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A CASE OF MOTHER-ADOLESCENT SON INCEST: A FOLLOW-UP STUDY

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A case of mother-adolescent son incest is reviewed. The son was treated in psychoanalytic psychotherapy for nine years and seen in a follow-up study five years later. The incest is understood as a compromise formation in which most aspects of the positive oedipus are repressed, while limited direct or defensively altered expression of oedipal and preoedipal impulses are allowed. Superego development is considered as being complete, although the superego is pathologically malformed and is responsible for the patient's pervasive feelings of guilt and his extensive need for punishment for his incestuous behavior. These findings contradict the views of those who understand mother-son incest as representing only direct expression of positive oedipal wishes made possible by a weak, deficient superego.

Mother-son incest is an uncommon clinical phenomenon. Because of the centrality of the oedipus complex in psychoanalytic theory, reports of those few individuals who put aside the universal taboo against mother-son incest are of special interest to clinicians and students of psychoanalysis. This paper will report the results of a follow-up study of a case previously reported (Margolis, 1977). The follow-up study, which took place five years after treatment ended, will be preceded by a review of the findings of the earlier study.

I would like to state first that this patient was treated with psychotherapy. He did not allow a conventional psychoanalytic psychotherapy to be established in which one could consistently work with transference, dreams, and free associations. On several occasions, supportive parameters of technique were nec-

essary, e.g., hospitalization. It is also noteworthy that after nine interrupted years of psychotherapy, and after an extensive period of follow-up interviews, there is still a significant lack of adequate data to answer many of the basic questions that a psychoanalyst would have about such a case. I believe that this dearth of data can be understood in terms of specific aspects of the patient's psychopathology, which will be described, but since the data so far obtained constitute the most detailed description of a case of mother-son incest in the literature, I feel that its presentation is justified. I hope that my discussion will be useful to an analytic audience for the purpose of a deeper understanding of the oedipus complex and its relationship to our theory of pathogenesis. In the psychoanalytic and psychiatric literature, mother-son incest is often assumed to be a direct behavioral consummation of unaltered positive oedipal drive.[1] It will be the primary purpose of this paper to demonstrate that this is an incorrect interpretation of this phenomenon. Paradoxically, mother-son incest can better be understood as a compromise formation established to simultaneously express and ward off positive oedipal wishes while allowing some partial and disguised fulfillment of negative oedipal and preoedipal drives.

My report on the patient's treatment began with his being brought to the Detroit Psychiatric Institute (DPI) at age nineteen by the police upon the complaint of his mother that he had sexually assaulted and threatened to kill her. The threat occurred subsequent to the patient's discovery of his mother having intercourse with her date for the evening. The patient became enraged, and the mother's companion fled. The patient compelled his mother to have intercourse with him and then

[1] These studies further explain the incest as arising in a traumatic context of sexual overstimulation coupled with varying degrees of parental neglect. The superego development of the sons is considered to be deficient and associated with only minimal expression of guilt and anxiety. Many clinicians describe the sons who transgress the incest barrier as being necessarily psychotic (Barry and Johnson, 1958; Bender and Blau, 1937; Wahl, 1960; Weiner, 1964; Yorukoglu and Kemph, 1964).

threatened to kill her. His mother finally called the police after her son fell asleep. Shortly thereafter, four policemen burst into the apartment with drawn revolvers and flashlights, awoke the terrified son, and took him to jail. The patient was only too willing to be transferred by court order to DPI for psychiatric treatment due to his fear of remaining in jail. After one week of hospitalization, he was discharged and assigned to outpatient psychotherapy.

As the initial evaluation proceeded, the life of a multiply traumatized individual was revealed in relationship to two parents who, in a very complicated way, were both able to love their son and to sustain his early development while being destructive of the very growth they had nurtured. I will attempt to summarize this history. John was born into a white, middle-class, devoutly religious family. His young, attractive, and intelligent parents were the offspring of immigrants. The patient's father was ambitious and hardworking. He rapidly rose to the position of chief foreman in a local auto plant. The young couple were happy; they soon purchased their first home. After two years of marriage, the mother conceived and delivered prematurely a four-and-a-half-pound infant by cesarean section. The family was told that John probably would not survive. His subsequent survival became a family myth. He was bottle-fed, grew rapidly, and was never a sickly child. Fourteen months after John's birth the mother delivered another son by cesarean section. John was described as an ideal child, in that he reached all developmental milestones at the expected times. However, he was never a "cuddly" baby and did not like to be handled or kissed. Of the two sons, John most closely resembled his father; he was always his mother's favorite.

Mr. and Mrs. Brown's marriage began to deteriorate from the time the children were born. John's father began to drink very heavily. The children were witness to constant fighting. Mrs. Brown lost her third pregnancy and became infertile as a consequence of a beating by her husband. John and his brother saw their father almost strangle their mother to death; she was

saved only by the chance visit of a relative. When drunk, the father often severely beat the patient. The parents also made love at night with their bedroom door open. These scenes of parents fighting (including destroying furniture in their rage against each other), alternating with repeated hearing and witnessing the primal scene, created great anxiety in the patient.

When the father was not drunk, he could be very kind and generous to his sons and was very well liked by his neighbors because he was so frequently helpful to them. John's earliest memory (from age three) is of his father coming home dressed as Santa Claus and bearing presents; he recalls it as a happy scene. The patient recalls his father teaching him sports skills. John was so fond of his father that he would wake up early in the morning to be with him while his father prepared to go to work. John waited at night to eat supper with his father. He remained devoted to his father throughout this period of his father's downward slide into alcoholism. The father eventually lost his job because of his drinking problem.

The patient in these early years was subject to sexual stimulation by more than primal scene exposure. He frequently took showers with his father and baths with his mother. He remembered sitting between her legs as she soaped his body. He recalled being sexually aroused both by the soaping of his genitals and by looking at her breasts and genitals. John also regularly crept into bed with his mother after his father went to work. The patient was further upset by unannounced surgery; a tonsillectomy at age four and an appendectomy at age five. He recalls fearing being killed by the surgeons.

John's parents were frequently separated, beginning with his third year of age. It was at these times that John began sleeping with his mother. The final separation and divorce took place when the patient was six years old. John cried and could not sleep for several days because he missed his father. Years would now pass in which he neither heard from nor saw his father. The father, while living nearby, did not exercise his visitation rights.

His mother went to work and lived with her widowed father, while John (age six) and his brother were placed in a residential school (under religious auspices) for children from broken families. His mother wrote regularly and took them home on alternate weekends and on holidays. During visits at his grandfather's house, the patient slept with his mother. While she slept closely cuddled to John, he would caress her and become sexually aroused. When he touched her genitals she would "awaken" and stop him. John began masturbating at age twelve with fantasies about having sexual relations with his mother. His father came to visit John three times during the eight years that he spent at the school. When John heard that his father took a nephew hunting instead of himself, he decided finally to put his father out of his mind. These were unhappy, lonely years for the patient. John's record at the school was that of a hardworking, obedient, and excellent student. He graduated from the eighth grade at age fourteen and left the school, together with his brother, to live with his mother and grandfather. After two years they moved to their own apartment where the incest was to occur. His grandfather had become somewhat senile and insisted that they leave. John recalls having a close relationship with his grandfather during these years and was bitter about having to leave his grandfather's home, saying: "Why do you always have to leave people that you care for?"

During the next four years the patient attended a parochial high school. His academic work was mediocre, but he was on the varsity football squad and ranked as one of the top players in their league. John was a shy, conforming teenager and had no close friends. He felt that his mother "did her best" in regard to being the sole provider for their family and was supportive and affectionate toward them. She was apparently a strong woman who could be responsible for her children and loyal to her friends. Mrs. Brown continued to be seductive toward John; she regularly dressed and undressed completely in his presence. The patient recalled being constantly in a state of sexual arousal toward his mother. He regularly masturbated to fantasies of

intercourse with her. John began to speak openly of his sexual interests to his mother, but she would not accede to his wishes to have intercourse. Finally, one day he decided to be insistent, and she reluctantly succumbed. Thus began a period of regular acts of incest that persisted for three years until the date of his arrest. John admitted having relations with his mother about once every other month; his mother would only admit to four acts of intercourse. Sexual relations always took place when his brother was out of the house. His mother claimed that she had been too ashamed to go to the police to complain; she had hoped that he would "grow out of it." The patient experienced his desire for his mother as irresistible. Intercourse often occurred after his mother had been drinking and had angered the patient, particularly when he felt neglected or humiliated by her. John stated that she often played an active role in these scenes. She would sidle up to the patient and caress him while dressed in sheer, "shortie" nightgowns. Once she entered his room and said: "I bet you want to have intercourse with me. As long as you're going to have it anyway, you might as well go ahead and get it over with."

Apparently, the mother usually protested his advances and the patient had to overcome her physically. There was no foreplay, words of tenderness, or love. Only his anger and lust were allowed conscious expression. The patient said that it seemed to him that his mother enjoyed their sexual activities. She was always fully lubricated and prepared for coitus. John said that he was always potent and orgastic; he does not believe that his mother was usually orgastic.

The patient reported that he sometimes felt like "King of the World" after intercourse; usually, however, he felt remorseful. His mother routinely castigated him for "being a bum like your father." The patient would agree with his mother and complain that she should have stopped him, calling her "stupid" for "not locking me up." Due to his remorse, the patient would then not have intercourse with his mother for many weeks.

In general, John felt that this was the worst period of his life.

His sexual life was confined to masturbation and acts of incest with his mother. He despaired of ever extricating himself from his predicament. He recalled having the preferred normal ambitions in life, but usually he felt doomed to remain with his mother, as he felt helplessly trapped by his sexual preoccupation with her. When his fellow high school athletes bragged of their sexual conquests, the patient felt not only left out, but a failure and profoundly inferior to his teammates as well.

John denied ever wanting to have children with his mother or wishing for any type of future permanent relationship. He denied ever thinking of his father in connection with these acts; in fact, he rarely thought of his father in any connection. John did recall feeling jealous of his mother's having sexual relations with her boyfriends during this period. The mother appeared to have cultivated rivalrous relationships between John and her boyfriends. She had one major relationship, Mr. S., during this time. She let Mr. S. know of her sexual problem with the patient. The patient admitted that he sometimes feared Mr. S. would retaliate; however, he was more concerned that his mother would call the police. Mr. S. had occasionally been somewhat of a surrogate father figure to the boys in their early and middle teens. He withdrew from the patient around the time of the onset of the incestuous behavior since he believed that a boy of John's age should be independent and should not require the support of a paternal figure.

At the time of initial evaluation, the patient had recently graduated from high school. He was working and lackadaisically attending a local university on a part-time basis. He entered treatment without a great deal of positive interest.

REVIEW OF PSYCHOTHERAPY

I treated John in psychotherapy at a time when I was in the latter years of psychoanalytic training and in the first years of psychoanalytic practice. At the time of follow-up, I had completed my first decade of independent psychoanalytic work and

was now able to understand the clinical material with enhanced sensitivity and insight. My review of the hour-by-hour notes still convinces me that the patient would not have been able to participate in a classical analytic treatment. On the other hand, I believe that my inexperience at the time might have prevented the patient from becoming more deeply involved in the psychotherapeutic process. In any case, the changes in my understanding of this case, which are based upon both a review of treatment notes and follow-up interviews, will be discussed in the final section of this paper. A brief review of the frequently interrupted nine years of psychotherapy of this patient is all that is possible at this time. Unfortunately, the limitations imposed on me by time and space will not permit a complete documentation of the clinical process. I will attempt to provide illustrative clinical examples of the nature of the psychotherapeutic interactions.

John was never a highly motivated, psychologically minded patient. He reluctantly agreed to a three-times-a-week schedule of appointments, but he missed a significant number of these. Soon he balked at coming more than two times a week. In the final years of treatment, he would come only on a once-a-week basis. John was not able to free associate consistently, and only episodically was he able to work meaningfully with transferences or dreams. There were frequent silences; the patient spoke in a bland, nonreflective manner. His relationship with me for a long time was cool and wary. He became increasingly aware of his use of these distancing tactics to avoid becoming too vulnerable, lest he be rejected or exploited in our relationship. But it was more difficult for the patient to acknowledge that his coolness also served to inhibit aggressive and libidinal aspects of the transference. In time he became somewhat comfortable and dependently attached to me in an uneasy manner. I never felt that he was able to be intimate, open, and totally frank with me.

The early years of the treatment inevitably centered on the patient's incestuous attachment to his mother. His mother re-

luctantly entered treatment at DPI, but she soon quit. She would not acknowledge any personal responsibility for their sexual relationship; she described herself as the helpless victim of a brutish son; regular coital relations now ceased.[2] Both mother and son remained sexually preoccupied with each other. Therapeutic advice and cautionary warnings seemed appropriate in order to prevent continued coital relations that had homicide at their core. As the mutual passions of the mother and son became better contained, the treatment settled down into more conventional explorations of the patient's dynamics. The initial interpretive work dealt with the significance of the sadomasochistic aspects of John's incestuous longings. We sought explanations linked to his perceptions and experiencing of early traumatic relationships, particularly as they were expressed in the transference. Much interpretive effort was devoted to helping the patient see his masochism as a self-punitive response to his rage and sexual desires toward his mother. The patient's rage was understood as a reaction to his perception of her as being rejecting, neglectful, and insensitive to his needs. His sexual interest was interpreted as an expression of his preoedipal anger. John's ability to function at a higher level of ego development gradually emerged; he now began to express dismay that he had ever succumbed to incestuous desires. This was mirrored in his fantasy life, as the female objects of his sexual fantasies changed from his mother, to her sister, and finally to current girl friends. This could be attributed to his enhanced capacity to both suppress and repress oedipal fantasies.

John finally moved to his own apartment and established a social life of near conventional proportions that included dating women and relationships with men through team sports, hob-

[2] They were to recur two more times. On the last and final occasion (one and a half years after the onset of psychotherapy), they had intercourse during an interruption in treatment due to the therapist's vacation. According to the patient's observation, this was the only time that he was certain that his mother had an orgasm.

bies, and his work situation. Meanwhile, his mother married Mr. S., with whom she had had a dating relationship for the previous thirteen years. The patient continued to see his mother regularly. He made an attempt during this period to seek out his father, but he soon painfully discovered that his father could allow only a severely limited type of father-son relationship. The father's alcoholism never came under control, and he slowly deteriorated physically and mentally, drinking approximately a bottle of whiskey each day until his death.

After three years of treatment the patient began his first serious involvement with a woman that was to lead to a short-lived, tumultuous marriage. It was his first sexual relationship with a woman other than his mother. John was very happy to discover that he was potent, orgastic, and desirable as a partner. His involvement was immediate and passionate. They fought constantly and repeatedly reconciled. When she threatened to terminate their engagement, he became actively homicidal and suicidal. He was hospitalized briefly at DPI at this time. I was not able to engage him seriously in any consideration of his haste to marry. The night before the wedding, the patient's middle-aged father died of cirrhotic complications of alcoholism. The woman the patient married was older, a college graduate, and far more dominant than the patient. The marriage turned into a nightmare for the young couple. John had found a woman who was not very interested in being a homemaker, nor was she honest or loyal to him. She was very dissatisfied and condescendingly critical of John, threatened divorce constantly, and after three years the marriage was finally dissolved. During the last year of this marriage the patient dropped out of treatment for the second time since becoming acquainted with this woman. The divorce decision was experienced by John as a profound rejection and led initially to physical violence. The patient, like his father before him, beat his wife and nearly strangled her. When the final break occurred, he became seriously depressed, but returned to treatment in an attempt to understand why he had made such a disastrous mar-

ital choice. He remained deeply attached to his former wife for some time. Further interpretive work now helped the patient to see the connection between his first wife and certain aspects of his mother's personality.

During this last period of treatment the patient began to make major changes in his life. He now developed a more active social life. He obtained a new job and began to be regularly promoted into the lower echelons of management. The transference manifestations assumed a more decidedly phallic-oedipal cast. I now attempted to help the patient understand his masochistic tendencies as representing more than sadism turned inward; they also represented homosexual currents in the negative oedipal transference. This material was very difficult for the patient to deal with and eventually led to another flight into marriage. He was again unwilling to consider the acting out aspects of his haste in marrying. This time, however, he married a woman who was more compatible in background, education, and life-style. She seemed much more capable of love and interested in family life. At first the patient was a bit skittish about marriage, but she forced his decision by apparently becoming pregnant and threatening suicide. He agreed to marry her and now decided to stop treatment.

The patient felt that he had gained considerably from the treatment. His incestuous and murderous impulses toward his mother were under control. He no longer had conscious incestuous fantasies. John now had a relatively full life of work, love, friendships, and vocational interests.

It was clear to me, however, that he was terminating treatment because of his anxiety in regard to dealing more directly with phallic-oedipal conflicts. Castration anxiety of enormous proportions had long been in evidence. He still would not deal openly with his feminine-passive yearnings in the transference, nor could he work through his competitive, murderous impulses toward me, against which his passivity had been erected as a massive defense. By prematurely terminating psychotherapy, he covertly expressed positive oedipal strivings by in-

terfering with my therapeutic attempts to help him. John's announcement of his decision to terminate was precipitous and allowed no termination phase working through. He thus avoided the painful separation from a father figure; in addition, he gained revenge for his father's abandonment of him by abruptly leaving me. The patient still remained an individual at risk whose adjustment appeared to be quite precarious. I felt at termination that he might require psychotherapy in the future.

THE FOLLOW-UP STUDY

Five years after termination, I contacted the patient and asked him to participate in this follow-up study. The study had been agreed to by the patient at the end of his treatment. I saw him for four follow-up interviews at weekly intervals. A fifth interview occurred eight months later; and the final interview was held a few months after that.

John, now thirty-two years of age, expressed pleasure at seeing me again and was happy to participate in the follow-up study. He brought photographs of his three children, but none of his wife. However, he expressed satisfaction with his current marriage. He described his wife as being an excellent housekeeper, mother, and wife. Their sexual love was mutually gratifying and frequent (four to five times a week). He was orgastic and continued to have no potency difficulties. He described their love-making in terms of both lust and tenderness. They made love with their bedroom doors open because he was concerned about the possibility of a fire breaking out in their trailer home and the need for immediate detection in order to rescue their children. He loved his children, even though his wife had tricked him into impregnating her for her first pregnancy.

The patient's friends were now largely drawn from a club called the Frontiersmen, which was devoted to the promotion of hunting, marksmanship, and the preservation of survival skills as practiced by early American frontiersmen. John was an

officer and one of the top marksmen in the club. He admitted that paradoxically he had one of the worst records for actually killing deer.

John had risen to the position of plant manager in the small manufacturing company in which he had worked for the past eight years. The business had grown but at such a slow rate that there was no immediate possibility of promotion. He felt frustrated and trapped in his job situation.

The follow-up interviewing was next disrupted by a request for an emergency appointment by the patient. He had become drunk at a Frontiersmen family function; as his wife drove home, he terrified her by attempting to wrest the steering wheel from her, thus endangering their lives. His wife was furious and left with their children; she threatened not to return home until John resumed treatment. John was contrite when we next met, and he expressed a strong desire to be reunited with his family. He requested that I meet with his wife. I met with her in the patient's presence. She was an outspoken, attractive young woman who professed love for the patient; she stated that he had been drinking heavily (albeit irregularly) since their car was recently "totaled." She recalled the halcyon days of their marriage before their children were born. They were close and talked a lot to each other. They enjoyed common interests and had an active, enjoyable social life. Since that time John had been less communicative, more irritable, and had gradually begun drinking more heavily. She enjoyed sex with her husband, but wished that he would not be so aggressive and insistent about having sex when he arrives home from work each day. She would rather make love in the evening under more relaxed, romantic conditions. It was clear that both John and his wife wished to reconcile; they requested counseling. I suggested that they take some time to consider marital counseling while we continued with the follow-up interviewing.

The couple reconciled immediately, and John reported at the next interview that their relationship had improved and they were no longer certain of their need for counseling. At a sub-

sequent session, he announced that they had decided against further treatment.

I will next summarize topically the remaining major issues. The patient reported that his relationship with his mother was now normal in all respects. She visited her grandchildren regularly and in fact doted on them. She was very approving of his marital choice, and the two women were quite close to each other. When asked about his thoughts and feelings in regard to his incestuous past, he said that he still felt guilty. He admitted with an embarrassed smile that sex with his mother had been more exciting than had been the case with any other woman. The orgasm was the same, but the overall experience (particularly his anticipation) had been more exciting. However less exciting, his present sexual relationship with his wife was more satisfying, because it was associated with more tenderness and intimacy. He observed that his mother was inclined to be involved with weak men and even seemed to enjoy humiliating them. He was no longer so angry with her, nor did he view her as being so neglectful of him as he once had.

Despite John's assertion that he had put his father out of his mind, it became abundantly clear that his father has remained very much on his mind all of these years. He openly admitted still missing his father on holidays. In his fourth follow-up session he related a dream in which he was talking to his father, and another man was also present. His associations included the following. He had been very sad on Father's Day and had wished that his father were still alive. His children could use a grandfather, and he wished that he could go to his father for advice and counsel. He had not recalled any of his dreams for many years until the past few days. He had recently re-established contact with his father's family and had single-handedly organized a successful family reunion. The family picnic was so successful that they were planning to continue them on an annual basis. He felt closer to his father's family than to his mother's family. Yet, he admitted that his father's family had not made an effort to keep in contact with him over the past years.

He was beginning to realize, however, that his father had not been able to demonstrate a fatherly love to his boys with any consistency. It was hard for John to face his hurt and anger toward his father.

John brought a second dream to his fourth session. In the dream he is with two Frontiersmen buddies, Jim and another friend. They had decided to rob a bank, and he was involved as a spectator. Police arrived and arrested John. He was charged with the robbery, even though he was only an onlooker. He was found guilty and sentenced to four years in prison. As he said goodbye to his wife and children, he woke up as from a nightmare, fearing that he would not see them for years. He awakened his wife to make certain that she was with him: "I know that it was irrational to wake her up, but I had to do it," John said. In association, he reported that recently he has had difficulty sleeping through the night. He associated the arrest to the time that the police had arrested him for "raping" and threatening his mother. He recalled that he still becomes frightened when he is with a crowd in an enclosed place, particularly in movie theaters. He recalled our "termination" and said that he would still be coming to see me if my office were in his locality. He knows that he still has problems, in that he is inconsiderate, too "super-macho," and always needing to get his own way. He recalled the Hinckley decision and felt it had been too lenient. The interview material will be discussed in a later section of this paper.

The final follow-up interviews were focused on the patient's evaluation of his treatment and of the follow-up itself. In regard to his past treatment, he unhesitatingly responded by saying that he would never have achieved his present life without psychotherapy. He certainly had dreamed of having a wife, children, and a good job, but he had not seen how he could end the incestuous relationship with his mother. He did not believe that it was worthwhile spending so much therapy time on the past and its consequences. He thought that the treatment should have been oriented to the present and the future. He

was disappointed that he still had trouble being intimate with people. Nevertheless, he acknowledged having a circle of friends; these are couples whose husbands are active in the Frontiersmen. He now has his first close friend, Jim. He and Jim have known each other for nine years. The patient admitted that he still does not feel totally comfortable with Jim. He always wonders if Jim really wants to see him. He frequently feels that Jim silently disapproves of him. In general, he feels more comfortable and relaxed and has more fun with men. He is more guarded with women. With men, he says, he can be "more of an animal."

In the final follow-up interview, I asked John to comment on the follow-up experience. He felt that the interviews had helped him to realize that he had been on a plateau, and he has embarked on a renewed attempt to improve his life. John said that his marriage was much improved and he will not allow his marriage to deteriorate again to such a low state. He realized that he had become too demanding and selfish. They have recently joined their closest friends in attending "Marriage Encounter Weekends" sponsored by their church. John and his wife have found these experiences useful in promoting "dialogue" between them. He has been more attentive to his health needs; for example, he has stopped smoking, is watching his diet, and has reduced his drinking. John was particularly happy to announce that they had sold their trailer and purchased a home in an area where many of their friends live. Their best friends live next door. John's company has once again begun expanding, and he has been given assurance that he will increasingly share in the company's improved economic status. The patient admitted to only one unpleasant effect of the follow-up interviews: he had become upset over his awareness that he had idealized his father and obscured from himself how hurt and disappointed he had been these many years over his father's indifference and irresponsibility toward himself and his brother. However, he felt that he now possessed a more balanced view of his father. It is noteworthy that the patient still

felt that bad luck dogs his steps. He has had a recurrent dream in the past few years in which he sees his own obituary; the date of his death in the obituary is the past calendar year.

DISCUSSION

Psychodynamic Considerations

This case inevitably raises questions in our minds. How did this young man come to transgress the incest taboo? What kind of ego and superego would allow this type of universally proscribed mother-son interaction to occur? These are not easy questions to answer or even to consider comfortably. We are confronted with a clinical and research problem that is compromised initially by the patient's reluctance and even inability to examine his thoughts and feelings deeply, as well as by our own inevitable countertransference reactions in encouraging such an inquiry. I would like to consider this question by first indicating my understanding of the patient's psychodynamics when he terminated psychotherapy and then proceed to changes in my thinking since that time which have been particularly influenced by the follow-up data.

