vision.

Intense need of an object and its dangers, such as we shall describe for our patient, has been noted in a number of papers on mirror masturbation and transvestism. Greenacre's (1953) classic formulation of transvestism involved the mechanism of simultaneous identification with the mother and an attempt at repudiation, a concept which highlights both intense need of the object and its dangers. The question of who it is who is seen in the mirror, which our data does not definitively answer, is unclear in the literature. Perhaps the reason for this can be found in Greenacre's (1953) idea that it is both the mother and not the mother. Lewis (1963), Segal (1965), Stewart (1975), and Zavitzianos (1972, 1977) have noted that multiple conflicted identifications are represented in the mirror.

A. Reich's (1960) formulation emphasized the imperative need to reassure oneself of control over a dangerous object world by overvaluation and control of one's own body. Segal (1965) and Mittelman (1955) similarly stressed the patient's need to become his own object, satisfying himself autonomously with his own body. This too must be implicit in all the literature on mirror masturbation, since all the object-related fantasies are gratified by and on oneself. After all, despite the patient's fantasies of whom he sees in the mirror, it is always he himself.

Although impersonation is relatively ignored in the literature on mirror masturbation, disguise was noted by Riviere (1929) and by Ovesey and Person (1976) and was implied by Segal (1965). Phallic masculine aggressive attributes are camouflaged by disguise as a woman.

Clinical Vignette

Mr. M., an unmarried accountant in his early twenties, sought analysis because of his fear that his homosexual fantasies and behavior would keep him from marriage. He was

lonely, depressed, and angry. His adolescent and adult mirror masturbation was revealed quite some time after his analysis had begun. During middle and late adolescence, Mr. M. had frequently masturbated in front of a mirror when he was left alone at home. Masturbation before the mirror after the patient reached adulthood was relatively infrequent; occasionally, it involved the use of another man's underpants taken from things discarded in an incinerator room.

Raised in a large mid-western city, Mr. M. had experienced his childhood as deprived. His mother had seemed depressed, preoccupied with her own needs, often emotionally unavailable to him. She had developed a disfiguring disease during adulthood, leading her to feel deformed and ugly. Out of guilt, emotional hunger, and insecurity about his own autonomous functioning, Mr. M. had tried to fulfill his mother's needs, hoping that she would then be capable of caring for him. His father, a rather passive man, stayed away from home to avoid his wife's domination of him.

With the analyst, Mr. M. wished for and feared the actualization of his transference longings, without the safe assurance most analysts have that this fantasy enactment of transference is drama, play, and therapeutic. He had oscillated between profound feelings of being isolated and neglected and the danger that his incestuous wishes for his mother would become reality. His mother's seductiveness and overstimulation of him, her profound neediness, depression, and general neglect of him, all contributed to a situation in which mother and child longed for stimulating body contact with each other—without the safeguard of adequate limits.

Mr. M.'s mother was seductive with her child in the bathroom and bedroom, exposing herself and inviting body contact. She sometimes sat with her legs spread, her nightgown moving up, so that he could clearly observe her genitals. He had prominent memories, dated mostly to age five or six, of mother, warm and perspiring, walking about the apartment in a filmy nightgown, her fat buttocks sticking to the trans-

parent fabric. When he objected that she should not expose herself to him, she would taunt him, saying that he was ashamed of her appearance, that she wasn't attractive enough for him, or that he was still her "tot," that he and his penis were still little. His "little penis" was a particularly sensitive issue. He had been born with hypospadias. This was corrected surgically when he was two, and the procedure left him with a tiny skin tag on the underside of the penis. He had a profound sense of himself as castratable.

During the analysis the patient would at times impersonate the analyst making interpretations or would pretend that the office was his own. He stressed similarities between himself and the analyst, fantasizing that each could be transformed into the other. He pretended that the analyst only came to life upon Mr. M.'s arrival. His regressive wishes for surrender and engulfment, especially in relation to separation, were profound and frightening.

Dreams and associations led to his revealing his ritualistic masturbation before the mirror. One dream was as follows:

I try to penetrate the anus, or perhaps the vagina, of a person of uncertain gender. Before penetrating I go through a "three-step" movement of kissing the base of the spine (coccyx), rubbing my arm, then taking my erect penis in my hand to the orifice. I get on my knees in a "praying position" but then can't get it in, losing my erection or being refused entry.

Associations were primarily to fantasied dangers of his sperm causing genetic deformities, "freaks," "little Molly's" (mother's first name). In the next session, he associated this "ritual before penetration" with another dream which emphasized dangers of destruction and self-destruction:

Three characters are lined up in a row by height in front of a bathroom cabinet mirror. The tallest is an Indian with a beard and moustache, about to shave his neck with a straight razor. The other two just watch. All three can be seen in the mirror as the man shaves. The gender of the tallest figure is unclear.

The patient explained that his mother, the most powerful in

the family, is the Indian giver, can take back his penis; he imagines he has learned to be a man from his mother and will therefore be attacking and sadistic like her. Yet, sadly, he described trying by his own feminine behavior to interest his mother in caring for herself as a woman.

The following week he associated seeking a magic ritual with thoughts of his operation as a young child: "I wasn't fully a boy then. Mother scared me with stories of other people who couldn't have it done. My penis is a vestigial organ, like an appendix; it's there but it doesn't work. Sometimes I don't feel like I have a penis, that it's just attached like a finger." Regarding his masturbatory activity, he explained: "Yeah. It's like how a doctor examines you. I check it to make sure it's all there. Sometimes I look in the mirror or TV screen. It reassures me I have a penis and that I'm not tugging at something that's not mine. I'm creating a person watching me do it. He's making sure I have a complete kit. It's like my telephone calls [to homosexual men who have advertised]. I have an orgasm, then I want to hang up. Maybe it's to have somebody with me while I masturbate and tricking them. Like mother asking what are you doing in the bathroom, knowing perfectly well the answer. After ejaculating, I don't want to speak to that person anymore. I'm saying, 'Hey, I'm a man, I have a penis and I can use it very well.'" Regarding the ritual quality of his masturbation: "I prop pillows in back of my head. I have a homosexual fantasy or make a phone call. I feel panicky when I do that, like an addict needing a fix. I ask the same questions: what does he do, what's his fee, when can I meet him? The fantasies are very locked into my mind. I'm very ritual oriented, patterned, like how in the morning I get ready to go outside. Like a man so punctual, people set their watches by him, like Switzerland. I'm like a clock!"

The following session he reported a dream:

I see my mother in her nightgown, the outline of her buttocks. She's pulling the nightgown away from her skin as if she's lifting it and exposing herself. I feel I must not see this or at

least pretend not to have seen it. My excitement, shame, and guilt mount as I fantasize my mother taunting me to fuck her. At the same time I feel sad about my crazy mother.

Three sessions later another dream:

I am having an analytic session in which I tell a dream about a cat coming up to my chest and purring. It changes from a docile kitten into a tigress ready to tear out my eyes, and then back into a kitten. I am aware something is going on behind my back. I find you sitting there without pants, wearing a pink shirt and tie with the buttons open, covering your erection with a notepad. Your body is dark, orangey, semen dripping down the shaft of your penis. I say, "What are you doing? You're masturbating while I'm telling you this?" You have a glare in your eyes, demonic, with two huge pock marks on your face oozing blood like you'd been stuck with a cigarette. You are staring at me. I'm in disbelief.

He wondered what kind of analyst would do this to his patient, like his mother with himself. Was he crazy or was his analyst-mother crazy? Regarding the disbelief and denial, he felt very sad and cried about the strange way he was raised. At the end of the hour, he talked of his mother becoming defensive when he would protest about her exposing herself. Then he said, "I can't look at myself in the mirror and say to her. . . ." He noticed the slip and commented, "I see myself in the mirror as my mother."

A few sessions later he reported that the previous night he had taken a pair of jockey shorts from the incinerator room, put them on, cut them up, and masturbated. "It was like mutilating my own body," he said. "Some man had worn them. Like Samson's hair, some of his masculinity, power, would penetrate my skin, increase my testosterone. I'd absorb his masculinity and destroy it. I'd cut the guy to shreds with the scissor, castrate him, soil his pants with my semen, show him that my penis works!"

He consciously envied his father's penis and confessed with considerable shame and guilt that, as an adolescent, he would put on his father's underpants from his drawer, open his

father's closet, which had a mirror inside the door, and sit on his father's chair facing the mirror. He would expose his penis before the mirror, watching it become erect as he masturbated to ejaculation. "I would think I was that other man in wearing father's underpants—that I'm father, since I'm wearing a garment of his which gets so close to his penis. His penis goes into mother's vagina, so it's like fucking mother one person removed."

The following day he reported a dream:

I have a vision of my father walking into the bathroom naked. I can see the end of his penis. I get a side view of his leg, the indentation of his buttocks; part of his penis is masked by his step.

He interjected, "It was so difficult yesterday. I'm disgusted by what I did, it's perverted. . . . I could see myself masturbating in my father's underwear by the mirror. I can't go on. . . . It's painful to talk about these fantasies. I awoke over and over last night." Then he continued with the dream:

I'm sitting in father's chair seeing father's body. Father is like a somnambulist. He knew if I turned around I'd see him naked. My impression was that he didn't care [and refused to acknowledge that] I saw him naked.

His father had not taught him anything about sex; what he had learned had come from his mother.

The night before a hoped-for date, he dreamed:

I'm in the men's room of a railroad station. It's all white tile, two sinks, mirrors, a row of urinals. I'm nude. I decide to urinate into a urinal, to piss at a distance. I'm stretching to get a trajectory, target practice. I shoot for one of the urinals. I'm not successful, I'm really pushing myself. As I'm shooting, a guy walks in, dressed, maybe it's you, in a business suit like a commuter. I pounce on him, grab him by the shoulders, I throttle him, I pin him down to the floor, I rip off his clothes, I fellate him, I'm biting off his balls, I can feel my teeth at the shaft of his penis like I'm a buzzard. I'm out to eat him up. I'm burrowing my head, gnawing at him. It's cannibalism, I'm

ripping him open, getting as much flesh into my mouth as I can.

He associated: "If I can't lick 'em, eat 'em! I want so badly to be a man, a kingshooter, to put those urinals down, to show how far and how much I can ejaculate. But there's no audience, nobody's watching me. Each urinal's like a monument, a cemetery. I'm telling the world I'm a man, the biggest shot you've ever seen, but nobody's there. Then this guy breaks my act. An ordinary man finds this crazy guy jerking off in the men's room of Grand Central Station. He comes in on the show, an impersonation of a transvestite, like posing for a statue. I'm playing to a house with no people in it. I'm angered by your interrupting the show. I become extra powerful like a beast gone mad, then I eat you, I'm sucking you into me, I'm out to incorporate you, I can't get enough of you."

DISCUSSION

As we reviewed this period of Mr. M.'s analysis, we were impressed with his intense loneliness, depression, and hunger for contact. As a child he had to struggle to obtain mothering from a mother who was severely depressed, infantile, self-absorbed, a woman who sought to use him to complete what she felt was missing in herself. To receive a minimum of maternal care, it had been necessary for him to provide mothering and to be a complement to his own mother. He sought to cling, to connect, to crawl inside of another's body rather than be left neglected and alone. Transference fantasies that he was similar to the analyst afforded him a safe way to maintain, and simultaneously defend against, his intense need for another person, who was then regarded as not fully autonomous. Denial of difference between self and other defended against separateness and fear of destruction of, or surrender to, the object. His object choices represented partial substitution of himself for the object so as to screen the danger of his intense need for the maternal object. The com-

forting illusion of some influence or control over the object by partial magical grafting of the self-image onto the object image tempered the need for the object.

The material reported here indicates that the patient struggled between the depressing state of being alone and the danger of intimate contact with another person. The latter danger revived traumatic experiences of childhood overstimulation with accompanying excitement, rage, and helplessness. The danger also reflected the fear of actually committing incest with his mother, underlying which were profoundly regressive wishes for passive masochistic surrender to, and permanent union with, the maternal object. This is the matrix within which we understood his sexual fantasies and behavior.

Defense against castration anxiety and feelings of masculine inadequacy are evident in the data reported about mirror masturbation. Indeed, the patient explained how his mirror masturbation reassured him of normal genital integrity and function. His "doctor game" before the mirror, as he became the examining physician-mother, repeated actively instead of passively the trauma of his hypospadias, infantile surgery, and fantasied congenital castration. He reported fantasies of oral-sadistic, visual incorporation of another man's genitals, so as to enhance his masculinity and complete himself. Identification with the castrator is revealed, for example, in his cutting up another man's underpants.

He stressed a necessity for the presence of another person, someone seen in the mirror and/or impersonated, possibly transformed, by wearing the underpants of another man. He connected this with his telephone perversion. It also seems linked to his background fantasy and dream images of his mother sitting in a chair as indifferent or, at times, excited witness to his masturbation. The presence of another reassured against guilt, castration anxiety, and loneliness, and it gratified voyeuristic-exhibitionistic needs. Someone else is responding to him from the other end of the telephone or in the mirror. That someone, unknown or known, can be

transformed in fantasy into a variety of object images playing a multitude of roles. Shengold's (1982) report of a case of telephone perversion is congruent with our material. He described active phallic seduction by telephone as a defense against frightening passive anal wishes; these were related to the mother's overstimulating anal interest in the child, including an enema regimen.

It is certainly legitimate, in any event, to question the identity of the mirror image. Whom does he see in the mirror? What did he mean when, by mistake, he referred to seeing his mother in the mirror instead of himself? This slip occurred in the context of wishing to confront his mother aggressively. It is unclear from the data, we admit, whether he actually pictured or only fantasied his mother in the mirror. With reference to his adolescent mirror masturbation, when he dressed in his father's underpants, the cast of characters included himself and both parents, not just his father, owner of the underpants. On one level, the masturbating figure in the mirror appears to be his mother who becomes alive by the growing sexual excitement, anticipating the possibility of actual incest. This represents a re-enactment of earlier experiences, for example, which his mother encouraged, yet forbade unless he acknowledged her ownership of the penis. On another level, the masturbating figure before the mirror also represents his father enacting the patient's primal scene fantasies of parental mutual masturbation as well as other oedipal fantasies. His father seems to be acknowledging and affirming his own and the patient's masculinity (via visual incorporation of the envied paternal penis) and offering sanction of phallic competitiveness and integrity. For the patient, the reflective property of the mirror serves as the vehicle for the impersonation of, and transformation into, various figures as well as the validating parental audience.

Let us now recall the context within which this material was revealed. The analyst had been investigating with the patient his secretive references to ritualized masturbatory practices. The patient had been struggling for some time to

differentiate himself from the maternal introject and was experiencing intense heterosexual longings. This aroused further profound feelings of aloneness as well as fear of actual incest. The patient developed a greater conviction about the reality of his childhood traumatic overstimulation and seduction by his mother. In our opinion, his mirror masturbation was genetically related to these childhood experiences of traumatic visual overstimulation. We point to the mother's deformed appearance and her deliberate exhibitionism. It is likely that a visual mode became overdeveloped in order to compensate for a relative lack of warm basic mothering. There were references which suggested that he had observed his mother's exhibitionistic behavior in the bathroom mirror.

To our list of factors contributing to his mirror masturbation (traumatic visual overstimulation as a child and visual hunger), we add, more speculatively, his fear of actually committing incest. The illusory actualization of fantasies during mirror masturbation may have re-enacted the excitement, drama, and trauma of incestuous games with mother while reassuring him that incest and permanent union with mother would not occur. These earlier intense incestuous games also seem to have been a genetic determinant for the "game" of impersonating the father in front of the mirror and the need to repetitively seduce other men. Sexual overstimulation and its associated dangers were mastered by active repetition and re-creation.

We think that the point at which the adolescent mirror masturbation first began coincides with his beginning to fear the danger of actual incest with his mother. We suggest that the other man serves as a protector from this danger. His homosexual transference fantasies involved a Batman and Robin dynamic duo which together could withstand and survive sexual contact with the mother. Dressing up in another man's underpants before the mirror enhanced his masculinity, created the image of two men present, and disguised himself and his incestuous longings as the other man. (The patient formulated this last point for himself.)

We agree with Zavitzianos (1977) that the inanimate object of the homeovestite represents the penis of the same-sex parent and strengthens and validates one's same-sex identification. Nevertheless, we believe that the patient may be enacting a drama before the mirror which involves both parents, both homosexuality and heterosexuality, and both narcissistic and object related conflicts. We stress the patient's need for validation of his ability to impersonate another (he can change himself into another or another into himself) rather than the importance of the manifest gender of the other. By impersonating father, he may have been able to summon up an image of mother in the mirror tamed by the father's and the patient's own phallic attributes grafted onto her.

Those who have previously reported on the topic of mirror masturbation have tended to assume that the mirror functions predominantly to facilitate masturbation; thus they have insufficiently emphasized the unique combination of masturbation and the mirror. Nydes's (1950) view controverted this by pointing out the effect of certain experiential aspects of masturbation on fantasy. With the alteration of consciousness that accompanies changes in body feeling states involving increased sensual and tactile pleasure during masturbation, the masturbator's fantasies can seem almost real. Eissler (1958) and Lichtenstein (1970) stressed the confirmation of one's existence during orgasm as well as attempted validation of certain unconscious fantasies about the nature of sexual reality, such as the fantasy of the phallic woman. (See, Coen [1984] on action in perversion.)

In our opinion, conscious and unconscious fantasies of transformation and/or impersonation, their attempted enactment, and the defenses against them played a crucial role in the patient's mirror masturbation. Recall the following background for such attempts. He served as a replacement for the mother's missing but needed objects. Transformation into another person is required: to be a female (mother, sister) requires also a change in gender identity. His fantasies

of impersonating the analyst, "making you [analyst] into me," suggest a reciprocal transformation, making the mother into himself and vice versa. We believe that mirror play facilitates such transformation of gender and personal identity. This hints at a possible intimate linkage between mirror masturbation and gender reversal. Indeed, many of the psychodynamic factors mentioned by Mahler, et al. (1975), as predisposing to wishes for gender change in boys can be found in the vignette of our patient. We refer particularly to attitudes of the mother toward her own self, her femininity, her body, and her sense of ownership of the infant's body, especially his precious penis. Two further transformations in the mirror are, first, from dead to alive, the penis changing from dead (castrated) to alive and life-giving, reflecting the mother's coming alive during sexually stimulating experiences with the patient; and second, from a castrated, defective girl into a boy by identification with the surgeon "creating" a penis for him.

This leads to presentation of our theoretical model of mirror masturbation. The model, although admittedly speculative, draws on the clinical data from Mr. M. reported in this paper and from other patients' sexualized use of masturbatory fantasy without a mirror. We suggest that mirror masturbation facilitates the illusion of omnipotent ability for magical manipulation and transformation. The person before the mirror, by his impersonation and magical gestures, creates an image in the mirror which can be transformed and altered at will to represent a multitude of objects. The role of illusion is enhanced during sexual arousal by the continual alteration in body image, sensations, and state of consciousness, contributing to the intensely vivid, seemingly real existence of a drama between the masturbator and his internal object(s). The masturbator's magical manipulation of his own genitals transforms them from a limp, dormant state into an excited, alive, erect, death-defying and gravity-defying one, all under his own control and direction. Painful and dangerous psychic reality is treated as illusory and easily trans-

formable. During sexual play and arousal before the mirror, the patient caricatures and denies fixed reality, pretending that all is appearance, gesture, make-believe, evanescent. Self- and object images and feelings seem to be continually shifting according to the patient's whim or need. The patient attempts to deny that the objects of his internal world have a distinct unmodifiable representation for him. A necessary belief in his capacity for transformation of objects (himself and others), in particular the power of transformation of gender in one or all of its aspects (gender identity, role, and behavior), serves as a defense against varied fears, such as surrender, separateness, and destruction. There seems to be a continual magical show in his representational world, involving impersonation and caricature. He can be others; they can be him. A man can be a woman, a woman a man. Male and female, masculine and feminine, child and parent, are held to be interchangeable, at least for a period of time. The polarities of active and passive, angry-destructive and loving-healing, inert and excited, etc., are equally interchangeable and without enduring validity. Despite the effort devoted to playing at illusion, the patient is thoroughly aware of reality, however painful, and aware that his attempts to transform it are illusory.

Mirror masturbation can be viewed as theater: the enactment of dramatic scenes between the self and other, before and in the mirror, under one's own direction. It serves to bolster the illusion that one's representational world can be omnipotently and pleasurably manipulated and controlled.

Others (Deutsch, 1932, 1944; Greenacre, 1960, 1968; Khan, 1965) have claimed that the pervert needs to provide concrete representation of his fantasies in order to preserve self- and object images, especially because of the fear of destructive drives. We had assumed theoretically that there is a spectrum of need for the illusory actualization and transformation of masturbatory fantasies, such as by use of a mirror or impersonation, in contrast to the representation of such fantasies within one's own mind. This assumption can-

not be validated from Mr. M.'s data. We cannot state that he needed to use a mirror in order to provide concrete representation of his internal fantasy images so as to make them more valid and credible. Despite this, we believe that our hypothesis remains compelling and worthy of further examination.

SUMMARY

Clinical material was presented from the case of a man who, as an adolescent and young adult, masturbated before the mirror. Visual hunger, traumatic overstimulation, incestuous games, and fear of actual incest with a seductive parent are posited as genetic contributants for mirror masturbation. The latter is a form of dramatic play which, by active repetition and re-creation, aims to master childhood sexual overstimulation. The dramatic quality of mirror masturbation may be related to the intense affects and dangers of childhood incestuous play. Mirror masturbation serves as a defense against castration anxiety, masculine inadequacy, loneliness, neglect, and guilt. We hypothesize that mirror masturbation is an apt and safe setting for the dramatic re-enactment of aggressive and dangerous confrontations between self and others, under one's own direction. In this model, magical manipulation, impersonation, and transformation of self- and object images are facilitated. The illusory power of transformation of self, identity, or gender defends against fears of separateness, surrender, and destructive aggression.

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To cite this article: Martin A. Silverman & Ilene Silverman (1984) The Mismeasure of Man. By Stephen Jay Gould, Ph.D. New York/London: W. W. Norton & Company, 1981. 352 pp., The Psychoanalytic Quarterly, 53:2, 286-334, DOI: [10.1080/21674086.1984.11927070](https://doi.org/10.1080/21674086.1984.11927070)

To link to this article: <https://doi.org/10.1080/21674086.1984.11927070>



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BOOK REVIEWS

THE MISMEASURE OF MAN. By Stephen Jay Gould, Ph.D. New York/London: W. W. Norton & Company, 1981. 352 pp.

This is a book that should be read by every psychoanalyst. Since it is not on a directly psychoanalytic topic, however, it is likely to escape the analytic attention it deserves. This is unfortunate, because its contents are startling and important, both in general and because of the attacks that have been leveled against psychoanalytic theory and practice by those who view statistical measurement as the only means of obtaining scientifically credible conclusions.

There is an old saw that there are three kinds of lies—big lies, small lies, and statistics. Stephen Jay Gould, who teaches paleontology and evolutionary biology at Harvard, has addressed himself to the third kind of lie. The book is about the deceptive use of statistics to provide seemingly authoritative, “scientific” justification for the promulgation of views that actually derive from prejudice, cultural bias, and personal interest. It might very well have been subtitled “Honesty and Dishonesty in Science and Scientists.”

Gould examines the use of craniometry and intelligence testing to support the contention that the social and economic disparities that exist between different races, classes, and sexes derive from intrinsic biological differences that establish their relative worth as human beings. “Determinists,” he states, “have often invoked the traditional prestige of science as objective knowledge, free from social and political taint. They portray themselves as purveyors of harsh truth and their opponents as sentimentalists, ideologues, and wishful thinkers” (p. 20). Gould pits himself not only against the misuse of science for personal advantage, but also against the illusion that science occupies a utopian realm in which intellectual purity protects it from cultural contamination.

Science, since people must do it, is a socially embedded activity. It progresses by hunch, vision, and intuition. Much of its change through time does not record a closer approach to absolute truth, but the alteration of cultural contexts that influence it so strongly. Facts are not pure and unsullied bits of information; culture also influences what we see and how we see it. Theories, moreover, are not inexorable inductions from facts. The most creative theories are often imaginative visions imposed upon facts; the source of imagination is also strongly cultural (pp. 21-22).

In the nineteenth century, brain size, as measured by cranial volume, was the favored criterion for distinguishing among supposedly more intelligent (therefore superior) peoples and inferior ones. Samuel George Morton in the United States and Paul Broca in Europe were the leaders in producing craniometric statistics that were seized upon as scientific evidence "proving" the innate inferiority of blacks, Indians, certain nationalities, and women.

Carefully checking Morton's measurements reveals that he unconsciously fudged his data. For example, he included a large number of small-brained Inca skulls in his "Indian" sample, but arbitrarily limited the number of small-brained Hindu skulls from his "Caucasian" sample, apparently without realizing that he was introducing a major sampling error that produced the preconceived "results" he unconsciously had been seeking. When Gould re-measured the cranial capacities of Morton's skulls, using uniform procedures instead of the variable ones employed by Morton, moreover, he found that Morton had made multiple errors of measurement *all of which* favored his ethnic prejudices.

Broca's data, unlike Morton's, were quite reliable. But he gathered them selectively and then unconsciously manipulated them to obtain results that suited his personal prejudices (a kind of solo Clever Hans phenomenon).¹ Broca began with the biased assumption that human races could be ranked according to a linear, hierarchical scale of mental worth, the order of which he felt was obviously reflected by the relative socioeconomic success of Western civilization, and he searched for "meaningful" characters that would demonstrate it. One character, brain size, yielded results that were congenial in general although not entirely. Broca responded by applying them variably and interpreting them so as to make them fit in with the views he and his school were seeking to validate. For example, he directed his data in such a way as to defend the French against German and Swiss claims of intellectual superiority, but steered them in a different direction to "demonstrate" the superiority of whites over blacks and men over women.

The intensity of the prejudices involved is illustrated in the following excerpt that Gould presents from a paper written in 1879 by Gustave LeBon, a member of Broca's school, on the relationship between cranial volume and intelligence:

¹ Sebeok, T. A. & Rosenthal, R., Editors (1981). *The Clever Hans Phenomenon: Communication with Horses, Whales, Apes, and People*. *Annals N. Y. Acad. Sci.*, Vol. 364.

In the most intelligent races, as among the Parisians, there are a large number of women whose brains are closer in size to those of gorillas than to the most developed male brains. This inferiority is so obvious that no one can contest it for a moment; only its degree is worth discussion. All psychologists who have studied the intelligence of women, as well as poets and novelists, recognize today that they represent the most inferior forms of human evolution and that they are closer to children and savages than to an adult, civilized man. They excel in fickleness, inconstancy, absence of thought and logic, and incapacity to reason. Without doubt there exist some distinguished women, very superior to the average man, but they are as exceptional as the birth of any monstrosity, as, for example, of a gorilla with two heads; consequently we may neglect them entirely (pp. 104-105).

When Alfred Binet, director of the psychology laboratory at the Sorbonne, turned his attention, at the end of the nineteenth century, to the measurement of intelligence, it was natural for him to employ the craniometric techniques of his fellow countryman, Broca. After three years of measuring children's heads and finding that the difference between those of the smartest and those of the stupidest was miniscule, however, he abandoned this approach as fruitless and "ridiculous." He shifted to devising tests of children's comprehension, reasoning, ability to follow directions, etc. His tests consisted of lists of short, commonplace tasks which were long enough and varied enough to permit the abstraction of a child's general intellectual functioning in a net, composite score.

Binet warned that his tests yielded information only about current levels of functioning and that nothing could be inferred from them about etiology or about the *innate* intellectual superiority or inferiority of a particular child. His admonitions were ignored by H. H. Goddard when he translated and imported Binet's scales to the United States. He gave them a hereditarian interpretation that totally reversed Binet's intent. He utilized them as a tool for crusading vigorously against the "low-grade defectives" and "morons" who he claimed made up the bulk of the criminals, alcoholics, prostitutes, "ne'er do wells," Eastern European immigrants, and toiling masses who threatened to misuse the democratic process to rise out of their place at the bottom of the socioeconomic scale, topple the rule of those whose superior intelligence entitled them to lead society in affluent comfort, and destroy America.

Robert M. Yerkes and E. G. Boring persuaded the United States Army to permit them to give intelligence tests to 1,750,000 World War I recruits. The contents of the tests were replete with cultural

penalties; they were administered in a sloppy, uneven, clearly biased fashion; and they were interpreted in accordance with the convictions of the committee that had written them. The mental gymnastics used to explain away results that contradicted the preconceived hereditarian notions of the testers are striking. Yet the scores were utilized as seemingly hard evidence for the innate inferiority of blacks, Jews, and Southern and Eastern European immigrants. They led to the Immigration Restriction Act of 1924, which included low ceilings for countries deemed to be populated by genetically inferior peoples and contributed to a restriction of immigration to the United States of Jews fleeing Hitler's extermination policy.

The tests Goddard devised to identify "feeble-minded" immigrants (in whose exclusion and deportation he played a large role) contained cultural penalties that did very much to manufacture the alleged mental defectiveness the tests were designed to uncover. But Goddard did not stop with this. The principal method he employed for rooting out "bad stock" on Ellis Island and for identifying "Kallikak" (a term Goddard invented) undesirables among the rural poor (many of whom were then sterilized) was not psychological testing but "the training of intuitive women to recognize the feeble-minded by sight" (p. 168), as he felt he could do himself. To his surprise, Gould also discovered that Goddard perpetrated an open, conscious fraud by retouching the photographs in his book on the mythical "Kallikak family" so as to make sure to produce an appearance of gross stupidity or evil.

This brings us back across the Atlantic to Sir Cyril Burt (1883-1971), in London, whose studies on identical twins raised apart provided the most important "data" utilized by Arthur Jensen to support his contention (from 1969 on) that the intelligence of blacks is genetically and unalterably inferior to that of whites (H. J. Eysenck did likewise). It is now well known that Burt's "findings" were total fabrications that constituted part of a number of fraudulent claims he made during the last two or three decades of his life. It is remarkable that it took as long as it did before anyone realized that he had made up not only the results he reported but even some of the studies themselves, since his papers contained blatant indications of it.

Gould generously attributes Burt's dishonesty in his later life to the workings of a mind made sick by painful reversals and personal

defeats. He focuses attention instead on what he terms Burt's earlier, more important, "honest error" of using his influential offices to promulgate, backed by seemingly responsible statistical data, his a priori notion that "intelligence is innate and that differences between social classes are largely products of heredity" (p. 273).

Burt, who did a great deal of genuinely useful work in developing the use of factor analysis as a statistical instrument (he later tried assiduously to steal credit for its invention from Charles Spearman), used it to "demonstrate," via circular reasoning, the validity of his belief, expressed in his very first paper in 1909, in the innate intellectual superiority, and therefore fitness to lead, of the upper classes in England. In doing so, he made use of Spearman's statistically created "*g factor*" of supposedly innate, inheritable general intelligence (which Spearman eventually threw out as untenable toward the end of his life, although Jensen has chosen recently to resurrect it) as his primary support and the basis of his own statistical work on intelligence.

Gould provides an edifying explication of the twin dangers of *reductionism* (to circumvent the problems presented by the extreme complexity of human psychology) and *reification* in the quest for the quantifiable, "scientific," hard data preferred by workers in "the so-called soft sciences" who, like Spearman, fall prey to "physics envy" (p. 262). He points out, with a clear exposition of the mathematics involved, that correlation among factors indicates nothing whatever about causation, although "the invalid assumption that correlation implies cause is probably among the two or three most serious and common errors of human reasoning" (p. 243). Gould quotes R. D. Tuddenham:^{*} "To the statistician's dictum that whatever exists can be measured, the factorist has added the assumption that whatever can be 'measured' must exist. But the relation may not be reversible, and the assumption may be false" (pp. 310-311).

Factor analysis, when properly used, is a method of groping after starting points rather than a means of obtaining definitive conclusions. It is important, Gould states, to recognize "that the choice of factor analysis as a method records the primitive state of knowledge in a field. Factor analysis is a brutally empirical technique,

^{*} Tuddenham, R. D. (1962). The nature and measurement of intelligence. In *Psychology in the Making*, ed. L. Postman. New York: Knopf, pp. 469-525.

used when a discipline has no firmly established principles, but only a mass of crude data, and a hope that patterns of correlation might provide suggestions for further and more fruitful lines of inquiry" (p. 316). Mathematics can do no more than order data in accordance with the approach and instructions of the investigator employing it as a tool. It does not in and of itself find "things." To draw meaningful causal inferences from statistics, "some legitimate appeal must be made outside the abstract mathematics" (p. 310).

The implications of Gould's book are clear. Any investigator working with human phenomena needs to be scrupulously careful about interpreting data and drawing conclusions from them. Data that contradict or do not fit in with the investigator's working hypothesis deserve even more attention than those that seem to verify it. Anna Freud's approach to "diagnosis" in her developmental profile³ as indicating what needs to be investigated further even more than as that which is "known" is an apt clinical correlate of this. The danger of unconsciously bending data, via tendentious research design, weighting of congenial variables of findings, circular reasoning, or naïve statistical maneuvers, in order to "discover" what one wishes to find, is especially great in psychological investigation, including psychoanalytic research, because of the enormous complexity of the field of observation and the powerful emotions that are brought into play.

There is as great a danger in adhering reverently or defensively to established theoretical formulations, with refusal to consider any revision or change, as there is in seizing with messianic fervor upon new "data," with certainty that they are not shaped by personal preference or cultural pressure but are "scientific" and objective and thus support replacing existing theory with a new system of thought. Sigmund Freud rightly warned against engaging in heated polemical debates and instead advocated quiet but persistent research in the quest for truth and knowledge. He referred to his theoretical constructions, e.g., about "instinctual drives," as a heuristic "mythology" that was not sacrosanct but constituted working hypotheses to be maintained only so long as they generate useful

³ Freud, A. (1965). *Normality and Pathology in Childhood. Assessments of Development*. New York: Int. Univ. Press. Also, see Silverman, M. A. (1978). The developmental profile. In *Child Analysis and Therapy*, ed. J. Glenn. New York: Aronson, pp. 109-127.

information. At the same time, he recognized that powerful unconscious forces, within psychoanalysis as well as outside of it, will always exert pressure, with seemingly plausible rationalizations, in the direction of diluting or negating those psychoanalytic discoveries that make people uncomfortable, anxious, embarrassed, or humbled in their wish to arrogate to themselves an inflated sense of their own worth or superiority, either as individuals or as members of a species.

It is very much to Stephen Jay Gould's credit that he balances the polemical thrust in his book with an effort to remain objective and even-handed in his attention to the hereditarian-environmentalist debate and that he maintains an introspective awareness of his own complex motivations for writing the book. He comes across neither as a starry-eyed dreamer nor as a tendentious environmentalist out to spear his hereditarianist adversaries. He makes it clear that neither biology nor environmental influence alone can account for the functioning of human beings. (We are reminded of the wise response of D. O. Hebb, when he was asked his opinion as to the relative importance of nature and nurture in determining human development, that the role of constitution is 100% and the role of environment is 100%.)

In addition to Gould's devotion to the truth and his obviously humanistic, egalitarian, apparently socialistic ideals, he volunteers that an additional, personal motive for writing the book was his son's pain and suffering from the early labeling that went along with a primary learning disability. It also is apparent from the tenor of the book (and from the devotion of a long chapter to Cesare Lombroso's gymnastic manipulation of normal anatomical variations to construct an atavism theory of allegedly apelike stigmata to indict "inferior races" with biological, criminal degeneracy) that he bridled at seeing Darwin's observations misused in "an unholy alliance" of "evolution and quantification" (p. 74).

There is one area in which we find ourselves in disagreement with Gould. We have to question the distinction he draws between unconscious, "honest" errors and conscious fakery. Psychoanalysts are quite familiar with self-deception (i.e., dishonesty) that takes the form of "not being conscious" of what one is doing. Schafer⁴

⁴ Schafer, R. (1976). *A New Language for Psychoanalysis*. New Haven: Yale Univ. Press.

has addressed himself quite cogently to this. It seems to us that there is little difference between the "unconscious" mismeasurements and numerical manipulations of Morton, Broca, Terman, Yerkes, Eysenck, and others, on the one hand, and the direct and open fraud perpetrated, on the other, by Goddard and Burt. *Dishonesty is dishonesty*. Gould at one point discovered an error in his own calculations which he recognized as instructive, at his "own expense," of "the cardinal principle of this book: the social embeddedness of science and the frequent grafting of expectation upon supposed objectivity" (p. 66). It demonstrates his honesty in being alert to his own inclusion in the universal human tendency to be dishonest for personal gain. To be dishonest with oneself about one's dishonesty is only an extension of it, not an exculpation. It is not surprising to us that Goddard and Burt could have moved on from "unconsciously" manipulating their data, so as to support their staunch convictions, to "consciously" and "deliberately" faking them.

It is incumbent upon behavioral scientists, as it is upon investigators in any field of science, to be vigilantly alert to tendencies within them to "fudge" or otherwise subvert their observations in accordance with personal prejudices or biases. No matter how noble or pure the cause one may be defending, the end can never justify the means in this regard.

We have been able only to touch upon the highlights of Gould's *The Mismeasure of Man*. Reading it in its entirety would be time very well spent. We recommend the book to anyone interested in science, truth, psychology, or the history of ideas. In short, we recommend it to everyone.

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THE COURSE OF LIFE. PSYCHOANALYTIC CONTRIBUTIONS TOWARD UNDERSTANDING PERSONALITY DEVELOPMENT. VOL. I: INFANCY AND EARLY CHILDHOOD. Edited by Stanley I. Greenspan and George H. Pollock. Washington, D.C.: National Institute of Mental Health, 1980. 660 pp.

The last twenty-five years has produced a mushrooming of research on personality development by psychoanalysts, psychiatrists, pediatricians, clinical and experimental psychologists, and others. The

psychoanalytic contributions, beginning with those of Freud, have provided a wealth of useful knowledge on the subject, but they are scattered among different journals and books. The absence of an authoritative psychoanalytic reference work on personality development has posed a serious problem, especially for nonpsychoanalytic students and investigators, who tend to be misinformed about psychoanalysis and the large number of psychoanalysts engaged in research.

The Course of Life has solved the problem in splendid fashion. Under the auspices of the National Institute of Mental Health, the prodigiously industrious and creative editors, with some sixty additional contributors, have produced a reference work that will be valuable for many years to come. This appraisal is based on a reading of Volume I, supplemented by a generous sampling of Volumes II and III.

With few exceptions, the contents of Volume I range from very good to superb. Almost all the articles are original contributions. A number of the distinguished contributors are not psychoanalysts, but their work on the early stages of development, beginning with the fetus, is most relevant and challenging.

The volume begins with two overviews. The first is Anna Freud's "Child Analysis as the Study of Mental Growth (Normal and Abnormal)." A highly condensed, 10-page article, it emphasizes the interdependence of the developmental lines explicated in her celebrated publications. She indicates a need for further research in many areas, for example, into secondary process functioning, impulse control, and the development of the sense of time. This is one of the last papers Anna Freud wrote before her death, October 9, 1982.

The second overview, "Elements of a Psychoanalytic Theory of Psychosocial Development," by Erik H. Erikson, is a brilliant, fifty-page summary of his major work. It encompasses his well-known eight stages of development from infancy to old age. This is Erikson writing at his best: elegant, economic, and persuasive. He is frank about his ambiguities, and his speculations are invariably stimulating. In response to repeated misinterpretation of his views, he again affirms that the term "psychosocial," in the psychoanalytic context, is meant to complement the dominant theory of psychosexuality rather than to replace it.

The next two chapters, by Robert N. Emde, are entitled "Toward

a Psychoanalytic Theory of Affect." The first, subtitled "The Organizational Model and Its Propositions," is an incisive statement on scientific theory building for psychoanalysts. It begins with a historical review of the psychoanalytic theory of affects, addresses itself to deficiencies in psychoanalytic theory, and presents criteria for model building that take into account data both from the psychoanalytic situation and from other fields of investigation: "I contend that useful models for psychoanalysis in today's scientific world are organizational ones. Such models can bridge domains, which are both personal and public, and can incorporate postulates concerning mental processes and interactions among such processes. This view holds . . . that if a model is found to be inconsistent with modern biology or 'physiologically implausible,' new models must emerge. Moreover, psychoanalytic theory cannot be restricted to a personal psychology of individual meanings and aims since there will always be a need for generalizing beyond the single case and beyond the clinical, psychoanalytic setting" (p. 75). I also found Emde's well-reasoned opposition to those who would discard metapsychology *in toto* in order to formulate new models most compelling.