In 1977 I stated that John's central conflicts were pregenital in nature and that coitus with his mother served as a channel for his anger toward her over perceived feelings of deprivation and rejection. I described John as a man who lived on the razor's edge of violence. His rage against his parents was largely contained by means of masochistic patterns of behavior. I stated that his superego was still in a state of formation and that the incest taboo had not yet been firmly established. I felt that he operated more on the basis of shame than of guilt and that his morality resembled that of a child in the anal period. I saw relatively little castration anxiety and a limited capacity for mature object relations. I saw him beset by loneliness and distrust. The total absence of his father and partial absence of his mother during most of his formative childhood years were considered

to be of primary etiological significance. John was diagnosed as being borderline. I will quote from the summary: "The overriding role of sadism towards a rejecting mother and the consequent need to punish oneself for such motives have been presented as the clinical core of this phenomenon" (Margolis, 1977, p. 292).

The follow-up data and a rereading of my original case notes have led to several significant changes in my understanding of this case. Again, I would like to emphasize the speculative nature of some of these formulations due to the limitations of the underlying data. John presented himself as a victim of maternal rejection and neglect. His father was recalled as a figure of secondary importance whom John had long ago put out of his mind. The clinical data, however, presented another picture: John was clearly very attached and devoted to his father in the early years of his life. His father was capable of a significant degree of love, support, and guidance in those years. John's mother, while overly seductive with her son, was not basically rejecting and neglectful; she was the only parent consistently available to him for love, support, and guidance throughout his childhood and early adolescence. It was the father who totally abandoned his sons at the time of the divorce. For several years prior to the divorce, as the father's alcoholism progressed, the patient experienced his father as increasingly unreliable and terrifyingly violent. John's world began to unravel during his oedipal years (age three to six) and became a maelstrom of sexual passions and murderous intentions, primarily because of the influence of parental violence and sexual overstimulation. The repetitive witnessing of the primal scene had special traumatic significance for John, as it clearly heightened and exacerbated the violent and terrifying nature of his oedipal conflicts.[3] The father's frequent absence from the family home now

[3] John's wish for murderous revenge and his need to defend himself against such an outcome is dramatically reflected in his current re-enactment of the primal scene in his children's presence, accompanied by fantasies of fire breaking out in his small trailer home and the rescue of his children from the subsequent conflagration (Arlow, 1978, 1980). One can assume that similar revengeful, destructive wishes were aroused by his observation of the primal scene during his childhood.

left John with an extra burden—the added anxiety and guilt of an oedipal triumph. The phallic-oedipal period was the locus of John's major conflicts. A defensive regression to preoedipal points of fixation now occurred, particularly focusing on the person of his mother. The patient thus presented himself in treatment as a victim of preoedipal maternal neglect. I now view John's superego as having been fully established, albeit pathologically, during these tumultuous years. There was no deficiency of castration anxiety or oedipal guilt in the clinical material. Once fairly happy and content, John became a sad, anxious child whose only recourse was a neurotic solution.[4]

John now developed a passive, masochistic neurotic character that was to remain basically in place for the remainder of his years. He became a shy, obedient, hardworking student who, while bright, allowed himself only a mediocre academic record. Imaginative and creative activities were restricted. He permitted superior performance only in the area of sports—where he was a reliable and dependable team player with a limited capacity for leadership. John was lonely, but could not tolerate being alone; therefore, he had to be among people a good deal of the time, but all the while remain distant and reserved in his relationships. He became a young man who was preoccupied by sexual fantasies involving his mother and easily manipulated by strong women.

John's latency years deserve special comment. How are we to

[4] The present diagnosis of neurosis (to replace the 1977 diagnosis of borderline) seems indicated because of the centrality of phallic-oedipal conflicts, the quality of the patient's object relations and transference behavior, and the nature of his ego and superego. The severity of early trauma and heightened preoedipal conflicts, his reliance on more primitive defense mechanisms (e.g., denial, "splitting," etc.) and even the act of incest itself would still incline many clinicians to diagnose this patient as borderline. I prefer to consider him to be a severely disturbed neurotic, since my diagnostic predilection is to restrict the diagnosis of borderline state to patients who manifest conflicts, affects, and defenses closer to psychotic functioning. For those with broader criteria for the diagnosis of borderline or those who prefer using the concept as a broad supradiagnostic classification (Abend, Porder, and Willick, 1983), I could understand retaining the borderline diagnosis. My emphasis is the change in my views of the patient's psychodynamics from the time of the 1977 study to the present publication, rather than the change in diagnosis.

understand the fact that he had conscious sexual fantasies about his mother during this period? Does this mean that repression was not operating? I believe that he had a latency period in which most aspects of positive oedipal fantasies were repressed; however, some positive and negative oedipal and sadomasochistic sexual fantasies about his mother, which were less threatening, were allowed a greater degree of access to consciousness and behavioral expression. This selective repression of oedipal impulses was to continue from the latency period well into the early years of the patient's treatment. In this way the patient protected himself against castration anxiety and oedipal guilt.[5]

During his latency, prepubertal, and pubertal years, the patient sorely missed his absent father. John's idealization of his father, born in oedipal years out of a need to cover up rivalrous and patricidal impulses, now was reinforced by his need to hide his resentment over the father's neglect of his paternal responsibilities during those formative years when a boy requires closer involvement with his father as he seeks to establish a more masculine identification. Instead, the patient found himself becoming increasingly involved with his seductive mother in an intimacy that led to the incest in his late adolescence.

The previous discussion has prepared us to consider the relationship of John's neurotic character to the incest which occurred during his adolescent years. John's sexual relationship with his mother can best be understood as a complex compromise formation rather than simply as the unaltered gratification of positive oedipal drives. His act of incest was considerably distanced from the romantic yearnings and patricidal intentions of the young Oedipus. The patient attempted to hide his positive oedipal interests by trivializing the sexual act with his

[5] It has been similarly thought that primitive, preliterate cultures are characterized by a lack of repression. On closer inspection it is often found that repression is used in such cultures as much as, if not more than, in our own highly developed modern cultures. In primitive societies one finds a plethora of activities that are tabooed. These cultures are not totally unrestrained, wild, and primitive.

mother through his conviction that it was "only a temporary situation." The patient could not allow himself to express directly or even to have fantasies about his wishes to be committed to his mother in affection, tenderness, and love; nor could he consider marriage and parenthood. His competitive feelings toward his father, particularly as they were expressed in cannibalistic fantasies of castration and incorporation of the father's phallus, were especially interdicted. These aspects of the positive oedipus were well repressed and achieved only a very disguised and limited expression through the act of incest. The negative oedipal and preoedipal trends (especially the sadomasochistic trends) were allowed a far less disguised expression in the act of incest. Consequently, we hear of an angry lover "cranking" his mother without words of love or any sign of affection. It was primarily the vengeful, sadistic lust that was directly experienced in full consciousness. The son's subsequent remorse and the mother's self-righteous castigation of John that regularly followed these acts of incest expressed the punishment for oedipal wishes meted out by John's sadistic superego and also allowed a well-screened outlet for his negative oedipal, homosexual love for his father.[6] (That this patient was firmly in the grip of the negative oedipus is evidenced by his hypersensitivity to having his masculinity impugned: in fact, this would regularly be the mother's way of instigating another sexual assault by her son.) I believe that John's masochistic submission to the verbal abuse of his scathingly contemptuous mother was his disguised and displaced homosexual yielding (his mother being the proxy) to his absent beloved father. His

[6] This conception of the dual purpose of John's sadistic superego owes much to Charles Brenner's (1982) recent formulations of superego pathology as representing a conglomerate of compromise formations derivative of the oedipus complex. This approach is opposite to that which explains incest, perversion, and other immoral behaviors as being consequential to a poorly formed superego. As Brenner states it, "Superego pathology is not to be understood as it has been generally understood by analysis till now, in terms of defective or incomplete development. Everyone . . . has a fully formed superego" (pp. 140-141).

phallic mother clearly enjoyed humiliating men in such moments of abject failure.

The patient's latent homosexuality was of such intensity that I have even wondered if the acts of incest were defensively inspired feats of machismo designed to deflect the patient from too painful an awareness of conflictual passive, feminine strivings. Clinically, he was overtly more anxious about discussions of homosexual trends than about incestuous fantasies toward his mother. Weeks of penance for his incestuous transgressions were necessary before he could again attempt intercourse with his mother. Oedipal guilt as well as castration anxiety was also contained and defensively warded off by this complex scenario. This seemed to be accomplished primarily by a massive reliance on denying, splitting off, and repressing some aspects of the positive oedipus while allowing other aspects a partial outlet (rationalized often on the basis of preoedipal anger). I no longer maintain that a poorly developed conscience contributed to allowing this breakthrough of incestuous impulses. John's moral education had been quite extensive by reason of his family's strong religious values and his parochial education. It represented an ethical system that heavily influenced John's thoughts, feelings, and behavior throughout his life. He was a rigidly moral individual who always felt deeply guilty about his incestuous behavior, although compelled as if by an addiction to continue the incest. The persistence of the original incestuous fantasies and of the incest itself attests to the constant need of such compromise formations to ward off the temptations and terrors which relate to the patient's pathology in both preoedipal and oedipal conflictual areas.

The patient's terror of the full extent of his own hostility at both the preoedipal and oedipal levels also accounts for the global inhibition of his aggressive drive. Constantly being at the edge of violence, he had to withdraw from academic competition, from killing deer when hunting, and even from verbal expression of such impulses in the transference. His retreat from such temptations backed him into an almost equally

frightening passivity with its accompanying homosexual tendencies. These too could not be directly allowed into transference phenomena except insofar as they were expressed via masochistic fantasies and/or behavior.

Perhaps we are now ready to reconsider our original question—how could John transgress this most observed of all taboos, the taboo against mother-son incest? *The mother-son taboo is not simply a prohibition of the act of sexual intercourse between a mother and a son. The incest taboo represents the universal societal barrier to the realization of the oedipal fantasy. I hope that the previous discussion has demonstrated that John did not fully violate the incest taboo's major function, which is the containment of positive oedipal urges.* In fact, John can be considered to be devoted to much of the essential restrictiveness of this taboo. The patient's behavior with his mother was not characteristic of a romantic, passionate young Oedipus who dealt a death blow to his father, Laius, at the crossroads. At the time of his incestuous relationship with his mother, John was also not at all consciously inclined toward marriage with her, fathering her children, and certainly not in assuming or even aspiring to a leadership role in the adult world. John's acts of incest, therefore, had little in common with the heroic deeds of the classical Oedipus; rather, they were designed primarily to provide a limited, defensively altered gratification of positive and negative oedipal strivings as well as an outlet for more overt preoedipal urges. It is, of course, possible—even likely—that some positive oedipal impulses were present but not acknowledged to me because of the patient's guilt, shame, and anxiety.[7]

A final specific clinical issue arises in regard to the patient's potency during incest, a potency, incidentally, that has continued to the present time. How is it that heightened castration anxiety related to oedipal concerns can coexist with the undis-

[7] There is also a sense in which John felt himself to be an "exception" (Jacobson, 1954) who might be justified in putting aside the incest taboo. He largely based this on his perception of having had a "deprived" childhood, and to a limited extent there is a modicum of truth in that assertion.

turbed erectile capability that John has consistently demonstrated? Again, I would attempt an explanation on the basis that his sexual relationship with his mother was primarily motivated by negative oedipal and preoedipal factors. John consciously described his phallic potency with his mother in lustful, sadistic terms reflective of the preoedipal passions. At other times he disguised passive, feminine strivings by a macho hypermasculine façade which required an exaggerated phallic potency. Had John been capable of a deeper involvement in analytic treatment, he might have developed potency problems as he came to consciously acknowledge positive oedipal wishes.[8]

Follow-Up Results

What can we conclude about the long-term effects of psychoanalytic psychotherapy on the basis of the follow-up interviews? It would appear that the gains obtained in psychotherapy were maintained through the six post-treatment years. The patient's incestuous relationship with his mother has not been resumed. His relationship with his mother has never been as conventionally filial as it now is. John's choice of his current wife was less oedipally determined than was the case with his first wife. It seems to represent a more appropriate choice for him, albeit an incestuous one since she is a relative. His love for his wife is a mixture of tenderness, affection, and lust with a persistent undercurrent of anger. Their relationship, while troubled, has survived and gives an impression of stability.

It is worth noting that mother-son incest, when untreated,

[8] This would be consistent with the sometimes remarkably sustained erectile capabilities of Don Juan characters who also defend themselves against recognition of oedipal intentions through vengeful, sadistic sexual heroics. These characters are often masochistically inclined in their excessive "devotion" to the woman's pleasures. This phallic prowess is also employed to ensnare and ultimately torture their lovers. In addition, Don Juanism is recognized as a frequent façade for homosexual strivings. In other words, we can regard Don Juanism as another compromise formation (such as incest or perversion) that both expresses and defends against sexual and aggressive drives at various levels of psychosexual development.

often ends in tragedy, even the murder of the mother by the son (Margolis, 1977). John's defenses were decompensating in an ominous manner at the time of his arrest. His mother's fears about being killed by him were not unfounded. That the patient is no longer matricidal is undoubtedly the most important accomplishment of the treatment. John's ability to assume the full responsibilities and status of a father is clearly a persisting conflictual issue. He had to be initially trapped into becoming a father (his wife ceased using birth control without informing him); yet this may have been the only way that he could become a father, in view of his oedipal guilt. He may even have been initially tricked into marriage with his present wife by means of a false claim of pregnancy and by an accompanying suicide gesture. Perhaps his wife understood that he had to be trapped into marriage and fatherhood so that he could thus avoid direct responsibility for consciously initiating forward moves of such conflictual nature.

It was the arrival of children that seems to have caused John to partially pull away from his wife and the marriage. Impregnation is the most palpable evidence of the oedipal "crime," as Shengold (1980) has so aptly reminded us. It is as yet unclear whether John will be able to deal adequately with this new phase of adulthood. It is a fact, however, that he is basically carrying out his responsibilities as a father and at times enjoying this new stage in his development. This area of functioning has improved since the follow-up interviews.

In the area of male friendships there is evidence of residual conflicts. John continues to have many friends, although there is a measure of reserve and distance in these relationships. Before treatment, however, he had few male friends, and the friendships were even less close. He retains his close tie with his brother and has maintained and extended his contacts with family. It is interesting to note John's leadership role in arranging family reunions among his father's family; this is a totally new development since termination.

In the area of work, John continues in the same place of

employment. His work record reflects competence and reliability. He has a middle management position, but this is apparently as far as he can advance at the present time. His residual psychological conflicts would seem to be the limiting factors in regard to future advancement. It will be recalled that he was unemployed at the time that he began treatment so that his present job represents very significant progress.

In summary, then, the patient's gains from treatment have been largely maintained and even enhanced in several areas. Overall, one sees a precarious stability that could deteriorate under conditions of special stress. The patient's conflicts are not resolved to the extent that one might wish them to be; considering the extensive ego pathology, however, the patient has secured a niche in life that is more gratifying and fulfilling than he imagined possible. The prognosis is still guarded, but one can be more optimistic about the final outcome than was the case at the time of termination.

The Follow-Up Procedure: Methodological Comments

The re-establishment of the transference neurosis during follow-up interviews is by now a commonplace finding (Norman, Blacker, Oremland, and Barrett, 1976; Oremland, Blacker, and Norman, 1975; Pfeffer, 1961; Schlessinger and Robbins, 1974). In the present study, it was the patient's behavior outside of the consultation room, rather than verbalized transference phenomena during the research interviews, that initially became the primary locus for re-experiencing the nuclear conflicts of the transference neurosis. This difference followed from the more impulsive and drive-ridden, sadomasochistic nature of his pathology as compared to the analyzed patients in the previously mentioned studies. The patient's massive acting out after the first follow-up session was an important communication (Boesky, 1982) that could be understood as a new version of the assault and threat to his mother that originally brought John into treatment, even if the current assault

was far less threatening to all concerned. Again, there was a sadistic attack (this time without any obvious sexual components) on a woman close to him (his wife) which convinced her that she must compel him to return to treatment by threatening to leave him. This assault was immediately followed by his again feeling remorseful and humiliated as he assumed a masochistic posture vis-à-vis both his wife and myself. John's masochism served as a screen for his passive feminine yearnings. These revived negative oedipal transference feelings also reflect the same homosexual yearnings toward the therapist from which John had fled five years earlier. Compelling his family to insist on his seeking treatment may have been a temporary expedient to mask his own homosexual wishes.

In subsequent follow-up hours, his dreams reinforced this understanding of the revival of the sadomasochistic and negative oedipal conflicts in his life. He dreamed once again of being with his father, he spoke of his sadness on Father's Day, and he became terrified of a dream in which he was being sentenced to imprisonment, to enforced confinement in the exclusive company of men, for four years (there were four follow-up sessions at that point). He awoke in terror to reassure himself of his wife's presence. His gratuitous condemnation of John Hinckley, the young man who attempted to murder President Reagan, tended to confirm my impression of homosexual conflicts (with hints of an even more terrifying positive oedipus as a hidden agenda). His decision to try to resolve his marital problems without further therapeutic help repeated the manner in which he ended the original treatment.

The two post-follow-up interviews clarified John's attitude about the significance of the follow-up interviews and my basic role. He clearly stated that he had benefited from these interviews—"seeing you brought me out of a level stage and moved me toward a rise stage." The wording of his statement hints at the more conflictual homosexual yearnings. His statement also implied that in the transference he had consciously continued to defensively prefer experiencing me as the encouraging, sup-

portive preoedipal father, or as the idealized, adored father of the negative oedipal son.

The results of the above interviews remind us that follow-up research undertaken with due consideration for its impact on patients and with the proper safeguards need not be as hazardous as many clinicians believe. Certainly, such investigations provide us with data that could help us to learn more about our effectiveness as therapists and to understand the clinical material of our patients by studying a case over a long period of time.

Relationship to the Literature on Mother-Son Incest

There are writers, such as Yorukoglu and Kemph (1964) and Barry and Johnson (1958), who have minimized the psychological sequelae of mother-son incest. This case casts doubt on their conclusions and demonstrates the persistence of severe psychopathology despite a long course of psychotherapy.

The relationship of my findings to the data and conclusion of Shengold (1980), who reported an incomplete analysis of a case of mother-adolescent son incest, requires a more extensive discussion. Shengold notes that many claim that only psychotic mothers have intercourse with their sons and that their sons must also be psychotic; but these two incestuous sons (Shengold's patient and mine) were neurotic. My patient was only able to tolerate psychotherapy; Shengold's patient was able to undergo psychoanalysis. They both utilized treatment to make major changes in their psychic structure and exernal life situation; however, both patients were unable to complete their treatment. It seems clear that both were ultimately unable to deal in the transference with the depth of their homosexual longings and, perhaps most important, their positive oedipal feelings. It seems that the traumatic events of their early life and concomitant psychological sequelae had placed limits on their capacity to work through such conflicts fully in the transference neurosis. Despite newfound abilities to have a reason-

able measure of occupational success and family life, they remained scarred individuals with a considerable appetite for self-punishment, who see themselves as men marked for failure, if not for doom.[9]

We have to consider carefully Shengold's conjecture that incest may have helped his patient psychologically: "Intercourse with his mother during my patient's adolescence appears to have had, alongside the damage and devastation one would expect, some considerable good effect on him" (p. 464). "With the penetrative active acceptance of the mother's offer, the boy accomplished a major reversal; instead of being the passive anal and oral subject of the phallic, invasive, devouring mother (the Sphinx), he triumphed over her and made her subject to *his* phallic penetrative power, like Oedipus . . . " (p. 468). While my patient admits to some temporary moments of triumph, he basically felt remorseful, guilt-ridden, and humiliated by his compulsive need to have sexual relations with his mother. He did not feel secretly superior to his male schoolmates, as did Shengold's patient, but rather he felt ashamed and inferior to them. He described this time of incest as the worst period in his life. My clinical impression is that acts of incest are unsuccessful attempts to deal with internal conflicts that may lead to retraumatization and even more untoward pathological results. Both of these treated cases of mother-son incest point to severe limitations in our therapeutic ability to fully resolve the conflicts of such patients.

Finally, I would like to acknowledge again the speculative nature of my conclusions. They are based on only one case and, at that, the case of an individual who was never fully open in his communications with me and certainly did not allow the usual psychoanalytic process to be established, which is ultimately our most secure evidential base for understanding the human mind. Therefore, these formulations must await further

[9] Freud's caveat (1937) regarding the difficulty in analytically resolving the conflicts of some men in regard to passivity and castration fears may be particularly applicable to this type of individual.

clinical investigations of similar cases. It is possible that there may be limits imposed upon our understanding of such patients by the very nature of their pathology. Thus, the phenomenon of mother-son incest may always remain, to some extent, a mystery. My hope is that the publication of the present findings will lead to further case reports and to deeper understandings of this type of aberrant behavior.

SUMMARY

Mother-son incest has often been understood as a direct behavioral expression of oedipal fantasies made possible by a weak, inadequately developed superego. Therefore, castration anxiety, repression, and guilt would be minimally present in such cases. That point of view is not supported by the findings of this study. The case reported demonstrates evidence of only partial direct gratification of positive oedipal wishes. Castration anxiety, guilt, and repression were abundantly present. In fact, it was the repression of major aspects of positive oedipal drive that made it possible for the incest to occur without a complete psychological violation of the incest taboo, i.e., the positive oedipal fantasy was not allowed full expression in the act of incest. Mother-son incest in this clinical instance would seem more accurately understood as a compromise formation that allowed limited and defensively altered expression of oedipal and sadomasochistic preoedipal urges. Superego development is seen as complete, although the superego was pathologically malformed due to a traumatic childhood and adolescence in which preoedipal and oedipal conflicts were unusually severe and terrifying. The intensity of the oedipal conflicts seemed to have set limits on the possibility of a normal resolution of conflicts through psychoanalytic treatment. These understandings may have implications for other types of incest and perversion. One case, however extensively studied, obviously imposes a severe restriction on our wish to extrapolate these findings to other cases.

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The "Dis-Affected" Patient: Reflections on Affect Pathology

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THE "DIS-AFFECTED" PATIENT: REFLECTIONS ON AFFECT PATHOLOGY

BY JOYCE MC DOUGALL, ED.D.

The author attempts to conceptualize a phenomenon that frequently passes unnoticed for a considerable period of time in the course of an analysis. An apparently "normal" psychoanalytic discourse may reveal that the analysand who produces it is using words and ideas that are largely, perhaps totally, devoid of affect for him; instead, the analyst tends to become "affected." This may appear in a wide variety of clinical categories: "narcissistic personality disorders," "psychosomatic personalities," "as-if characters," etc. The author does not seek to add to the clinical categories but to study, from the point of view of the psychic economy, the manner in which this specific form of psychic functioning is maintained: in other words, the vicissitudes of unavailable affect.

This paper might well have been entitled "The *Analyst's* Affective Reactions to Affectless or 'Dis-Affected' Patients." I should perhaps explain my reasons for the use of the term "dis-affected," which, I am well aware, is a neologism. I am hoping to convey a double meaning here. The use of the Latin prefix "dis-," which indicates "separation" or "loss," may suggest, metaphorically, that some people are psychologically separated from their emotions and may indeed have "lost" the capacity to be in touch with their own psychic reality. But I should also like to include in this neologism the significance of the Greek prefix "dys-" with its implications in regard to illness. However, I have avoided spelling the word in this way because I would then have invented a malady. Although a brief might be held, in severe cases of affect pathology, for considering a total incapacity to be in touch with one's affective experience to be a grave psy-

chological illness, such terms in the long run tend to concretize our thinking and leave it less open to further elaboration. (The word "alexithymia," to which I shall refer later, has already been exposed to this inconvenience. Certain colleagues say, "This person is suffering from alexithymia," as though it were a definable illness rather than simply an observable but little understood phenomenon.)

I first became interested in the psychic economy of affect and the dynamic reasons for which certain patients appear to have rendered much, if not all, of their emotional experience totally lifeless as I tried to come to terms with my countertransference reactions to these analysands. In many cases the analytic process seemed to stagnate for long periods of time, or it failed even to have begun. The analysands themselves frequently complained that "nothing was happening" in their analytic experience, yet each one clung to his analysis like a drowning man to a life vest. Although these patients had sought analytic help for a wide variety of reasons, they had one personality feature in common: they appeared pragmatic and factual, unimaginative and unemotional, in the face of important events, as well as in relationships with important people in their lives. As time went on, these analysands made me feel paralyzed in my analytical functioning. I could neither help them to become more alive nor lead them to leave analysis. Their affectless type of analytic discourse made me feel tired and bored, and their spectacular lack of analytic progress made me feel guilty. In my first attempt to conceptualize the mental functioning of these patients, I called them "anti-analysands in analysis" (McDougall, 1972, 1978), since they seemed to me to be in fierce opposition to analyzing anything to do with their inner psychic reality. Later, in view of their conspicuous lack of neurotic symptoms, I referred to them as "normopaths"; while clearly disturbed, they seemed to shelter themselves behind or, indeed, to suffer from a form of "pseudonormality." However, I was unable to see further into this curious condition, except to conjecture that it was probably rather widespread among the population at large.