Emde's approach is compatible with Erikson's, and both serve as examples of Engel's biopsychosocial orientation.¹ Emde's first essay merits careful study by psychoanalytic theorists, especially by those who dream of psychoanalysis becoming a general psychology.

Emde's second contribution, subtitled "Emerging Models of Emotional Development in Infancy," presents the findings of the author's and his co-workers' long-term research, which has very substantially carried forward the pioneer work of René Spitz. They lucidly describe two biobehavioral shifts, at two months of age and at seven to nine months, whose implications for psychoanalytic propositions are thoroughly explored. They state: "Ontogenetically one could say that affects are social signals before psychological signals. They are involved in social reciprocity before they are anticipatory, before they can be mobilized internally and involved in means-end relationships. Also, from the beginning, the very process of internalization of social objects is an affective one" (p. 104). Emde concludes the chapter with some penetrating questions.

¹ Engel, G. L. (1977). The need for a new medical model: a challenge for biomedicine. *Science*, 196:129-136.

Emde's work appropriately sets the stage for the following seven chapters. "Psychoanalytic Perspectives on the First Year of Life—The Establishment of the Object in an Affective Field," by Theodore Shapiro and Daniel Stern, reviews the results of direct observation of infants by psychoanalysts and the work of developmental psychologists on infant perception and cognition. The two sets of observations are demonstrably complementary. Psychoanalysts "have emphasized the need to look at infancy from the vantage point that includes biological substrate interacting with perceptual strategies that establishes a set of stored images in dynamic arrangement" (p. 117). These include affective registrations that lead to a growing awareness of an increasingly familiar world. The authors comment upon the continuity and discontinuity between the prospective observational methods and the reconstructive psychoanalytic method, including the question of correspondence between preverbal experience and postverbal reconstruction. The authors formulate what is possibly the most important question confronting psychoanalytic theory, one about which there are major disagreements among psychoanalysts.

David A. Freedman, in "Maturational and Developmental Issues in the First Year," deals with fundamental clinical and theoretical research issues: "Taken together these three complicating factors—infantile amnesia, retrospective falsification, and the propensity to adultomorphize—set a limit on the reliability of the psychoanalytic method as an instrument with which to investigate the earliest phases of psychological development" (p. 130). Freedman reviews a variety of approaches to the infant-mother interaction, including those of Spitz, Sander, Emde, and Mahler. He discusses deviant development due to congenital or neonatal sensory loss, an area of inquiry to which Freedman has made many important contributions.

"The First Year after Birth," by Martin A. Silverman, is an exceptionally comprehensive and concise theoretical overview. It examines theories developed out of reconstruction from the psychoanalysis of adults and conclusions drawn from the psychoanalysis of children and from direct observation of infants. This contribution is reinforced and supplemented later in the book by Lois B. Murphy's "Psychoanalytic Views of Infancy."

There is considerable overlapping in the material covered in the last five chapters. It serves to underline the common ground from which the authors' respective special viewpoints clearly emerge.

Louis W. Sander's research has led to a number of contributions to developmental theory during the last twenty years which have established viable linkages among pediatrics, psychiatry, psychoanalysis, and the experimental laboratory. Sander's "Investigation of the Infant and Its Caregiving Environment as a Biological System" summarizes the results of his research, showing that "psychoanalysis needs the conceptual and empirical perspective, which recent advances in biological systems research are opening up" (p. 177). The research answers the question of how long it takes the newborn to master the disruption of intrauterine biorhythms and adapt to adult circadian rhythms. Data were obtained via the use of ingenious, nonintrusive monitoring devices as well as by frequent, periodic assessments of infants and their caretakers. Two ecological systems were compared over a ten-day period: infants in a newborn nursery, on four-hour scheduled feedings from different nurses, and infants rooming in with their multiparous mothers providing breast feeding on an infant-demand schedule. In the latter group, by the third day, an emerging synchrony was observed among episodes of activity, rest, and caretaking events. Gradually, the greatest amount of the infant's activity settled into the daytime twelve-hour period. By the tenth day, the major part of the infants' sleeping had settled into the nighttime twelve-hour period. This did not take place among the newborn nursery infants until each was transferred to a single caretaker who roomed in and fed the infant on demand. A dramatic change began within twenty-four hours. Sander states: "It has not been generally recognized that twenty-four hour sleep-awake organization begins to occur between Days 4 to 6 under optimal circumstances, nor that circadian rhythmicity can be established in the second week of life" (p. 191).

T. Berry Brazelton's "Neonatal Assessment" is an illuminating essay on a most important topic that cuts across disciplinary boundaries. The exposition is replete with useful clinical and theoretical detail. To illustrate the importance of cultural factors and the need for multiple assessments, Brazelton describes a study of twenty Zambian infants who were examined during Days 1, 5, and 10. On Day 1 they were all severely depleted, with sparse subcutaneous tissue, poor muscle tone, poor head control, irritability, with low scores in all elicited responses. This state was attributable to maternal malnourishment during the last trimester. In the United States, such a clinical picture would have put the infants in a high risk category, and the parents would have responded to them with

anxious overprotection. The Zambian mothers; however, treated these infants as if they were normal, and they breast fed them. By Day 10, a remarkable transformation had taken place. There was no sign of dehydration or tissue depletion, and they were now vigorous and responsive.

The neonate's remarkable sensorimotor repertoire is delineated. For example, on Day 1, he will track a bright red ball which is moved slowly from side to side, his head moving to follow his eyes. Brazelton reports: "We found that the capacity of neonates to fix upon and follow a red ball was a good predictive sign of neurological integrity" (p. 214).

The reader would do well to follow Brazelton's work by reading two other excellent chapters on assessment. "Infants, Mothers and Their Interaction: A Quantitative Clinical Approach to Developmental Assessment," by Stanley I. Greenspan and Alicia F. Lieberman, covers the first year of life (with assessments made at four, eight, and twelve months). The authors have developed behavioral indicators based on sound psychoanalytic principles. Two mother-infant dyads are described to demonstrate the practical clinical value of the assessment inventory. "Applied Psychoanalysis and Assessment of Psychopathology in the First Year of Life," by Reginald S. Lourie and Robert A. Nover, describes the psychopathologic syndromes of infancy. It presents a developmental approach to the classification of the psychopathology of infancy.

While both Sander and Brazelton see the neonate as both active and reactive, with all kinds of newly revealed competencies, we learn that this does not begin postpartum. Pirkko L. Graves, in "The Functioning Fetus," describes the origin of activity and reactivity early in fetal life. This chapter will probably be the most fascinating in the book for the reader unfamiliar with the extensive, in-utero and ex-utero research on the human fetus over the last twenty years. Graves astutely reviews selected research findings on fetal motility and sensory receptivity as functional representatives of two inborn ego apparatuses, motility and perception, highlighting certain aspects of prenatal environmental influence. Her theoretical comments and questions about the connections between fetal and postnatal development derive from a firm grasp of biology, psychoanalysis, and research methodology.

The immature human embryo can be kept alive for several days in a heated water bath, during which spontaneous and reflex mo-

tility and other physiological functions can be studied, in a non-invasive manner. The earliest evoked motility occurs by 7.5 weeks of gestation. Mouth opening as part of a contralateral total reflex occurs as early as 8.5 weeks. Stimulus-oriented mouth activity, including the snapping of the jaws, occurs by 11 weeks. At 15.5 weeks, oral stimulation produces a reaction akin to the postnatal sucking reflex. A 29-week fetus, ex-utero, has been noted to suck so strongly that the sound was audible. "The oral area appears central in the development of reflex activities. It is demonstrably the area of primary sensitivity in that the stimulation of the nose-mouth area elicits the first responses" (p. 240). The primacy of the oral zone and oral phase in psychoanalytic theory is affirmed by fetal observations. Analysts who see life in-utero as the prototype of the state of perfect bliss, however, will find no support for their fantasy from the facts of fetal life. The uterus is not a dark, quiet place. The very active and reactive fetus is subject to all kinds of physiological challenges and stresses. The reader is directed to Graves's article for details.

The work of the authors of the remaining admirable chapters is well known to psychoanalysts and child psychiatrists. The development of the child during the second and third years is covered by the contributions of Sally Provence, Margaret S. Mahler, John B. McDewitt, Eleanor Galenson, Henri Parens, Albert J. Solnit, Calvin F. Settlage, and Peter B. Neubauer. Ages four to six are covered by Humberto Nagera, Jeanne Lampl-de Groot, Heiman van Dam, and Robert J. Stoller. As one might have anticipated, the oedipus complex is thoroughly covered by these authors. Their agreements and differences are well defined.

The last two chapters deserve special mention. In "Childhood Psychosis: A Psychoanalytic Perspective," Paulina Kernberg conceptualizes the phenomenology of the psychotic child's experience in terms of object relations theory. She uses six case vignettes to illustrate her clinical and theoretical discussion. It is a most instructive little paper.

In "Some Clinical and Theoretical Aspects of Two Developmental Lines," Clifford Yorke, Hansi Kennedy, and Stanley Wiseberg explicate two developmental lines that are not readily demonstrable in terms of overt behavior. The first is the developmental line of anxiety. The second is one that leads from early infantile awareness to the wish for self-understanding. The value

of this contribution is enhanced by seven case vignettes of patients ranging in age from three to thirty-three.

The Course of Life deserves the widest dissemination. It is most fortunate that it is available from the U. S. Government Printing Office for such a very modest price.

H. ROBERT BLANK (WHITE PLAINS, N.Y.)

THE COURSE OF LIFE. PSYCHOANALYTIC CONTRIBUTIONS TOWARD UNDERSTANDING PERSONALITY DEVELOPMENT. VOL. II: LATENCY, ADOLESCENCE AND YOUTH. Edited by Stanley I. Greenspan and George H. Pollock. Washington, D.C.: National Institute of Mental Health, 1980. 550 pp.

This volume illustrates at once all of the problems and all of the promise of psychoanalytic endeavors aimed at the elaboration of a developmental psychology. We are treated to a wide-ranging compendium of contributions spanning the extensive terrain of psychoanalytic scholarship. Most of them (with the notable exception of the article by Daniel Offer) extract their data and conclusions from the psychoanalyst's traditional area of expertise, work with analytic patients.

This population permits the longitudinal study of mental mechanisms, forces, conflicts, and conflict resolution in the context of an ongoing relationship and under the pressure of the internal and external circumstances that brought the analysand into the analytic situation. The importance of this last variable is underscored dramatically by the Offer article, "Adolescent Development: A Normative Perspective." Offer reports on an eight-year longitudinal study of adolescent boys. He describes three different patterns of development. Pivotal is the fact that only one of these pathways was typified by developmental problems requiring psychotherapeutic intervention. Many conclusions about so-called normal adolescence that had been reached through the clinical investigation of the "tumultuous growth" group, which constituted only 21 % of Offer's population, need to be rethought, at least insofar as their nomothetic import is concerned.

Most developmental data are confined to what can be called the videotaped level of reality, i.e., what the camera would see of an interaction, of a developing skill, of the circumstances eliciting a reaction. A second level of inquiry, which can be labeled the in-

terrogrative level, is less frequently tapped. At this level of inquiry, there is an attempt to do more than record an event. The investigator tries to find out something about motivation and intention. This kind of research is almost exclusively aimed at obtaining conscious material. It is carried out when data procured by methods at the videotaped level cannot be immediately understood or do not make sense.

Psychoanalysts look for explanations and explore motivations at yet a deeper level, that of the unconscious, dreams, play, and intrapsychic reality. This is the arena in which individual meaning is most fruitfully mined and where the ideographic can be seen to interdigitate with the nomothetic. It is at this level, the level of unconscious and ideographic reality, that this book makes its greatest contribution. Careful analytic observation and codification yield rich and useful insights. In this respect, several of the very excellent articles in this volume require special notation.

Erna Furman, in her article, "Early Latency—Normal and Pathological Aspects," reviews classical constructions of this developmental period and provides certain additions and refinements. She then illustrates the wisdom of these formulations with clinical examples. She beautifully shows us the dilemma of early latency children as they cope with the onset of infantile amnesia and with the novelty of the voice of conscience. She also shows us the importance of understanding the role of parents in contributing to the child's intrapsychic development. Finally, her work demonstrates the benefits that can accrue when a theoretician is also a gifted observer and clinician.

Robert Furman, in his article, "Some Vicissitudes of the Transition into Latency," draws heavily on the work of Rose Edgcombe and Marion Burgner of the Hampstead Clinic. He finds their idea of dividing the phallic-narcissistic phase into preoedipal and oedipal components a helpful base for his notion that children enter latency from a variety of starting points within the preceding phase of development. In analytic work, Furman suggests, the multiple points of departure at which the curtain of infantile amnesia descends may exert an effect on the child's ego structure and on his or her identifications. He illustrates his points with references to the behavior of children in the Hannah Perkins nursery and with citations from the analytic treatment of a number of child patients who entered latency at the time of the analysis or in whom the

historical and intrapsychic factors during latency could be reconstructed. Furman draws our attention to the impact that stressful experiences in reality can exert on development during latency and on early adolescent development. His research has particularly attuned him to the effects of divorce.

The article, "A Developmental Approach to Systematic Personality Assessment," by Stanley Greenspan, James Hatleberg, and Cecil Cullander, is a clear and concise elaboration of the assessment methodology which this group has developed. It is a "how to" chapter that comes to life as they present the case of Bryan. Most important, the methodology is meant for use with patients. It is hard to imagine obtaining the kind of data necessary for use of this instrument without a therapeutic "alliance" that permits examination in depth. Psychoanalytic data arise in the context of an alliance within the analytic relationship. The process permits access to areas that otherwise are not reachable. If one administers a Rorschach test to a randomly selected research population, one does not gain access to the level of unconscious reality in the same way as is possible in an analytic relationship established when people come to an analyst because they are in pain.

Fred Pine's "On Phase-Characteristic Pathology of the School-Age Child: Disturbances of Personality Development and Organization (Borderline Conditions), of Learning, and of Behavior" brilliantly systematizes and conceptualizes the borderline spectrum of pathology in this age group. It is inconceivable that this chapter could have been written by anyone but a clinician. Psychoanalytic developmental psychology is inherently clinical.

Rudolf Ekstein, in his essay, "Concerning the Psychology and the Psychotherapeutic Conditions of Childhood," shows us another aspect of psychoanalytic thinking: the way in which the realm of meaning can be explored through the use of metaphor. He escorts the reader into the diagnostic treatment world which the therapist shares with a borderline child. Here there is a different kind of communing, using a different kind of linguistic framework. Ekstein weaves together the developmental, the theoretical, and the poetic as he describes the psychoanalytically oriented therapist's approach to such a child. Along the way, he creates a developmental line for speech and language that merits serious consideration. This contribution also contains a very moving consideration of the plight

of the parents of a seriously disturbed child, as well as some related issues involving the therapist and the supervisor.

Interesting papers surveying general knowledge and traditional psychoanalytic thinking about the latency period are offered by Marshall Schechter and Lee Combrinck-Graham in "The Normal Development of the Seven to Ten Year Old Child," Selma Kramer and Joseph Rudolph in "The Latency Stage," Edith Buxbaum in "Between the Oedipus Complex and Adolescence: The 'Quiet' Time," and Ronald Benson and Saul Harrison in "The Eye of the Hurricane: From Seven to Ten." Little psychoanalytic research has been done in this area, except for inquiries into the aggressive residues of the oedipal experience. It is quite likely that analytic research into the latency period will receive much more emphasis by the time the next edition of this trilogy is issued.

Judith Kestenberg's "Eleven, Twelve, Thirteen: Years of Transition from the Barrenness of Childhood to the Fertility of Adolescence" is an outstanding example of her breadth of expertise and her integrative capacity. She examines the way in which masturbatory fantasies are interrelated with biochemical transformations and describes how the interpretation of movement profiles can lead to analysis of the rhythms of drive discharge. When she presents analytic material, she demonstrates how regressive and progressive forces can be understood as rooted both in biology and in psychology, i.e., in "psycho-biology."

A whole slew of fascinating papers on adolescence is ushered in by the Kestenberg paper. Morris Sklansky, in "The Pubescent Years: Eleven to Fourteen," provides an interesting counterpoint to the Kestenberg and Offer papers. He too addresses the interface of the physiological and the psychological—in the normal and the neurotic—but he focuses much more on the technical dilemmas which the adolescent's hormonal upheavals and psychological reworkings and unfoldings pose for the analyst. He makes specific suggestions about how the therapist might wish to function with different kinds of early adolescents, including what he might want to do and what he distinctly might not want to do. Helen Beiser, in "Ages Eleven to Fourteen," takes a similar perspective as she defines the general psychological tasks imposed upon boys and girls during this time of life.

Joseph Noshpitz's chapter, "Disturbances in Early Adolescent

Development," is a tour de force. Noshpitz thinks with us about the special talents of the young adolescent as well as about his or her special vulnerabilities. He reviews the intrapsychic determinants of turmoil, rebellion, young love, hedonism, romanticism, moodiness, boredom, shyness and inhibition, and asceticism. He describes the vagaries of the encounter with a new and changing physique. What does one's fullness or shortness mean? What is the meaning of breast development or of a squeaky voice or acne? What if one has an unusual physique or is quite out of the range of one's peers? All of these issues are sensitively and comprehensively discussed. This important essay concludes with a section on disturbances of early adolescent development. Noshpitz discusses gender identity, the problems of precocious and delayed puberty, and the enormous as well as complex area of accidents. He introduces us to the topology of adolescent depression, to psychophysiological reactions, and to a particularly widespread occurrence which he calls the Minor Alienation Syndrome. Group delinquency, minimal brain dysfunction, anorexia nervosa, depersonalization syndromes, problems in adolescent sexuality, and the psychoses are also discussed in some detail. This chapter is a mini-textbook in and of itself.

Eugene Kaplan's "Adolescents, Age Fifteen to Eighteen: A Psychoanalytic Developmental View" presents us with an integration of developmental and psychoanalytic thought. He carefully delineates the kinds of evidence suitable for each and then goes on to a scholarly synthesis of his own. Reviewing the work of Kernberg and of Blos, among others, he advances the notion of an intrapsychic restructuralization in mid-adolescence. His essay is elegantly worked.

Henry Coppelillo, in his essay, "Tides of Change in Adolescence," devises a model for conceptualizing change during adolescence that focuses on the maturation of ego functions in a way that is analogous to Piaget's conception of cognitive growth. Irwin Marcus introduces the notion of work selection and accomplishment as a function of a number of psychological variables which are clearly demarcated in the course of adolescence. Hilde Bruch discusses the eating disorders which, although rooted in earlier and ongoing aspects of the self-other dialogue, often emerge with frightening clarity at this developmental stage. Aaron Esman, in

his contribution, "Mid-Adolescence—Foundations for Later Psychopathology," takes up where the Noshpitz paper leaves off. He reviews similar areas, but from the perspective of the seventeen- and eighteen-year-old.

"Contributions of an Innovative Psychoanalytic Therapeutic Program with Adolescent Delinquents to Developmental Psychology," by Milton Shore and Joseph Massimo, describes the highly successful treatment program which they carried out. A comprehensive strategy for engaging and working with "wayward youth" is presented. Follow-up information is provided to allow us to judge both the theoretical and the pragmatic value of their approach. Their work is an outstanding example of the application of analytic and developmental concepts.

The papers by Carl Adatto, by Herman Staples and Erwin Smarr, by Graham Blaine and Dana Farnsworth, and by Richard Isay address personality development, normative tasks, psychopathology proclivities, and analytic challenges in late adolescence and early adulthood. A point which emerges in a number of these essays is that analytic access may be defined and curtailed by such external developmental demands as college, career, etc. This is particularly stressed in "Late Adolescence: The Second Separation Stage of Adolescence" by Richard Isay.

I shall close by returning briefly to the Offer article, "Adolescent Development: A Normative Perspective." Clinically, this chapter does not rank with some of the others, but to my mind it is very important. Offer discusses the dilemmas inherent in Jones's assertion that "psychopathology opened a route to psychology in general, perhaps the most practical route."¹ He looks at the problems that arise when the psychoanalyst tries to conceptualize the "normal." This is the crux of the dilemma implicit in the question of the nature of psychoanalytic contributions to a psychology of normal development.

This is a wonderful volume. Psychoanalysts will find it a feast. Explorers of human behavior in other disciplines will find a very rich exposure to the psychoanalytic point of view.

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¹ Jones, E. Quoted in *Neo-Freudian Social Philosophy* by M. Birnbaum. Palo Alto, Calif.: Stanford Univ. Press, 1961, p. 7.

THE COURSE OF LIFE. PSYCHOANALYTIC CONTRIBUTIONS TOWARD UNDERSTANDING PERSONALITY DEVELOPMENT. VOL. III: ADULTHOOD AND THE AGING PROCESS. Edited by Stanley I. Greenspan and George H. Pollock. Washington, D.C.: National Institute of Mental Health, 1980. 608 pp.

Although developmental concepts have always been a major aspect of psychoanalysis, interest in the factors which influence psychic growth has burgeoned during the past three decades. This interest has been stimulated by child analysis, the treatment of persons with severe psychopathology, and the recognition that not all emotional turmoil is the consequence of unresolved childhood conflicts. There are tasks and challenges specific to and characteristic of each phase of the life cycle. These evoke past conflicts to varying degrees. Knowledge of the age-specific challenge is essential in order to appreciate an adult's stress and to evaluate the impact of the past on present difficulties. Because some enthusiastic developmentalists have focused on the manifest challenge and its resolution and have tended to ignore the impact of intrapsychic issues, the developmental perspective, especially as applied to adults, has been viewed with skepticism by many and has only slowly been accepted. The concern has been that the developmental approach overemphasizes the impact of the actuality of life events and neglects the psychological elaboration and significance of them. This volume, the third and last in a series that deals with developmental issues throughout life, corrects this impression. Though to varying degrees, and from somewhat different perspectives, all of the contributors have integrated developmental issues with psychoanalytic concepts.

In the lead article, Elliott Jaques discusses the midlife crisis. It spans the years between the mid-thirties and early fifties. It is a crisis of creativity, and its manifestations are clearest in highly creative persons. The artist's style changes from a lyrical poetical to a more spontaneous one, and the content becomes more thoughtful and philosophical. Jaques illustrates his thesis with reference to the lives and works of recognized creative people in many fields. He indicates the manner in which their work deals with the depression characteristic of the midlife crisis. Referring to the work of Melanie Klein, he points to the similarity of adult depression to the infantile depressive position and asserts that the midlife task

is to overcome the hatred of the primary object and make reparation to it so that love can prevail. If this task is successfully negotiated, older adults (after fifty) can appropriately accept their limitations and the prospect of death. For Jaques, an important aspect of late adulthood is the acceptance of death.

Robert Michels believes that psychoanalysis has not been sufficiently attentive to the developmental issues of adulthood. He feels it has overstressed the effects of the vicissitudes of infantile sexuality on the adult and has relatively neglected the specific concerns of adulthood. Michels adumbrates some of these concerns. While for the young, time seems limitless, adults are constrained by increasing awareness of the transience of life and the limits of their abilities. Adaptation to psychosocial reality is a major task of adulthood. Adults need to establish a stable position for themselves through their work identity. Drives are less peremptory than previously and, while patterns of sexual behavior vary, sexuality is integrated with the other aspects of the personality. The role of parent organizes past experience and initiates processes which affect future personality development. Aging is not an epilogue but an epoch to be experienced. Michels urges psychoanalysis to focus less on the influence of the past on the present and on the pathogenic and to study normal adult development in greater depth.

For Paul Dewald, the central core of the personality is established in infancy and childhood. The manner of resolution of early conflicts and challenges is a major determinant of the patterns of gratification throughout life. These patterns are influenced by sociocultural as well as intrapsychic factors. Psychopathology in adults is indicative of developmental arrest or of unresolved conflicts of childhood. Symptom formation in adults is a response to stress which reactivates similar, though not identical infantile situations. Although it was thought at one time that symptomatology could be correlated with the psychosexual stage at which the original conflict occurred, further observation has not confirmed this hypothesis. Symptomatology is determined by the confluence of many diverse factors and is evidence of failure of patterns of coping. Adulthood is not a static state. Although the rate of change slows, development continues in response to the challenges of adulthood which center around work, marriage, and parenthood. The psychological capacities and organization evolved in response to past experiences are evoked to cope with these challenges. Additional

patterns of coping develop in the course of meeting the challenge. Thus, psychological growth continues.

In the view of Roger Gould, the fundamental task of adulthood is the transformation of basic assumptions about life which have been formed during childhood and youth. Until the individual is about sixteen, life is dominated by the illusion of absolute safety. This illusion is based on belief in the omnipotence of protective parents whose absolute rules and view of the world the child accepts. The rage that children experience as the demonic in themselves when parents fail to meet their expectations is expressed in the fear of monsters and in the phobias which are characteristic of childhood. During childhood and youth, four false assumptions are elaborated to ward off the demonic and cope with the fears and rages which threaten separation from parents. The uncertain youth believes that permanent possession by the parents and belief in their view of the world guarantees his safety; should frustration occur, parents will show the way; life is simple and free of contradictions; death and evil are not in him; the demonic has been expelled. Proceeding too long on the basis of these false assumptions is bound to cause difficulties and psychological problems. The young adult's (20-35) libidinal investments, favorable experiences, and increased cognitive capacities can result in the transformation from these false assumptions to adaptive views. The psychopathological can be reversed thereby and constructive attitudes developed. At midlife (35-50), as the denial of mortality becomes increasingly difficult, goals are reviewed and new perspectives emerge. Needs as well as limitations are accepted and expectations modified. This can be a time of turmoil, but if successfully negotiated, it can lead to the easing of tension. The search for omnipotence is relinquished. Death is accepted, not as evidence of the demonic but as an inevitable fact of life. As Gould discusses and clinically illustrates the process of transformation, he emphasizes the social contexts in which it occurs. He believes that transformations have both an individual and a shared aspect. They reflect both idiosyncratic and cultural experiences.

As has been noted, parenthood is a major task of adulthood. The development of a maternal ego ideal, expressed in the desire and capacity to nurture, protect, and care for dependent and helpless infants and children is essential for the survival of the species. Harold Blum traces the complex interaction of biological givens,

life experiences, and psychological phenomena that eventuate in the emergence of the maternal ego ideal, a psychological organization which can also develop in men. It has its roots in the parents' earliest development and is influenced by experiences throughout life. Identifications and relationships with parents, with inevitable idealization and denigration of them, contribute to attitudes toward mothering. Motherliness involves the capacity for a degree of self-sacrifice that should not be confused with masochism. The non-pathologic mother endures pain and frustration, not for the pleasure in suffering but out of interest in the child's welfare. Mistreatment of children often reflects mistreatment to which the parents were themselves subjected, but it can also be an expression of untamed aggression in response to the expectable needs and demands of children. Our understanding of this phenomenon, which has been noted even in the earliest accounts of human behavior, i.e., in myths, is limited. Parent and child challenge each other's narcissism and, even with optimal parenting, problems are inevitable.

The review of the past as a bittersweet experience is described by Pietro Castelnovo-Tedesco. He distinguishes nostalgia, which is longing for an idealized lost past object, from reminiscence, which is remembering with perspective. Reminiscence is not a futile, painful longing but involves the recognition that even though old objects have disappeared, their representations in the mind endure. This realization is essential to maintain contact with the past, to live in the present, and to anticipate the future.

The issue of keeping promises looms large in human experience. Herbert Schlesinger discusses both the social implications of keeping promises and its meaning to individuals. Society is organized around the concept that promises will be kept. Social intercourse is possible because commitments are made and obligations honored. In addition to pragmatic reasons for valuing promises, there are magical ones. Insistence that promises be kept involves control of another person. The expectation that a promise will be kept creates the illusion of guaranteeing the future and the possibility of fulfilling wishes. A pathological aspect of promise keeping is the tension which results when fantasized contracts are made. They are made unilaterally, and anger and its attendant complications accompany the disappointment when fantasized gratification is not forthcoming.

Since its beginning, psychoanalysis has tried to understand the origin of the unfulfilled desires and sense of betrayal that are directly or indirectly expressed in symptoms and behavior. In his paper on reconstruction, Bertram Cohler traces the psychoanalytic approach to the role of actuality in determining psychopathology. When the original theory that actual seductions were responsible for psychopathology proved false and the focus shifted to fantasies and their intrapsychic ramifications, the difficulty of recovering actual events from memory became evident. It has become increasingly clear that memories are not replications of events but are organizations of them. Memories of past events are influenced by other events both past and present, by hopes and fears and by concerns for the future. A life history is not an account of the facts of the life. It is an attempt to tell a coherent story that is based on the meaning assigned to remembered events. Memories are influenced and transformed by the tasks and capacities associated with the various stages of life. Each stage, while influenced by the past, has its own characteristics and cannot be understood only as the outcome of previous stages. The goal of psychoanalysis is not, as was once thought, the recovery of memories but the pursuit, in collaboration with the patient, of the meanings inherent in the narrative of his life that he has constructed. The meanings that are gathered from the analysis of the narrative and from the analysis of current life and of the transference form the bases of reconstructions that bring to the analysand's awareness the effect on his life of his longings and fears and the manner in which they have been gratified or inhibited.

In his discussion of psychoanalysis and the environment, James Anthony traces the varying, relative importance that has been assigned to environmental factors during different periods in the history of psychoanalysis. Although Freud emphasized the intrapsychic after he realized the fallacy of the seduction theory, he never disregarded environmental influences. Hartmann stressed the importance of this "average expectable environment" and pointed out that each individual contributes to the creation of his inner and outer environment. Child analysis and infant and child observation have documented the importance of the influences of the early caretakers. While exposure to pathology early in life can be pathogenic, the extent to which children can resist an apparent pathogenic environment is often amazing.

Stanley Palombo notes that infant observation has demonstrated that adaptive functioning is present from birth. He attributes this to the archaic ego, which he equates with an aspect of the id. From the beginning, he notes, the id has a dual function. It is the source of excitation and it also records memories of the experiences in response to the excitation. Subsequent excitations evoke memories of past experiences which can be adaptive in that they indicate the means of either gratifying or defending against the excitation. If the means are not available, the more highly organized ego creates structures of greater complexity. Thus, the developing ego contributes to the elaboration of psychic organization, and the capacity of the ego is enhanced by the availability of new patterns.

Stanley Greenspan and William Polk approach the assessment of psychopathology from a developmental perspective. They propose a scheme, based on phenomenological data from interviews and history, in which assessment is based on an evaluation of ego structure and functional capacity, as revealed by a person's ability to cope with the physical and psychological environment. They describe their criteria in great detail. They draw a parallel between their criteria and the traditional approach of basing assessment on symptoms and etiology. The authors prefer their scheme to the traditional one because their criteria are relatively easily delineated, inferences and psychological abstractions are avoided, and psychological strengths and weaknesses are identified.

In his discussion of the psychopathology of adult disorders, William Meissner points to the importance accorded developmental factors since the inception of psychoanalysis. At first, interest was directed to the effect of antecedent events on psychic functions. Later it was noted that events are transformed in response to developmental challenges. Psychopathology can be a manifestation either of the direct influence of past events or of the failure of the appropriate transformation of the events. Meissner reviews various psychopathological entities from a developmental point of view. He differentiates the effects of developmental arrests and defects from those of regression, and he stresses the importance of assaying ego development in determining the nature and degree of psychopathology.

According to Jacob Arlow, neurosis represents a vicissitude of development. It is a manifestation of the failure to master infantile conflicts that are reactivated by stresses in adult life. These stresses,

which Arlow believes revolve around oedipal issues, result in regression to the period when conflicts were first generated. Fantasies and defenses, both old and new, are invoked to alleviate psychic distress. The task of treatment is the analysis of these psychological phenomena and their ramifications. Arlow decries the current tendency to emphasize preoedipal issues and the actuality of the relationship with parents as pathogenic factors. He believes that the view of the analytic situation as a nurturing mother-child interaction reflects, to a certain extent, a genetic fallacy. These emphases tend to disregard the seminal contributions of psychoanalysis and the understanding of the importance of intrapsychic phenomena.

Otto Kernberg attributes the evolution of the borderline personality to severe problems in object relations early in life which lead to pathological self- and object representations. The internalization of these representations results in ego defects which are manifested in identity diffusion, defective reality testing, primitive defenses, and interpersonal difficulties. Although the origin of the pathology is preoedipal, oedipal conflicts become evident in the course of treatment. In treatment, whether psychoanalysis or psychotherapy, the transference should be cautiously interpreted because of the patient's difficulty with objects. Kernberg believes that object relations theory is an integral part of contemporary psychoanalytic ego psychology. It is a focus within the structural point of view that links metapsychology with the clinical formulations of the psychoanalytic situation.

Arnold Modell describes the analytic setting as a "holding environment" for the narcissistic character. This environment of safety and comfort recreates the mother-child dyad and affords the patient an opportunity to work through fears of merger, which have developed in association with intrusive and/or absent parents. Modell cautions against assuming a linear relationship between environmental trauma and character formation. He suggests that certain experiences are necessary but not sufficient conditions for the development of certain characters.

John Frosch differentiates neurosis from psychosis in developmental terms. The psychic organization of the psychotic is more archaic than that of the neurotic. It is a result of failure in differentiation of psychic structure. Ego and superego development are arrested. The severe anxiety of the psychotic is associated with fear

for survival. The psychotic is unable to cope with stress both because he misinterprets situations and because of the absence of the equipment necessary to adequately deal with them. His impaired reality testing and primitive defenses are associated with lack of separation of self from non-self and failure to distinguish inner from outer. The phenomena of fragmentation (rather than splitting), projection, denial, perceptual distortion, and other factors that characterize psychosis are manifestations both of the impaired object relations which underlie psychosis and of the attempts to defend against the anxiety which is the consequence of the impairment.

After a comprehensive review of the biological and psychosocial factors associated with affective disorders, Louis Gottschalk concludes that an interactional rather than a linear cause and effect model can best account for the disorders.

Edward Wolpert views manic-depressive illness as an actual-neurosis, in that it is a disturbance of activity levels. In some persons, it occurs spontaneously. In others, it is triggered by loss. In some instances, both factors are present. In any case, physiological determinants are important, and the illness can be controlled by replacement therapy in the form of lithium.

For Clarence Shultz, schizophrenia is a manifestation of failure in self-object differentiation, as a result of which fantasies revolving around the fear and wish for fusion are prominent. Failure of differentiation impedes integration. "Good" and "bad" aspects of self and objects are kept separate, and the self is experienced as fragmented. Many of the manifestations of psychosis are related to the failure to achieve self-definition. These include negativism, projection, ideas of reference, and misidentification, among others. The necessity to maintain optimal psychological distance from patients is a major therapeutic challenge.

Ping-Nie Pao traces the origin of schizophrenia to the failure of an early environment to provide the safety necessary to prevent excessive anxiety and panic, to foster the process of separation, and to promote the establishment of an equilibrium between libido and aggression. Pao proposes a classification of schizophrenia with prognostic implications based on the nature of the patient's object ties and the age at, and type of, onset of the illness.

The commonly held view that persons past middle-age are preoccupied with loss and death is, according to David Gutmann, fal-

lacious. The perspective and wisdom provided by the older person helps to maintain society's culture. Psychopathology is not always a regressive response to loss. It may also reflect difficulty in coping with the age-specific tasks of the older adult. Parenthood presents the challenge of adapting to the changing needs of children in a gender appropriate manner. Gutmann outlines the different care-taking roles of men and women and the effects of these on their narcissism.

While Ewald Busse believes that there are no consistent personality changes associated with old age, the onset of which he sets at seventy-five, certain psychopathological trends can be identified. The depression and suicide that occur in this age group may be related both to biological and to social factors. Some persons respond to growing old with hypochondriasis and a search for panaceas that will restore youth. Busse urges more attention to the problems of aging, as our knowledge is limited.

Jerome Grunes calls attention to the importance to the aged of reminiscence and regression in maintaining a sense of identity and continuity. He recommends that the therapist be alert to this phenomenon so that he can empathically encourage reconstructions of the past.

In the last chapter, George Pollock offers an overview of the process of development and considers the problems of the aged. He endorses the view that adulthood is not merely a reflection of past events but a stage of development, with its own unique challenges. Each stage of life is associated with specific demands and expectations. Similar events have different meanings at different stages of life. The course of life is not linear. There are discontinuities, both regressive and progressive, during which psychological and behavioral patterns are reorganized and transformed. Transformations may also occur gradually. Aging is an aspect of the process of life and begins at its onset. The reasons for the variety of responses to the challenge of the later years need further clarification, but, contrary to past experience, evidence has been accumulating that many older people respond well to psychological intervention. Among the factors responsible for psychic distress among the aged is incomplete mourning. The work of mourning, by reorganizing one's relationships to objects, relieves pain and sadness and liberates the desire to seek new investments. This can

lead to artistic creativity, increased investment in work, and new attachments to new persons.

These papers present a comprehensive view of the psychoanalytic approach to personality development, especially as applied to the adult and the aged. In this review, I have tried to present the highlights of each contribution and have refrained from critiquing them because, as I hope the review indicates, while there is agreement among some authors, others present critical and opposing views. The presentations are thoughtful, and the overall effect is a balanced view. The editors are to be congratulated for their choice of contributors, for their topical grouping of papers, and for their juxtaposition of different perspectives on similar subjects. Readers will find this book of value in sorting out their ideas on the place of developmental considerations in psychoanalysis.

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PRACTICE AND PRECEPT IN PSYCHOANALYTIC TECHNIQUE. SELECTED PAPERS OF RUDOLPH M. LOEWENSTEIN. (With an Introduction by Jacob A. Arlow.) New Haven/London: Yale University Press, 1982. 240 pp.

Rudolph M. Loewenstein's contributions to the clarification and advancement of psychoanalytic technique have been so simply and elegantly stated that the principles now appear obvious and correct. A careful examination of his subtle observations and explanations, as they appear in his selected papers on technique, will alert one to the evolutionary process in which Loewenstein took part and to the reader's own tendencies to embrace outdated conceptualizations and practices. This volume illuminates the remnants of cultural lag that interfere with appropriate interpretation and create stalemates in individual psychoanalyses.

Increased knowledge of ego functioning in the 1920's and especially in the 1930's led to a clarification of psychoanalytic theories and to changes in technique. Certain inconsistencies in conceptualization jarred the sensibilities of many clinicians and theoreticians. Heinz Hartmann, Ernst Kris, and Rudolph Loewenstein set out to create a more compellingly harmonious structure without surrendering basic psychoanalytic insights. Kris once said that they were simply "straightening out" the contradictions or oversights

in Freud's writings. He quoted Freud as responding to Kris's asking about mutually opposing statements in his writings by attributing them to mere "sloppiness." Loewenstein describes the alterations in technique he suggests as no more than changes in emphasis, but in truth he and his colleagues drastically reorganized analysts' views. His "changes in emphasis," following Sigmund and Anna Freud, proclaim that psychoanalytic technique should address and modify the ego. Defense interpretation is not aimed simply at getting rid of resistances so that one can get to the "real stuff," the drives, but has direct, intrinsic value.

The book under review contains thirteen papers, published between 1951 and 1972, and a lucid introduction by Jacob A. Arlow. The last article appeared four years before Loewenstein died in 1976. Because Loewenstein originally wrote the papers with no intention of placing them together in a single volume, repetition inevitably occurs. Nevertheless, since the development of Loewenstein's thought on multiple issues emerges as one reads them, a certain progression gives the book structure. The first paper in many ways serves as an overview; the details are spelled out in succeeding chapters. In one line of thought, initial statements about the importance of speech in analysis are amplified in Chapter 4, on the role of speech, Chapter 10, on the silent patient, Chapter 11, on free association, and, finally, the last chapter, on ego autonomy. The defense and autonomous functions of the ego and the basic importance of interpretation directed at the ego are themes that recur and are developed in all of the chapters. Chapter 5, a contribution to the theory of masochism, is not primarily about technique, but does demonstrate both the simplicity and the complexity of Loewenstein's thinking, as well as his appraisal of patients.