Today I have some hypotheses to propose regarding the mental functioning that contributes to the creation of the disaffected state. These hypotheses deal, on the one hand, with the dynamic reasons that may be considered to underlie the maintenance of a psychic gap between emotions and their mental representations and, on the other, with the economic means by which this affectless way of experiencing events and people functions. It is difficult to avoid the conclusion that such an ironclad structure must be serving important defensive purposes and that its continued maintenance must involve vigorous psychic activity, even if the patients concerned have no conscious knowledge of this and the analyst has little observable material upon which to found such an opinion.

I shall summarize briefly the different stages in my theoretical exploration and elaboration of the problems of affect pathology before going on to present two clinical vignettes that illustrate the proposed theoretical conceptualizations.

One of my first research interests, again stimulated by uncomfortable transference feelings, was directed to grasping the nature of all that *eludes* the psychoanalytic process and, in so doing, contributes to the interminability of some of our analytic cases. Certain of my patients, while diligent in the pursuit of their analytic goals and reasonably in touch with their mental pain and psychic conflicts, would for long periods of time appear to stagnate in their analytic process. Insights gained one day were lost the next, and there was little psychic change. These patients resembled my "normopaths," in that in certain areas of their lives they remained totally unaware (and thus kept the analyst unaware) of the nature of their affective reactions. I came to discover that this was due in large part to the fact that any *emotional arousal was immediately dispersed in action.* In other words, these patients, instead of capturing and reflecting upon the emotional crises that arose in their daily lives or in the analytic relationship, would tend to act out their affective experiences, discharging them through inappropriate action rather than "feeling" them and talking about them in the ses-

sions. For example, some would attempt to drown strong emotion or mental conflict through the use of alcohol, bouts of bulimia, or drug abuse. Some would engage in frenetic sexual exploits of a perverse or compulsive nature as though making an addictive use of sexuality. Others would suffer a series of minor or major physical accidents that were not entirely "accidental." Others would create havoc in their lives by unconsciously manipulating those closest to them to live out their unacknowledged crises with them, thereby making addictive use of other people. From the point of view of the mental economy, *these all represent compulsive ways of avoiding affective flooding*. I came to realize that these analysands, due to unsuspected psychotic anxieties or extreme narcissistic fragility, were unable to contain or cope with phases of highly charged affectivity (precipitated as often as not by external events). They saw no choice but to plunge into some form of action to dispel the threatened upsurge of emotion. It might be emphasized that this could apply to exciting and agreeable affects as well as to painful ones.

Like the "normopaths," the addictively structured patients either made no mention of their acting out experiences or recounted them in a flat and affectless manner, although, on occasion, they would complain of the compulsive nature of the action symptoms. Of course, it is in no way difficult for us to identify ourselves with these action patterns. To seek to dispel painful or disappointing experiences through some form of compensatory action is typically human. However, this is a serious problem when it is the dominant or, indeed, the only method of dealing with internal and external stress.

In my attempt to better conceptualize the mental processes involved in the radical dispersal or compulsive discharge of affective experience, I was considerably helped by research workers in other fields, in particular by the published papers and ongoing research of psychoanalysts who were also psychosomaticists. Curiously enough, the latter were the first people to observe and carefully document the phenomenon of affect-

less ways of experiencing and communicating; they were led to delineate a so-called "psychosomatic personality." The concept of *operational thinking* (i.e., of a delibidinized way of relating to people and of being in contact with oneself) was developed by the Paris school of psychosomatic research. The concept of *alexithymia* (i.e., an incapacity to be aware of emotions, or if aware, the inability to distinguish one emotion from another, as, for example, to distinguish among hunger, anger, fatigue, or despair) was developed by the Boston school of psychosomatic research. I have found the latter psychological phenomena to be equally characteristic of addictive personalities, many of whom did not suffer from psychosomatic manifestations. An alcoholic patient of mine would make such statements as: "I frequently don't know whether I'm hungry or anxious or whether I want to have sex—and that's when I start to drink." In my experience, the incapacity to discriminate among different somatic and affective sensations, allied with the tendency to plunge into familiar action symptoms, is equally characteristic of people with organized sexual perversions, drug abuse patients, and character disordered patients who tend to seek out senseless quarrels or to engage in meaningless erotic adventures during states of conflict.

Although I remained dubious about the validity of the psychosomaticists' theoretical conceptions (insofar as my own patients were concerned), their work helped me to become aware of the fact that my two groups of "dis-affected" analysands, the addictive personalities and the normopaths, would frequently tend to somatize when under the pressure of increased external or internal stress. Events such as the birth of a baby, the death of a parent, the loss of an important professional promotion or of a love object, as well as other libidinal and narcissistic wounds, when they were not worked through emotionally or otherwise effectively dealt with, would cause a sudden disturbance in the analysand's narcissistic equilibrium. This was due to a breakdown in the habitual ways of dispersing affect in addictive behavior or to an overcharge of the alexithymic de-

vices, with their defensive function of warding off deep-seated anxieties, thus opening the way to psychosomatic dysfunctioning. In fact, it has often occurred to me that narcissistic defenses and relationships and addictive action patterns, while they may cause psychological suffering to the individuals concerned, might, at the same time, for as long as they continue to function, serve as a protection against psychosomatic regression.

The extreme fragility in the narcissistic economy and the incapacity to contain and elaborate affective experience pose questions about the possible etiology of this kind of personality structure. A study of predisposing factors goes beyond the scope of this paper, centered as it is on the *hic et nunc* of the analytic relationship and process. Briefly, it might be mentioned that the family discourse has often promulgated an ideal of inaffectivity, as well as condemning imaginative experience. Over and beyond these factors of conscious recall, I have also frequently been able to reconstruct with these patients a paradoxical mother-child relationship in which the mother seems to have been out of touch with the infant's emotional needs, yet at the same time has controlled her baby's thoughts, feelings, and spontaneous gestures in a sort of archaic "double-bind" situation. One might wonder whether such mothers felt compelled to stifle every spontaneous affective movement of their babies because of their own unconscious problems. What in the intimate bodily and psychological transactions between the mother and the nursling may have rendered affective experience unacceptable or lifeless can sometimes be deduced in the analytic experience of dis-affected patients. Pulverized affect comes to light as part of the discovery of a lost continent of feeling. First, the conspicuous lack of dream and fantasy material is frequently replaced by somatic reactions and sensations; then, affects, in coming back to consciousness, may express themselves in the form of transitory pseudoperceptions. These "dream equivalents" that often follow primary process thinking may also be regarded as "affect equivalents." Thus, we might

deduce that dis-affected patients, unable to use normal repression, must instead have recourse to the mechanisms of splitting and projective identification to protect themselves from being overwhelmed by mental pain. This aspect of their analysands' analytic discourse often alerts the analyst—through the confused, irritated, anxious, or bored affects that are aroused in the analyst—and enables him or her to feel, sometimes poignantly, the double-bind messages and the forgotten pain and distress of the small infant who had to learn to render inner liveliness inert in order to survive.

I hope that the following clinical examples will make clearer the theoretical notions here advanced.

When searching for suitable clinical examples among the many at my disposition, I noticed, somewhat tardily, that the patients I thought of frequently had had a previous analysis or had been in analysis with me for a number of years. In other words, I realized that this kind of affect problem *may have passed unnoticed* in analytic work for many years. The patients themselves, of course, were unaware that they suffered from an inability to recognize their emotional experiences since these were either entirely split off from consciousness or, if briefly conscious, were immediately dispelled in some form of action. One dominant feature was a conscious sense of failure, of missing the essence of human living, or of wondering why life seemed empty and boring. With my dis-affected analysands, I often discovered that the initial years of analysis had been useful in overcoming a number of neurotic problems and inhibitions, but once these were out of the way, what was laid bare was a strong but undifferentiated impression of dissatisfaction with life, of which the analysands had hitherto been unaware, much as though the neurotic structures had served, among other functions, to camouflage underlying states of depression and emptiness or of unspecified anxiety. The fact that these patients had little affect tolerance was a further discovery that the ongoing analytic process brought in its wake.

Here is a brief clinical excerpt from the analysis of a forty-

year-old man. I shall call him TIM, short for The Invisible Man. TIM had undergone five years of analysis before coming to see me, three years later. Although his previous analysis had made him feel less isolated from other people and his relationship with his wife had slightly improved (that is, *she* complained less about his distance and inaccessibility), he felt that none of his basic problems had been resolved. I asked what these were. TIM: "I never feel quite real, as though I were out of touch with the others. I suppose you'd call me a schizoid kind of person. I can't enjoy things. My work bores me. . . ." And he went on to give details of the two occasions on which he had changed career directions. Now it was too late to contemplate further changes. My asking him to tell me something of his private family life led to one additional observation: although TIM did not suffer from any sexual problems in the ordinary sense of the word, he mentioned that his sexual relations and the ejaculation itself were totally devoid of any sensation of pleasure. He wondered what people meant when they talked so eagerly of sexual "excitement." He seemed to me to experience sexuality as a need, but he appeared never to have known sexual desire.

Usually, his sessions resembled each other, with little change, day after day, week after week, so that the small harvest of disturbing childhood memories had become especially precious. One involved the death of his father when TIM was seven to eight years old. He recounted that he had been on holiday at the time with relatives and had had an unaccountable bowel accident one night. The following day, his aunt told the sad news of his father's sudden death. The little boy was worried for some time by the thought that his bowel accident, in some mysterious manner, had been the cause of his father's death. In adolescence, he had suffered for long periods from insomnia and, at such times, he would tiptoe around the house, seriously concerned because of the fantasy that his state of tension and restlessness might shake the walls of the house and waken or even kill his mother and older sisters if the house were to fall

down! I was touched by these memories. They showed me a little boy profoundly convinced of, and terrified by, his hidden power to mete out death and destruction to those nearest and dearest to him. TIM, on the other hand, felt completely devoid of feeling about these childhood recollections. He remained literally "un-affected" by either the memories or my interpretation of them. He, in fact, denied that he had ever really felt sad or anxious as a child. The recovered memories were an object of intellectual, rather than emotional, interest, and as such, they brought no psychic change in their wake.

It was not in any way surprising that TIM complained of an utter lack of transference feeling toward either his analysis or his analyst. Explaining carefully that he neither wished nor expected to experience any emotional attachment to his analytical enterprise, he nevertheless complained of the lack, because friends and colleagues in analysis talked with such enthusiasm about their transference affects that he began to wonder if there were something wrong with him.

TIM frequently arrived twenty minutes late, and often he missed sessions altogether. He gave no specific reason, except that he just hadn't felt like coming or that some minor complication had made it easier not to come. He agreed intellectually that his absenteeism could be regarded as the expression of a need to keep a certain distance between us and that this might be due to anxious or hostile feelings, but he was unaware of having captured any affects of this nature, even briefly. A further complication, equally typical of dis-affected patients, was that TIM consistently failed to remember what had arisen in the previous sessions. As with most of my analysands who suffer from an inability to become aware of their affective experience, to the point of believing that they had none, I intuitively felt that the expectant silence, which is both containing and reassuring to the "normal-neurotic," was in some way dangerous for TIM. It had nothing to do with a countertransference difficulty in supporting silence; on the contrary, it was as though one had to fight the temptation to give in to deathlike forces.

Often such patients drive the analyst into a countertransference corner where it is easier to sit back in bored silence, etc. Therefore, with TIM, after more than a year's analytic work, I began to make longer and more complicated interventions, often involving my own feelings and puzzlement, in the hope of rendering him more emotionally alive (although I must admit that my countertransference wish to just daydream or think of other things had many a time to be forcibly overcome!).

On one such occasion I told TIM that everything he had recounted in the two years we had spent together made me keenly aware of the existence of a sad and embittered little boy inside him who doubted whether he really existed or whether his existence was meaningful for other people. His mother, his wife and children, and his analyst were felt to be indifferent to the psychic survival of this unhappy child. After a short silence he replied: "This idea that maybe I don't really exist for other people affects me so strongly that I am almost unable to breathe." I had the feeling that he was choking back sobs.

I eagerly awaited the next day's session. After a customary ten minutes silence, TIM began: "I'm tired of this analysis and your eternal silence. Nothing ever happens, since you never say a word. I should have gone to a Kleinian!" Later I was able to understand that at the very moment TIM had begun to have difficulty in breathing, he was already engaged in eliminating all trace of my words and of their profound affective impact. Perhaps even before the session had ended, there had been no feelings left to color his thoughts. This kind of psychic repudiation or foreclosure is of a quite different order from that of either repression or denial of affectively toned ideas and experiences. In other words, although my Invisible Man took in my interventions and presence during the sessions, once he crossed the threshold on his way out, my image and my interpretations were simply evacuated from his inner world, like so many valueless fecal objects.

I do not use the anal metaphor lightly insofar as TIM is concerned since most of his fears and fantasies, when he was

able to capture them long enough to communicate them, invariably revealed a consistent preoccupation with anal-type dramas and relationships. The fantasy of having killed his father through fecal expulsion was but one outstanding example. Sometimes he was convinced that he had brought mud into my building and at other times he could not free his mind of the obligation to tell me that he had once again squashed out his cigarette butt on the carpeted stairway leading to my apartment. Later he wondered if he had left dirt in my entrance hall, and on one occasion he was hampered by the obsessive thought that my consulting room smelled of feces and that he had caused it by bringing dog droppings in on his shoes. "I hope I'm not polluting the air you breathe," he mumbled. I pointed out at various times that all this fantasied shit seemed to be working its way farther and farther into my living quarters, as symbolic representations of my body and myself: into the building, my entrance, my office, and, finally, my lungs. On each occasion, TIM thought these interpretations might be intellectually valid, but he felt nothing, invariably went on to forget that they had ever been formulated, and had difficulty recalling the material on which they had been based. He nevertheless conceded that perhaps forbidden fantasies of exciting or dangerous fecal exchanges were responsible for the fact that, since starting his analysis with me, he dressed better and had even taken to shining his shoes. I suggested that this gift could also be a clean "cover-up," so that he might continue with impunity to find pleasure in the fantasy of filling me up with his anal products. He burst into laughter, a rare occurrence for TIM, and said: "I'm sure that's right. While you were talking of the possible significance of all this, I thought to myself 'Too bad for her!' "

It is no doubt evident from these few examples that TIM scarcely fits into the conception of a patient with an obsessional neurotic structure, in spite of certain similarities. While it was true that he had many unresolved oedipal problems, his deepest anxiety was less related to conflicts about his adult right to enjoy

sexual and professional pleasures than it was to conflicts about his right to exist without being threatened by implosion or explosion in his contact with others.

In the course of TIM's attempts to overcome his narcissistic and psychotic-like anxieties, we were able to discover, albeit very slowly, that his anxiety had been dealt with by rendering himself feelingless and to a certain extent lifeless (which gave him the impression that he was a "schizoid" personality). In the place of obsessional defenses and object relations, TIM displayed a more primitive mode of mental functioning that depended less on repression than on foreclosure from psychic awareness of all that was conflictual or was in other ways a source of mental pain. Processes of splitting and projective identification had to do duty in place of repression. Repressive mechanisms, of course, were present, but they were difficult to uncover because of TIM's terror of his own psychic reality, which had finally put him out of contact with it.

I could only guess, during the early stage of our work, that this ironclad system of eliminating from memory all of my interpretations and other interventions, as part of his dis-affected way of experiencing himself and others, must have been constructed to keep unbearable mental pain at bay, in all probability archaic anxieties concerned with feelings of rage and terror. It seemed to me that what had amounted to a struggle against any transference affect whatsoever, as well as his continual fight against the analytic process and against the libidinal temptation to let himself enjoy giving himself up to the luxury of free association, had enclosed him in an anal fortress of almost impregnable strength that might well continue to prevail for years to come.

Instead of fighting with constipated silence or with rapid elimination of any affective arousal, other patients with affect disturbance similar to that of my Invisible Man would have recourse to more "oral" means of attack and defense. Far from remaining silent, they would throw out words and imprecations,

like so many concrete weapons. In spite of this apparently lively form of communication, I came to discover that these analysands were also severely dis-affected.

Here is a brief excerpt from the analysis of Little Jack Horner. In nine years of analysis, although Jack often arrived, as he put it, "deliberately fifteen minutes late because the analysis is of no value," he never once missed a session. He had had twelve years of analysis with two male therapists before coming to see me. From the first week of our work together, he expressed the conviction that I was unable to understand him and was incompetent to help him. "I cannot imagine where you get your good reputation from," he would proclaim. After a couple of years, this plaint changed slightly: "Maybe you are able to do things for the others, but I can tell you right now, *it's never going to work with me!*" When I asked him how he felt about such a situation, he remembered something he had heard about Doberman guard-dogs. He said that these animals apparently suffer from character problems. They become passionately attached to their first master and are even capable of transferring this affection to a second, but should they be unfortunate enough to find themselves with a third master, they might just tear him to pieces. I said, "And I am your third analyst." There followed a moment of heavy silence before Jack Horner could gather his plums together again: "Really! You and your little analytic interpretations!" As can be imagined, the analysis of transference affect was no simple matter. Indeed, he often cut me off in the middle of a sentence, just as though I had not been speaking at all. When I once pointed this out to him, he said that I was there to listen to him and there was nothing he wished to hear from me.

I noted some years ago with my dis-affected anti-analysands that if one does not remain vigilant to the countertransference affects in the analytic relationship, one runs the risk of simply remaining silent or even of disinvesting the work with them. Instead of being pleased by analytic discoveries, patients like

Jack Horner tend to be narcissistically wounded by them. Sadly enough, they sometimes finish by paralyzing our analytic functioning and rendering us, like themselves, alexithymic and lifeless. The point I am trying to make here is that *this is the essential message*. It is a primitive communication that is intended, in a deeply unconscious fashion, to make the analyst *experience* what the distressed and misunderstood infant had once felt: that communication is useless and that the desire for a live affective relationship is hopeless.

To return to Jack, it can be said that I was not a fecal lump destined to be evacuated in the ways practiced by TIM; metaphorically, I was more a defective "breast" that, in consequence, needed to be demolished. The fact that one is constantly denigrated or eliminated as imaginary feces or breasts, without embodying any of the potentially valuable aspects of these part objects, is not the problem. On the contrary, these unconscious projections are a sign that something is happening in the analytic relationship. In spite of their continuing negativism, I was rather fond of the two patients in question, even though I frequently felt fed up with both of them. My discouragement with them arose from the fact that, in spite of vivid signs of suppressed affect, the analyses stagnated. It is the quasi-total lack of any psychic change in such analysands that evokes, as far as I am concerned, the more painful countertransference feelings. The constant attack upon the analytic setting or upon the relationship and the process itself, is profoundly significant and can potentially give valuable insight into the patient's underlying personality structure, but its meaning holds no interest whatever for the patients involved. It is actively either forgotten or denied.

Although many features of the psychic structure of patients like TIM and Jack Horner might be taken into consideration, I wish here to emphasize mainly the profound affective disturbance. Such analysands are out of touch with their psychic reality, insofar as emotional experience is concerned. In their

dis-affected way, they also have as much difficulty in understanding other peoples' psychic realities, including the analyst's. The upshot is that *the others* become strongly "affected" instead!

The fundamental problem is of a preneurotic nature. It is as though such individuals had been crushed by an inexorable maternal law that questioned their right to exist in a lively and independent way. My clinical experience leads me to the conviction that this deeply incarnated "law" was one of the first elements to develop in their sense of self and that it was transmitted, in the beginning, by the mother's gestures, voice, and ways of responding to her baby's states of excitement and affect storms. She alone had decided whether to encourage or restrain her infant's spontaneity. However, it is not my intention to explore, in this presentation, the personal past or the phallic and archaic oedipal organizations of the patients in question. I wish to limit my research to the present-day factors in the analytic experience, from the point of view of the psychic economy.

In stating that the problems are preneurotic, I am not suggesting that neurotic manifestations are lacking. They are clearly evident, but their existence either is not recognized by the analysands or fails to elicit any interest on their part. When neurotic features are accessible to analysis, we frequently come to find that they have served as an alibi for the more profound psychic disturbances I have described. Jack Horner, for example, brought to his first interview with me, like a present, a couple of classical, "good neurotic symptoms." He had managed to maintain, throughout forty years of life, including the twelve previous years of analysis, a certain form of sexual impotence and a recalcitrant insomnia that had dogged him since his adolescence. Both these symptoms disappeared after three years of analysis, but Jack was in no way happy about these changes. If anything, he resented this passage in his analytic adventure. "No doubt, you congratulate yourself on the disappearance of my two problems. But nothing's really changed. It's perfectly normal to sleep at nights, and as for making love, you might as well know that, as far as I'm concerned, it's something like

cleaning my teeth. I feel it's necessary, and sometimes I feel better afterwards. But as for *me,* I'm more unhappy than ever before. My symptom, my real symptom, is that *I don't know how to live!*" Behind the evident pathos of such a statement, we might also wonder who "me" is for Jack Horner. Is it the person who sleeps soundly? Or is it the one who makes love without difficulty? In a sense this is not "him." His true "me," as he understands it, suffers from an inner deadness for which he feels there is no cure, as though a part of him had never come alive. *Moreover, should it threaten to come to life, it must immediately be rendered lifeless, feelingless, and therefore meaningless.*

Our analytic work up to this point would seem to have shown that his former neurotic symptoms were a mere alibi that served to camouflage the background scene; once gone, they left behind a dis-affected, empty depression that laid its imprint on his sleep, devoid of dreams, and on his sexual life, devoid of love. His sense of identity seemed rather like a faded photograph, to which he nevertheless clung as a sign of psychic survival. Have I become the frame in which the sepia-tinted portrait can be guaranteed a place? Jack Horner says that he cannot leave me in spite of his conviction that I can do nothing to bring him to life. How are we to understand his impression of inner death that paralyzes each vital impulse? It is as though it were forbidden to Jack, for impalpable reasons, to enjoy life, to delight in his own experience of being alive in each important facet of his existence.

TIM, although a very different kind of personality, functions with the same narcissistic affective economy. He, too, constantly attacks each affective link that might bring him into closer contact either with others or with his own inner psychic reality. It seems clear that such continual psychic activity must be imbued with important defensive value. TIM and I needed five years to be able to put his symptom into words. (As already mentioned, he did not denigrate and destroy the meaning of interpretations as did Jack Horner, but simply evacuated them from his memory.) For years, I had the feeling that I had expended

considerable effort to render TIM more sensitive to his lack of contact with his affective life, yet there was little change in his detached way of feeling and being. One day, he said: "I simply don't know what an emotion really is. Wait a minute, I recognize one—those moments when I have cried here. As you well know, I would do anything in the world to avoid such a feeling, and yet sometimes it makes me feel more real. I wish I could read a book about emotion; maybe Descartes would help me. I know. There are two emotions: sadness and joy. I guess that's the lot." I wonder to myself how TIM managed to remain unaware of his rage, anger, guilt, anxiety, terrors, and feeling of love, to mention only a few common human emotions. I limited myself to the remark that sadness and joy were valuable psychic possessions.

In the following session, to my delight, TIM had not gotten rid of his discovery. He said that he had felt deeply moved after the session and, once in his car, had found tears in his eyes. He had said to himself that he must at all costs try to formulate the emotion that flooded him and that it had taken this form: "Incredible! My analyst is concerned about me. She worries about my lack of emotion." On the way home, the tears again had come to the surface. This time he had said: "But why is it she and not my mother who taught me this?"

In the following months we became able to understand that expressions of emotion had been felt to be despicable in his family milieu and that behind this pathological ego ideal had lain other anxieties, in particular, the fear of going crazy, of exploding, of losing one's grasp of external reality if one should let oneself be invaded by emotion. Later on, TIM gained insight into his need to maintain a desert-like solitude around him for fear of melting into others and becoming confused with *their* psychic realities, as well as the recognition that he feared that were he to be invaded with emotion he would no longer be able to cope with catastrophic events (such as car accidents) with his habitual alexithymic or, as he would say, his "schizoid calm," a character trait of which he was proud. In other words, his

Cartesian motto might have been: "I am not really there; therefore I am," or it might have been "I am unmoved; therefore I can function." I regard this kind of mental functioning, which manages to pulverize all trace of affective arousal, as an attempt at psychic survival in the face of near-psychotic anxieties of disintegration and loss of identity.

What happens to inaccessible affect in this case? Clearly, it does not follow the economic and dynamic paths described by Freud in hysteria, obsessional neurosis, and the so-called actual neuroses. With the analysands mentioned in this presentation, there is, on the contrary, a serious deficiency of protective defenses and of effective action in the face of mental pain, whether this is connected with narcissistic- or object-libidinal sources. The fear of being overwhelmed, or of implosion or explosion in relationships with others, often obliges the individual to attack not only his perception of his affects but also any external perceptions that run the risk of arousing emotion. In the course of analysis, we are sometimes the privileged observers of this kind of attack upon emotionally charged perceptions and can discover what actually happens to the stifled affect. This may take the form of fleeting moments of distorted external perception. These might be regarded as affect equivalents.