Throughout, we see the importance of an understanding of the ego, which was first described systematically by Freud when he introduced the structural point of view and then was amplified by Anna Freud in 1936 in *The Ego and the Mechanisms of Defence*, and by others. Chapter 6 ("Reflections on the Treatment of a Case of Obsessional Neurosis"), a beautiful description of an analysis written in 1959, illustrates the importance of showing patients in their own language not only their drive derivatives, but also how they struggle with them, so that eventually the modified ego can better tolerate and deal with the originally unconscious urges. The patient

depicted in this chapter described dreams and conflicts but omitted the day residue, thus tempting the analyst to interpret only unconscious determinants and the role of the remote past, while ignoring the current, potent, and immediate details of the patient's life. A previous analyst had done just that, as had Loewenstein early in the reanalysis. Loewenstein details the way in which he began to include recent experiences in his interpretations so as to make them alive and meaningful, rather than drab, theoretical, and isolated from the patient's ongoing personal emotional life.

In several articles, Loewenstein describes "reconstruction upward," which enables the patient to see the continuity between the deep and the superficial and between the past and the present, thus demonstrating how the patient's childhood has specifically influenced recent active conflicts of which the patient was unaware. He states: "Nowadays, when one sees so many patients who have read psychiatric or psychoanalytic books, this procedure of reconstructing upward is sometimes essential. The patients indeed start by talking about their Oedipus complex, their unconscious homosexuality, they interpret their dream symbolically, and evade by this very fact all the so-called more superficial but actual psychological realities of their emotional life. The task of the analyst then is to bring the patient's attention to this part of his life. . . . Reconstructions upward are a most helpful type of interpretation in those cases" (pp. 36-37). Examples include telling a patient who has had a frank dream of incest that he must be worried about a current frightening romance, and explaining to a patient who has described, in extended detail, conflicts over fellatio and its infantile origins that she is frightened because she has misinformed the analyst about her income and thus has deprived him by paying a reduced fee. Eventually, such interpretations of the defensive use of emphasis on the deep or on the past lead to insights into the interplay of ego, id (in both its aggressive and libidinal aspects), and superego.

Technique, for Loewenstein, involves a variety of procedures which the analyst must institute with tact, with careful attention to each statement's specific purpose, and with awareness of the influence of specific wording. He emphasizes that one should not simply inform patients helter-skelter of their drive derivatives or of all of their defenses, but should plan the proper timing, sequence, and dosage of interpretations. One need not interpret all defenses, but

should concentrate on those that contribute to pathological formations. Interpretation of fluid defenses should take precedence over interpretation of rigid characterological defenses which have become secondarily autonomous. One should not expect defenses to disappear; optimally, they should become used more adaptively and with more control, in situations that require them. Although defenses often serve resistance, there are other sources of resistance, including adhesiveness of the libido and even autonomous ego functions. And, of course, defenses are used for purposes other than resistance, as in situations other than analysis. This approach to defenses differs from one that is erroneously based on the pre-structural concept of a temporal stratification of defenses that must be peeled away in a sequence that reverses the order in which they have appeared. It also stands in contrast to the belief that defenses must be attacked, pierced, and eliminated.

I have touched on a few of the topics Loewenstein discusses, but the breadth of the book is even greater than I have indicated. Among the other topics covered are: the analytic atmosphere; the tactics and strategy of interpretation; long- and short-term effects of interpretation; the analyst's defenses, including the use of humor; the extent to which the analyst talks; lending one's own autonomous ego functioning to the patient; transference resistance; the patient's regression in the service of the ego; and the modification and reconstruction of defensive and drive structures as well as of autonomous ego functions. Some of these areas are merely sketched in, while others are more fully developed.

Although Loewenstein's statements for the most part seem to be obvious consequences of common sense and astute observation, the views he espouses were not always self-evident. Indeed, the way in which they are applied involves controversy even today.

It is fascinating and instructive to see Loewenstein engage in gentle battle with Kurt R. Eissler over the concept of the "parameter." Eissler suggested that in an ideal analysis, interpretation is the sole intervention and that one should use other interventions, which he called "parameters," only when the structure of the patient's ego requires them in order to keep the analysis going. Loewenstein prefers the term "intervention" to that of "parameter" because it is more neutral. He observes that all analyses require "a number of interventions designed either 'to make it possible for interpretations to have a dynamic affect' or even 'to create

conditions without which the analytic procedure would be impossible' " (p. 149). He agrees, however, that the fewer the number of "interventions" the better, although it would appear from Loewenstein's statement that preparations for interpretation, including confrontations and clarifications, are essential and should not be shunned. He notes that the analyst must point out patterns of thought, behavior, and mechanism that repeat themselves and states that "there is nothing wrong in asking a patient some questions . . . rather than systematically disguising [one's] inquiries" (p. 167).

Loewenstein, following Freud, addressed himself to the alliance between the analyst and the patient before the publication of papers on the subject by Zetzel and Greenson. He emphasizes the importance of the patient's (and the analyst's) conflict-free sphere as he observes that "both the instinctual drives and the defense must be brought into consciousness; that is to say, subject to the scrutiny of the autonomous ego" (p. 42). However, he adds, "our alliance with the patient's autonomous ego would be precarious without the transference" (p. 42). But the analyst play-acts no role to achieve the alliance or to bring about a therapeutic result. He explains the analytic procedure to his patients and then, through preparatory comments and interpretations, helps them to achieve insight and to modify the ego so that it can better cope with the drives and the superego.

Empathy, inference, and the perception of slight verbal and non-verbal cues enable analysts to understand their patients. So too does "the scientific method of psychoanalytic investigation" (p. 128). Patients' responses to analysts' interpretations provide further data which may verify or refute the interpretations. Loewenstein describes some of the preconscious activities of analysts which enable them to perceive and interpret cues.

Empathy also helps therapists to achieve the intuition that enables them to apply analytic tact and attain proper timing, sequences, and dosage of interpretations; it is not used to soothe the patient or to repair defects due to earlier faulty mother-child relations as some have suggested.

Controversy over the vicissitudes of narcissism does not appear in these articles as it might well today. It is assumed that the analyst must deal with patients tactfully and not wound their narcissism, but Loewenstein does not spell this out in detail. Although Freud

noted that the patient's pride may cause resistance in analysis, Loewenstein does not mention this. There is scant mention of patients with severe disturbances (borderline or narcissistic disorders or psychoses) which require marked modification of technique. Loewenstein was interested in "classical" analysis. He was also interested in a technique that does not ignore significant conflicts. By contrast, I was impressed with the fact that Kohut, in *The Restoration of the Self*, describes what Loewenstein would call a reconstruction upward but employs it in a way that would inhibit the later appearance of sexual aspects. Kohut reports that he told a patient, whose previous analyst had fruitlessly repeated interpretations of penis envy, that a particular "dream of urinating standing up and her wish to see her father's penis were not primarily related to sexual matters, but to her need . . . to extricate herself from her bizarre . . . mother and to turn toward her . . . responsive . . . father."¹ When an interpretation implicitly or explicitly excludes the sexual, the analyst encourages an incomplete and inexact analysis.

Present controversy about the significance of preoedipal factors and arrested or distorted separation-individuation does not appear. In general, Loewenstein's comments about drives address oedipal issues, with preoedipal wishes appearing as defensive regression, as when a patient rejects sexuality and turns her interest instead to money, with its anal implications. Nevertheless, in Chapter 5, on masochism, his appreciation of the importance of preoedipal experience is palpable; Loewenstein examines the peekaboo game and the "seduction of the aggressor." However, he describes these phenomena as *protomasochism*, since actual masochism does not appear until the oedipal years.

Another current controversy—about the importance of the here and now in contradistinction to the past—seems easily resolved by a reading of Loewenstein. His clinical illustrations emphasize the patient's current, immediate individual and personal characteristics, both in and out of the transference; they demonstrate that transference interpretations very often, although not always, bear the most fruit because of their intensity and clarity. Understanding the here and now needs to be complemented, however, by tracing the

¹ Kohut, H. (1977). *The Restoration of the Self*. New York: Int. Univ. Press, p. 221.

genesis of the transference reactions through reconstruction of early childhood influences and, in more than one instance, the reorganizing effects of adolescence. Loewenstein discusses the question of whether the reconstruction of early dramatic events is frequent in analysis and whether, as Kris suggests, one reconstructs *patterns* which are only telescoped in the seemingly individual dramatic events recalled or reconstructed in analysis. His reconstructions include not only the external events, but also the individual's internal responses. I did not get the impression, as it seemed to appear in the report of a Kris Study Group* that Loewenstein chaired, that in the *Selected Papers* reconstruction as a continuous filling in or completion of the patient's memories of internal and/or external events emerged.

The volume is not a textbook on technique, but its careful study will help students or advanced practitioners to conceptualize analysis more clearly. They will see that the regression and progression that comprise analytic process do not appear without the analyst's interpretive influence, as the textbook by Menninger and Holzman infers.³ They will be alerted to the subtleties of the patient's resistances and of interpretations that involve the ego as well as the id. They will get a sense of the importance of completeness and accuracy in analysis rather than one-sided emphasis on single features. Even where Loewenstein omits aspects—which he does, since he is writing articles and not a text—one realizes that if the individual patient requires them, they can easily be included within Loewenstein's schema. Although preoedipal issues, countertransference, and the termination of analysis are neglected, their importance is not barred by Loewenstein's open-ended formulations. I will close my review with the quotation from Loewenstein which Arlow offers at the end of his introduction:

Every psychoanalysis can and perhaps ought to be conducted as though the theory were never completely taken for granted. This is a way to make new discoveries; it was the way Freud,

* Fine, B. D., Joseph, E. D. & Waldhorn, H. F., Editors (1971). *Recollection and Reconstruction; Reconstruction in Psychoanalysis*. Kris Study Group of the New York Psychoanalytic Institute, Monogr. 4. New York: Int. Univ. Press.

³ Menninger, K. A. & Holzman, P. S. (1973). *Theory of Psychoanalytic Technique*. Second Edition. New York: Basic Books. See also, Kanzer, M. (1979). Developments in psychoanalytic technique. *J. Amer. Psychoanal. Assn.*, Suppl., 27:327-374.

in the past, discovered most of what we know now. It may also enable us in the future to effect possibly necessary realignments or modifications of our theoretical assumptions on the basis of new observations. The essence of psychoanalysis is that particular interplay between observational data, gathered from clean clinical work, and their interpretation within a scientifically valid conceptual framework—be it the one we have now or possibly a future, better one (pp. 14-15).

JULES GLENN (GREAT NECK, N.Y.)

PSYCHOTHERAPY: IMPACT ON PSYCHOANALYTIC TRAINING. The Influence of the Practice and Theory of Psychotherapy on Education in Psychoanalysis. (International Psycho-Analytical Association Monograph Series, No. 1.) Edited by Edward D. Joseph, M.D. and Robert S. Wallerstein, M.D. New York: International Universities Press, Inc., 1982. 174 pp.

The Editorial Committee of the International Psycho-Analytical Association is to be congratulated for initiating a new monograph series. The theory and practice of psychoanalysis can only be enhanced by this new venture. There is much valuable information from past conferences and symposia that has remained unavailable, since many of the papers have not been published. The new series will help remedy this situation, and psychoanalysts from all over the world will have an opportunity to learn from each other. One hopes that the monographs will be translated into the three other official languages of the Association, French, German, and Spanish.

The Eighth Conference on Training of the International Psycho-Analytical Association that was held in New York City in July 1979 dealt with the impact and influence of psychotherapy upon psychoanalytic education. The proceedings of this conference have now been published as Monograph No. 1, edited by Edward Joseph and Robert Wallerstein. The topic of psychotherapy, i.e., psychotherapy based on and supported by psychoanalytic knowledge, is surely an important one. The great majority of psychoanalysts practice psychotherapy before, during, and after graduation. Nevertheless, psychotherapy has been viewed by psychoanalytic institutes as a method that does not have an independent dignity and value of its own; and the formal study and teaching of psychotherapy for the most part has been avoided and left to psychiatric residencies.

Psychoanalytic educators have thought that the teaching of psychotherapy within the analytic curriculum would interfere with the education of candidates whom we wish to become competent and scholarly psychoanalysts. In fact, discussions about the relationship of psychotherapy to psychoanalysis have tended in the past to take the form of emotionally charged debate rather than scientific inquiry. This was surely not the case at this conference.

Joseph Sandler from Europe, Otto Kernberg from North America, and David Zimmerman from South America presented their personal perspectives as well as a view into the psychoanalytic activity of their regions. The three speakers noted differences, similarities, and concerns regarding psychoanalytic education, theory, and practice. These three papers, the first three in the monograph—"To Teach or Not To Teach Psychotherapy Techniques in Psychoanalytic Education" by Kernberg, "Psychoanalysis and Psychotherapy: The Training Analysts' Dilemma" by Sandler, and "A View from South America" by Zimmerman—were precirculated several weeks in advance to all the participants. Leo Stone gave the plenary address, "The Influence of the Practice and Theory of Psychotherapy on Education in Psychoanalysis," which became the fourth paper in the monograph. Robert Wallerstein presented the fifth paper, "Education for Psychotherapy and Psychoanalysis: The Questions," before the participants divided into ten small groups for two days of discussions. These small group discussions, called "the heart of the learning experience for all participants" (p. 120), have been preserved, but do not appear in the monograph. I am aware that it is somewhat difficult to summarize group discussions, but I believe that a chapter, even a brief one, devoted to the discussions would have been a valuable addition to this very valuable monograph.

After two days the conference reconvened to hear concluding remarks by Shelley Orgel of the United States, "A Summarizing Statement on the Theme of the Pre-Congress," and by Daniel Widlöcher of France, "Observations at the Close of the Pre-Congress." These appear as chapters six and seven.

All the papers are worth reading, studying, and discussing in institutes and societies. The candidates and psychoanalysts who do this, I believe, will be rewarded with new insights and higher levels of understanding. Should we teach psychotherapy in institutes? Kernberg and Stone say "Yes." Sandler and Zimmerman say "No."

The differences on this important point are not as definite and clearcut as might appear at first glance. All of the presenters are scholarly psychoanalytic educators, and all agree that we need to teach psychoanalysis first, teach it well, emphasize the differences between psychotherapy and psychoanalysis, and clarify the complexities of differentiating between them. Once we have produced excellent psychoanalytic clinicians with firm analytic identities, it is important to teach psychoanalytic psychotherapy, which might possibly be done in advanced courses or in postgraduate courses.

Some of the presenters wisely note and are concerned about an all too common tendency to alloy the "pure gold" of psychoanalysis with increasing proportions of the baser metals in response to internal and external pressures. All are well aware that true structural intrapsychic change is difficult to achieve, in candidates as well as in patients. It is what makes psychoanalytic education so difficult, yet, when it is successful, so worthwhile and so rewarding.

Whether we begin to formally teach psychotherapy in our institutes or not, psychoanalytic educators still will need to help candidates learn how to turn an appropriate psychotherapy case into a psychoanalytic one and how to change a psychoanalytic case in which a stalemate or a chaotic situation has occurred into psychotherapy. In the latter instance, it is important for candidates to clearly understand why the analytic process has gone awry. Our candidates need proper cases, i.e., patients who can be psychoanalyzed without manipulations, modifications, or unanalyzable parameters. However, they also need experience in analyzing certain patients with ego difficulties, for whom classical technique might not be indicated. Several of the speakers note that patients with narcissistic and borderline pathology who require psychoanalytic psychotherapy rather than psychoanalysis are best treated by psychoanalysts who have had "thoroughgoing and intense instruction in the theory and technique of such treatment" (p. 69).

What will come out of these discussions? Orgel and Widlöcher came to different conclusions, but, once again, only on the surface, for in basic ways they view the problems and complexities of teaching psychotherapy in institutes similarly. Orgel states, and I would fully agree, "It seems only rational that we explore the ways in which the therapy experiences of our candidates can be integrated with their analytic work for the enrichment of that work, rather

than regard psychotherapy primarily as an obstruction, or as a stage of development to be surmounted and renounced in the service of higher ideals" (p. 141). However, Widlöcher believes that it is important that the debate about the effects of teaching, learning, and doing psychotherapy on the training and education of psychoanalytic candidates continue. He feels that an official pronouncement on this matter at this time would be premature.

Several of the presenters stressed that we need to help our candidates distinguish, by lecture and by deed, not only what psychoanalysis is and what psychotherapy is, but also who is a psychoanalyst and who is a psychotherapist. I look forward to Monograph No. 2, which will deal with this second significant topic: "The Identity of the Psychoanalyst."

STANLEY S. WEISS (DENVER)

CLINICAL PSYCHOLINGUISTICS. By Theodore Shapiro. New York/London: Plenum Press, 1979. 179 pp.

The author has written a lucid, accessible introduction to linguistics for the clinician, because he believes an understanding of language is a major part of the conceptual foundation required for clinical work. (Leavy has since made the same assertion specifically about psychoanalysis.¹) The author's objective in this book is to introduce "new schemata to enable [psychotherapists] to attend to the stuff [they] work with, mainly words" (p. 23). He wishes to convince psychotherapists that a study of language "should be useful in making relevant distinctions that will help [them] to understand more accurately what they are hearing from their patients and to categorize more precisely what they are hearing into structures and organizations significant for their day-to-day work" (p. 23).

Two characteristics of the book are especially notable. One is that an astonishingly broad and varied range of topics, empirical research studies, and thinkers, not only in linguistics but in the philosophy of language and developmental psychology as well, are brought to the attention of the reader. The book and its references provide a comprehensive guide to further study in a number of

¹ Leavy, S. (1980). *The Psychoanalytic Dialogue*. New Haven/London: Yale Univ. Press. Leavy, S. (1983). Speaking in tongues: some linguistic approaches to psychoanalysis. *Psychoanal. Q.*, 52:34-55.

different directions. Anyone who knows my own work will hardly be in doubt about how important I believe such study to be for psychoanalysis.*

Secondly, the author emphasizes development, an area to which he has made contributions as clinician and scientist. Language, he states, is "a structural process that . . . best describe[s] the human condition . . . and man's phylogenetic position as a symbolizer" (p. 5). The study of language is important especially for its contribution to understanding development; it also provides "an example of the general principles and factors that exist and influence our understanding of all developmental lines" (p. 5).

The following are only some of the questions considered in the book. What is language? What is the relation between linguistics and psychology? What is the difference between animal "language" and human language? Of special value is the author's use of clinical examples in his effort to show how such topics as "syntax" and "reference" are surprisingly relevant to clinical work. Not unexpectedly, he believes that work on language in the context of communication ("pragmatics") and the use of language in "speech acts" to achieve ends in a relationship should be at the center of the clinician's attention. His rich examination of therapeutic interpretation and meaning, and of psychotherapy and psycholinguistics, which rests on the framework he has developed in the book, for obvious reasons will be of great interest to the psychoanalytic reader.

What we want now in addition from this author is an expansion of his chapter on talking to children and adolescents, in a future and non-introductory book written for the psychoanalytic clinician and scholar. That book would focus, first, on the theme of language as a developmental line, with impact upon other developmental lines, and on the use of language as a paradigm in modeling other developmental lines. Then it could focus on building upon such a foundation an approach to, or a set of technical principles for, clinical work with children and adolescents.

MARSHALL EDELSON (NEW HAVEN)

* Edelson, M. (1972). Language and dreams: *The Interpretation of Dreams* revisited. *Psychoanal. Study Child*, 27:203-382. Edelson, M. (1975). *Language and Interpretation in Psychoanalysis*. New Haven: Yale Univ. Press.

INTRODUCTION À L'ÉPISTÉMOLOGIE FREUDIENNE. (Introduction to Freudian Epistemology.) By Paul-Laurent Assoun. Paris: Payot, 1981. 223 pp.

Psychoanalysis and Freud are sources of increasing fascination for nonpsychoanalytic scholars, especially for philosophers from France. This is partly due to the influence of Lacan, who has systematically attempted to pull psychoanalysis out of the field of the natural sciences and into a closer alliance with philosophy and literature.

Assoun is a philosopher who has previously published two books on Freud: *Freud, Philosophy and the Philosophers* and *Freud and Nietzsche*. The main thrust of his endeavor in his new book is an epistemological inquiry into the development of psychoanalysis, based predominantly on the scientific models of Freud's time. He proposes a kind of genealogy of Freud's main theses, based on the very thorough and detailed scholarly work that characterizes good French thinkers.

Assoun illustrates the underlying epistemology that led to Freud's discoveries: he states that Freud ignored a fundamental polemic that raged between the adherents of the natural sciences—who sought explanation—and those who were searching for understanding (*verstehen*), in the tradition of historical and human sciences. Freud avoided this dualism; he remained monistic, believing that there is only one science, the science of nature, and that understanding itself is an explanation.