To illustrate this, here is a further fragment from the analysis of Jack Horner. For years, he had arrived ten to fifteen minutes late, proclaiming that, in any case, he was better off in the waiting room than on the couch. As a result of my prodding, he eventually became curious about the meaning of his unpunctuality and told me that he would come right on time for the following session. In fact, he came ten minutes early. Due to unforeseen and unavoidable circumstances, however, I myself was ten minutes late. Given the context, I found this most unfortunate, and I told him so. As he lay down on the couch, he said: "Good God, I couldn't care less! I was very happy there alone. The time passed quickly because I was reading an interesting article. In fact, when you came to the door, I didn't even

see you—that is, I got a vague impression that you were unusually small. Actually, I was aware that you aren't dressed with your usual elegance. Seems to me you are wearing a sort of dirty grey thing. [My dress was in fact of apricot-colored suede.] Oh yes, and you didn't have any head. That's it—you looked shrunken and colorless."

In trying to examine the significance of these perceptions, he deduced, in what sounded like an exercise in logic, that perhaps he could have been a little hostile toward me because of the long wait—but he felt absolutely nothing of the kind and doubted that he could be capable of such emotion. From here, he went on to a chain of associations that included screen memories from the past, some key matters we had discussed in the course of his long analysis (recent "screen memories," so to speak, that belonged to our analytic work together), and certain constructions we had made.

Jack took up a fantasy (that had become a certitude for him over the years) that something disastrous and irrevocable had happened between him and his mother when he was four months old. He then thought of a photograph of himself as a little boy of about fifteen months, which he called the photograph of "the baby sitting alone in the snow." In reality, the snapshot, which he had once brought to show me, showed him sitting in sunshine on white sand. (My own free-floating thoughts in response to his associations went as follows: "There's Jack Horner, 'baby-alone-in-the-snow,' sitting in my waiting room, determined to know nothing of his feelings in this situation.") Without making any link, Jack went on to remember a moment, in the second year of treatment, in which he had expressed the wish to break off the analysis. Since he had often described the tempestuous manner in which he had broken off his first two analyses, I had suggested that, this time, we should make space to examine his wish to leave analysis instead of repeating an old pattern. From that time on, Jack consistently reproached me for not understanding the supreme importance of his spontaneous wish to leave me and claimed

that I have permanently destroyed his chances of experiencing a true desire: "You know I would never have left in any case. But you spoiled everything. It's ruined forever."

Here, then, was little Jack Horner, picturing himself, four to fifteen months old, full of life, making spontaneous and meaningful gestures toward me, but perceiving me as an implacable mother who forcefully communicates to him with my lateness that he cannot aspire to personal freedom, vitality, excitement, and desire, except at the price of losing his mother's love. His reaction was to attack his perception of the mother he perceived as rejecting and hurting him: his mother had no head; she becomes small and colorless, a desiccated, devitalized image from which he pulls away as he internalizes her in order to become his own mother.

For the infant he feels himself to be cannot give up his mother; he would rather give up his own internal vitality than lose her. He would rather freeze himself forever into the "baby-sitting-in-the-snow," playing the simultaneous, dual roles of the rambunctious child vigorously restrained by the disapproving, unresponsive, uncomprehending mother.

In his book, *Le Discours Vivant,* André Green (1973), speaking of psychotic modes of experiencing affect, writes: "Paradoxical affectivity expresses itself in action and in impulsive behavior of an explosive and unexpected kind. The link between affect and representation can be glimpsed in the relationship between acts and hallucinatory activity. The affect is acted out and its representation no longer obeys reality." Green then goes on to quote Bion's view that, for certain psychotic patients, reality as such is hated, with resulting inhibition of affective experience by the ego. At the same time, there are destructive attacks on all psychic processes. There are attacks upon the object, upon the subject's own body, and above all, upon his own thought processes. Affects not only are infiltrated with hatred, but are hated as such.

The patients of whom I am speaking do indeed use psychotic defense mechanisms, but they do not suffer from psychotic

thought processes. TIM referred to himself as "schizoid," and Little Jack Horner said on a couple of occasions that he regards himself as an "autistic child"; but, in either case, it is the adult part of the personality that is observing and commenting on the distressed and traumatized child within. The countertransference difficulties with such analysands do not reside in inability to identify with the nursling hidden in their inner psychic worlds. They derive instead from their utter inability to cope with the distress they feel or even to listen to it in a meaningful way. In other words, such patients lack identification with an inner, "caretaking," maternal figure. This is painfully evident in the analytic relationship, where the analyst is thrust into the role of the inadequate, incompetent, or even totally absent mother, with whom the analysand has to settle accounts from the past. Over and beyond this complicated projection, the analyst also has to accept being made into the father who has failed in his task. Not only is this father felt to forbid any attachment to the "breast-mother," but in addition he is thought to offer no compensation for the renunciations involved. Sometimes this may be expressed in the use of an addictive substance; with the patients who concern us here, the analyst and the analysis itself can become an addictive substance, that is, a substitute mother, felt, as with a drug, *not to be an object of desire but of need.* The archaic father becomes a figure who refuses the nursling the right to live, in an archaic oedipal organization in which sexuality is interwoven with oral and anal fusion wishes. Thus, it is Narcissus rather than Oedipus who implores us to rescue him. This means that the analyst is asked to support the blows of an enraged child who is struggling, with whatever means he has at his disposal, for the right to exist.

From the standpoint of the countertransference, our own "Narcissus" is sorely tried. We are tempted to ask ourselves: "Why should this child need so much more understanding, care, nourishment, than the others?" A great deal of patience, of "holding," is required. We ourselves must manage to restrain and elaborate our affective reactions while we wait for the birth

of a true desire in the other. This is more difficult than it might sound, because much of the time we are faced with a death-seeking factor that tends to paralyze our own inner vitality as well as that of the analysand. The phrase that somebody "just bores us to death" is a telling one in this connection. The analysand's dis-investment of inner vitality, which is undoubtedly on the side of death, runs the risk of becoming installed within the analyst as well. The latter needs to believe that some psychic change is possible, as well as to believe that the analysand, one day, will have the courage to give up his survival techniques and begin truly to live.

One final question, also concerning our countertransference reactions, needs to be raised. Why do we accept patients into analysis who resist the analytic process as though their lives were in danger—patients whose personalities are characterized by continual acting out, continual attacks upon the analytic setting or the analytic relationship, and continual elimination from memory of every insight that comes to the surface? Why do we accept patients with an incapacity to cope with the feelings, thoughts, and fantasies that, for the first time, they are able to put into words? Why do we choose to work with people who refuse to interest themselves in the painful past and present experiences that might enlighten the mysteries of their infantile past, who intuitively and methodically destroy each potentially valuable acquisition? Why do we take into analysis analysands whose primary aim is to show us that we can do nothing for them? "Please help me, but you will see that I am stronger than you" is the credo of these patients.

Although we are frequently unaware of the difficult analytic path ahead of us when we engage ourselves in such analyses, we are also conscious, looking back on the first interviews, that we might well have forecast some of the difficulties. We have a tendency to project onto each future analysand considerable potential to undertake an analytic adventure. We tend to believe that he will be capable of making good use of us and to convince ourselves that, even in our preliminary meetings, we are able

to perceive positive dimensions of his psychic being of which he is unconscious, so that we think we can be optimistic about uncovering a latent workable discourse beyond the conscious unworkable one he proffers. This is, of course, a problem of countertransference and unrealistic, hopeful expectation. There is a Dr. Knock hidden inside each one of us, who wishes to believe that anyone who asks for analysis is potentially analyzable and that every analytic adventure is worth undertaking. I know that, as far as I am concerned, when I listen to patients who wish to undertake analysis, so long as they seem to be in contact with their psychic suffering and show themselves willing to search further for the causes of their psychic distress, I should like to take them all! To the extent to which they demonstrate a wish to make discoveries about their inner world, they evoke in me a similar desire. Even those who have already spent long years in analysis yet wish to continue their quest evoke in us the desire to know more about their analytic adventure and to discover what remains to be brought out from inside them, as though it were a challenge to us and our capacity for analytic understanding.

Can the countertransference pitfall perhaps be our desire to know *too much?* Bion once remarked that an analyst is someone who prefers to read a person rather than a book.

But suppose we are fooling ourselves? What if there is no readable story in this book or all the chapters are repetitive and identical? Perhaps the end of the story may even be merely the beginning, with little hope that we can do more than go around in circles. Once we start, we must assume responsibility for the mutual enterprise. Admittedly, we do this at a certain price. The analysands who are the most difficult, who cannot allow us to read their history because they have never dared to turn the first page themselves, paralyze our "reader-analyst" functioning and arouse in us terrible feelings of malaise, anxiety, frustration, guilt, and, even worse, boredom and fatigue. How can we give life to these patients who ask us only to keep their prison walls intact and to keep our affect reactions to ourselves?

How are we to deal with the feeling of total impotence, of inability to help them become less dis-affected and more alive, so that they can truly develop the desire to leave us and to live? Above all, what are we to do with our own feelings of dis-affection and despair?

It is said that if one looks at anything for a long enough time, it becomes interesting. Although we are always alone with our difficult dis-affected patients, and although we well know that nobody is going to come and help us, we at least have the possibility of sharing our disquiet, our incomprehension, and our sense of incompleteness. This is one of the reasons we gather together to share our clinical experiences and our theoretical conceptualizations with one another. If we have the impression that these difficult analysands have led us into an interminable analytic experience, at least they have opened a field of research before us.

Little Jack Horner once said to me, after some eight years of analysis: "I have neutralized you completely. It doesn't matter what you do or what you say; you will never get anywhere with me. This analysis is utterly useless, but no doubt you will manage to make an article out of it!"

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The Patient Who Would Not Tell His Name

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THE PATIENT WHO WOULD NOT TELL HIS NAME

BY HERBERT S. STREAN, D.S.W.

The case of a patient who refused to give the analyst his name for over a year and a half is presented. Analysis of his resistances and transference reactions points to the fact that he unconsciously wanted to be raped. Analysis of other secrets revealed a strong wish to tease and torment the analyst and to hold back incestuous, murderous, and other sexual and aggressive fantasies.

A cardinal rule of psychoanalytic treatment is that the patient should say everything that comes to mind. Yet, the analysand's conscious withholding of material is a resistance that has confronted every practicing analyst on numerous occasions. While most patients recognize that in order to be helped, they must freely offer their thoughts, feelings, fantasies, and dreams, many of them do conceal their associations because they fear how the analyst might react or what he might do. This fear frequently involves a projection of the patient's critical superego onto the analyst who is unconsciously perceived as a disapproving figure (Fine, 1982; Freud, 1912). However, the motives for keeping secrets from the analyst are varied and often overdetermined.

The case I will present in this paper is that of a thirty-six-year-old man who was in analysis with me four times a week for close to four years but who had to wait for over a year and a half before he could tell me his name. The analysis of his secret revealed that the reasons for withholding his name from me were overdetermined. Furthermore, after he revealed his name, it became apparent that other conscious secrets were

being withheld. As we analyzed the patient's transference responses and resistances, and as I investigated my own countertransference reactions, the analytic work provided suggestions as to why patients consciously hold back material from the analyst.

Mr. A. sought analytic treatment for many reasons. He had just been fired from his job as a clerk and was so depressed that he could not feel sufficient motivation to seek another job. In addition, he had been suffering from many symptoms for several years. He was plagued by constant insomnia, had peptic ulcers and other gastrointestinal complaints, and suffered from many phobias—e.g., subways, bridges, small rooms, and cars. He was frequently impotent with his wife and felt there "had always been a big distance between us during our marriage." Mr. A. also reported that he could not feel comfortable with his son, aged five, and his daughter, aged two, and "had little to do with them." Although he had almost always been a good student, he constantly found himself in low-paying jobs and derived little satisfaction from them. "Most of my life," said Mr. A. in his first interview, "I've been a depressed loner."

Mr. A. was the oldest of two children; he had a sister four years younger. He described his father as a hardworking owner of a candy store. He stated that although his father had little to do with him, he felt pressured and criticized by him on frequent occasions. The father had died when the patient was fourteen years old. Mr. A.'s mother was described as alternately seductive and punitive. He envied his sister who "got all the attention." At the end of Mr. A.'s first interview, during which he appeared deferential, compliant, and very depressed, he pointed out that he would not be able to be in treatment with me "if you *insist* that I give you my name." When I asked him why he was concerned about my knowing his name, he responded with some irritation, saying, "The government frequently makes check-ups on people, and if they found out that I was in psychoanalytic treatment, I'd never get a job." Again he asked, "Are you going to *insist* on knowing my name?" I

pointed out to Mr. A. that he had used the word "insist" at least twice, and he said, "I'm told psychoanalysts are very insistent people, and I'm wary of them." I suggested that he might wish to have another consultation interview with me so that we could further discuss his doubts about me and about psychoanalytic treatment.

In Mr. A.'s second interview he started the session by telling me that he was pleased that "you didn't insist on getting my name, so I'll try you for a while." When I remained silent, he went on to tell me that he was now worried that I would "insist" that he use the couch. After a brief silence, Mr. A. pointed out that he was feeling an acute back pain which was causing him enormous distress and that he had to sit in an upright position or he would pass out. His associations enabled me to offer the interpretation that he was very worried that I would dominate and control him by insisting that he give me his name and by insisting also that he lie on the couch. The interpretation partially relieved Mr. A. from his back pain, and he ended the second session by saying, "I think we can work something out together. You are not that insistent." But the patient said he had to warn me that while my fee was acceptable, he would prefer paying me in cash rather than by check so that I would not see his name and signature on the checks.

Mr. A. sat up for twenty sessions before using the couch. During this time he spoke of his insecurity on jobs and pointed out that he frequently viewed employers the way he had been experiencing me—as people who "insisted" on dominating and controlling him. He seemed to derive some benefit from an interpretation that the bosses appeared to be reminiscent of his "pressuring" father, and he was soon able to begin job interviews. Eventually he got a position as an office manager.

After Mr. A. had been on the job for about two weeks, he reported that once again he found himself in arguments and power struggles with superiors. Although he could now recognize that these interpersonal problems emerged from within himself rather than being imposed on him, inasmuch as the

identical phenomena had occurred with his father and with me, he felt helpless to do anything about them. I suggested to Mr. A. at this point that he might want to consider using the couch in order to understand better what was unconsciously contributing to his problems with bosses and to his other conflicts.

Although Mr. A. went to the couch and lay down quite compliantly, within two or three sessions he became very suspicious of me and of my motives. He told me that I preferred him to be on the couch so that I could be in a "one-upmanship" position with him whereby I could see him, but he couldn't see me. He was "so glad" he had not given me his name because he was now convinced that I would give it to government agents and get paid for doing so. His paranoid fantasies consumed the analysis for about two months, during which he vehemently described me as an opportunist, a manipulator, a sadist, and probably a homosexual. In his sixth month of treatment, Mr. A. had a dream in which I was yelling at him for his not paying me enough money and for his not being more productive in the analysis. In the dream I was again "insisting" that he tell me more fantasies, more dreams, and more associations. Shortly after the session in which Mr. A. discussed this dream, I told him that he felt that I wanted him to be my slave, much as he felt he had to be with his father. The patient agreed with the interpretation and then told me that he was convinced that I was involved in psychotherapeutic work so that I could be a slave-master and could sadistically torment my patients.

As Mr. A. "investigated" my "motives" in becoming a tormenting slave-master, he told me that I was "basically a homosexual" who was trying "to fool the world by acting as a heterosexual." Stated Mr. A. in his eighth month of therapy, "You are essentially a passive man who wants to be fucked up the ass, but are scared to admit it." When I asked Mr. A. what he thought might frighten me about acknowledging my homosexuality, he said, "You like to tease and fool the world. Maybe if you tease somebody long enough, they will rape you in anger—that's what you really want."

Concomitant with Mr. A.'s using his analytic sessions to investigate my homosexuality, he told me how much better his own life was becoming. He was sexually potent with his wife, he was not engaged in struggles with his bosses, and his relationship with his children was much better. The only thing that bothered him about this was that he was convinced that I must be suffering with envy inasmuch as I was a celibate with a homosexual problem while he was enjoying so much sexual pleasure with his wife. Furthermore, Mr. A. felt that as he was achieving pleasure from his work, I also felt envious because I did not seem too happy in my work.

Mr. A. could "empathize" with my plight because just as I was very jealous of his enjoyable sexual relationship with his wife, he could remember feeling the same way about his parents' sexual relationship. And just as I envied Mr. A.'s success in his job, he could remember when he was a boy and envied his father's popularity and business acumen. For several sessions Mr. A. mocked me, denigrated me, and was contemptuous of me. In one of his dreams during this period he made me a pig with glasses on, trying in vain to do work, but emerging as a failure. In another dream he made me a catcher on a homosexual baseball team. To my query about why a catcher, he answered that he knew I wanted "to sniff the batters' asses and touch their genitals when nobody was looking."

As Mr. A. projected his homosexual wishes onto me and saw that I did not react argumentatively or defensively, he slowly began to identify with my analytic attitude and started to look at his own homosexual fantasies. While tentative and frightened at first, he began to talk of his interest in boys' penises when he was a high school student and showered after gym. When I asked Mr. A. to try to recall his fantasies when he was in the shower with other boys, he spoke about fantasies of performing fellatio and having anal intercourse with the other boys. He then proceeded to tell me that ever since he was a student in high school, he had "kept a secret from the world." The secret was that he was unable to urinate or defecate in public toilets.

This inhibition caused him a great deal of embarrassment and difficulty. Analysis revealed that major etiological factors contributing to his phobia of restrooms and his inhibitions in urinating and defecating in them were strong homosexual wishes to have fellatio and anal intercourse with the men in the restrooms.

Mr. A. began to examine his homosexual fantasies with less terror, and he eventually allowed himself to feel them and to discuss them in his transference relationship with me. After having several dreams and fantasies in which I was "insisting" on having anal intercourse with him, he acknowledged *his own wish* to have me "insist" on having sex with him. He told me of a joke he had heard several years ago in which a man says to a young woman, "So help me, I'll rape you!" and the woman replies, "So rape me, I'll help you!" After telling me the joke, he was able to point out his identification with the woman who was being raped.

During an analytic session, after a little over a year and a half of treatment, Mr. A. described a dream in which I was raping him unmercifully. In the middle of his telling me, with obvious anxiety and embarrassment, of his wish to have me sadistically rape him, he began to giggle. When his giggling subsided, I asked him what he was thinking and feeling while he was giggling. With a note of triumph he said, "You broke the hymen, my name is _____." Sounding relieved, he went on to say how much he had enjoyed teasing me, but he concluded, "Enough is enough." It should be mentioned that the patient's last name represented a punning allusion to a slang term for the female genital.

After several sessions during which Mr. A. expressed a feeling of well-being because now he could tell me his name, he had a dream in which he was a teacher discussing with his students the derivation of the word, "secret." Associations to the dream helped Mr. A. make his own interpretation of the dream. He pointed out the similarity between the words "secret" and "secretion" and thought that the dream was his way

of making two more "confessions" and telling me "two more secrets." One "confession" was that he masturbated two or three times a day and enjoyed "secreting a lot of sperm." He had held back telling me about his compulsive masturbation because his fantasies involved raping men and being raped by them, and this was "too shameful and embarrassing to talk about." "However," Mr. A. pointed out, "when I started fantasizing raping you and being raped by you, sucking you and being sucked off by you, I thought it was time to talk about it in analysis." Mr. A. acknowledged that while his guilt, shame, and embarrassment had made him refrain from analyzing his compulsive masturbation, his holding back information from me had also made him feel powerful as he teased me. He could tease me in the way he was teased by his parents who both walked around in the nude, but "never gave me very much, always holding back on me."

The other confession that Mr. A. could now make was the fact that he had been an excellent student in college but had abruptly quit as soon as the possibility of earning his degree became a reality. Analysis revealed that Mr. A. resisted telling me about his academic successes because he was afraid that I would be envious of him and then reject him. He often thought that his achievement in school activated envy and rage in his father; it was therefore something that had to be subdued or avoided altogether.

During the middle of the third year of Mr. A.'s analysis, further understanding emerged as to why he had to keep his intellectual capacities and achievements a secret. To Mr. A., succeeding academically or on the job was an oedipal victory which made him feel intensely guilty for "being too murderous and too sexual." He pointed out that around the age of fourteen, when he was having many incestuous fantasies about his mother and his sister, as well as many "combative and murderous fantasies" about his father, his father did die suddenly. A dream during this phase of analysis revealed what Mr. A. called his "biggest, deepest, and worst secret." He dreamed that his sister

and mother were putting on bathrobes over their nude bodies while his father was lying on the floor, dying. Mr. A. was very "apologetic" as he looked at his dead father in the dream, but he could sense "a note of glee" in himself at the same time.

As Mr. A. got more in touch with his profound guilt about believing he had killed his father and had "taken over" his mother and sister, he felt more comfortable about returning to college and completing his studies. While he did complete his work, he had considerable resistance to giving up his low-paying job and bettering himself. Although Mr. A. speculated that he was afraid to become my equal, which did sound like a possibility, further analysis showed that another secret was at work. This secret, however, was less conscious. His dreams and fantasies showed that he believed that if he were successful on the job and in life, it would mean that he had completed a successful analysis. "This," pointed out Mr. A., "would give you too much satisfaction. I don't want you to feel too smug."

Mr. A.'s last year of analysis consisted primarily of examining the secret pleasure he derived from defeating me by not getting better. As he became more aware of his strong oedipal wishes to defeat me and of his deep homosexual yearning to hold onto a father figure, he could eventually terminate analysis and move on to a successful career.

In the work with Mr. A., the analysis of several countertransference reactions helped me to better understand the clinical material and to relate to the patient with more empathy. A few times during the analysis, particularly during the early phases of it, I felt irritated and teased by Mr. A. and occasionally fantasied "insisting" that he tell me his name, thus complying with his own fantasy to be forced into submission, i.e., raped. In contrast to my experience with any other patient I have ever treated, I found myself talking a great deal about the case of Mr. A. with colleagues. As I analyzed my wish to discuss him with colleagues, I got in touch with a fantasy: if I talked about the patient enough, maybe someone would know him and tell me his name! This preoccupation with Mr. A. certainly com-

plied with his own wish to tease me and to have a father who was very concerned about and preoccupied with him.

It should also be mentioned that as I experienced frustration in not knowing Mr. A.'s secrets, I occasionally observed paranoid reactions in myself, wondering, "Who is this man, really?" A few of my colleagues also became somewhat paranoid when I discussed the case with them and wondered about the "possible dangers" in treating Mr. A. These paranoid reactions in myself and in my colleagues were again something Mr. A. unconsciously wished to happen, i.e., I should suffer and feel in danger, similar to the way he was feeling.

Finally, Mr. A.'s secretiveness, teasing, and preoccupation with sexual matters kept me very much alert with him, almost always "on my toes." This posture of mine, I am sure, is one that Mr. A. craved because it gratified several wishes for him: he enjoyed teasing me because he was getting sadistic gratification from tormenting me rather than suffering himself; he had a parental figure giving him enormous attention; he gratified himself sexually by having a father figure constantly stimulated by him.

DISCUSSION

The dynamics of Mr. A.'s secretiveness become quite clear if we recall his dreams, fantasies, and transference reactions. Like most patients who keep secrets from their analysts, Mr. A. projected his critical superego onto me and feared my disapproval (Fine, 1982; Freud, 1912). However, as the clinical material demonstrates, his secretiveness encompassed many other motives, and these motives, if reviewed, seem to provide valuable suggestions about why patients consciously withhold material from their analysts.

Mr. A. enjoyed teasing me. In effect, he was playing a popular game from childhood with me, "I've got a secret, but I won't tell." By teasing me, Mr. A. could place me in a passive, dependent position and sadistically torment me—a position he

very much feared but one he unconsciously wished for himself (Brenman, 1952). In teasing me, he could move from his traditional position of victim to that of victor; from passive object to a powerful director. Instead of his analyst being his tormentor, I would be his slave. By teasing me, he could experience a sense of grandiosity and not feel castrated and humiliated (Stoller, 1975).

One of Mr. A.'s most important motives in keeping his name a secret was an unconscious wish that I rape him. From the first session to the two hundred and seventeenth, he was extremely preoccupied with his fear that I would "insist" on his telling me his name (and "insist" on his using the couch). His fear about my insistence masked his strong unconscious wish to be raped. When he could face his wish to be raped, to be a woman who would give up her virginity, he could tell me his name.

Mr. A.'s notions about the similarity between the words "secret" and "secretion" seem quite ingenious. They parallel the notions of Bonaparte (1952) who concluded that confessing a secret was like confessing masturbation.

Keeping secrets, for Mr. A., was in many ways keeping his sexual fantasies hidden. Not only did he have to hide his wish to be a virgin woman and be raped, and not only did he have to keep his compulsive masturbation a secret, he was also holding back his incestuous wishes and his oedipal desires (Linder, 1953; Reik, 1957).