A basic foundation of Freudian thinking was physicalism: the very word "analysis" can be traced back to chemical analysis; symptoms were conceptualized as needing to be decomposed into their drive components. Thus Freud appears to be remarkably conservative, as he borrowed from heuristic models that were half a century old.

Besides the monistic and physicalist trends, Assoun describes an "agnostic foundation" to Freud's thinking. He refers to the statement that the object of psychoanalysis—the unconscious—is the "thing in itself" which is by definition unknowable, just as in Kant's formulation. Agnosticism here refers to the fact that knowledge has definite limits. Du Bois-Reymond was extremely influential in this development, as was Ernst Mach. This current is seen to have influenced the development of metapsychology as an attempt to

organize data at a higher level of conceptualization, where relations and generalizations become possible. In this process of rationalization, Freud acknowledged his debt to the process of "*phantasieren*," thus recognizing the intimate link between reason and fantasy.

It is the study of the structure (Assoun uses the metaphor of the skeleton that is revealed in radiography) of metapsychology that, according to Assoun, best reveals the genealogy of Freud's thinking. The first model is anatomical. Brücke was its most revered teacher. It is the anatomical model that served as the basis for the topography of the mind: this was done by a transposition from spatial relationships in the body to spatial representations in the psychic apparatus. From topography, Freud moved to dynamic considerations, in which he followed the Herbartian model in a truly psychological (i.e., no longer medical) approach. The concept of conflict was based on Herbart's postulate of "opposition of representations." The economic point of view was derived from the models of Fechner and Helmholtz. The tension model and all references to energy derived from this influence.

If the topographic, dynamic, and economic models were to succeed totally, they should bring with them a knowledge of the anatomical and chemical substrates of psychic processes, allowing for a quantification of forces.

Assoun suggests that psychoanalysis has its foundation in the *incompleteness* of the achievement of this goal. What is original in psychoanalysis is that Freud, using the language of other sciences, succeeded in defining the object of analysis: the unconscious. Psychoanalytic knowledge is bound to remain transient or incomplete (*vorläufig*). The paradox of psychoanalysis, he feels, is that it has created a totally new object while using traditional knowledge.

This book represents a valuable contribution to the study of the historical development of psychoanalytic ideas. One is struck, reading these pages, by the insistence with which Freud held on to his natural sciences heritage (a fact that is sometimes neglected in hermeneutic revisions of Freud's work) while he managed to produce a field of inquiry that goes far beyond the constraints of the phenomena and explanations of physical science.

The history of ideas is not the specialty of psychoanalysts; and it is useful to read a well-documented account of the genealogy of Freud's main thoughts. Philosophers like Assoun, or like Ricoeur

before him, can bring much light to psychoanalytic debates. But clearly, such endeavors will mainly affect the arena of metapsychology rather than that of clinical theory.

BERTRAND CRAMER (GENEVA)

J. MANZANO (GENEVA)

PSYCHOANALYTIC PSYCHOTHERAPY. THEORY, TECHNIQUE, THERAPEUTIC RELATIONSHIP AND TREATABILITY. By Thomas J. Paolino, Jr., M.D. New York: Brunner/Mazel, 1981. 246 pp.

Over the past fifteen years the field of "psychoanalytic psychotherapy" has become increasingly individuated from its parent treatment modality, and an entire literature has been produced. This recent contribution by Paolino is offered as a contemporary perspective on the field, from the most theoretical issues to the most basic practical details of the enterprise. From the opening pages on, the author indicates that he has a specific interest in maintaining terminological and conceptual consistency throughout, especially in introducing clarity to many concepts which have suffered from multiple meanings or from varying usage. He also states that his "prejudice . . . is against the delivery of psychotherapeutic techniques of any kind that are not based on a well thought-out model of psychic functioning and human behavior" (p. 6). With this laudable principle in mind he has written a text that is far-ranging both in the sense of the breadth of the topics and with regard to the wide readership to which he addresses himself. The title alone reflects the ambitiousness of the undertaking. That it should be attempted in so brief a format (the text contains only 219 pages) is testimony to the author's wish to simplify, to clarify, and to condense.

The book is organized into four sections, preceded by an introduction. They begin with a chapter in which Paolino arrives at a functional definition of "psychoanalytic psychotherapy" by comparing and contrasting the notions of "psychoanalysis" and "psychotherapy." This is followed by a theoretical chapter, which offers an introductory outline of some metapsychology in the context of the technical aspects of treatment. Paolino then discusses the various components of the therapeutic relationship. Finally, in the longest chapter of the book, he takes up issues of treatability and ongoing clinical assessment. There are essentially two nodal points

in the development of Paolino's model of technique and treatment: (1) his conclusion that psychoanalytic psychotherapy is substantially no different from so-called "classical psychoanalysis"; and (2) a conceptualization of the "therapeutic relationship" as composed of four elements—the transference (and transference neurosis), the therapeutic alliance, the narcissistic alliance, and the real relationship. One can see that in spite of its title, this is a book that obscures the distinction between psychoanalysis and psychoanalytic psychotherapy by adjoining them as a continuum.

Paolino approaches the difficult task of differentiating between psychoanalysis and psychotherapy by categorizing the responses in the literature into two groups—those which adduce a "sharp difference" (SD) versus those which portray a "blurred difference" (BD) between the two. He claims that the SD perspective is maintained by those who "need to preserve the identity of the psychoanalyst and assert that psychoanalysis is a highly idiosyncratic and necessarily exact procedure that requires maximal amounts of specialized technical and theoretical knowledge and training and that should be kept distinct . . . [from] other forms of psychoanalytic psychotherapy In contrast, BD proponents are not at all concerned with establishing criteria as a way to distinguish the psychoanalyst from other psychoanalytic psychotherapists" (p. 23).

Paolino describes three themes around which the disagreement centers: (1) technique, (2) transference, and (3) goals of treatment. In brief, the so-called SD proponents support the notions that psychoanalysis proper: (1) utilizes only the specific techniques of free association and interpretation and adheres rigidly to the use of the couch, to a frequency of four to five sessions per week, and to the idea that the analyst should remain in the "periphery" of the field of investigation (i.e., the analyst does not seek to influence the relationship other than by interpretation); (2) is a treatment in which the patient develops and potentially resolves a transference neurosis; and (3) is the only treatment that makes possible not only symptom relief, but structural, and therefore true, character alteration, principally through insight.

Paolino then states that he himself maintains a BD perspective, in which he does not agree with these assertions. The author, commendably, makes his biases explicit throughout the volume and notes that "many classical psychoanalysts will strongly disagree with the failure to identify psychoanalysis as a distinct treatment

modality" (p. 4). "Psychoanalytic therapy," he says, can be divided into "supportive" and "investigative"; once this distinction is made, the techniques and elements of the treatment situation and process are distinguishable from one another only relatively. As long as the therapist is maintaining an "analytic attitude," the process that unfolds is similar, whether it is called psychoanalysis and is carried out in the fashion of "classical analysis" or whether there is variation in the situational elements, as in a (modified) psychoanalytic psychotherapy.

But here lies the rub. Paolino does not address the nature of the process in psychoanalytic psychotherapy, save to remark that he will use the term "psychotherapeutic process" to refer to "all that both therapist and patient say, think and feel and all the consequences of these events" (p. 21). This removes the discussion from an examination of the intrapsychic and interpersonal processes that unfold in psychoanalysis and in psychotherapy and the differences in them in the two approaches, leaving the discourse at a superficial level of comparison. It must also be noted that Paolino paints a rather distorted picture of the SD views and positions that are antithetical to his own, which results in the use of caricature rather than scientific data and argument. For example, he states: "Many SD proponents are blinded by a need for tradition, a worship of authority and a fear of emancipation from the creative genius of Freud The *less formal and more flexible BD therapist, by his very lack of rigidity*, has to be more, not less, self-reflective than the SD psychoanalyst The SD format of classical psychoanalysis in some ways protects the therapist from his own interpersonal weaknesses, just as many people establish rigid and stereotyped relationships with family members or colleagues as a way to stay distant from them" (p. 33, italics added). This certainly can be and in some unfortunate instances is the case. But there are no data to support the assertion that the average expectable BD therapist is any less "rigid" or that the average SD therapist who clearly defines the elements of the classical method, which he uses only when appropriate, is necessarily more so. The end result is an indelible debasing of Paolino's argument by irrelevant moralizing and simplistic conclusions about straw-men targets.

In addition, it seems to this reviewer that Paolino's eschewing of the notion of "process" in its fuller intrapsychic dimensions forms the crux of the difficulty with his overall position. He makes

a good case for the lack of conviction one obtains from disputes over which elements of the arrangements define psychoanalysis. But these factors—the use of the couch, a five-times-a-week frequency of sessions, etc.—are only the external conditions for facilitating the institution of a psychoanalytic process *via a technical approach that is carefully designed to bring it about*. By omitting the most important issues, Paolino makes himself free to describe a blurred boundary between psychoanalysis and psychoanalytic psychotherapy. But is the reader to follow him in expecting that a patient coming once a week, sitting up, and facing the therapist will have the same sort of experience as would occur if the patient were on the couch five times a week? Even if the analytic therapist is working effectively and appropriately, will there be no expectable difference in the intensity, clarity, focus, and analyzability of the transference in a less intensive psychotherapy from that which occurs in psychoanalysis? Paolino implies that the arrangements and techniques of psychoanalysis serve no purpose other than to screen countertransference difficulties in rigid analysts. This is a gross distortion.

As for the second major focus of the book, the composition of the therapeutic relationship, the author offers a complex schema, to which he has obviously devoted much thought. I imagine that many readers, depending upon their theoretical orientations, will feel more or less comfortable with the commonly utilized notions of therapeutic alliance and of the real relationship. The concept of the “narcissistic alliance” is one that the author adapts from the work of Mehlman. He feels it must also be differentiated from the transference. It is impossible in a brief review to discuss adequately the complex issues that arise from Paolino’s presentation of these ideas. In reading this section, I was not at all persuaded that there is any necessity to conceptualize a “narcissistic alliance”; and the notion that the transference neurosis “evolves out of the narcissistic alliance” (p. 119) is very problematic. It seems to me that Paolino presents a very different understanding of what constitutes the transference and the transference neurosis from what I think is that of most psychoanalysts. Paradoxically, what he presents as an enriched conceptualization of the therapeutic relationship seems to me to contain a flatness and oversimplification of transference and resistance. This leads him into a series of quandaries, as illustrated, for example, in a clinical vignette that is intended to demonstrate a patient’s use of the transference neurosis to avoid the “real relationship” (pp. 123-124). Most analysts would disagree with

Paolino's formulation. They would see the patient's avoidance of sexual feelings in the "real relationship" as itself a particular form of transference resistance. Involved are not merely semantic issues, but basic conceptual differences.

The strongest portion of the book is the lengthy last chapter on treatability and ongoing assessment. Despite the theoretical confusion mentioned above, Paolino does review the factors most people would use in assessing analyzability, and he discusses a number of practical matters that are too often given short shrift in the literature and in practice, such as the patient's intelligence, cultural background and social situation, the fee arrangement, etc. This is capped by an excellent discussion concerning the relative uselessness of formal diagnostic categories and symptom severity in predicting treatment outcome.

Overall, one's reaction to this book may well rest on one's response to Paolino's theoretical positions. But there is one difficulty with the book that goes beyond the theoretical issues themselves. Paolino indicates at the outset that this work is intended "primarily [*sic*] for psychiatrists, Ph.D. and Masters degree psychologists, psychiatric social workers, advanced degree psychiatric nurses and clinical students, such as psychiatric residents, psychology interns, medical students, social work students, and advanced degree nursing students" (p. 3). In other words, it is geared for everyone. But the problem with his approach is that in many respects it is too complex and sophisticated for beginning students of therapy, and in other respects it is too elementary for experienced clinicians. Moreover, the attempt to be so inclusive in the territory covered makes his presentation almost formulaic; it does not allow the richness and subtlety of many of the concepts to come through. The author himself suggests that the book may have "the characteristics of a dictionary" (p. 8), a feature that is not aided by the author's decision to number subsections to three decimal places. All in all, I had many difficulties with this book, but there are some sections that can be highly recommended.

ERIK GANN (NEW YORK)

SIGMUND FREUD'S WRITINGS. A COMPREHENSIVE BIBLIOGRAPHY. By Alexander Grinstein, M.D. New York: International Universities Press, Inc., 1977. 181 pp.

This comprehensive one-volume bibliography of Freud's writings remedies the problem of dispersement of information: it contains

bibliographic data which were previously scattered through volumes I, VI, and X of Grinstein's *Index of Psychoanalytic Writings*. In addition to remedying this awkward and inconvenient arrangement, the present work updates and corrects the material. It also provides extended coverage of references to newly published materials, such as Freud's previously unpublished letters, and it mentions new translations of his works in different languages. It even includes the listing of many "out of the way" translations.

Confusion has been posed by inconsistency in the terms used for Freud's introductions both to his own writings and to those of other authors. Grinstein has clarified this by providing a separate section (III) dealing with them. This is an important improvement over previous bibliographies. The section, in Part A, now lists, *Vorwort*, *Vorrede*, *Geleitwort*, *Introduction*, and *Preface* to Freud's writings when these words were used specifically by Freud. Part B lists Freud's introductions to the works of other authors, including letters to authors which then were used as prefaces.

The user would do well to take sufficient time to read the detailed and clear introduction carefully in order to be able to extract the most comprehensive information from the book. This bibliography, as Grinstein rightly states, "while comprehensive must be regarded as incomplete," since new materials and new translations will undoubtedly appear as time goes on. It is to be hoped that updated new editions will be forthcoming which will incorporate references to those new publications.

The compactness of this bibliography, in contrast with the dispersion of the information in its earlier existing version, and the arrangement of the information in special sections of bibliographic interest provide a rapidly usable, effective guide to Freud's writings and their various ramifications. It is of great value for individuals engaged in study and research in psychoanalysis and is a boon for librarians who are asked to furnish Freudiana information quickly.

LISELOTTE BENDIX STERN (NEW YORK)

American Imago, XXXVII. 1980.

George G. Fishman

To cite this article: George G. Fishman (1984) American Imago, XXXVII. 1980., The Psychoanalytic Quarterly, 53:2, 335-345, DOI: [10.1080/21674086.1984.11927071](https://doi.org/10.1080/21674086.1984.11927071)

To link to this article: <https://doi.org/10.1080/21674086.1984.11927071>



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ABSTRACTS

American Imago, XXXVII. 1980.

Abstracted by George G. Fishman.

Conrad Aiken's "Silent Snow, Secret Snow": Defenses against the Primal Scene. Laura R. Slap. Pp. 1-11.

The author outlines Aiken's tale of a twelve-year-old boy, Paul, who is entering a psychotic episode. He becomes lost in or enveloped by sensations of snow. The symptom begins on a day when he does not hear the postman's footsteps and loud knock. He presumes it is because there is snow outside. Slap points out that the psychosis is not explicitly presented, but rather is implied by the imagery of the story. She states that the description of the unseen postman symbolizes a witnessing of the primal scene. Similarly, she suggests that the screen of snow set up by Paul, his giggles and enjoyment of it, are all manifestations of his defensive reversal of his being shut out of his parents' intimacy. She makes some comparison with the tale, *Oedipus at Colonus*, part of which is actually included in Aiken's story.

Thomas More, Hythloday, and Odysseus: An Anatomy of "Utopia." Wolfgang E. H. Rudat. Pp. 38-48.

In his major work, *Utopia*, Thomas More compared the "sailing" of his character, Raphael Hythloday (Hythlodæus), to the voyages of Plato and Odysseus. Rudat attempts to explain More's analogy. His thesis hinges largely on the word "*negotium*," meaning "business," quoted from the Latin text. He calls attention to the root-word "*otium*," meaning "leisure"; thus, *negotium* is non-leisure. Rudat speculates that Hythloday's manifest reluctance concerning public service and responsibility, i.e., *negotium*, is basically a quest for the peace of the womb. Odysseus docked at Calypso's island: "Calypso" derives from the Greek verb meaning "to envelop." Rudat demonstrates that his own philologic odyssey is no mere show of words. In other works, More constructed sexually graphic epigrams; thus, in *Utopia*, anatomical allusions may well have been at least unconsciously intended. Rudat's thesis, in sum, is that Hythloday translates a central conflict of More's: the voyage of autonomous responsibility versus the anchoring to maternal safety.

Billy Budd: What Goes on Behind Closed Doors. Larry Rubin. Pp. 65-67.

Captain Vere condemns Billy Budd to death. On the eve of his execution, he takes the handsome young sailor into his quarters, and he and Melville both close the door temporarily on the narrative. Rubin provides evidence to suggest that Melville was hinting at a homosexual liaison.

The Vampire Myth. James Twitchell. Pp. 83-92.

In this piece the author attempts to help explain the universal appeal of the vampire myth. The young men who hunt down Dracula have been compared by other authors to the primal horde of Freud's *Totem and Taboo*. In a word, the evil father of this toothy saga derives from a projection. He is seen as seizing at a whim

what all the young men themselves want. Twitchell takes the psychoanalytic case further. He reminds us that for the adolescent male, witnessing sensual sucking captures the ambivalence of reaching manhood. Then, there is the matter of the lamia, or female vampires (rendered so by having been victimized by Dracula) who in turn overpower men in the night. The author suggests that they serve as imagery for nocturnal emissions and other intensely exciting (and frightening) indoctrinations of male adolescence. Moreover, for the adult man, the lamia become the debased, whore-like objects who make forbidden passion licit. Preadolescent girls may also take great satisfaction in the myth. As lamia in their unconscious being, they have their turn at the power of conquest. In addition, as victims, they may vicariously submit to a modern-day analogue of *droit-du-seigneur*. Twitchell translates the latent meaning of his analogy. The father introduced his daughter to sexuality to temper her disappointment at having to give him up and settle for other, lesser, men. Twitchell elaborates these themes very well.

Oscar Wilde. Alexander Grinstein. Pp. 125-179.

Grinstein begins his scholarly account with an overview of Wilde's life. He then takes the reader through three different and informative speculations about the writer's inner life. The first of these is constructed from the alias Wilde chose after his release from his imprisonment for homosexuality. It was Sebastian Melmoth. Grinstein points out the connections between Sebastian, the third-century martyr who died for promulgating his Christian faith, and Wilde, who purportedly suffered similar martyrdom. However, the name "Melmoth" is even more significant. The reader is informed that this was the name of the central character in a gothic novel, "Melmoth the Wanderer," by Wilde's great-uncle. Melmoth was a seeker of forbidden knowledge who was condemned to eternal apathetic wandering until he could, in Faustian manner, wrest some other person's soul away. Grinstein points out the novel's heavily condensed allusions to a child's narcissistic fury, wish for reprisal, and guilty expectation of punishment for witnessing the primal scene. He suggests that Wilde may have unconsciously identified with this Melmoth. To bolster and expand his argument, he analyzes Wilde's own favorite among his poems, "Charmides." With outstanding scholarship, Grinstein points out the repetitive imagery of phallic, cold, unloving women that may have derived from Wilde's view of his mother and may have contributed to his yearning for love from men. He also convincingly sketches out Wilde's unresolved grief for his beloved sister, Isola, who died when Wilde was thirteen. He allegedly had eroticized hopes of joining her or merging with her, as well as the more usual sibling issues. Grinstein cites as his third piece of evidence a short dream which occurred ten days after Wilde's release from prison. The day residue involved his relationship to two male lovers. Grinstein uses this material to reinforce his hypothesis that the origin of Wilde's narcissistic wound was the unempathic coolness of his mother. Whether or not one agrees with all of the author's conclusions, this is a masterfully composed paper.

Death Anxiety in Modern and Pre-Modern Ritual. Volney P. Gay. Pp. 180-214.

The metapsychology of melancholia and death anxiety is described. The author delineates familiar qualities of melancholia and proposes that death-anxiety involves loss of the protective aspect of the superego with or without a simultaneous "attack"

from other, critical elements of the superego. The description of two rituals is used to illustrate the author's hypothesis of how religious ritual becomes a mode for internalizing this protection against death anxiety. The last section of the article contains speculations on the dynamics of curses and the occasional physical death of the cursed. The explanations rely heavily on very mechanistic borrowings from Hartmann and Rapaport. The result is a somewhat convoluted and circular presentation of some very interesting ideas.