Mr. A.'s secret murderous wishes coupled with his incestuous wishes, i.e., his oedipal conflict, seem to explain his wish to keep secret his academic accomplishments and his intellectual potential. Doing well academically and/or professionally was unconsciously equated in Mr. A.'s mind with destroying father and seducing mother and sister. These wishes were Mr. A.'s "biggest, deepest, and worst secret."

Finally, Mr. A. had to keep his "negative therapeutic reaction" (Freud, 1923) a secret. He could not successfully terminate treatment until he could analyze his secret wish to defeat me and to deprive me of the gratification of curing him.

In reviewing Mr. A.'s treatment, particularly in reviewing his transference relationship with me, I found my attention drawn to the fairy tale, "Rumpelstiltskin." In that story the miller falsely brags to the king that his daughter can spin straw into gold. When the king hears this, he incarcerates the girl in a room until she can spin a large quantity of gold. Helpless and panicked, the girl is saved only through the intervention of a little elf who says that he will spin the gold for her if she promises to give him her firstborn child. After the elf spins the gold, the miller's daughter reneges and does not want to give him her firstborn child. Some tense negotiations ensue, with the elf finally agreeing to forgo being the recipient of the girl's firstborn child, providing she can guess his name. When the miller's daughter correctly guesses the elf's name, the elf exclaims, "The devil has told you that!" In his anger he plunges his right foot into the earth, so much so that his whole leg goes in. A moment later, he pulls at his left leg so hard that he tears himself in two.

There appear to be linkages between the fantasy themes in "Rumpelstiltskin" and the case of Mr. A. Pregenital, sadomasochistic themes seem prominent in both.

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The Analyst's Words: Empathy and Countertransference

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THE ANALYST'S WORDS: EMPATHY AND COUNTERTRANSFERENCE

BY WARREN S. POLAND, M.D.

"It sounds," I said, "as if when you moved from your parents' home to live with your new bride, you felt you were being traded to the minor leagues."

We both felt my statement captured his earlier feeling and its modern derivative at a period in the analysis when the primary themes were of dependency longings and passivity, particularly important matters for a man who had not been weaned from his mother's breast until his fourth year of life.

But I was struck by my baseball simile, and later my mind wondered and wandered. Growing up in a city where baseball was important, I had thought I had been indifferent to the sport. I had not given it thought for years. Indifference had actually been active repudiation, a competitive belittling of one of my father's interests. The only professional game I had ever attended was one I begrudgingly had allowed myself to be dragged to by my enthusiastic father when I was fifteen. It was a doubleheader, no less. And they were *minor* league teams! On that long hot afternoon, fidgety and bored, I struggled with my fear of a strong father, my disappointment with a weak father, my adolescent hopelessness of ever being at peace with and apart from my father.

Next I recalled a study group I had been in several years before. A colleague, emphasizing the purity of his technique, described a patient who was a passionate devotee of baseball, who spoke often in baseball terms to describe other feelings and life events. The analyst-colleague noted that he neither knew the vocabulary nor understood the significance of baseball terms, but he added that he never told the patient he didn't

know or needed something explained. Instead, he said, he waited for what he called transference and interpreted *that.* At a moment when I was coming to terms with my own weakness, my own not knowing, I felt none of the old contempt for someone dedicated to baseball. The competitiveness persisted, slightly muted, in the disdain I felt for my colleague's technique.

Why now? Why did I choose those words to use with a patient who had been occupied mainly with mothering, nurturance, abandonment, being cared for, and women? Why did the baseball idiom surface at that moment? It arose from the depths of my own reservoir of images long at rest. I could find nothing outside this patient's analysis to have called it forth at that moment.

The mothering theme had been for long the main theme, clearly the one to which I had been consciously attending. But I realized that it had not been the only one. Others had been brewing outside my awareness. My own words in response to the patient turned my attention to another theme which had not been the object of conscious focus. *A theme called itself to our attention by what it first subtly evoked in me, the analyst, manifested and signaled in my choice of words.*

In his early years, the patient had been indulged by both his parents, not just his mother. He had been waited on hand and foot; though the family was of modest means, a maid would fetch whatever he wanted while he sat and watched television.

The father had given up a professional practice in another city to move to the edge of a ghetto and practice his profession. In that new setting, the one the patient knew for almost all of his early life, the father was like royalty for those around. All deferred to a man whose attitude to almost all others was one of condescension and sadism.

The son, the patient, was both brilliant and physically well coordinated. Despite massive reinforcement for his passivity, he often burst out with active urges. When he insisted, he had told me much earlier in the analysis, his father would play ball with him. But the game was always the same: he would toss the ball

and his father would be at bat. The relationship never varied, father was due the best spot, the place at bat was never to be shared.

When he was eight or nine, the patient started to join in ball games with neighborhood friends. He remembered loving the game, loving the excitement. One day he came home from a game, out of breath, red-faced and sweating.

Father exploded. Never again was the son to risk his life, his health, his future by getting overheated. The patient did not recall the words, but he remembered well the impact. He wasn't certain whether he was more terrified of his father's force or of the imminent danger to his survival presented by baseball. He never again played the game.

None of that had come up in the recent past preceding my comment to the patient; all had been earlier, in the opening periods of the analysis. But, when I heard my own words, I was able to turn to notice transference themes beyond the mother, themes of assertiveness, resentment of dependency, competition, power struggles, mastery over body activities.

These transference themes became increasingly central to the subsequent analytic work, work that for long afterwards explored these areas. My own choice of words had served as a trigger by which I could come to recognize what it was that was beginning to be revealed.

To say what I did, I obviously had had to process much of this out of awareness. Perhaps my inner processing ought be called preconscious, since it could reach awareness without demanding very hard work or having to overcome great difficulty to emerge. But the new themes were not immediately apparent: they required self-analysis to come into the open.

Fathering, competitiveness, submission, longing, defiance, the multiple forces in turmoil we condense to call "ambivalence"—all of this was briefly recalled to life in me by the forces and messages in the patient's work. I did not tell any of this to the patient, though I think through the course of analysis he came to know that what I did interpret I knew as real and

acceptable. Though I did not tell any of this to the patient, I had to tell it to myself in order to know what I was hearing from the patient and in order to be able to tell the patient what I was hearing from *him*, even if my own language was called up in the process. And I could do it precisely because my own language could be called up in the process.

Ought this be called countertransference? I find the word used in such a wide variety of ways as to lose for me its specificity. I have never known an analysis that did not require such self-analytic work for me to continue with the patient. Indeed, this instance is a modest and easy one.

The psychology of the analyst at work includes trial identifications, concordant and complementary, in the service of mastery and insight. Perhaps there is a continuum of degrees of accessibility, a continuum of quantities of work demanded for the analyst to recognize and to understand, a continuum ranging from the easy and readily apparent to the difficult, the eccentric intrusions, the neurotic countertransference.

A theme called itself to our attention by what it first subtly evoked in me, the analyst, manifested and signaled by my choice of words.

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Sibling Love and Object Choice

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SIBLING LOVE AND OBJECT CHOICE

BY SANDER M. ABEND, M.D.

The importance of sibling rivalry and its consequences in mental life was one of the earliest discoveries of psychoanalysis. In contrast, the love ties which exist between siblings have commanded far less interest, no doubt because it was readily observed that the appearance of such material in patients' associations primarily served defensive functions. There are circumstances, however, in which the libidinal bonds between siblings come to assume a powerful and lasting significance in the development of certain individuals. I have analyzed two patients whose preferences in love partners in adult life were profoundly influenced by persistent unconscious attachments to older siblings.

The responses of colleagues during the several years which have elapsed since I first described these cases[1] confirms that individuals of this type are not so infrequently encountered as might be imagined, although no one analyst is likely to see enough such cases to permit him to undertake a study in depth of the conditions which determine this unusual course of libidinal development. Perhaps this explains why no clinically based reports of this observation appear in the analytic literature, so far as I can determine, although it is true that actual brother-sister incest, occurring in much more disturbed individuals, has been described (Reich, 1932). I have consequently decided to present this material as a brief communication. I hope that other descriptions of examples of this variant form of devel-

[1] Presented at the Rudolph M. Loewenstein Memorial Meeting of the New York Psychoanalytic Society and Institute, New York, November 12, 1977.

opment will be forthcoming and eventually permit a better understanding of its genesis.

The theme of powerful sibling love, whether or not consummated, is, of course, extremely common in history, legend, and literature. Analysts have by and large regarded it, when it emerges in analytic work, as merely a preliminary layer; a less threatening derivative of the incestuous wishes and fantasies which involve the parents. The artists responsible for the myths and stories which utilize the sibling love motif presumably share our analysands' demonstrable need to defensively displace libidinal wishes from parents onto siblings. Therefore, they weave into their creative endeavors this more accessible and more acceptable version of forbidden love. The apparently prevailing view that these fantasies are only secondary formations which produce no impact distinguishable from the effects of the nuclear oedipal fantasies is on the whole a correct one. There are, however, as I have indicated, some exceptions in which the sibling love, while unquestionably used to defend against even more disturbing ideas, has all the same left an ineradicable stamp on the pattern of object choice in later life. I will present only those features of my patients that illustrate this aspect of their development.

The first, a man of twenty, came to analysis because he had dropped out of college as a consequence of severe work inhibition. He was quite depressed and, it turned out, almost totally preoccupied with his inability to pursue relationships with women to the point of emotional or physical intimacy. He was glib and nervy, as well as physically attractive, and had no difficulty in meeting women, but something always went awry, and in each case he was soon rebuffed.

He was the middle child of three, with a sister three years older and another one two years younger. His mother was apparently an immature person, who behaved toward her son in a seductively flirtatious and possessive manner which was at the same time hostile and belittling. His father was quite critical and openly competitive with him, but also loving and generous.

The patient's conscious attitudes toward his mother at the commencement of his analysis were those of fear, revulsion, and hatred. It took more than five years of painstaking analytic work before he could tolerate any awareness of his intense unconscious loving attachment to her.

His older sister was regarded by friends and family as unusually warm, loving, sensitive, and genuine in her feelings for others. The patient idolized her, and she was also much more than usually devoted to him. From the time he was very young, he recalled, he and his sister were in the habit of exchanging private glances which conveyed special warmth and tenderness. During his adolescence they would frequently visit one another's rooms, sometimes in nightclothes, to have long talks, at times accompanied by affectionate caresses or massages which missed becoming frankly erotic play by the narrowest of margins. At the same time, he was very inhibited in his sexual development, avoiding both masturbation and exploratory petting with the girls he met at school, although he did go out on many dates.

His sister became engaged to be married when the patient was about seventeen years old. He became very upset at the new distance she suddenly put between them, but it was only after she married and left home that he was able to commence masturbating and could permit himself to become sexually active with the girls he met.

As his analysis began to help him overcome both his childish, narcissistic thoughtlessness, which often alienated others, and the extreme inhibition and tendency toward self-defeat which sprang from his conflicts about competing with other men, he enjoyed more success in his social life. From this first affair, through a long series of casual relationships, and even when he at last became seriously involved with a woman toward the end of the treatment, it was possible to observe a distinct repetitive pattern in his choice of love partners. These women were all three to five years older than he, usually had taken some seductive initiative toward him, and generally permitted him to

act in a rather irresponsible and dependent fashion (e.g., in regard to money, appointments, etc.); in short, like a "kid brother." His initial sense of attraction to these women was determined by his being able to establish an intimate, warm kind of eye contact, which he unconsciously associated with the glances he used to exchange with his sister. Whatever the woman's physical appearance might be, the analytic material invariably included comparisons to his sister, indicating the continuing importance of her as a standard against which other women were to be measured. The special features of personality he sought in women were those of liveliness and charm, which were reminiscent to him of his sister; and of a preparedness to openly express their admiration of his physical attractiveness, just as his sister had so often done.

It should be noted that conscious awareness of the erotic nature of his attachment to his sister and of her seductive behavior toward him was not easy for him to accept, even when the pattern of his current life preferences revealed such a marked tendency to find women similar to her that its significance could no longer be denied.

The second case is that of a young woman whose father became stricken with a chronic, slowly progressive, ultimately fatal neuromuscular ailment during her childhood. As a consequence of his illness he became confined to home, and he grew gradually more self-centered and regressed in personality as his invalidism increased. The patient was unable to continue to admire and idealize him, though her image of him from early life remained that of a man of great tenderness and kindness. She had a brother, four years older, with whom there had been a good deal of stimulating physical play throughout her childhood. He was apparently rather exhibitionistic and sexually precocious. The patient thought of him as extraordinarily attractive and felt proud on those occasions during her adolescence when he treated her as if she were his date. As was also true of the other patient I have described, she suffered from conscious jealousy when her sibling married.

Her analysis revealed that she tended to be interested in two different kinds of men. She imagined falling in love with an older man, stable, kind, and understanding, who would gently initiate her into sexuality, and whom she would eventually marry. Clearly this figure of fantasy was derived from her childhood image of her father. However, the men who actually attracted and stimulated her sexually were, by contrast, generally youthful, physically handsome and athletic, and, as a rule, somewhat impulsive, self-centered, and immature individuals who very much resembled her brother, both in personality and in body type. The man with whom she had her first serious love affair was, in fact, the son of a man who had been professionally associated with her mother, and as the analytic material unfolded, it became unmistakably evident that he unconsciously represented her own brother. Her dreams, various manifestations of her transference attitudes, as well as later examples of her positive responses to men she met, all further confirmed this division in her emotional life, modeled on the different images of her brother and her father.

It seems unlikely that the clinical phenomenon of sibling love relationships which produce a lasting effect on the preferred characteristics of the love objects chosen in adulthood is so rare and unusual as its failure to be noted in the literature of psychoanalysis might suggest to be the case. Indeed, as I have indicated, informal discussions with a number of colleagues have appeared to confirm the supposition that we do encounter individuals of this type with some regularity, although in insufficient numbers to facilitate the identification of those factors critical to the determination of this particular developmental outcome.

My own clinical examples shared the following characteristics: 1) each patient was a younger sibling, attracted to an opposite-sex older sibling who was at the height of the oedipal stage at the time of birth of my patients-to-be; 2) in each case, descriptions of the character of the older sibling obtained from my analysands indicated that they were, in both cases, exhibi-

tionistic, seductive, and unusually interested in their respective younger siblings throughout the latters' childhood and adolescence; and 3) there appeared to have been some aspect of the parent of the opposite sex of each patient which rendered them more than usually difficult and dangerous for the younger child to love and admire in the conventional way.

These observations, in so small a sample, seem to me as yet insufficient to convince us that they constitute the crucial factors which account for the result in question. It would be of interest to see whether other similar cases which come to light also share these characteristics. At the very least, attention to this variant course of libidinal development may prove of interest to analytic practitioners; perhaps in time a more satisfactory explanation of how it comes into existence will be forthcoming.

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"My Mother and He"

Samuel Abrams

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"MY MOTHER AND HE"

BY SAMUEL ABRAMS, M.D.

Recalling specific features of his parents' relationship, a man who had been in analysis quite a few years commented that he doubted if much went on between "my mother and he." He immediately corrected his slip, "I mean my mother and *him,*" and continued with his narrative. I was more taken with the mistake than I might ordinarily have been because the patient was a high school English teacher and usually quite attentive to his grammar in his speech and in his writing.

He was focusing on two areas at the time he made his slip. The first was centered in the past. He found himself recalling how certain he had always been that his parents were never sexually active with each other. The second centered in the present. He was involved in a fantasy that encompassed the ventilator in my office. He imagined that a poisonous snake would come through it at any moment and attack him. Associations soon led him to Arthur Conan Doyle's "The Speckled Band," a Sherlock Holmes mystery that featured just such an occurrence. Since adolescence, he had admired Holmes for his skills in deductive reasoning.

I commented on the structure of his parapraxis. I said that it looked as if he had to deny the fact of his parents' behavior not only by assertions with words but by underscoring it through the structure of his language. He had used a wrong case pronoun for his father, thereby excluding him from being a part of the same prepositional phrase as his mother.

The comment triggered a memory. When he was fifteen or sixteen years old, he was cleaning his parents' room one morning when he came upon some semen stains in the bed. He recalled thinking to himself that this proved that his father mas-

turbated at night just as he did. It was unthinkable to deduce sexual intercourse from the evidence. The recollection of the inhibition of his own deductive skills led him back to Sherlock Holmes and the venomous snake slithering through the grid. It occurred to him that he must have regarded his father's penis equally as vicious and similarly capable of inflicting harm. He could not tolerate the idea of his parents engaged in the act of love because the envisioned sadistic component was too dangerous. His mother was simply too valuable to be pictured in constant jeopardy.

The session was particularly striking since it illustrated form and content resonating with one another at many different levels of experience.

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Reminiscences of a Viennese Psychoanalyst. By Richard F. Sterba, M.D. Detroit: Wayne State University Press, 1982. 184 pp.

George Gero

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BOOK REVIEWS

REMINISCENCES OF A VIENNESE PSYCHOANALYST. By Richard F. Sterba, M.D. Detroit: Wayne State University Press, 1982. 184 pp.

This book must be read on two levels. It is both an autobiography about the making of a psychoanalyst and a historical document about the psychoanalytic movement in Vienna during the years 1924 to 1938.

Richard Sterba began his analysis with Eduard Hitschmann in 1924, after he completed his medical training. After six months of analysis, the analyst suggested that Sterba take a patient in treatment. (At that time, beginners started to treat their first patients very, very early.) Sterba writes that he had no office either then or for the next two years. He had to see his patient in his own room in his parents' apartment.

In June of 1925, Sterba became an associate member of the Vienna Psychoanalytic Society, although he was only at the beginning of his training at the Institute. Two years later, he graduated and received a certificate signed by Helene Deutsch as Director. The document was also signed by Sigmund Freud in his function as President of the Vienna Psychoanalytic Society. Although Sterba states that he and Grete Bibring were the only trainees whose documents were signed by Freud, this reviewer remembers that Annie Reich's certificate was also signed by Freud.

The greatest influence on his development as a psychoanalyst, Sterba says, was Wilhelm Reich. From Reich, the analytic candidates learned how to observe the patient from the moment he enters the office; to notice how he lies on the couch; to listen not only to what the patient says but also to the sound of his voice; i.e., to become totally aware of the patient's expressive nonverbal communication. Attending Reich's technical seminars, Sterba says, he learned how to develop a sensitivity to recognizing latent resistances, which frequently exert a barely perceptible influence on the patient's conscious material.

Sterba's description of his own growth as an analyst is paralleled by a highly detailed account of the organization of the Psychoan-

alytic Society in Vienna. In the beginning, the only two official activities of the Society were scientific meetings and the operation of the psychoanalytic ambulatorium. The meetings were a continuation of those of the *Psychologische Mittwochgesellschaft* (Wednesday Psychological Society), an informal gathering of Freud's followers who met in his apartment on Wednesday evenings from 1902 to 1908. At the time Sterba joined in 1923, the Society had just forty-two members, with Freud as President. Because of his cancer operation, however, Freud was unable to participate in the scientific meetings.

It was around this time that Sterba became deeply immersed in Freud's writings. From 1924 to 1925, the Psychoanalytic Publishing House was preparing a complete edition of Freud's psychoanalytic works to appear on the occasion of his seventieth birthday. The *Gesammelte Schriften von Sigmund Freud* filled ten volumes and was published under the direction of a Hungarian journalist, A. J. Storfer. Storfer asked Sterba to help in the indexing of several of the volumes, an endeavor that required a very careful reading of the papers. Sterba remarks that the thoroughness with which he addressed those volumes carried through as he read Freud's other works. The result of such an involvement in Freud's writings, Sterba observes, is an invaluable one which, as a teacher, he has tried to persuade his students to follow.

But Freud's writings were not the only ones that impressed Sterba. In the chapter, "Vienna Psychoanalytic Society Meetings," Sterba discusses the original writings of his colleagues as they were presented there. Then, those papers represented some of the seminal works of the members of the Society. Today, many of them remain as classics, as enduringly vital contributions to psychoanalytic literature. To mention only a few, one of the first papers which Sterba heard was Helene Deutsch's 1924 paper, "The Psychology of Female Menopause." Wilhelm Reich's paper, "On the Impulse-Ridden Character," impressed Sterba with its excellent presentation of clinical material and psychoanalytic exploration, although he was critical of Reich's attempt to reduce the genesis of neurotic symptomatology to a monocausal factor.

Another of the classic papers which Sterba mentions is Robert Waelder's 1929 work, "The Principle of Multiple Function: Observations on Overdetermination." Sterba also heard Herman

Nunberg read his paper, "The Synthetic Function of the Ego," in which he presented a concept which has since been integrated into basic psychoanalytic thinking. In connection with Nunberg's paper, Sterba recalls, Freud cited a legend in which a saint, Bishop Wolfgang, commanded the devil to carry heavy stones from a field so that he could build a church. Freud drew an analogy between himself and the devil: he did the "heavy work" to produce the building material which his followers could use in the construction of their theories.

In addition to meetings in which original papers were presented, Sterba also describes Society meetings in which Freud's recent publications were discussed. This period was one of the most revolutionary in Freud's scientific development, and Sterba was struck by the remarkable change brought about by the recognition of aggression as a drive in its own right. He wonders why Freud acknowledged aggression as a drive equal to, if not more important than, the libido so late in his development. Freud must have sublimated his own aggression, Sterba concludes, transforming it into a strength of conviction and firmness. This strength, Sterba speculates, provided Freud with the ability he needed to fight off all the defensive criticism leveled against psychoanalysis.

Sterba notes, however, that Freud did not completely sublimate his aggressive drives. In fact, he reveled in aggression when it was expressed in literary form. Freud liked to quote "with conspicuous frequency" the works of two German writers in particular. One was Heinrich Heine, who was known for his satires and cynical attacks upon authority figures and contemporary writers. Another was Wilhelm Busch, the creator of *"Max und Moritz,"* two mischievous boys who caused terrible problems and whose deeds were often matched by those of other malicious persons. Since Freud's books and papers refer so often to the injuries inflicted on others by Busch's characters, Sterba feels that one cannot help but assume that Freud enjoyed these adventures thoroughly.

It would be naïve to assume that all of Freud's writings were unanimously acclaimed by the analysts in the Society. Freud presented fundamental theoretical changes requiring some major reorganization of thought during the 1920's and 1930's, and they often provoked resistance and even dissension. Sterba remarks, for instance, that for some of the members of the Vienna Society it

was difficult to accept the theory of the death instinct, while others, such as Paul Federn and Herman Nunberg, embraced the concept wholeheartedly. The publication of *The Ego and the Id* in 1923 confronted analysts with a new task: the acceptance of unconscious ego functioning. Sterba reports that some analysts refused to deal with this altogether. He quotes one of the older members, Isidor Sadger, who shouted indignantly, "I don't care a hoot whether the id represses the ego or the ego represses the id!" (p. 76). For the younger generation, Sterba included, changes in structural theory were somewhat easier to absorb. Sterba himself remarks that he found the concept especially helpful in the understanding of resistances.

Three years later, another theoretical reorientation was necessitated by the publication of *Inhibition, Symptoms and Anxiety*, in which the transformation theory of the origin of anxiety was replaced by the signal theory. This theoretical reversal of order—from repression causing anxiety to anxiety motivating repression—was bewildering to some members of the group, since it required a new interpretation of clinical material.

In addition to these major works of Freud, an amazing number of his shorter papers also appeared during this time. While the analysts were undoubtedly stimulated, Sterba states that they felt *bombarded* by the barrage of new ideas to which Freud's productivity exposed them. He remarks that the fecundity of Freud's creative genius during this period was phenomenal—not only because he turned out such a massive volume of ideas, but also because he did so despite the constant pain caused by his cancer.

It is Sterba's portrayal of Freud, in fact, that is the strongest feature of the book. The most interesting chapter is the one called "Freud Himself." Sterba met Freud for the first time at a memorial meeting of the Vienna Psychoanalytic Society in January 1926. Sterba recalls the exact time Freud entered the room and precisely what he was wearing. Although Freud was smaller in stature than he had expected, Sterba nonetheless says that the aura Freud radiated made him feel that he was in the presence of "an outstanding personality." Sterba writes, "His presence dominated the scene although he uttered only a few words" (p. 102). Upon his seventieth birthday, on May 6, 1926, Freud was well enough to receive the members of the Vienna Society at his home. It was only

then that Sterba was introduced to Freud. Cigars were offered to the guests, but Sterba kept his as a souvenir rather than smoking it.

In the winter of 1928, Paul Federn announced that Freud was well enough to participate in scientific meetings with a reduced number of members. Federn repeatedly invited Sterba to these meetings, which took place in Freud's waiting room. Sterba wanted to take notes at the meetings so that he could later reconstruct Freud's remarks. Although Freud did not approve of note-taking during the meetings, Sterba nevertheless managed to jot down many of his remarks. These meetings, Sterba observes, were completely unlike those of twenty or so years earlier. At the earlier meetings, Freud spoke as the leading personality of a movement that was greeted by considerable hostility. He therefore had to scrutinize every utterance, which was further compounded by the fact that Otto Rank took meticulous official notes on the meetings. The meetings which Sterba attended now had a totally different tone. They were not official meetings of the Society, but were informal discussions. This permitted Freud to speak "off the cuff," often supporting his remarks with anecdotes and jokes (rarely included in Rank's earlier minutes). Sterba suspects that Freud's freedom of expression during these later meetings was facilitated by his prohibiting the keeping of a written record of them. He notes, "Remarks made in unpublished discussions establish no claim at all" (p. 107). Nonetheless, Sterba makes no apology for his surreptitious note-taking. By communicating Freud's remarks, Sterba adds, he makes the reader "an accomplice in my act of disobedience" (p. 107).

Forbidden though they were, Sterba's notes reveal much about Freud. For instance, one occasion at which Sterba took notes was Wilhelm Reich's presentation of his thesis on the therapeutic and prophylactic effects of a perfect orgasm. Reich praised the Russian sociological experiment of taking infants from their families and raising them in social centers, thus preventing the development of a strong attachment to the parents, since he felt that it would prevent the development of an oedipus complex. Freud, Sterba notes, responded that Reich's presentation had "a weak point," in that claiming that the abolition of marriage and the family would remove the oedipus complex and consequent neuroses "can be com-

pared to treating a person's intestinal disorders by having him stop eating and at the same time putting a stopper in his anus" (p. 111). Besides, argued Freud, the oedipus complex is not the specific cause of neurosis; in fact, there is no *single* cause in the etiology of neurosis.

Freud's criticisms at the meetings were often self-directed. For example, on March 20, 1930, the topic of the meeting was *Civilization and Its Discontents*. Freud called the book "dilettantish," since he had erected a narrow superstructure upon an unusually broad, diffuse foundation.

On another occasion, Sterba himself presented a paper, "On the Problem of the Theory of Sublimation." The discussion following the paper was lively. Freud remarked that the concept of sublimation was readily accepted even by the enemies of psychoanalysis: "People say: 'This Freud is an abominable person; however, he has one rope with the help of which he can pull himself out of the sewer in which he dwells, and that is the concept of sublimation' " (p. 119).

At one of the meetings, Sterba reports, Freud asked the members to do as much psychoanalytic research as they could because he feared that his own time was limited. He said: "I feel like a wanderer in the fog who hears steps behind him coming nearer and nearer. Will he reach his goal before he is overwhelmed by the hostile follower?" (p. 121). Among the "hostile followers" pursuing him, Freud listed the hormone therapists, whose studies were dominating the biochemical field in the 1920's and 1930's. The discovery of sex hormones, they suggested, could cure neuroses, which were based, after all, on sexual conflicts. Freud's apprehension proved unfounded; hormonal treatment was so totally ineffective that it was soon abandoned. Today, analysis faces a similar challenge from psychopharmacology. There is every reason to believe, however, that drug therapy too, despite its usefulness for some conditions, will never replace psychoanalysis.

Occasionally, Sterba notes, he would hear comments from Freud's patients that gave him information about Freud's attitude as a therapist. One analysand told Sterba that the "blank screen" stance of the analyst was not at all Freud's style. He easily went beyond the guidelines for the so-called classical or orthodox behavior of the analyst that were laid down by training institutes.

In his preface to *Reminiscences of a Viennese Psychoanalyst*, Sterba asks the reader to consider his book not as an objective historical study, but as the report of an eyewitness, "with all the subjective coloring and misapprehensions that are characteristic of eyewitness reports" (p. 6). Certainly those elements are observable in the book, and that is appropriate, since the book is also Sterba's autobiography, revealing much about him as well as about the period he is describing. Despite Sterba's disclaimer, however, the book *is* an important historical document of the seminal years of the Viennese psychoanalytic movement. Sterba states that his main goal is "to make it possible for the reader to participate in the atmosphere, the spirit and the ardent excitement that the direct or indirect contact with Freud stirred in our group" (p. 7). He succeeds splendidly in this endeavor. The book is well-written and is highly recommended for every analyst who is interested in the development of the psychoanalytic movement.

GEORGE GERO (NEW YORK)

THE WRITINGS OF ANNA FREUD. VOLUME VIII. Psychoanalytic Psychology of Normal Development. 1970-1980. New York: International Universities Press, Inc., 1981. 389 pp.

This volume is divided into four parts. Part I consists of ten contributions that broaden our knowledge of child development. Part II contains five papers that originally were contributions to psychoanalytic symposia. Part III consists of a most important study guide to Sigmund Freud's writings. It provides a balanced perspective from which to organize, appraise, highlight, and present to the analytic novice the basic contributions of Sigmund Freud. Part IV involves the application of psychoanalysis to education, pediatrics, and nursery schools, together with some brief personal reminiscences and Introductions written for several books. Many of the contributions included in the book have not been published in English before.

What emerges from a close reading of these papers is the realization that Anna Freud, following in the tradition of her conquistador father, was herself an innovator and conservator of psychoanalysis. She was innovative in formulating a theoretical and

clinical base for a psychoanalytic psychology of child development. She was a conservator in her continually stressing the difference between neurotic and developmental psychopathology. She emphasized the effectiveness of psychoanalysis as a therapeutic modality when it is applied to neurotic illness, but made clear that it has limitations that become apparent when its techniques are inappropriately applied to individuals whose pathology is of a developmental nature.

Her persuasive psychoanalytic delineation of normal child development forces analysts, especially those who work only with adult patients, to recast their view of the theory and technique of clinical psychoanalysis as applied to adults. Their emphasis has to shift toward more firmly grasping the significance of the range and dimensions of normal child development in order to better identify and understand the implication and meaning of *deviations* from the norms in the psychological illnesses of adult patients. Instead of starting with pathology and working back to its origin in early conflict, our traditional approach, we can attempt to conceptualize our patients' illnesses by carefully and in an orderly fashion outlining its developmental evolution. This is a major change in emphasis that seems warranted by the significant assistance a developmental orientation offers to us in our efforts to better understand and treat our patients.

The more firmly we can grasp the range and dimensions of normal child development, the more effective we can become in broadening the efficacy of our analytic work. This would involve understanding the complex interweaving of the continually refined and expanded "developmental lines" as they affect all aspects of the child's personality.

Anna Freud emphasized that analytic technique works effectively when it is directed toward identifying and rectifying the effects of conflict, and only when the conflict occurs within an appropriate range of normal development. The removal of psychological damage

> does not apply equally to the conditions under which the ego has developed or to the earliest mother-infant interactions by which the personality is shaped. Areas in body and mind, once made vulnerable, retain their vulnerability as a latent potentiality, even if their manifest involvement in pathology is checked

> by analysis. Fixation points retain their cathexis, even where regression to them is reversed. Basic personal characteristics such as temperament, or frustration tolerance, or the potential for object love, and the sublimation potential remain almost untouched, even though the affects engendered during the early mother-infant interchange may find an outlet in the analytic transference.
>
> In short, there is no undoing of the past itself, even if—as many analysts claim—it can be repeated almost unchanged within the analytic situation. It has exerted its influence on development and left permanent traces. What analysis can do is to assist the patient's ego to come to new terms with these residues (p. 33).

In this passage, Anna Freud spells out some of the limitations of psychoanalysis. Her statement is particularly important since, in the admirable effort to undo serious psychopathology, from a perspective that highlights a traditional focus on the primacy of pathology, many forays have been conducted to justify heroic analytic efforts. The justification for many of these attempts falls in the category of the "widening scope of psychoanalysis." It is a response to the pressure to undertake the analysis of more "disturbed" patients. It is clear that this group suffers from the kind of developmental disturbances that would preclude an effective analytic result within the guidelines that Anna Freud so persuasively provides. Into this group would fall many of the psychosomatic, narcissistic, and borderline categories of patients.

In the passage quoted above Anna Freud states that "the affects engendered during the early mother-infant interchange may find an outlet in the analytic transference." In other words, she does accept that this aspect of the past can be revived. She does not, however, feel that it can lead to the undoing of the effects of developmental deficiencies. The power of the transference is recognized, but so are its limitations.

Pathological manifestations that are due to developmental deficiencies cannot be undone by analysis, but "the analytic method is essential for clarifying the clinical picture and for revealing causation" (p. 109). This elucidation may help the patient cope with the consequences of developmental defects by helping to "pinpoint their differences from neurotic symptomatology" (p. 109).

The importance of being able to accurately define whether development has been normal or pathological is obviously very crucial. The determination depends largely on the following four factors:

(i) on the constitutional and experiential element in the life of an individual not departing too far from what is average and expectable;
(ii) on the internal agencies of the individual's personality maturing at approximately the same rate of speed, none of them being either delayed or precocious compared with the others;
(iii) on external intervention being well-timed, coming neither too early nor too late;
(iv) on the ego's mechanisms used to achieve the necessary compromises being age-adequate, i.e., neither too primitive nor too sophisticated (pp. 135-136).

Anna Freud felt that an important future application for child analytic work would involve the utilization of these four criteria so as to investigate their impact on the developmental lines that can be constructed for each child. Thus, each of the familiar lines, e.g., from infantile to adult sex life, from play to work, the line toward independent body management, or the line toward peer relationships, which have many substages that in turn require developmental integration, would be measured in relation to the four factors enumerated above. The complexity of this kind of determination is obvious, but so is its potential usefulness for furthering our knowledge about the range of normal child development.

The need to emphasize the effectiveness of analysis while still keeping its limitations in mind helps underscore what is enduring about analysis and the analytic method. It is this emphasis that highlights Anna Freud as conservator. As innovator, her recognition that "whatever becomes visible in reconstruction is weighted heavily toward the side of pathology, with a comparative neglect of normal progressive development" (p. 5) brings to mind an observation that might have considerable implications for analytic work. I recall a patient I treated many years ago, who, at the end of a successful analysis, remarked, "I appreciate all you have done, all I have learned. My life is different and will remain different. I do think, however, that you might have taken note, verbally, of what I did well. You did not, even though I assumed you were aware of my strengths. I don't think it would have done any harm and it might even have been of some help if you had, at times, acknowledged my accomplishments." I have often thought about that parting remark. This was a patient whose parents had been critical repeatedly of what she did *not* do—they had never taken note of her considerable skills. In a way I had repeated, by omission, her parents' attitude toward her.

Anna Freud's observations on the "comparative neglect of normal progressive development" makes me wonder about the usual reconstructions that are offered during the analysis of our patients. Should we not also keep in mind, and at times spell out, their specific achievements along with our interpretations of their conflicts and their pathology? This addition might be especially useful for those patients who are struggling with the impact upon them of a particularly critical parental attitude. The latter is often part of the history of masochistic and depressive patients, who have internalized denigrated images of themselves.

The volume also contains a study guide to Sigmund Freud's writings, published in English for the first time, that provides a surprisingly comprehensive review of Freud's work. It is as though the *Outline* had been recast under the watchful eye of Anna Freud, the conservator. The essentials are emphasized in this guide to the uninitiated, as it carefully presents the basic tenets of psychoanalysis. The arrangement for this exposition follows the format adopted by Sigmund Freud in "The Question of Lay Analysis." We start by exploring the meaning of dreams, the concept of the unconscious, instinctual drives, human sexuality, the structure of the psychic personality, and then, after touching on the defenses and symptom formation, we end up with a discussion of psychoanalytic therapy.

We are reminded that Sigmund Freud never did write a general technique of psychoanalysis. This was due "to Freud's growing conviction that the psychoanalytic process is too complex, too different in each individual case, and too variable to be pressed into a definitive, systematic presentation" (p. 257).

Anna Freud has discussed the impact of "changes in emphasis and innovations which are supported by new theoretical assumptions, or the widening scope of the applicability of psychoanalysis . . . " (p. 258). At times, of course, it is a matter of personal idiosyncrasies of advocates who wish to alter psychoanalytic treatment to suit themselves. She takes note of the shifts in emphasis that have affected analytic technique. She states, however, that

> the most significant changes . . . are undoubtedly in the handling of the transference itself. What in Freud's method appeared as an autonomous revival of the past and was the spontaneous production of the patient is today all too often a phenomenon which the analyst has foisted upon the patient from the beginning, behind which the patient's other spontaneous contributions to the

> analysis, such as his free associations, his memories, disappear and remain excluded from the interpretive work. The reconstruction of the past, for Freud a principal part of the analysis, is thus replaced by the current interplay between analysand and analyst, between transference and countertransference (p. 258).

Anna Freud goes on to emphasize what has been an underlying theme of this volume. She states that

> the rules that Freud established and that many others defended are valid, above all, for the analysis of adult neurotics or neurotic characters. The further the analyst moves away from this legitimate field of psychoanalytic work—whether from the adult to the adolescent or child; or from the neuroses to the borderline states, psychosomatic illnesses, and the psychoses—the greater are the technical changes, and occasionally they go so far that the modification diametrically contradicts Freud's model of therapy (p. 259).

In the writings included in this volume, Anna Freud tried to conserve that which is essential, basic, and unique about psychoanalysis. She did this by emphasizing, reiterating, and clarifying its limitations, even as she added to and charted its further development. As with so much else that she wrote, she expressed herself so clearly, so plainly, so logically, that the reader is drawn to believe that she is merely detailing what has been obvious all along. It is only upon reflection, and especially upon careful rereading, that the novelty, depth, and lasting significance of these, her last contributions, become abundantly clear.

I will close this review by quoting Anna Freud on the application of psychoanalytic knowledge to education and upbringing:

> Today we see it at work building up a psychoanalytic psychology of normal development, i.e., following the developmental lines which—apart from neurosis, psychosis, and delinquency—lead from emotional immaturity to maturity of feelings, from dependence to independence, from the pleasure principle to the reality principle, from somatic to psychic discharge of excitation, from asociality to adaptation, from play to the capacity to work. In this it is again the task of the child analyst to demonstrate that all these acquisitions were won step by step and that they, like neurotic symptom formation, proceed under a combination of influences, i.e., as compromises between instinctual wishes, ego and superego prescriptions, and real demands of the external world (p. 276).

We can only feel deeply grateful to Anna Freud for her contributions to our understanding of the psychoanalytic psychology of normal development.

AUSTIN SILBER (NEW YORK)

THE MIND IN CONFLICT. By Charles Brenner, M.D. New York: International Universities Press, Inc., 1982. 266 pp.

Widely known as a conservative psychoanalyst, Charles Brenner presents in this book a collection of innovative theoretical ideas. The theoretical advances are not, however, isolated or arbitrary. Rather, Brenner integrates them within traditional structural theory and standard psychoanalytic technique. Case vignettes illustrate their clinical usefulness. Nor are his conclusions a surprise to those who have followed his writings in separate articles over the past ten years. Here they are unified in a book which should be read widely by analysts and non-analysts alike.

The style is clear, logical, and concise. Brenner is a teacher: each chapter contains exposition, discussion, and a review and summary. He prefers repetition to obscurity.

At a time when there is so much emphasis in psychoanalytic writing on developmental issues, it is refreshing to have Brenner's cogent account of the role of conflict and compromise formation in human psychological functioning. Never a reductionist, he tolerates the complexity and uncertainty characteristic of the workings of the mind.

One of Brenner's advances is to divorce with one bold stroke the theory of instinctual drives from Freud's somatic theory that drives are a frontier between mind and body. "Psychoanalysis is a branch of psychology. . . . It is the study of one aspect of cerebral functioning by the method best suited for the purpose. . . . Like every other scientist, a psychoanalyst is an empiricist, who imaginatively infers functional and causal relations among his data, avoiding, if possible, generalizations . . . that are incompatible with well supported conclusions from other branches of science" (pp. 4-5). Drives are generalizations about the "conscious and unconscious wishes of patients as disclosed by the psychoanalytic method of observation" (p. 21). By seeing the drives as a construct based on observation of drive derivatives, the analyst can consider the variables of motivational forces on the basis of psychoanalytic evidence alone without recourse to physiology. Loewald[1] reached a similar

[1] Loewald, H. W. (1971). On motivation and instinct theory. *Psychoanal. Study Child*, 26:91-128.

conclusion about the drives: somatic influence, yes; somatic source, no.

The most controversial of Brenner's innovations, one which has not gained general acceptance but has great potential for clinical application, is the idea that the unpleasurable affects that trigger psychic conflict are of two kinds: anxiety and depressive affect. Which affect is mobilized depends, according to Brenner, on whether the unpleasurable event is experienced as about to happen (anxiety), as having already taken place (depressive affect), or as both. Anxiety and depression are placed on an equal footing in signaling conflict and promoting defense. The theory is elegant, parsimonious, and unifying.

Brenner proposes that affects constitute a complex that combines sensations of pleasure or unpleasure with memories or ideas, any of which may be conscious or unconscious. From this integration of memories and ideas into affect, Brenner derives the entire spectrum of affects from compromises among drive gratification, the unpleasures of anxiety and depression, and the development of ideas in the ego and superego. Without stating so explicitly, Brenner has placed narcissistic pain—shame, humiliation, embarrassment—within the conflicts mobilized by the experience of depression, with its associated ideas of being exposed, scolded, or ridiculed.

A significant consequence of his view is that depressive affect is freed from an exclusive tie to early object loss and orality. Rather, he indicates, depressive affect can trigger conflicts related to a broad gamut of childhood "calamities" or dangers: object loss, loss of love, castration, and self-punishment. Especially illuminating are Brenner's discussion of castration anxiety and depression in oedipal-age boys and girls and his demonstration that unpleasure due to object loss and loss of love can originate in ideas belonging to the oedipal period (Chapter 6).

Brenner is not the first to have considered depression to be a basic affect equal to anxiety and freed from orality. Bibring[2] presented a unified view of depressive affect as a basic response to

[2] Bibring, E. (1953). The mechanism of depression. In *Affective Disorders: Psychoanalytic Contribution to Their Study*, ed. P. Greenacre. New York: Int. Univ. Press, pp. 13-48.

narcissistic frustration, just as anxiety is to danger, which may be derived from any developmental phase.

Engel[3] wrote of anxiety and depression-withdrawal as primary inborn affects of unpleasure manifested in responses to anticipated danger or to danger which has already occurred. Brenner expands and integrates these views: "Now that the role of depressive affect in conflict has . . . been correctly explicated . . . , it is apparent that it, too, is a component of every pathogenic conflict and that its presence in a pathological compromise formation of whatever sort has no more diagnostic significance than does the presence of anxiety" (p. 177). It follows, then, that the diagnosis of depression refers to a heterogeneous group of maladies involving a wide variety of conflicts arising from every level of development.

The difficulty with this conclusion is that the term depression has been used historically to denote an affect, a symptom, a neurotic syndrome, and a psychotic illness. Brenner has long adhered to a unitary theory that includes both neurosis and psychosis under the conflict model. In contrast is the deficit model of psychosis that refers to ego deficiency or developmental arrest, for example, the failure to maintain adequate, separate self- and object representations. (Freud proposed both models.[4])

A unitary theory of depression is hard to justify in the face of growing non-analytic evidence for familial and biochemical correlates of a well-established syndrome of severe depression. In general, Brenner feels that diagnosis obscures rather than clarifies: "What, then, is the advantage in grouping under one heading compromise formations that have in common the defensive use of avoidance and calling them phobias? I cannot see any except the dubious one of familiarity" (p. 158). Similarly, Brenner speaks harshly against any list of special mechanisms of defense since "modes of defense are as diverse as psychic life itself" (p. 75). And so-called defenses—he illustrates with projection and repression—in some instances further drive gratification. Compromise for-

[3] Engel, G. L. (1962). Anxiety and depression-withdrawal: the primary affects of unpleasure. *Int. J. Psychoanal.*, 43:89-97.

[4] See, London, N. J. (1973). An essay on psychoanalytic theory: two theories of schizophrenia, Part 1: review and critical assessment of the development of the two theories. *Int. J. Psychoanal.*, 54:169-178.

mations are indeed complex. However, it would be unfortunate if this argument led us to abandon the clinical advantage of understanding the unfolding of sequential defensive modes in the developing child or of recognizing the characteristic clustering of defensive repertoires in our patients.

A secondary title of this book might well have been "The Study of Compromise Formation, Normal and Pathological." All the components of conflict—drive derivatives, anxiety and depressive affect, defenses, and superego functioning—are present in every compromise, and compromise exists in every symptom, character trait, object relation (through ubiquitous transference, which itself is in every instance a compromise), slips, dreams, values, vocational choices, myths, and legends. Freud's familiar dangers of childhood—ideas of object loss, loss of love, castration, superego guilt—are the ideas accompanying the unpleasure, aroused by drive derivatives, that leads to compromise. For Brenner, a "return of the repressed" is not a prerequisite to compromise, since the repressed exerts a continuous influence in normal compromises.

Brenner adheres strictly to Freud's four dangers of childhood. In his experience, patients' ideas of "ego dissolution" and "loss of ego boundaries" are not due to ego deficit or failure of development but are invariably symptoms of conflict (p. 67). This view is consistent with Brenner's unitary theory of psychopathology and with a definition of affect that includes content. Brenner's insistence that this part of Freud's theory not be tampered with is contrary to the main spirit of the book. When he refers to the "factual correctness of Freud's four, typical calamities" (p. 67), he is momentarily forgetting that they are paradigmatic abstractions of the facts. Pine, in an exemplary paper,[5] takes into account Brenner's warning not to take patients' conscious complaints at face value. In case illustrations whose surface presentations suggest separation-individuation problems, he is able to show, by in-depth understanding, which patients present psychopathology in relation to a *differentiated* other and which to an *undifferentiated* other, with the latter reflecting ego merger with roots in the separation-individuation process.

[5] Pine, F. (1979). On the pathology of the separation-individuation process as manifested in later clinical work: an attempt at delineation. *Int. J. Psychoanal.*, 60:225-242.

Brenner creatively derives the formation of the superego from compromise formations derived out of conflicts concerning morality. This clarifies the origin of the superego's several functions, answering the question: "How can it be defense at one time, the equivalent of a drive derivative arousing unpleasure at another time, and a calamitous unpleasure to be avoided or mitigated at still another?" (p. 121). Since everyone has oedipal conflicts, and superego formation is a consequence of compromises involving these conflicts, it follows, for Brenner, that everyone has a fully formed superego that differs from that of others only by the nature of the compromises involved. No superego can be small, absent, or contain lacunae (p. 139). Here, I think, he minimizes both developmental and quantitative factors: e.g., there are superegos in which conflicts remain externalized and superegos in which the compromises are weak, precariously maintained, and readily dissolved.

In two additional areas, I must take exception to Brenner's conclusions. The word "empathy" appears just once, only to be dismissed, perhaps in order to counteract those who wish to place empathy in a supraordinate position in psychoanalytic thought. The one mention is: "To rely on introspection and intuition (often called empathy) to prove that each affect is a constitutional given . . . is to trust a slender reed. . . . In short, at present the only adequate basis for a theory of . . . affects are psychoanalytic data . . . " (pp. 52-53). Yet, introspection and empathy play a major part in the gathering of analytic data. As Waelder put it, " . . . we have one source of knowledge about psychic events that is completely lacking in matters of the physical world, viz., *introspection* and its equivalent in the observation of other human beings, which, for the purposes of this discussion, I propose to call empathy. . . . Are introspection and empathy not sources of information too, *not infallible,* to be sure, *but not negligible* either?"[6]

Brenner sometimes fails to take into account significant recent findings of child observation. He writes, "As far as we know, a young child wishes only for the people and things in the environment to gratify his or her wishes fully and without delay" (pp. 73-

[6] Waelder, R. (1962). Psychoanalysis, scientific method, and philosophy. *J. Amer. Psychoanal. Assn.,* 10:628, Waelder's italics.

74). The voluminous literature on observation of infants during alert inactivity describes a great deal of behavior that does not seem to be directly related to the gratification of drives.[7] When Brenner writes, "Unpleasure associated with the idea of castration appears for the first time during the oedipal period . . . " (p. 94), he is ignoring the work that places it earlier.[8]

In the Introduction Brenner states: "A thorough understanding of psychic conflict is equally indispensable to one who hopes to become proficient as a psychoanalyst and to one who wishes to understand the contribution of psychoanalysis to human psychology" (p. 7). This book takes a large step toward that understanding, which makes it valuable, despite the questions I have raised about its contents.

ROBERT D. GILLMAN (WASHINGTON, D.C.)

PSYCHOLOGISCHE ASPEKTE DES BRIEFWECHSELS ZWISCHEN FREUD UND JUNG (Jahrbuch der Psychoanalyse, Beiheft 7). (Psychological Aspects of the Correspondence between Freud and Jung.) By K. R. Eissler. Stuttgart: Fromann-Holzboog, 1982. 191 pp.

K. R. Eissler on Freud and Jung! One can hardly think of anyone more qualified than Eissler to comment on this most interesting of Freud's friendships, one that was so fateful for both of them and for psychoanalysis. Eissler is a distinguished psychoanalyst who hardly needs an introduction to the readers of this *Quarterly*. He has written extensively, bringing his wide erudition, experience, and quite original insights to bear on many aspects of psychoanalysis. He has been equally at home in psychoanalytic theory, psychoanalytic practice, applied psychoanalysis, and the history of psychoanalysis, especially that which involves Freud. In his criti-

[7] Stern, D. N. (1982). The relevance of infant observational research for clinical work with children, adolescents and adults. Presented at a workshop of The American Psychoanalytic Association, New York, November.