Freud on Bismarck. Hanns Sachs' Interpretation of a Dream. Jacques Szaluta. Pp. 215-244.

The Interpretation of Dreams includes Hanns Sachs's analysis of one of Bismarck's dreams. Sachs was uncritically admiring of the man who bore the nickname, "Iron Chancellor." Freud accepted this cursory dream analysis even though it was so limited by the analyst's admiration for his subject. Szaluta mentions possible reasons for Freud's collusion with Sachs's biased perception. He shows convincingly why Bismarck was to become a hero for Freud in the manner of Napoleon, Hannibal, Cromwell, and Garibaldi. Humble origins, rebelliousness, strength, pro-Semitism, and anti-Catholicism were all prominent features of Freud's heroes. Bismarck's embodiment of many of these qualities may have hampered Freud's ability to see or remark upon the statesman's ruthless narcissism.

Henry James: Revolutionary Involvement, the Princess, and the Hero. M. D. Faber. Pp. 245-277.

Faber explores Hyacinth's identity as revolutionary in *The Princess Casamassima*. The hero loses his mother at an early age when she is imprisoned for murder and dies in jail. This catastrophic loss and its reparation become the focus of Hyacinth's life. His revenge allies itself with a revolution. His more reparative quest becomes associated with his infatuation with a princess, who, Faber posits, becomes the elusive embodiment of the "fantasy mother." She ultimately betrays him by diverting her love to Hyacinth's admired mentor, a leader of the revolution. The hero subsequently commits suicide. Faber suggests that the final traumata are oedipal defeats in their overtones but irrevocable loss of mother in their essence.

Early American Puritanism: The Language of Its Religion. Michael D. Reed. Pp. 278-333.

Reed's thesis is that Puritanism, in several senses of the word, contains the pressure of oedipal struggle. For example, the religion in its American form made the formerly distant, whimsical God of the Calvinists more reachable via the idea of the covenant of grace. Rather than passively suffer a preordained fate, man could enter a contract with God, the terms of which were binding on both parties. The author notes that the writings on the covenant began to presuppose God's essence and therefore were barely disguised attempts to displace or destroy his majesty and transcendence. Similarly, the concept of regeneration, or the effort to graft oneself onto Christ, is analyzed as a disguised attempt to competitively replace God. The possession of heaven is speculated to be latent reference to the capture of the oedipal mother. Reed's grasp of Puritan history is commanding. The same cannot be said of his understanding of contemporary psychoanalysis. The arguments are

force-fitted to his texts. Many other explanations, involving early symbiosis, separation-individuation, narcissistic integrity, etc., might be invoked here as appropriately as oedipal issues.

David Hume's Denial of a Personal Identity: The Making of a Skeptic. John A. Dussinger. Pp. 334-350.

Having lost his father at the age of two, Hume later underwent an adolescent crisis that lasted for five years. He experienced a marked identity diffusion as well as various psychosomatic symptoms, including excessive salivation. The resolution of the illness involved his dedicating himself to his philosophic speculation and his living a life of personal detachment. In his early *Treatise of Human Nature* he argued that personal identity was a fiction. His concept of self was that of a "bundle or collection or different perceptions . . . in a perpetual flux and movement." Dussinger turns to Greenacre's thoughts about the family romance of the gifted to explain Hume's paradoxical "involvement" with detachment. He suggests that Hume denied the intensity of his internal tie to mother by opening himself up to a larger and impersonal collective of ideas and people. With this shift in orientation, he shut down his potential for relations with other persons. These notions are compelling but demand a Hume-like skepticism because of the paucity of biographical data offered.

Freudian Uses and Misuses of Nietzsche. Jacob Golomb. Pp. 371-385.

This essay is actually a taxonomy of the many recorded meetings, meldings, and collisions between Nietzsche's philosophy and psychoanalysis. Nietzsche was mentioned often in the early minutes of the Vienna Psychoanalytic Society. His ideas also frequently entered the discourse between Freud and his various pupils. Golomb suggests that the incorporation of Nietzsche into psychoanalysis served two major latent functions in the early movement. First, several devotees borrowed "Nietzscheisms" to represent to Freud the legitimacy of their own breaking away. Thus, Jung quoted from *Zarathustra*—"Now I bid you lose me and find yourselves: and only when you have denied me will I return to you"—in a letter in which he appealed to Freud for acceptance of his growing interest in Dionysian patterns of behavior. Rank, following his defection from the movement, sent Freud as a birthday present an expensive edition of Nietzsche. The gift carried an implication similar to the words in Jung's letter. Moreover, the pupil's assertion of kinship ties between the thought of Nietzsche and Freud spawned Freud's equally adamant assertion of his independence from all other thinkers. However, his defense of his originality inevitably brought him closer to Nietzsche. His pupils met his disavowal with further mentioning of the philosopher's work and may have finally driven Freud into reading Nietzsche for himself. Thus, his protestations of integrity and purity paradoxically brought contamination. Golomb makes the case that subjects like "Civilization and its Discontents" may have been engendered by the discussions with pupils. Wittels and even Jones alluded to nonaccidental ties between the later thinking of Freud and that of Nietzsche. The concept of the superego parallels Nietzsche's "evil conscience"; the repetition compulsion bears similarities to the philosopher's comments on the "eternal recurrence of the same events." Golomb's study is thorough and coherent.

Proust's Myth of Artistic Creation. Randolph Splitter. Pp. 386-412.

Marcel Proust possesses his impressions and merges them with remembrance to both destroy their present quality and reaffirm it at the same time. This is analogous to the earliest struggle with the other: either to merge, be enveloped, and lose one's separate existence or to become, individuate, and lose/refind oneself in separateness. Proust's myth of artistic creation, spoken through the narration of his novel, is similar. It is viewed via identification with the mother's vantage point: she (or the artist) must die to give birth to her son (or the work of art). However, the art will rediscover and preserve her existence by its unique separateness. Splitter once again dwells on the adequacy of Proust's metaphors for the containment of an exquisite struggle, the earliest attempt to solve the balance of attachment to and separateness from mother. The author explores many subtle variations of this theme in *Remembrance of Things Past* and also in the writings of D. H. Lawrence, James Joyce, and Euripides. Like Jung, he speculates whether the myth of Dionysus, which hints at the earliest relations between sons and mothers, does not carry explanatory force equal to the story of Oedipus.

Edvard Munch. Harold W. Wylie, Jr. and Marvis L. Wylie. Pp. 413-444.

In 1954, Steinberg and Weiss published a major psychoanalytic study of Munch. They concluded, among other things, that the artist had a psychotic character structure and that his work had deteriorated following his breakdown and hospitalization in 1908. The authors contest both of these views. They argue instead that Munch suffered from a narcissistic personality disorder and that his illness led to the most cohesion his self ever obtained. The benefits accrued to his later work. This analysis details Munch's stormy and ephemeral ties to women. It traces the dynamics of these relations to an origin in early maternal failure and death. The concepts used are predominantly those of self psychology. The evidence presented clearly supports the speculation that Munch was quite disturbed. However, it is clear that his life and his art could accommodate a large diversity of interpretations. The authors make a persuasive but not conclusive case for Munch's disorder of the self.

Contemporary Psychoanalysis, XVIII. 1982.

Abstracted by Ronald F. Krasner.

Follow the Thoughts: An Inquiry into the Vicissitudes of Psychoanalytic Supervision. Edgar Levenson. Pp. 1-15.

In an effort to clarify the process of psychoanalytic supervision, Levenson starts with a simple observation from his own experience. When he supervises, he notes, "all is clear to me." However, when he is doing therapy, he is "perplexed, bored, confused and at sea." The difference between supervision and psychotherapy is a result of the employment of a higher level of abstraction in the supervisory process. Levenson enumerates six different styles of supervision: 1) Holding or Confirming—the supervisor is neutral; 2) Teutonic or By the Numbers—the supervisor teaches a manual of prescribed situations and responses; 3) the Algorithmic Approach—the supervisor teaches a series of steps; 4) the Metatherapeutic Approach—the

supervisor works with the countertransference; 5) the Zen Method—the supervisor is confronting; and 6) Preceptorship—the supervisor points out the similarities between the supervisor-student relationship and the student-patient relationship. Levenson suggests that a particular algorithm consisting of three parts should be employed. The first step to be taught is how to establish psychoanalytic constraints and limits. The second is how to conduct an extended inquiry. Third, transference, here defined as “the way that the patient and therapist will behave around what they are talking about within the framework established by the constraints of therapy,” is to be fostered. In support of this algorithmic method Levenson summarizes: “what appeals about the algorithmic approach is that it is useful to have a method that works even when you can’t be sure why.”

The Choice of Clinical Methods. Leston L. Havens. Pp. 16-42.

Havens's central thesis is that if a therapist is unable to decide whether what he has heard from his patient is fact or fantasy, the clinical method he has employed is outmoded. Newer methods are now available which can increase the precision of clinical observation. The psychoanalytic (free associative) and interrogative methods, the “older” schools, have produced a number of assumptions in the attempt to offset the two major difficulties in the reliability of psychological observation: the lack of quantitative methods and the effects of the observer on the observed. The newer methods, existential (empathic) and interpersonal, do not make these assumptions and thus overcome the limitations of the older ones. The first assumption is that of pathological location. While the older methods rely on psychic reality, which is seen as unreliable, the newer methods combat this by locating pathology by “holding loosely,” or “one no longer assumes that one knows who is sick.” The assumption of credulity or skepticism toward clinical material is offset in the new methods by using credulity and skepticism as tools rather than as dicta. This is accomplished by a “suspension of knowing.” Psychoanalytic asymmetry, the third assumption, implies the superior wisdom and objectivity of the therapist. Here again, the newer methods are superior. As Havens states, “In theory, by disappearing as a separate object, which receives transference and generates countertransference, psychoanalytic asymmetry is destroyed.” Finally, corporealization of the mind, the assumption that the mind, like the body, can be in a place, is negated in the newer approaches—by active empathy in the existential method and by the deflection of various projections of the therapist made by the patient in the interpersonal method.

Newer Perspectives in Object Relations Theory. James S. Grotstein. Pp. 43-91.

In order to present the newer perspectives in object relations theory, Grotstein first reviews the most widely accepted conceptualizations of object relations, both past and present. Starting with Freud, Abraham, Klein, and Bion, he summarizes and to some extent interprets their contributions. The British object relations school is then reviewed, including the work of Fairbairn, Winnicott, and the Hungarian school. Also discussed are the interpersonal school of Sullivan, the classical analytic school, and Kohut's self-objects. A summary of the five major uses of objects is set forth: 1) for Kleinians, internal objects are fantasies created by the infant from instinctual sources; 2) members of the British object relations school consider the concept of internal object relations as distortions of the ego or self created by a

depriving maternal object in reality; 3) the American object relations school uses the term object in reference to the internal representation of an external person modified by the instinctual drives; 4) interpersonal relations as delineated by Sullivan are considered as a specific conceptualization of object relations; and 5) Kohut's self-object concept is the final and perhaps most important use of the term object. Grotstein explores the relationship between internal objects and self-objects. He locates six self-objects and finally concludes, "Perhaps the most distinguishing difference between self-objects and internal objects is that the self-object is experienced as external to one degree or another, whereas internal objects are experienced as introjected." Brief sections on the transformation of internal objects and their sociology and politics are followed by a clinical vignette which he feels demonstrates his thesis. The concepts of identification, the oedipal conflict, development, and transference are all redefined in Grotstein's scheme. As an example of this scheme, the individual's separation from his or her mother is conceptualized in the following way: "Finally all the vicissitudes of the relationships between self (parts of self as well as total self) and to objects exist as object relational content within the framework of a container. The first container is the Background Subject-Object of Primary Identification, the primal self object. It gradually becomes known as the sense of self-containment and may be concretized as the sense of a skin boundary frontier representation which holds self content inside and non-self on the outside."

The Supervisory Process and Parallel Process in Psychoanalysis. Philip M. Bromberg. Pp. 92-111.

In psychoanalytic supervision there occurs a phenomenon wherein the patient's conflicts, needs, impulses, and defenses unconsciously communicated to the therapist are communicated to the supervisor by the therapist/supervisee. Bromberg explores this phenomenon by first defining the supervisor/supervisee "field" as dyadic and one in which "the instructor's job, therefore, is really to transmit a body of knowledge while the task is being performed, and the student's job is to keep doing it until he gets it right." The supervisor, though, does not maintain his analytic stance and may easily become didactic, withdrawn, supportive, or doctrinaire to "protect" his own security needs. However, this is an integral part of the supervisory process and occurs because "the supervisee is with no apparent awareness behaving with the supervisor like the patient is behaving with him." Two ultimate conceptualizations are presented: that this occurs through an identification or that it occurs through some variant of projective identification. Introjective identification, counterprojective identification, and the parallel process are concepts which explain the reciprocal patterns of activity between the supervisor and the supervisee. Thus, Bromberg concludes that projective mechanisms explain these phenomena in the supervisor especially; he states that "the supervisor's behavior is largely motivated by the pressure of the supervisee's need for him to reciprocate his own role."

The Theme of Hope in Erich Fromm's Writing. Marianne Horney Eckardt. Pp. 141-152.

In Fromm's dialogic writings, hope is an important intrinsic element of psychic life. It cannot be adequately described in words, and it is born out of the experiencing

of the full depth of one's despair. If one can suffer, then one can hope. Horney Eckardt believes that many patients are very cautious about "daring to hope" for fear of disappointment. A clinical example is presented, and therapeutic change is discussed. The author concludes, "My therapeutic message is that hidden hopes and wishes need to be recognized, affirmed, and encouraged."

The Psychoanalytic Study of the Child, XXXVI. 1981.

Abstracted by Frederick L. Meisel.

Application of the Metapsychological Profile to the Assessment of Deaf Children. Paul M. Brinich. Pp. 3-32.

The Metapsychological Profile, which was developed at the Hampstead Clinic, is used to delineate the development of the deaf child. The developmental deviations which are seen in these children are then related to the interference with communication between parents and child.

Success Through Their Own Efforts. Alice B. Colonna. Pp. 33-34.

The author beautifully describes her own experience in the Hampstead Blind Nursery with children who are now grown. She goes on to discuss their struggles during adolescence and the developmental implications of being blind for the adolescent process.

Personality Development in Identical Twins. The First Decade of Life. Eleanor D. Dribble and Donald J. Cohen. Pp. 45-70.

Twin studies are used to shed light on the developmental process. Developmental discontinuities in children of identical genetic make-up are studied. Twins who are raised with different and individual attitudes and responses are compared to twins who are treated in an undifferentiated manner as "the twins."

Toward a Developmental Line for the Acquisition of Language. Rose M. Edgumbe. Pp. 71-103.

Beginning with the differences between object relatedness and object relations, the author explicates the developmental line for the acquisition of language. The transition, made through internalization, from "psychological intentional communication as it develops from the matrix of biological communication, is especially illuminating." The purposes of language are outlined: (1) to express affect; (2) to communicate to the object; and (3) to communicate within the mind between structures and between internal objects. Five stages of language development are seen in the context of the early mother-child relationship.

Speech, Language, and Vocal-Auditory Connection. David A. Freedman. Pp. 105-127.

The deaf child's capacity for psychic differentiation and for the establishment of internalized representations of external objects is compared to that of the blind child. The deaf child is seen as having an easier road along these parameters. A discussion of echolalia in the autistic child is used to prove the point.

The Concept of Developmental Lines. The Diagnostic Significance. Anna Freud. Pp. 129-136.

Using the developmental line from play to work, Anna Freud discusses the synthesis between drive and ego factors in healthy play. Further, she examines the synthesis function as it pertains to ego, id, and the environment in relation to the developmental lines toward work, peer relations, food intake, and independence and motility. Finally, she equates the psychopathology of neurosis as compromise to the ego's synthetic function and its use of compromise in normal development; developmental disharmonies are similar to the conflict seen in the more severe disturbances of childhood.

On Giving Advice to Parents in Analysis. Anton O. Kris. Pp. 151-162.

A summary of the analyst's position in regard to free association is given, followed by three case examples in which the analyst intervenes with advice to the analysand in regard to his or her children. In one case the advice was in regard to scheduling; in a second the analyst suggested a consultation; and in a third a suggestion was made to decrease the stimulation of the child. Although such advice inhibits the basic aim of free association, it is seen as necessary to the ethics of the analyst and for the trust of the patient.

The Adolescent's Use of the Body in Object Relationships and in the Transference. A Comparison of Borderline and Narcissistic Modes of Functioning. M. Eglé Laufer. Pp. 163-180.

Body image is cathected as it is derived from the narcissistic union with the mother's body. The change in body at puberty leads to a feeling of loss and aloneness. The adolescent uses his or her body in the analytic relationship and experiences analytic distance as rejection. Two cases illustrate these points: a borderline adolescent is compared to a narcissistically disordered adolescent in their mode of functioning as they experience adolescence. The borderline child reacts with rage to the loss of the gratifying object, while the other child reacts to the loss by submitting to superego demands as a substitute satisfaction.

The Psychoanalyst and the Adolescent's Sexual Development. Moses Laufer. Pp. 181-191.

Certain forms of sexual activity raise questions as to whether they represent a disruption of psychological development. Defined as abnormal are fetishism, transvestism, perversions, and homosexuality. The function of adolescence is the establishment of sexual identity, the integration of body image, and the restoration of the oedipal parents—i.e., the settling of old issues with them. The author differentiates choice of sexual activity from unconscious driven choice, and he discusses the analyst's obligation to question, understand, and possibly change the choice.

The Significance of Pets for Children. Illustrated by a Latency-Age Girl's Use of Pets in Her Analysis. Ivan Sherick. Pp. 193-215.

The author presents a good case illustration of the use of pets for a child as the embodiment of aspects of the self and the superego.

Insight. Its Presence and Absence as a Factor in Normal Development. Anna Freud. Pp. 241-249.

As the child develops an increased sense of reality, the need for denial increases and insight becomes compromised. That is, the ego's defenses against id strivings run counter to the child's increasing relations to the real world. The defenses are seen as an impairment of some of the ego's functions, and the chances to regain insight are discussed.

Insight. The Teiresian Gift. Samuel Abrams. Pp. 251-270.

The author presents two beautiful case examples of the evolution of insight in a child and in an adult. The relationship of insight to the transformations and consolidations of analysis is discussed.

Insight as an Embedded Concept in the Early Historical Phase of Psychoanalysis. Arthur F. Valenstein. Pp. 307-315.

Valenstein reviews Freud's passion for insight, knowledge, and truth, and its foundation in the science of his times and in his relationship to Breuer. He discusses traumatic hysteria and hypnoid hysteria and their relationship to dissociated and other abnormal states of consciousness, such as defense or conflict hysteria. Finally, he describes the practice of therapy during the early years of psychoanalysis and its relationship to insight. He makes the point that "enhancement of integration, i.e., the restoration of ego function consequent to the gaining of insight into conflict," is the mechanism by which insight is curative.

Anxiety, Symptom Formation, and Ego Autonomy. Samuel Ritvo. Pp. 339-364.

Ritvo views severe anxiety and symptom formation from the standpoint of impairment of the ego, especially in regard to judgment, reality testing, cognition, and defensive splitting. He describes a group of patients who were traumatized in the first two years of life and who were adversely affected by disturbances in the parent-child relationship, frequent somatic illnesses, and repeated, prolonged separations. Such patients are characterized by polymorphous-perverse sexual development. Two cases illustrate the thesis, giving special emphasis to activity as a coping mechanism which can be used by the child to reduce the noxious effects of an early childhood in which anxiety is unending.

Balance and Anxiety. Isidor Silbermann. Pp. 365-378.

Drawing from Buddhism and atomic particle physics, Silbermann discusses balance stimuli and equilibrium. Imbalance phenomena are related to early disturbances which lead to chronic anxiety reactions.

The Peasant Marey. A Screen Memory. Ira S. Erlich. Pp. 381-389.

An image of Dostoyevsky's while he was in Siberia, is related to a screen memory and to conflicts around childhood sexual fantasies. The author admirably demonstrates the progression from childhood experience to screen memory to the creation of an artistic expression.

The Domestic Dimensions of Violence. Child Abuse. Richard Galdston. Pp. 391-414.