[8] Roiphe, H. (1968). On an early genital phase, with an addendum on Genesis. *Psychoanal. Study Child*, 23:348-365; Galenson, E. & Roiphe, H. (1980). The preoedipal development of the boy. *J. Amer. Psychoanal. Assn.*, 28:805-827.

cisms, he has been searching and at times severe, although fair. I am tempted to call Eissler the "Renaissance man" among psychoanalytic scholars, but I prefer Heinz Kohut's description of him to me as that psychoanalyst among contemporaries who comes closest to Freud's unique genius. So it would seem that when Eissler has something to say about Freud and Jung, we should listen carefully. And, indeed, this little book of 191 pages is a worthy companion to Eissler's more voluminous *Goethe.*

The book consists of five parts and a bibliography. In the first part, which lends its title to the book, after a brief introduction of the *dramatis personae,* Eissler attempts to subject the correspondence between them to a strictly psychological analysis without using any source other than the text of the letters. In the second part, titled *"Epikrise"* (which in German means the conclusion of a case history, with a final judgment about diagnosis), Eissler widens the scope of his investigation to include as sources a number of quotes from Jung's *Memories, Dreams, Reflections,* as well as some other material. Appendix A, the third chapter, is titled "Introduction to a Pathography of C. G. Jung's Personality." Appendix B, the fourth chapter, contains "Critical Comments to C. J. Groesbeck's 'The Analyst's Myth: Freud and Jung as Each Other's Analyst'." The final part, "Historical Afterthoughts," summarizes much of Eissler's evaluation of psychoanalysis, with particular attention to its scientific status and its future. On the whole, the book presents the psychoanalytic gourmet with a generous offering, although, in typical Eisslerian fashion, it is more a rich smorgasbord than a well-planned and integrated dinner.

Eissler is deeply moved by the correspondence between Freud and Jung. He compares its impact on him to that of an epistolary novel about the tragic friendship of an older man with a younger one. From the very beginning, the nineteen-year-younger Jung addresses Freud both as admirer—indeed, immoderately so—and as a comrade in arms who has succeeded, beyond anyone's wildest expectations, to convert to psychoanalysis, and against spirited resistance, his boss, the widely respected chief at the *Burghölzli,* Eugen Bleuler. Eissler notes the intensity of the developing affection of Freud for Jung. The weekly letter to Jung became the highlight of Freud's existence, even a *"Bedürfnis"* (need), according to Freud, while Jung, a more tardy correspondent, excused himself

on the basis of illness, overwork, and inability to find the special conditions necessary for writing letters. Eissler suggests that the relationship changed suddenly and rapidly from one that was exclusively determined by scientific goals to one seemingly centered in the positive feelings they had for each other. Temporarily, Eissler says, Jung experienced Freud as an unreachable, ideal figure, full of magic powers and secret knowledge. Freud, on his part, saw Jung as son, crown prince, and heir.

Eissler gives much weight to evidence of homosexual impulses in both men. While he credits Freud with awareness of these and with having them perfectly under control, Eissler believes that in Jung's case they led inexorably to his having to destroy the relationship before he was overwhelmed by his passion. He sees anxiety over his homosexual excitement, his envy, and his jealousy as the three main conflict-producing factors in Jung. Eissler interprets Freud's fleeting jealousy, i.e., his fear that Jung might be attracted more to Bleuler or Charcot, as evidence of Freud's ambivalence. Beyond this ambivalence, and beyond his apprehension regarding Jung's father complex and involvement with religion, Freud was strangely unable to show an understanding for Jung's real sacrifices for the Freudian cause. When Jung complained about the destruction of his academic career following his break with Bleuler or about his exclusion from certain professional associations or about being shunned by patients or by students, Freud's ambivalence (according to Eissler) manifested itself in his not being sensitive to Jung's pain and suffering. At times, Freud was rather patronizingly hurtful, e.g., in Freud's reply after Jung told him about the development of some ideas about paranoia upon which Freud and Ferenczi had already speculated but had withheld from Jung in order not to disturb his work. Freud's jealousy of Jung's attachment to Bleuler became most evident, perhaps, in his persuading Jung, and successfully so, to abandon abstinence from alcohol. Jung, who had been a heavy drinker during his student days, had become abstinent under the influence of Bleuler. Freud's success in this regard had grave consequences for all concerned, as well as for psychoanalysis. As Jung wrote about Bleuler's renewed negativism toward psychoanalysis, "The real and only reason is my defection from the abstinence crowd" (Letter 222J; 29 November 1910), a sentence which Jung underlined.

However, Eissler judges Freud's ambivalence toward Jung not to have been very significant, because the signs of his love and admiration for Jung pass through the letters like a red thread.

Clearly, Eissler tries to be fair to Jung as well as to Freud, although his final judgments cannot be taken as free from bias. Jung proposes to voluntarily eschew all opportunistic occasions for watering down psychoanalysis in order to make it digestible to the ignorant public: "And finally, psychoanalysis thrives only in a very tight enclave of like minds. Seclusion is like a warm rain. One should therefore barricade this territory against the ambitions of the public for a long time to come" (letter 206J; 11 August 1910). Eissler adds that Freud's ambition to see psychoanalysis widely disseminated was not to its greatest benefit and that much speaks for the advantages psychoanalysis would have gained if it had followed Jung's advice. But in general, Eissler's love for Freud casts the book unmistakably into a paean of praise for the master.

Thus, like Freud, Eissler is fond of Jung, but underrates him. He gets too caught up in the fine details of the struggle between these two intellectual giants, as he overinterprets a word here or a slip of the tongue or pen there. To be sure, Eissler does not lose sight of the context that confers meaning. But, in my judgment, the homosexual theme, though undoubtedly present, is overemphasized by him, and not enough attention is paid to the tragic dilemmas confronting both men. For Freud, the dilemma was to find a successor to whom he could entrust the creation which psychologically had become practically synonymous with his own self. Jung was the first such possible worthy and eminently qualified successor, and, moreover, he had none of the handicaps of being a Jew. Yet, to accept Jung as co-regent inevitably meant putting himself into the background at a time when Freud must have sensed that he still had within him several decades of undiminished creative powers. Where would psychoanalysis be today if Freud had done so? Would all the advances of the twenties and thirties involving the id, ego, and superego, the revisions in instinct theory, the work on narcissism, the wide-ranging works on history, religion, and civilization have been made? Could Jung have been trusted to nourish and guide Freud's baby? Freud could not have trusted Jung that much, for, while he delegated many responsibilities, he kept the reins tightly in his own hands. In psychoanal-

ysis, Freud's word remained the last word, perhaps even to this day.

Jung's dilemma was of a lesser order but was no less intense. It involved an archaic idealizing transference of such intensity that I am tempted to coin the term "trans-neurotic" to characterize its near-psychotic structure. Indeed, the rupture with Freud activated its psychotic potential. Yet, not breaking with Freud would have been experienced by Jung as equally threatening to the fragile integrity of his self. For Freud, while benignly encouraging the "crown prince," did not recognize him as an equal, as a peer—as, of course, he could not—which blocked Jung's need to finally develop a secure self by becoming fully identified with Freud. For Jung, the dilemma was either being forever the son, fragile, second best, and perhaps not worthy, or being himself, his own very shaky and uncertain self. He chose the latter, bringing personal catastrophe in its immediate wake, rather than choosing the former and living a life of constant, heart-wrenching turmoil. Perhaps Freud could have saved him by letting Jung become Freud. But then what would have become of psychoanalysis?

This beautiful book will be of interest to all those who care about the personal vicissitudes of the founder of psychoanalysis that helped shape this emerging science. I hope that a suitable translation will eventually find its way into the hands of the English-speaking reader.

ERNEST S. WOLF (CHICAGO)

INFANTILE ORIGINS OF SEXUAL IDENTITY. By Herman Roiphe, M.D. and Eleanor Galenson, M.D. New York: International Universities Press, Inc., 1981. 301 pp.

Roiphe and Galenson have written an important book that widens and enriches our knowledge of the development of sexuality. From their observational studies from 1968 to 1975 of 66 infants and their families during the latter part of the first year and the second year, they provide important information about the beginning awareness of gender-defined self-identity.

Eleven chapters of the book derive from papers which were published in various psychoanalytic journals over the past twelve

years. There are three new chapters: "Early Sexual Development and Object Loss" (Chapter 4), "The Depressed Mother" (Chapter 8), and "A Delayed Early Genital Arousal" (Chapter 11). Chapters 1 and 2 are based on Roiphe's "On the Early Genital Phase" (1968) and "On Some Thoughts on Childhood Psychosis, Self and Object" (1973). Chapter 5 derives from an interweaving of material from "A Consideration of the Nature of Thought in Childhood Play" (1971) by Galenson, and "A Choice of Symbols" (1976) by Galenson, R. Miller, and Roiphe. The final chapter, "Infantile Origins of Sexual Identity," is an informative summary that is of value to the clinician working in the field of sexual perversions, with an interest in reconstructing early causal events. The observational evidence provided by the authors casts doubt on the belief that the well-structured perversions, i.e., homosexuality, voyeurism, pedophilia, transvestitism, fetishism, etc., have their genesis and their core conflicts in the oedipal period; it supports the impression that in all probability they begin with a preoedipal developmental arrest.

In the first two chapters, "Preoedipal Castration Reactions" and "The Early Genital Phase," the authors describe two young children, Kate and Alice (a pseudo-autistic, psychotic girl), who apparently were seen when Roiphe worked with Margaret Mahler at the Masters Children's Center in the mid- and late 1960's. Both girls showed profound castration anxieties at an unusually early age. This led the authors to suspect that children experience genital awareness considerably earlier than had been previously thought. The emendations to the theory of early drive development that this suggested to them encouraged them to observe normal and disturbed children during their second year. They set up a nursery research program at the Albert Einstein College of Medicine, Department of Psychiatry, in 1967. Their interest was in "elucidating the vicissitudes of libidinal drive development not only as it was interwoven with other sections of development in the child, but also as it seemed to affect the very fiber of the child-parent relationship" (pp. ix-x). They also noted that "these early sexual strivings of the infant stimulate and reactivate corresponding feelings in the parents" (p. x). The task they set themselves was to identify the "landmarks" of progressive development, i.e., the relatively invariant behavioral sequences which appear at

certain months of development. The research program (whose design has been questioned by some) is described in Chapter 3. The authors provide the reader with the categories they used for recording data, the items they deemed worth noting, and the protocol of their research. As this research progressed, they discovered that they were, in essence, "engaged in tracing the development of the sense of sexual identity from its vague beginnings during the earliest weeks and months" of life, leading "to definite, conscious awareness of specific gender and genital erotic feelings and fantasies" (p. x). They concluded that such definite awareness occurred by the end of the second year, as a critical factor ushering in a new psychosexual phase.

In coming to their conclusions, the authors question certain precepts of early and still unevenly accepted theory on the development of sexuality: (1) that the two sexes develop in much the same way until the onset of the phallic phase at about three; (2) that children of both sexes seem at first to be "little boys," with the clitoris substituting in girls for the penis; and (3) that the child's observation of the anatomical difference between the sexes, leading to a castration complex, has a fateful impact on male and female sexual development. They conclude that (1) male and female sexual development diverges considerably earlier than Freud thought; (2) the perception of the genital difference does precipitate a castration reaction, but both perception and reaction occur *prior* to the onset of the oedipal phase; (3) infants between the fifteenth and nineteenth months acquire a distinct awareness of their external genitals: the regularity of this occurrence leads them to suggest that there is an "early genital phase" (p. 2) during the second half of the second year of life, whose most conspicuous manifestation is a "preoedipal castration reaction" that is sharply different in boys and in girls, in that boys deny the anatomical difference while girls acknowledge it and become depressed and angry; and (4) *differences* in reaction during this "early genital phase" signal the beginning of the infant's acquiring a "discernible sense of sexual identity" (p. 2). They see no reason to "invoke" an oedipal constellation of the second year of life, as has been suggested by other observers. In this connection, they credit Mahler with having suggested before them that an early castration reaction might take place at a much earlier age than had been thought

previously, during the "double trauma" of toilet training and the discovery of anatomical sexual differences.

The theories and conclusions in this volume have not been put forth lightly. Nearly fifteen years before the publication of this volume, Roiphe (see Chapter 1) noted a connection between the fear of object loss and early castration anxiety. He suggested that the major thrust of development during the period between eighteen and twenty-four months of age is a differentiation of self from object and the internalization and solidification of object representations. Genital interest and exploratory activity is taking place concomitantly with this preoedipal consolidation of object and self-representations. He postulated that during this early phase of genital arousal, a primary genital schematization is taking place which later on will contribute to the shape of emerging sexual currents. He concluded that early experiences that challenge a child unduly with the threat of object loss or of body dissolution can result in a faulty and vacillating genital outline of the body at a time when genital schematization is undergoing a primary crystallization.

In Chapter 14, "Infantile Origins of Sexual Identity," the authors essentially reaffirm this point of view: "The emergency of the early genital phase, including the preoedipal castration reaction, reactivates and becomes fused with earlier fears of both object and anal loss, and is therefore particularly threatening to the child's still unstable sense of self and object" (p. 285). Such fears, they feel, can profoundly influence drive and ego development, both to enhance and inhibit them. They describe in detail the different reactions of girls and boys to awareness of the genital differences between the sexes. In girls "this period was characterized by a remarkable increase in semisymbolic capacity and functioning in response to an almost universal castration reaction, and the recrudescence of object loss and self-disintegration" (p. 273). The authors describe an erotic turning to the father and a definite change in masturbatory patterns. "Girls appear more vulnerable than boys in the development of intense penis envy and other castration reaction phenomena" (p. 273).

Boys employ denial and displacement to defend themselves against castration anxiety. The father's emotional availability plays an important part in assisting a boy to attain a basic sense of male sexual identity. The authors describe boys' developing exhibition-

istic pride in upright urination like their fathers. It develops some months earlier in boys whose fathers are more emotionally available. Acknowledgment of the absence of a maternal penis takes many months, extending into the middle or the end of the third year of life. The authors confirm what is frequently reconstructed in the psychoanalytic study of homosexual men: that boys who suffer from severe preoedipal castration reactions tend to undergo a fragile oedipal phase, with a strong tendency to develop a negative oedipal attachment.

Can the "early genital phase" be integrated into the psychoanalytic theory of developmental phases? The concept of developmental phases was used by Freud to refer to crucial periods for the achievement of specific developmental tasks. Just as Mahler introduced the idea of symbiotic and separation-individuation phases to conceptualize the process of psychological separation and beginning independence from the mother, Roiphe and Galenson posit an "early genital phase" characterized by specific developmental tasks, "alongside with, synchronous with, and woven into the tapestry of the oral, anal and phallic phases of libidinal development" (pp. vi-vii).

The investigations of Roiphe and Galenson are extremely useful, in their apparent confirmation and explication of clinical research findings derived from the psychoanalysis of adult patients with sexual perversions—as to the existence of early preoedipal castration anxieties, disturbances in gender-defined self-identity, and separation anxieties connected with threatened object loss and other conflicts during the preoedipal years. They add theoretical underpinnings to clinical observations and conclusions made years in advance of the important early child observations reported in the volume under review.

It has been a distinct pleasure to review this book. It contains a richness of theoretical and observational material. The authors also are to be commended for their willingness to develop new working hypotheses rather than restricting themselves to early theoretical constructs as ready explanations for what they observe. In one of his earliest papers, Freud paid tribute to his great teacher, Charcot, praising him for his "method of working" as follows: "He used to look again and again at things he did not understand, to deepen his impression of them day by day, till suddenly an understanding

of them dawned on him." Freud noted that Charcot was fond of saying that the "greatest satisfaction man could have was to see something new—that is, to recognize it as new; and he remarked again and again on the difficulty and value of this kind of 'seeing'. He would ask why it was that in medicine people only see what they have already learned to see."[1]

CHARLES W. SOCARIDES (NEW YORK)

NARRATIVE TRUTH AND HISTORICAL TRUTH. MEANING AND INTERPRETATION IN PSYCHOANALYSIS. By Donald P. Spence. New York/London: W. W. Norton & Co., Inc., 1982. 320 pp.

This book sets out to challenge the importance we grant to the historical dimension in clinical psychoanalytic work. On his way toward developing his primary thesis, Spence appeals to us to make our case protocols more complete, more understandable, and more convincing. While his terms, borrowed in part from aesthetic criticism, may not be the most felicitous for the task, he illustrates through their use our need for a conceptual framework with which to approach the task of making our case reports, our basic scientific data, more faithful to the analytic process. Ideally, he argues, "naturalizing" our text by "unpacking" it of obscure private references and providing explanatory gloss can convert the reader's "normative competence" (the capacity of any trained analyst to comprehend analytic case material) to something approaching what Spence calls the "privileged competence" of the treating analyst.

The primary data of psychoanalysis derive from private two-person processes which are difficult to reproduce for another. Transcriptions, even videotapes, fail to convey the past shared experience of the analytic twosome and its consequences for their current interactions. That such data "with only rare exceptions, are never made a part of the clinical record" (p. 30) is a sample of the overstatements with which the reader of this book will become all too familiar. Despite its stylistic excesses, however, one might

[1] Freud, S. (1893). Charcot. *S.E.*, 3, p. 12.

hope that it will stimulate further systematic thought about the problem of organizing and communicating our primary data.

Spence differentiates narrative truth—the "fit" or immediate experience of aesthetic satisfaction provided by an intepretation—from historical truth, the validity of the historical inference which the interpretation may contain. He offers the provocative thesis that since historical validation is more often out of reach and may in any case be irrelevant, we should settle for narrative truth as the goal of analytic work. The historical truth of an interpretation is irrelevant, he says, because "we are primarily interested in the effect it produces rather than in its past credentials" (p. 276). He advocates the replacement of what he calls Freud's archaeological model of psychoanalysis by what would seem to be an ahistorical hermeneutic model, limited to the creation of new meanings through interpretation. Given the usual conceptualization of our therapeutic task as the reworking of the original pathogenic forces reawakened in the present analytic situation, clearly it is no minor alteration that Spence is recommending to us.

Spence's arguments are considerably weakened by his basing them on the view that the goal of free association is to obtain a narrative in words of the patient's life story, a view which overlooks our current understanding of the place of free association within the analytic process. Anna Freud, as early as 1936, summarized the structural view of resistance: " . . . what concerns us is not simply the enforcement of the fundamental rule of analysis for its own sake but the conflict to which this gives rise."[1] Although Spence sometimes shows clear awareness of the interactive and process nature of modern psychoanalysis, the bulk of his argument rests on the prestructural ideal of the uninterrupted telling of a story by the patient. Viewed in this way, transference becomes an unfortunate interference in the quest to arrive at the truth. Spence states that once the patient is striving for "some kind of response from the analyst . . . to treat these reports as faithful accounts of some earlier time is to overemphasize the historical side of the analytic process and to underplay its conversational overtones" (p. 95). The dubious implication here is that the typical analyst, at

[1] Freud, A. (1936). *The Ego and the Mechanisms of Defence.* New York: Int. Univ. Press, 1946, p. 15.

such a point in an analysis, would treat the verbal productions as "faithful accounts" around which to weave genetic hypotheses. On the contrary, these enactments in the transference of the wish to evoke certain desired responses from the analyst are regarded by most analysts as the very heart of the process, telling vital truths in an eloquent way, truths to which the report in words may be tangential or even opposite.

Further complication results from Spence's assumption of a norm of rather whimsical and arbitrary analytic activity. His model analyst, who "often feels uncomfortable with persisting ambiguity" (p. 107), seems to seize eagerly and with finality upon any chance or random pattern which comes his way. Ignoring the use of affect as a guide and indicator, and portraying psychoanalysis as an intellectual enterprise, Spence observes: "A successful pattern match speaks more to the ingenuity of the observer than to the historical truth of the match" (p. 155). The image of capricious "pattern matches" arbitrarily arrived at and forced upon compliant patients exemplifies the low regard Spence expresses through most of the book for the clinical efforts of his fellow analysts.[2] Spence underplays the analyst's typical disciplined search for enduring or repetitive constellations which converge in data from dreams, fantasies, affects, symptomatic behaviors, and actions both within the analytic process and in the patient's past and present everyday life. These constellations, involving a great deal of data and hardly capricious, are still, of course, open to errors of interpretation. Similarly, that some of our patients' crucial communications are not verbal narrations at all but the "story" told through action and affective responses, understood by way of inferred intrapsychic experience, is not without its considerable problems of evidence and proof for psychoanalysis as a clinical science. But Spence's use of straw-man opponents obscures whatever validity his arguments may possess. In this vein, he presents a caricature of relentlessly blank passivity as the prevailing view of evenly hovering attention

[2] The chapter on psychoanalytic competence, which was published previously as a separate paper (*Int. J. Psychoanal.*, 1981, 62:113-124), portrays more positively the clinical work he envisions analysts doing. Even there, however, analysts resume their uncritical and gullible ways in his eyes when it comes to writing or reading clinical papers.

among analysts, and then he proceeds to demolish it. This is a continual problem with this book. Spence raises interesting questions, but the reader must constantly correct his misleading and anachronistic view of how other analysts work, and it is questionable whether much of his argument survives.

Spence paints a bleak picture of the danger of our seeing patterns in analytic material as having emerged spontaneously when we have, in fact, imposed them upon the material ourselves. Except for a brief section on scientific paradigms, however, he presents this perhaps useful reminder as though he is unmasking a hitherto unrecognized problem that is peculiar to psychoanalysis rather than being a long-recognized psychoanalytic version of a general issue of science. Preconceptions, dangerous if pressed uncritically, are part of the stuff of science. A Nobel-winning biologist has recently said about this issue: "The scientific process does not consist merely in observing, in collecting data and deducing a theory from them. One can watch an object for years without ever producing any observation of scientific interest. Before making a valuable observation, it is necessary to have some idea of what to observe, a preconception of what is possible."[3] Without preconceptions, the scientist may see nothing; with them, his vision may falsely invite its own validation. In the hands of the seemingly reckless analyst whom Spence postulates as the norm, the "search after meaning is especially insidious because it always succeeds" (pp. 107-108). A dialectic tension common to all science is thus elevated to the status of an impossibility for psychoanalysis.

Spence consistently overlooks the strength in psychoanalysis that derives from the fact that its data and hypotheses represent a group enterprise, the work of a variety of analysts of different personalities, life experiences, and theoretical bents. This produces a gradual evolutionary process through which idiosyncratic formulations, arbitrary strokes of verbal cleverness, incorrect hypotheses, and inadequate generalizations have every chance of coming to light and being corrected or dropped over time. Spence airily dismisses our cumulative achievements and states in his closing comments that now, with his approach, "we may slowly

[3] Jacob, F. (1982). *The Possible and the Actual.* New York: Pantheon Books, p. 11.

replace our metaphors with something more substantial and make a beginning toward formulating a science of the mind" (p. 297). He consistently minimizes the possibility of analysts having productive scientific exchanges, explaining that, since case protocols are not made properly explicit, contradictions are obscured and "furthermore, disagreements between analysts never become apparent" (p. 212). The reader may find such surprising news more heartening than alarming, but it typifies the distracting overstatements with which Spence continually assaults the reader.

Building upon these arguable foundations, and upon his skeptical view of the importance and the verifiability of the historical aspects of analytic interpretation, Spence offers a radical solution. He advises us to readjust our sights, settle for an aesthetic and pragmatic view of our analytic activity, and abandon our efforts to reconstruct the genetic past. In his view we would actually be giving up very little. Curiously, he gives no consideration to the possibility that his summary dismissal of the historical dimension could be mistaken. A balanced, less tendentious treatment of the issues would have been scientifically more valuable. One can seriously consider the questions and challenges Spence offers without necessarily agreeing with his sweeping conclusion that reconstructive efforts should be abandoned entirely. For most analysts reconstruction of the past external reality is in any case only an optional step subordinate to comprehending and interpreting present and past inner states. Such states, as inferred from the patient's reactions in the transference, have both narrative as well as historical aspects and do not fit neatly into the dichotomy Spence offers us. These richly affectual mixtures of perceived and remembered external reality, distorted by wishful and fearful fantasy, are not terribly tidy from the standpoint of scientific validation. They may be what we have to work with, however; in which case, the scientific dilemma is hardly resolved by dismissing this realm of human phenomena, as Spence does, on the grounds that Freud's use of the concept of psychic reality was a misleading defensive rationalization.

Spence's liberal use of interesting interdisciplinary sources would have had more value if he had placed himself and his arguments within the nexus of previous explorations of these issues from

within psychoanalysis. One such unfortunate omission is Klauber's 1968 essay,[4] in which many of the same questions are raised and explored, and some of the same views expressed. Klauber's investigation is conducted, however, in an atmosphere unencumbered by Spence's argumentative tone and in a context of deeper respect and compassion for the complexities confronting the clinical researcher of the psychoanalytic process. Spence's stance leads him at times to invite a naïve optimism about the results to be expected clinically and scientifically from the approach he advocates, a position which he more realistically tempers by the end of the book.