Seventy-five families who were abusive to their children are described. The intimacy of the parent-child relationship places such abuse halfway between suicide and homicide. The child is often seen as a persecuting monster. Both the parent and child are ambivalent, and both are active in the abusive situation: the child in order not to be isolated, the parents in an attempt to use chaos to avoid awareness. Galdston also finds a discontinuity between the generations, phobic ideation, and a sadomasochistic relationship between the parents, with the child caught between them. Finally, he sees the need to find a focus for rage and unmastered aggression as related to "ghosts" in these families.

Extreme Traumatization as Cumulative Trauma. Psychoanalytic Investigations of the Effects of Concentration Camp Experiences on Survivors and Their Children. Ilse Grubrich-Simitis. Pp. 415-450.

The author details the effect of the horrors of cumulative trauma on survivors of the Holocaust and their children. Characteristics of the "survivor syndrome" are outlined, among them the impairment of parenting ability, especially in regard to empathy, which results in the transmission of trauma to the second generation. An armoring of the ego, a false self, and "robotization" are used to deal with anxiety. Among the many other tragic aftereffects of the Holocaust which Grubrich-Simitis cites is that the anxiety evoked by identification with those who have suffered such unimaginable horror and degradation makes it difficult for anyone, including therapists, to relate empathically to the experience of the Holocaust victim.

Meeting of the Psychoanalytic Association of New York

Charles F. Entelis

To cite this article: Charles F. Entelis (1984) Meeting of the Psychoanalytic Association of New York, The Psychoanalytic Quarterly, 53:2, 346-353, DOI: [10.1080/21674086.1984.11927072](https://doi.org/10.1080/21674086.1984.11927072)

To link to this article: <https://doi.org/10.1080/21674086.1984.11927072>



Published online: 28 Nov 2017.



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NOTES

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

May 24, 1982. TOSCANINI'S RELATION TO HIS ORCHESTRA. Martin H. Blum, M.D.

Dr. Blum examined the interactions between Toscanini and his musicians which contributed to their mutually ecstatic experiences and which might be helpful in better understanding the nature of idealizing relationships. Remarking that Toscanini was not a musician in the conventional sense (he neither composed nor performed), Dr. Blum discussed the mystical relationship between conductor and orchestra. In regard to motivation, Dr. Blum contrasted the excess and the deficit models of child development. In the excess model drives press for fulfillment, giving rise to wishes and fantasies which must be frustrated by the environment if the individual is to proceed along the developmental sequence toward forming an adult ego. This inhibition leads to representations which ultimately become the superego. When group settings are being considered, this theory leads to models based on projection of the superego onto the leader, with consequences first discussed by Freud in *Group Psychology and the Analysis of the Ego*. In the deficit model the drives are insufficient to motivate. The child requires supplementation from the environment (nurturance, empathy) in order to achieve situations of satisfaction. The importance of internalization, then, is not only prohibitive but complementary. If the complementary process should fail, there will be a corresponding failure in self-idealization, recognizable clinically as a lack of initiative for effective action in otherwise talented individuals. In a group setting, it is only through the idealized figure of the leader that such individuals can experience pleasure. Only the leader can give meaning to their actions through their identifying him with their projected ego ideal. Such individuals will be attracted to those who appear complete in themselves, charismatic and grandiose figures for whom everything might be surrendered in pursuit of a mystical union and a resulting state of exaltation.

Dr. Blum suggested that musical talent in a child might predispose the child toward becoming a susceptible individual in whom self-esteem regulation demands an external, God-like partner. Such children may be raised as instruments for display of the parents' own achievements or wishes: the projection of the parental ego ideal. The parents' love and approval become conditional on behaviors toward this end, at the sacrifice of the child's autonomous activities which might better promote stable internal structures regulating self-esteem. The child cannot be himself without the threat of loss of love and approval. This danger promotes his becoming a self-object for the parents, highly sensitive to external cues leading to activity pleasing to the parents and to the intrapsychic experience of fusion. In such a process, the child effectively becomes the caretaker of the parents' self-esteem. Social skills and peer relationships are increasingly limited by the demands of practice time and performance which become in themselves the means for meaningful interaction. Should such children later find their way into professional orchestras, the result may be cynicism and boredom, the daily routines under mediocre leadership never measuring up to the intense stimulation and satisfaction of the earlier intimacy with

the parent. Under a conductor like Toscanini, however, the outcome may be radically different.

Shifting emphasis to the character of the Maestro, Dr. Blum reported on what little is known of Toscanini's life history. Born into extreme poverty, he was the first child of an often absent father and a mother too occupied with survival to be nurturing. There was failure to thrive and repeated separations, a childhood of profound deprivation. Isolated and nearly mute (qualities which persisted into adulthood), he was enrolled in a music school at age nine for strictly practical purposes. There he would be fed and sheltered and would learn a trade. He was never visited by his parents, nor, later on, did they attend his wedding or his performances. His relationships in adulthood were comparably disturbed. Through a series of illuminating vignettes, including first-hand reports of members of his orchestra, Dr. Blum brought to life a man who was far from an ideal husband or father, who tolerated no opposition to his will from colleagues, who abused members of his orchestra. How, then, did he inspire such exalted performance? Dr. Blum pointed out that it was at rehearsal especially that his greatness, the force of his personality, inspired even more than his musicians had to give. Commanding respect by fanatical dedication to the act of music-making and by his synesthetic gift, haranguing his players with paroxysmal rages, he presented himself as purveyor of special knowledge. He was not interpreting the music: he possessed a direct line to its creator. To follow his direction was to be one with the creator. Rehearsal became a transcendent religious experience. For orchestra members, the constant tension and physical exhaustion of the practice room coupled with the powerful fury and exceptional musical talents of the Maestro seemed to destabilize the musicians' own self-representation, leading to trance-like peak experiences of preverbal fusion with the personified ego ideal in the form of Toscanini. Pleasure in the act of making the music, carrying with it the relationship to the conductor, transcended the pleasure in the music itself and resulted in performances better than the musicians were normally capable of.

For Toscanini also the rehearsal was an experience of ecstasy. More than maintaining his self-esteem, it offered a means to his own experience of fusion. Through it, he was able to break free of himself and into relationships with others. Music enabled him to unite with his own idealized parental object (the composer) and in this way to undo the pain and rage of the childhood deprivation. He created his own "holding environment . . . a sonic ambiance into which he could dissolve trustingly." This mutually narcissistic relation of Maestro and orchestra promoted an unusual degree of excellence and self-fulfillment for each participant.

DISCUSSION: Mr. Harold Schonberg stated that all the great autocratic conductors have served as father figures to their players. While not the towering musical genius of his time because he was not creative, Toscanini was the towering conductor of his time, and he did get the best results technically. Enumerating the prerequisites of great conductors (arrogance, a good ear and beat, a thorough knowledge of the score), Mr. Schonberg commented on Toscanini's special talents: his extraordinary memory, his synesthetic gift, and his ability to make each member of his orchestra feel that he was looking and listening to him alone. His level of aural and physical organization, superior but not unique, and the force of his personality enabled him to pull from his players what no one else could. Mr. Schonberg also noted the

demythification of Toscanini in the last several decades. His controlled, literal style places him in the movement away from the romantic tradition of his predecessors. It was Mr. Schonberg's impression that some of Toscanini's tantrums had a contrived quality and that in his later years he was even regarded as a humanitarian. Dr. Alan Eisnitz had certain reservations about Dr. Blum's major theses. He emphasized that Toscanini was not the first narcissistic or abusive conductor and that, therefore, his unusual musical gifts must be central in any evaluation of his success. Dr. Eisnitz would have preferred the term narcissistic object (rather than self-object) to preserve the conceptual linkage between the self-representation and the instincts rather than the implied separateness of self issues. He noted that the role of aggression needed greater emphasis. Clinically, the children of narcissistic parents feel demeaned and used, and the child's resulting aggression may be directed inward toward the self-representation as well as outward toward the (hated) object. Such individuals are then driven to idealize the object out of their own narcissistic need to preserve the stability of their self-representation. Toscanini's infamous rehearsal rages and the exploitation of others, especially women, apparent in his personal life might be understood in this light. The orchestra became for him an external source of self-esteem, a special phallus or good self with which he might unite through aggressive mastery—the maternal breast-phallus through which he could regain the sense of completeness lost in a deprived childhood.

CHARLES F. ENTELIS

MEETING OF THE PSYCHOANALYTIC INSTITUTE OF NEW ENGLAND, EAST

October 18, 1982. THE STUDY OF HUMAN COMMUNICATION: WITH REFLECTIONS ON ITS RELEVANCE TO THE PSYCHOANALYTIC PROCESS. William S. Condon, M.D.

Dr. Condon stated that the recent impetus for his work had grown out of his interest in Frieda Fromm-Reichmann's studies on human intuition at the Institute for Advanced Study of Behavioral Sciences in Palo Alto, California. Dr. Fromm-Reichmann organized an interdisciplinary team to examine the types of events which contribute to human communications on a holistic level. She directed special attention to nonverbal cues, such as a clenched fist in a depressed widow describing her anticipation of her son's marriage. Verbal cues not consciously recognized, such as a "squeeze" in the voice as well as changes in pitch and stress associated with various emotions, were also noted. Dr. Condon's research attempts to elucidate those hidden aspects of verbal and nonverbal communications which reveal the underlying, often unconscious feelings of the speaker and the listener.

Dr. Condon described how the body of a speaker moves in precise synchrony with the articulatory structure of his speech, so that they are locked together into

one unit of speech and motion. In addition to this synchrony of the speaker's body motion with his own speech, there is a demonstrable coordination of the listener's body motion with the precise articulation of the speaker. Listener and speaker may thus share postures while communicating. A listener may move in synchrony with each of several different speakers in a group. The sharing of postures between speaker(s) and listener offers evidence of some rapport between the participants.

With each shift of speech at the level of the word, the phoneme type (the smallest sound unit of speech), the syllable, and the phrase, there is a pulsatile shift of body posture. The body moves at different levels of organization that are all integrated at the same time. One part of the body may be moving in pulses with shifts of phoneme types while the same and other body parts may be moving with shifts of words and phrases. Thus human behavior is exquisitely organized across different levels of speech. Each phoneme type, word, and phrase is covered by a shift in the body, at a different hierarchical level. As the speaker gets louder, or puts more stress in his voice, more body parts come into play as they also accelerate their ongoing movement. Dr. Condon described a basic one-second rhythm in human communication and synchronous body motion. EEG brain waves—delta, theta, alpha, and beta—have the same periodicity as the rhythmic hierarchy of the different levels of synchronous speech and behavior.

Dr. Condon demonstrated the exquisite synchrony of speaker and listener in courtship and in mother-infant behavior. Within 50 milliseconds, the normal individual locks in and moves in synchrony with the incoming sound. An infant does this at least within twenty minutes after birth and may even do so *in utero*. The timing of the lag of the synchrony between incoming sound and body motion is important in identifying pathology.

In pathological cases, body motion synchrony to sound may lag at different rates in the left and right sides of the body. One side of the body may be in synchrony with the speaker after a normal delay, while the other side may be out of synchrony, or exhibit a delayed response. This is noticeable in split personality, schizophrenia, autism, and dyslexia. The dyslexic person has a delayed response on the left side of the body. Infants at risk, dyslexics, and autistics may show multiple orienting responses to sounds with the repetitive responses echoing, i.e., repeating, through their body motion. Dr. Condon spoke of a high-functioning autistic adult who described how he had experienced sound at an earlier age as echoing and coming from many different directions. He had been unable to understand what people were saying.

In the ensuing discussion several questions focused on the implications of body motion synchrony in psychotherapy as well as in analysis, where the analysand is deprived of the normal visual contact with the analyst-speaker. Questions were also raised about synchronous entrainment as a measure of empathy in adoptive parents and their children and about entrainment as a clue toward detecting lying. Dr. Condon reported that these are issues that have not yet been studied.

Dr. Condon then spoke of the need to find an empirical basis for psychoanalysis through the kind of detailed observational studies he conducts. He said that psychoanalysis is the destiny of mankind. The inner life is the great frontier. Learning about matter is not the end of our study, it is only the beginning. The analyst's level of observation is just as basic to reality as the behavioral scientist's level of

observation. The mind is organized on different levels, just as behavior is. Our aim, Dr. Condon said, should be to try to make the basis of our work more empirical.

KENNETH SETTEL

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

October 12, 1982. ON THE GENESIS AND STRUCTURE OF PENIS ENVY. E. Scott Nininger, M.D.

Penis envy in its simplest form can be summarized by two statements, one an observation—"You have it and I don't"—and the other an inference—"It is better to have it than not." Dr. Nininger took up the question of why some women are affected so strongly by penis envy that it becomes an organizing factor in their lives while others are affected very little by it. For Freud, the little girl's wish for a penis is a wish for greater organ pleasure; she assumes that the larger, more visible organ provides more pleasure. But how do we account for the different strengths of this wish in different women? Freud accounted for it in three ways, the importance of which would vary depending upon the individual: (1) by constitution; (2) by fixation and regression—by the carrying forward into the castration complex of pregenital experiences and by trauma, "accidental" or "environmental" factors (today, according to Dr. Nininger, we would think of object relations in their totality, but Freud viewed trauma and environment more narrowly, as playing much more directly upon the erogenous zones or upon fantasies derived from them through frustration or overstimulation); (3) by resolution—by resolving the penis envy more or less through the oedipus complex into which it leads the girl. In the oedipal situation she relinquishes the wish for a penis and longs instead for a penis-baby from her father, at the same time transferring libido from the mother to the father and from clitoris to vagina. Today we would have to consider what promotes or distorts the resolution of penis envy and the development of the oedipus complex, which, Dr. Nininger said, brings us back to object relations.

Dr. Nininger then discussed what the phenomena of penis envy look like clinically. The analyst will uncover fantasies about the past during which the supposed act of castration occurred; the patient will have unconscious ideas about who "did" it and why. The analyst will also uncover a range of attitudes and behaviors which follow from the fantasy of castration: for instance, some women will be depressed, feel worthless and inferior, and perhaps renounce sex altogether. Those who have not "accepted castration," those who "deny it," those who are at the other end of the spectrum, might develop seductive behavior for the unconscious purpose of castrating men, or they might devalue women and try to be accepted by men as one of them. Dr. Nininger stated that the normal woman does not belong anywhere on that spectrum: she neither accepts castration nor denies it, but has gotten over this colossally mistaken but universal childhood belief.

Dr. Nininger concentrated on patients who have both severe penis envy and severely disturbed object relations. For these women, the wish for a penis is determined as much by a wish to correct defective object relations (for example, to reach mother, to protect herself or mother from a sadistic father) as by a wish for greater organ pleasure—Freud's idea. Dr. Nininger presented three cases which demonstrate the interplay between the wish for a penis in order to have greater organ pleasure and the wish to have one in order to repair damaged object relations. To analyze either of these wishes without the other is to be reductionistic. Some might have it that the wish for greater organ pleasure comes first, followed by the development or recognition of disturbed object relations, which then adds another motive to the wish for a penis; Dr. Nininger believes that the discovery of the genital difference occurs in an atmosphere already permeated by object relations.

To support his overall thesis, Dr. Nininger quoted Roiphe and Galenson who state that little girls' early (15-24 months of age) experience of castration reaction varies in intensity, depending upon whether they had been subject to experiences which produced instability in the self- and object representations—e.g., serious illness, surgical procedures, disturbances in mother-child relationship such as depression or prolonged separation. Although there will *always* be penis envy in the development of girls no matter how optimal the object relations (just as there will always be some castration anxiety in the development of boys), *severe* castration reactions need not occur. Severe penis envy at any age is considered pathological. Thus, penis envy should not be viewed as universally intense initially, followed by varying degrees of resolution; on the contrary, it is highly variable in intensity from the beginning, depending upon other influences. Penis envy, according to Dr. Nininger, is not a necessary precondition for the girl's entry into the oedipus complex (Freud, of course, saw it as essential). Nor does Dr. Nininger deem it (as did Horney and Jones) primarily defensive and secondarily reactive to oedipal disappointment. The oedipus complex and normal heterosexuality will develop without early intense penis envy. Dr. Nininger closed by stating that he disagrees with what he claims to be the traditional view: that a woman must "accept" or become resigned to her "castration . . . as if it is fact rather than a fantasy What is normal is not to feel castrated."

DISCUSSION: Dr. Helen Davidoff-Hirsch stated that penis envy is an extremely complex concept, which must be considered from many points of view: structural, dynamic, economic, genetic, and adaptive. She said that Freud *always* entwined it inextricably with the girl child's relationship to her mother. She agreed with Dr. Nininger that Freud's concept of penis envy is troubling; it does not do "justice to the full richness and range of the female character as we know it today." Citing the work of Dr. Jacobson as well as her own clinical experience, Dr. Davidoff-Hirsch stated that an important factor in the girl's renunciation of the wish for a penis is the discovery of her own genital and the regaining thereby of her self-esteem. She also cited the importance of the work of Mahler and of Galenson and Roiphe for our understanding of female development. According to their observations, in all girls, there is an upwelling of genital awareness at about seventeen months, with penis envy and mood change of some degree. Dr. Mahler emphasized that the normal female infant's sexual awareness is biphasic: the awareness of the lack of a penis and then the discovery of the vulvar region. In disagreement with Dr. Nininger,

Dr. Davidoff-Hirsch does not feel we can fruitfully ask the question of why penis envy becomes an organizing force in the psyches of some women and not in others. Understanding "choice of symptom" or "choice of character trait" has never been a strong point of psychoanalysts. Nor does she believe that Freud felt that the wish for greater phallic organ pleasure was the full explanation for penis envy, but rather that the insatiability of the infantile personality provides the background for penis envy. What must not be lost sight of is that "manifestations of penis envy are *always* related to the latent content, namely, the universal infantile fantasy that all creatures were originally phallic." Resolution is very important, even for girls who develop only a mild penis envy. For Dr. Davidoff-Hirsch, resolution is not acceptance of castration, but rather correction of the child's infantile misinterpretation of the anatomical distinction between the sexes. Dr. Eleanor Galenson stated that her observational research confirms and supports Dr. Ninger's major thesis about the link between penis envy and object relations. In the last quarter of the second year, when the sense of self as distinct from the other has acquired some stability, the infant begins to masturbate and makes every effort to involve the mother in the genital arousal. As the mother pulls away, the transitional object, the bottle, dolls, which are substitutes for her, appear in masturbation, clearly indicating the presence of object-directed fantasy. "When the mother [does] respond to the erotic advance, mother and child [remain] locked together, grossly restricting the child's individuation." Dr. Galenson agreed that the quality of the girl's pregenital object relations is crucial in determining how she will react to the genital difference. "For now the low self-esteem and feelings of deprivation become organized around penis envy, and there are severe regressions to archaic fears of body disintegration and fears of object loss." However, although penis envy is profoundly affected by prior object relations, it is still universal in the early development of all women, according to Dr. Galenson. But poor early object relations as well as bodily disturbances may prevent a girl from advancing beyond her preoedipal relationship to her mother and eclipse the normal erotic, pregenital attachment to the father. Some girls remain fixed in "the early genital phase, beset by intense genital arousal but at the same time acutely anxious about their genital conformation. Their penis envy seems to have organized their early maternal deprivation into the feelings of being generally unlovable because of the specific lack of a penis."

ARLENE N. HEYMAN

The Board of Trustees, the Medical Director, Daniel P. Schwartz, M.D., and the staff of the Austen Riggs Center wish to announce and invite nominations for the newly created position of ERIK H. ERIKSON SCHOLAR at the Austen Riggs Center. This endowed position is meant to honor Professor Erikson's transforming vision of and contributions to the fields of psychoanalysis, human development, and history, and to extend that work through supporting the clinical and research interests of a distinguished scholar. Nominations are currently being accepted for July 1984 and July 1985. For further information and to submit nominations, contact:

Gerard Fromm, Ph.D., Chairperson, Search Committee, Austen Riggs Center, Inc., Stockbridge, Mass. 01262.

The 4th INTERNATIONAL CONFERENCE ON PSYCHONEPHROLOGY will be held October 12-14, 1984, in New York City. For further information, contact: Norman B. Levy, M.D., Director, Liaison Psychiatry Division, Westchester Medical Center, Valhalla, N.Y. 10595.

A 10-day INTENSIVE TRAINING INSTITUTE IN CREATIVE ARTS THERAPY will be held August 17-27, 1984, near Siena, Italy, by Art Therapy Italiana and The National Institute for the Psychotherapies, New York. For further information, contact: M. La Monica, 454 14th Street, Brooklyn, N.Y. 11215.