I believe that psychoanalysts generally agree with the proposition that artistic aspects enter into formulating and presenting an effective interpretation. And child analysts frequently have warned of the hazards inherent in moving too directly from current intrapsychic experience to an inferred historical past. Spence's recommendation goes much further, however. He would free the analyst of the burden of making historical inferences at all and would encourage him to develop his power to persuade through artful verbal dexterity. "Once we conceive of interpretations as artistic creations that have the potential of producing an aesthetic response, we are even less interested in the truth of the particular parts" (p. 276). The artistic aspect of an interpretation is thus shifted from its current locus of timing, dosage, and accuracy in identifying present and past intrapsychic states, to the goals of narrative beauty and pragmatic power. Spence's approach would give to suggestion and charismatic influence a freedom which we currently are at considerable pains to limit by means of self-scrutiny and careful monitoring of our work.

For many analysts, the cumulative weight of their clinical experiences has been convincing regarding the capacity of analytic work to re-create at least an approximation of early childhood experiences. It is convincing also of the therapeutic effectiveness of a well-timed, affectively invested reworking of those early experiences within the analysis. The sense of conviction is furthered by the instances in which a patient is able to secure outside verification of early events that had been hypothesized to have oc-

[4] Klauber, J. (1968). On the dual use of historical and scientific method in psychoanalysis. *Int. J. Psychoanal.*, 49:80-88.

curred in the course of the analytic work (childhood illness or hospitalization, periods of absence of a parent, etc.). These clinical experiences, however, as convincing as they are, can contribute to our axiomatically attributing the effectiveness of an interpretation to its historical accuracy, a hazard against which Spence provides abundant warning. Even corroboration of the actuality of a reconstructed early event does not provide unassailable proof that it is the historical correctness of the interpretation that is the vital ingredient rather than its having functioned for the patient as a psychological organizer of disparate but interrelated themes. Whether therapeutic effectiveness indeed resides in the accuracy of the connections an interpretation establishes between current and past intrapsychic states of the patient is an empirical question. Spence, however, relies largely on philosophical argument and unsupported assertion for the major revision he is proposing. The hypothetical case vignettes he provides are marred by the atypical behavior of his imagined analyst, and his critiques of inferences made in the literature by Ramzy, Dewald, Greenacre, and others were not persuasive to me. In the case of an applied analytic sketch of Greenacre's, for example, he deems her inference of primal scene trauma unlikely because of the father's calling. "But would a stern Calvinist minister," he asks, "not have taken fairly elaborate precautions to protect his privacy?" (p. 141). This is a conjecture which seriously underestimates the power both of childhood curiosity and of the vulnerability of rigid character defenses in the parent. Except for a passing mention late in the book, he omits the issue of data from child analysis and observation. Those data have been important sources of convergences and challenges to clinically derived formulations of the childhood experience, enriching clinical inference in the current lively controversies around such issues as narcissism and the development of gender identity.

Departures from prevailing viewpoints and questioning of basic beliefs and underlying principles can serve to invite a sharpening and reconsideration of them. While this book may stimulate such healthy re-evaluation of our ways of reporting psychoanalytic data, and of the place of historical inferences in our theoretical and clinical work, its style is more provocative than informative. At its most ambitious, it proposes, unconvincingly in my opinion, a fundamental revision of the theory of psychoanalytic technique and

of the therapeutic action of psychoanalysis. Trimmed of its many distracting overstatements and unrepresentative characterizations of analytic activity, it could have been a considerably shorter, more cogent, and perhaps more useful book.

JACOB G. JACOBSON (BOULDER, CO.)

GENERATIONS OF THE HOLOCAUST. Edited by Martin S. Bergmann and Milton E. Jucovy. New York: Basic Books, 1982. 338 pp.

This rather complex book deals with the aftereffects of the Holocaust. Hypothetically, this involves at least four groups: the Nazi perpetrators, the surviving victims, and the offspring of each. Needless to say, the oppressors and murderers did not make themselves available for study, which leaves three groups for study. It is not possible to do justice to all the complex contributions, for each subject is addressed by a number of differing papers. The book purports to be the product of the Group for the Psychoanalytic Study of the Effects of the Holocaust on the Second Generation, which met on its own as well as under the sponsorship of psychoanalytic associations. However, many of the authors included in the book were only loosely associated with the group, and the chapters are written individually. The editors did a heroic job in trying to give the product a sense of unity and harmony.

The authors find a tendency on the part of survivors of the Holocaust and their children to deny it and avoid any mention of it. This is matched by most analysts' reluctance to get into the subject. Some analysts rationalize that "such stuff" is better left alone. The authors found that precisely because of the tendency to deny the aftereffects of the Holocaust, treatment is rendered ineffective by the therapist's joining with the patient in a conspiracy of silence. A case in point is Heinz Kohut's account of Mr. A. In both his 1971 and 1977 works, he made only a single sentence reference to the fact that Mr. A. was six years old when his country was invaded by the Germans and he was separated from his father. His family had to flee the country, and when he was eight years old, they lost everything. When Judith and Milton Kestenberg questioned Kohut about it, he denied that there could be any con-

nection between this set of disasters, the father's subsequent psychopathology, and any aspect of the son's problems.

Following an overview of the history of the Holocaust, the "DP camp period," and the early studies of the survivors, the Kestenbergs round out the picture by reviewing the restitution process. Well worth a separate study, this experiment in compensation for emotional damages was experienced by some survivors as a continuation of the persecutions. As illustrated by case studies in other chapters, the families of survivors were often strongly affected by the secrecy, shame, and guilt that were stirred up by claims for "restitution."

The second part of the book is addressed to the problems of the children of survivors. Judith Kestenberg tries to identify the effects of their parents' problems upon the children. For instance, people who were children during the Holocaust and were therefore deprived of normal parenting tend to show disturbances in their roles as parents later on. Depending upon the phase(s) of development during which they experienced the persecutions, they show a variety of difficulties as parents when their children reach the same age or phase. James Herzog observes that many family members are affected by events of the Holocaust, even though they have never been told about them directly. Yolanda Campel describes the case of a young woman she calls the "Daughter of Silence," who was brought up in a family in which the entire Holocaust history was kept secret. This is an example of the need to conceal the restitution claim mentioned above. The young woman's behavior, her demeanor, and even her stance betrayed the fact that she was burdened by what she experienced as a shameful secret. The case illustrates the way children in a family that seeks to conceal what it views as shameful elements of its history form a self-representation that is deformed by the stigma they (unconsciously) bear. A normal separation-individuation process cannot take place in the children of these survivors. However, Judith Kestenberg's assessment of the children of survivors, based on A. Freud's personality profile, does not reveal a characteristic pattern general to all of them, since there are too many additional developmental variables. The harmful effects seem to continue throughout life, with exacerbation of certain pathogenic constellations during particular phases of development. Kestenberg emphasizes problems

of mourning: incomplete mourning in the parents, mourning problems in the children of survivors, and necessity for mourning by the therapist.

What is probably the most unique part of this book comes next: studies of children of the Nazis. The papers indicate that the Nazis' aggression was always rationalized to the children as defensive or reactive, or was associated with idealistic trappings. The result is that there are more similarities than differences among the members of the second generation on the two sides of the cataclysm. None of the Nazi parents who were observed flaunted their "badness" or sadism the way Hitler did. Quite the contrary, the things done by the "average Nazis" were represented to their children in paranoid, victim-like terms. In the case reported by Rosenkötter, a feeling of patriotism was inculcated into the patient when he was a child, beginning with saluting and singing the national anthem as the family listened to the radio news about the progress of the Nazi cause. The most "devout" Nazi in the family was the mother, who was so identified with Nazi ideology that she literally accepted Hitler's injunction that if the Germans lost the war, they did not deserve to live. Some children of the Nazis identified with their parents' ideals of toughness, aggressiveness, and almost paranoid mistrust of others, all of which were consistent with their ideal self-view.

The children of the Nazis described in this book vary a good deal. In some cases there was identification with their parents, but in others, there was rebellion and even revulsion when they learned about their parents' activities. In one case, reported anonymously, a woman whose Nazi father had been strongly involved militarily underwent analysis in this country. The analyst and the analysand examined her secret family history while the patient lived harmoniously with a number of Jewish friends to whom she never revealed her origins. She eventually concluded that had she not left her homeland and gone through analysis, she might have ended up just like the rest of her family, who lived free from guilt over their past criminal and murderous behavior.

Anita Eckstaedt stresses an issue of general interest, involving her countertransference with her patient. The patient never *directly* told her that her parents were Nazis; and Eckstaedt did not ask

her. She eventually recognized that it was "unconsciously a taboo subject and part of [her] countertransference reaction" (p. 198). The patient came from a family with a military tradition for whom Nazi aggression represented but a new version of their customary warrior code. The patient held the belief that defeat meant death. The family subscribed to ideological deindividualization and the destructuralization of society in order to participate in the grandeur of the Third Reich and whatever was necessary to achieve its goals. Part of the price for embracing Nazi ideology and its "military-phallic" ideal was acceptance of the belief that "to lose in combat meant not just disgrace, but the end of promised greatness and therefore also the downfall of the self" (p. 222). Corresponding to these views and fantasies was a particular kind of countertransference problem. The analyst experienced the patient as expecting her to act out an archaic mother-child relationship of victory and defeat: "One of the two was to be sacrificed; the other was to become the murderer. I wanted neither to be sacrificed nor to feel that I was the murderer who, by manipulating, would deprive the analysand of her real self" (p. 223). The therapeutic challenge, according to Eckstaedt, is unique: "I would have had to identify in part with the psychotic delusional grandeur and insane ecstasy. I would have had to experience her inner alienation and falseness" (p. 223). Eckstaedt theorized that her patient, the child of Nazis, was "caught up in [a] double role as victor and vanquished, and so resembled those children of Jewish survivors who identified with the aggressor as well as with the victim. On both sides it was a matter of life and death. In the case of the children of the persecuted, fear of death was an existential reaction to the extreme danger that their people had actually experienced. [The patient] as a victor anticipated death from retaliation of the persecuted" (pp. 224-225). The survivors on either side have difficulty making peace with the past and laying it to rest. According to Eckstaedt, "Both sets conveyed to their children the past as present-day reality. The Jewish parents could not come to terms with the intensity of the trauma that they had suffered" (p. 225). Among her patients with a Nazi background, some had parents who were unable to come to terms with the collapse of the Third Reich, and others had parents who were "unable to reintegrate

their superego because part of each had been previously split off to be delegated to the Fuehrer. Therefore, they did not genuinely mourn their misfortune" (p. 225).

Martin Bergmann describes special problems in the treatment of survivors and of their children. He states that "internalization of Hitler and Eichmann are not unusual among survivors and their children. A child of survivors commented, 'I have the mind of a Hitler and the soul of Eichmann' "(p. 252). The kinds of transference and countertransference that involve intense aggression become a challenge, for both the patient and the therapist must be able to bear with intense murderous rage, terror of retaliation, and the projection of and identification with murderous and cannibalistic objects.

Bergmann recounts the plaintive statement of one of his patients: "My father's love was buried in Auschwitz" (p. 256). Because of residual numbness, fear of love, anhedonia, and alexithymia in the survivors, their children's need to receive affection and proof of their lovability is not gratified. The unrecognized core of insecurity and shame in the children is sometimes covered up by hypermotivation and overachievement. Their resentment of their inadequate and damaged parents is covered over by taking care of them, which may become a generalized and sublimated trait. Bergmann asserts that the therapist must assist the survivors and their children to work through a mourning process that was cut short when one loss succeeded another with unbearable rapidity, complicated by countless other problems interfering with mourning both during and after the Holocaust. Children of survivors also must be helped to finish the work of separation and individuation from their parents.

In a very fine contribution, Maria V. Bergmann discusses the problems of superego pathology in survivors and their children. She states: "Myth making is . . . related to coping mechanisms, both during and after traumatization. Myths may not be the same for survivors and the child, but each has difficulty comprehending the Holocaust trauma as experienced by the parents" (p. 289). The idea that the survivor parent has an unconscious need to put the child "into the role of replacing a lost loved person, and to respond with merciless threats towards the child who seems to fail in his or her mission represents an aspect of *superego values that became ex-*

ternalized in order not to be lost. By being reenacted in the new family milieu, and thereby maintained, these values, once preserved (a variation and repetition to master trauma) are displaced upon the children and *thereby retained.* Trauma makes repression impossible. Externalization and concretization of thinking and action in favor of fantasy helps to preserve an established value system and protect it from being lost as a result of trauma" (p. 289). Thus, she explains some of the problems in the parent-child interaction as an attempt on the part of the traumatized parents to act out, under the sway of the repetition compulsion, some of the constellations of the traumatic past in order to keep them alive in the present. The children are expected to correct the horrors of the parents' past in the present. This demand interferes with the development of a coherent and comfortable self-representation. In addition, various disturbances of superego formation may lead to the establishment of hostile bonds and suppressed revenge fantasies and narcissistic triumphs.

Maria Bergmann points out that with the loss of basic trust and disturbed narcissistic development, hostility tends to be turned against the self. Regressive trends are at times expressed in psychomotoric ways, with automatization of responses to danger. In many instances, the survivors' superego functions are more disturbed than are their ego functions. Unconscious identification with Nazi morality, accompanied by simultaneous rejection and shame over it, may result in confusing messages in relationship to the ideal self. When the parents have lost a pre-Holocaust family, it is difficult for the "new" child to contend with the ghosts. Sometimes the children create fantasies of identification with or replacement of lost, idealized relatives in order to establish a tie with the parent. This, of course, disturbs the autonomy and integrity of their self-representations.

Some children of survivors are greatly affected by empathy for and identification with their parents as persecuted victims or as Nazi aggressors, and this reaction may lead to splitting in their self-representation: "Frequently the child cannot idealize the parent who was victimized; particularly if the child has witnessed the latter in a subservient role vis-à-vis an official or an authority" (p. 298). Maria Bergmann points out that shared superego pathology involving concretization, pathological mourning, and sur-

vivor guilt, may contribute to a variety of fantasies and disturbances of object relationships. These may diminish the capacity for symbolic function and create confusion between present realities and the nightmarish past that lives on in the family.

In discussing the problems of survivor guilt, she emphasizes that it preserves "*the inner core of the superego*" (p. 307). It may be essential to the maintenance of continuity with pre-persecution object representations and ideals, and to protection against acting upon (unconscious) identification with aggressors. Children of survivors can go on with their own lives only to the extent that they can free themselves from participation in their parents' self-healing process; and their therapy must address this issue.

In summarizing the contents of the book, the editors state, "Survivors may have transformed the Holocaust into a personal myth, and may transmit this myth to their children. In other cases, children have created a myth about the Holocaust experiences based on their own fantasies, particularly in families where the parents have been silent about their personal experiences" (p. 311).

This book, like many multi-authored efforts, varies in quality from chapter to chapter. Nevertheless, one can only appreciate the pioneering attempt it represents. It contains a meritorious study of the children of Nazis, which contributes to an understanding of the psychology not only of those people who indulge in unbridled sadistic destructivenss and aggression, but also of the effects upon their children. This part of the book is most innovative and thought-provoking. The authors take a careful look at the victim-survivors of the Holocaust and their children, contributing new and helpful insights. They confirm that in group studies one does not find specific syndromes, but a multitude of patterns of dealing with traumatization and harmful influences. Children of the survivors of a genocidal holocaust are influenced by the unconscious fantasies and views of their parents about themselves and their relationship to their country and to the world. The early expectations that such individuals would be likely to show characteristic psychopathology has not been borne out in this study. It may be said that, on the whole, the patients presented were able to achieve a good deal of self-integration and self-healing with the help of analytic and psychotherapeutic intervention. This statement may not apply to the survivors as a group, but it appears to be valid at

least in these special cases of individuals who were able to seek out treatment and to stay with it.

HENRY KRYSTAL (SOUTHFIELD, MICH.)

CLIFFORD ODETS. AMERICAN PLAYWRIGHT. THE YEARS FROM 1906 TO 1940. By Margaret Brenman-Gibson. New York: Atheneum, 1981. 748 pp.

Clifford Odets, a major American playwright in the 1930's and a figure of enduring importance for the American theater, is the subject of this truly remarkable biography. Margaret Brenman-Gibson, a distinguished psychoanalyst, has produced a work of enormous scope and great depth. It is an ambitious and, I believe, largely successful work.

This volume, over seven hundred pages in length, is Part One of a projected two-part biography which will eventually be one of the longest psychoanalytic biographies of a literary figure or artist ever written.[1] It can be compared to two other massive biographies, of Eugene O'Neill (written by theater journalists): an earlier one by Gelb and Gelb, *O'Neill* (1960); and a later one by L. Sheaffer, in two parts, *O'Neill: Son and Playwright* (1968) and *O'Neill: Son and Artist* (1973). These two O'Neill biographies represent the genus of which the Odets biography is a species. A definitive biography of a modern author, especially a famous and successful one, cannot be small or circumscribed. There is simply too much material available on the life and work of such a figure, and none of it can be ignored.

While the O'Neill biographers are not psychoanalysts and do not claim any special psychoanalytic knowledge, their works are psychologically very astute. Sheaffer, in particular, is quite aware of psychoanalytic formulations. A large-scale study of an influential twentieth century American author or playwright must, in some sense, be a "psychobiography," or, shall we say, be written with a psychoanalytic self-consciousness. An awareness of psychoanalysis has been part of the culture of these creative writers. It has in

[1] K. R. Eissler's *Goethe: A Psychoanalytic Study 1775-1786* (Detroit: Wayne State Univ. Press, 1963), running 1538 pages, is the longest so far and definitely holds the record for pages per year of the subject's life covered.

various ways influenced aspects both of their writing and of the manner in which they have experienced and/or represented their lives to others. Surprisingly, what most distinguishes the Odets biography from the O'Neill biographies is not so much the psychoanalytic sophistication of Brenman-Gibson, but the wealth of historical and social background that she has integrated into the Odets biography as compared with the O'Neill works. Partly this is to be explained by differences between the two playwrights—Odets was a much more politically active and politically self-conscious writer and person. But in part it is to be explained by the conception Brenman-Gibson brings to her work—that a "psychobiography" must attempt to integrate historical, economic, and social factors in examining the life of its subject. An enormous amount of labor has gone into her work. By my count, close to two hundred people were interviewed (some by associates and assistants, but the majority by the author herself; furthermore, the task of integrating and checking interviews done by others is monumental). Mountains of published material, theater reviews, published and unpublished correspondence, diaries, and relevant political and social material were collected and assimilated. To evaluate all these various sorts of data could not have been easy. For example, one had to know how to read drama reviews that in the 1930's were written from one or another political bias. By all accounts Odets was also a man who stirred up enormous passions and powerful reactions in those who knew him, including the author and her husband (the distinguished playwright, William Gibson, who had been a student and then a friend of Odets). For the good biographer, and especially for the psychoanalyst, such strong reactions are themselves important data, but they make the dispassionate sifting of facts very difficult.

The author has done her biographer's labor extremely well. For example, she has gone to great lengths to check and cross-check a variety of assertions and facts concerning Odets. This involved getting in touch with the great and with the humble—directors, writers, important political personages, as well as cleaning ladies, telephone operators, taxi-cab drivers, and Odets's relatives, childhood friends, and neighbors. While there may be much more about Odets than many readers care to know in this book, the book is written in a form that is eminently readable. The data are pre-

sented in a way that is digestible and retrievable, and the characters are brought to life in memorable form. Odets's father, a thoroughly outrageous man who was an extraordinary narcissist and formidable sadist, comes through as unforgettable, not only because of his omnipresence in Odets's life, but also because of a one-page account of an interview with him by the author. Louis Odets denounced her and her husband as "shitasses" and finally sputtered with rage at the interviewer, "I'll disown you," as though she were his child. Such sounds reverberate throughout the book. This reviewer found himself recalling a number of the conversations recorded in the book, hearing some of the correspondence as though it were being read aloud, and at times talking, interacting, and even arguing with some of the characters. Clifford Odets himself emerges vividly, as a tortured and torturing man, monotonous and enraging in his destructiveness, but fascinating and brilliant in the more creative and constructive aspects of his life. The author has mirrored in her writing the dramatic vividness of Odets's own portrayals of character.

In sum, this work ranks very high as biography, pure and simple. But what is of special importance for psychoanalysis in this work, and how has the author's psychoanalytic perspective shaped it? As I see it, for Brenman-Gibson, writing as a psychoanalyst, there were five tasks. First was the problem of writing a biography that would encompass the life, the times, and the work of Clifford Odets in all their multiple interconnections. At the outset, she was uncertain whether this could be done. Then she wondered if one psychoanalytic model is superior to others for this purpose.

Another task for the author was to work through the meaning and impact on her own life of the life of Clifford Odets. His plays made an enormous impression on her during her young adult life, and later he became a personal friend. These tasks were more or less explicitly acknowledged by the author, but the third was implicit and arose from the first two. How can one integrate the "subjective" in biography? Her close personal relationships with the man, his family, his friends, and his enemies made for the availability of enormous resources, but also strained her capacity for fair-minded, even-handed evaluation.

The fourth and central task of the book was to examine, from a psychoanalytic perspective, the creative process and its failures

in Odets's life. He wrote his most powerful and successful plays during a five-year period, from age twenty-nine to thirty-four (1935-1940), after having written very little drama before then. They include *Waiting for Lefty, Awake and Sing,* and *Rocket to the Moon.* Although he wrote plays and screenplays after 1940, they never brought him creative success or great popular acclaim. Odets's creative achievements and failures seemed obviously to be intertwined with successes and failures in his personal life—which in many respects was a personal and interpersonal disaster. The fifth task of the book was to move on from observations on Odets's creativity to more general observations on the creative process, again from a psychoanalytic perspective.

I shall discuss, all too briefly, the extent to which Margaret Brenman-Gibson has realized her goals, as well as the ways in which she has not been able to fully solve the problems involved in psychoanalytically informed biography of the creative artist. Early in the book, she expresses her interest in, but dissatisfaction with, psychoanalytic biography, especially as exemplified in Meyer Zeligs's "Freudian-fundamentalist approach" (pp. xi-xiv). She concludes that only Erikson's "psychohistorical" approach is sufficiently comprehensive. As for the questions of whether a psychoanalytic approach can unify the "life, work, and times" of an artist, and whether one psychoanalytic approach can do this better than others, I propose the following answers, based on this book. A unified presentation can be drawn, but it cannot be done perfectly. Material can be presented in wealth and depth, but an integration of an individual's life, creative work, and historical significance is elusive. Second, it is not at all clear from this book that the Eriksonian model is superior to others, partly because I do not believe that the author has, in fact, used the Eriksonian model. Rather, I believe that Eriksonian *aspirations* have informed and shaped her work. The main reason for this assertion is that the discrepancy between the assembling of facts and insights, on the one hand, and the adequacy of theory to integrate and explain them, on the other, is apparent in this biography as well as in the works she criticizes. Her complaint about Zeligs's account of Chambers and Hiss[2] is

[2] Zeligs, M. A. (1967). *Friendship and Fratricide: An Analysis of Whittaker Chambers and Alger Hiss.* New York: Viking. Reviewed in this *Quarterly,* 1968, 37:448-452.

that the facts he had unearthed, "the raw data of the life history," struck her as "stunning," but she was unhappy with his interpretation of them. In Brenman-Gibson's work, too, it is the eye, ear, and sensitivities of the clinical pyschoanalyst working at constructing a life that I find stunning, rather than the vindications of the superiority of any theory in explaining it. The theory she used is, I believe, jerry-rigged, constructed from spare parts "stolen and assembled from this one and that one" (as Beethoven described the origins of one of his sonatas) and, above all, *eminently workable*. Furthermore, it seems to me that this kind of assemblage is absolutely necessary at this stage of "applied psychoanalysis" or "psychobiography." Erikson's own attempts at biography (of Luther and Gandhi), presumably using an Eriksonian model, are simply on too small a scale to adequately test out his model. Erikson's model, moreover, is itself a conglomerate.

A work of the magnitude of the Odets biography makes us realize that while, as clinical psychoanalysts, we have enormous amounts of certain kinds of data, we have relatively small amounts of the kinds of data used by biographers of modern subjects. Nor are we especially well trained to use such data. I do not mean to negate the importance of trying to identify the components of theory used and to clarify the multiplicity of psychoanalytic methods involved. Currently, John Demos's work on the Salem witchcraft epidemic[3] attempts some comparison of a more conventional classical analytic model with a self-psychology model in genetic reconstructions of the personalities he studies. Francis Baudry and Meredith Skura have each attempted a classification of the several modes of applying psychoanalytic theories to literary material.[4] Rather, I believe that in practice there is no theory that can be cleanly applied to a large body of life history data. The smaller the data base and the more careful the selection of the data, the easier it is to apply one model systematically or even to test several models serially on the same data. Of course, the model also helps select the data. The larger the data base, the greater the

[3] Demos, J. (1983). *Entertaining Satan*. New York: Oxford Univ. Press.

[4] Baudry, F. (1984). An essay on method in applied psychoanalysis. *Psychoanal. Q.* In press; Skura, M. E. (1981). *The Literary Use of the Psychoanalytic Process*. New Haven: Yale Univ. Press. Reviewed in this *Quarterly*, 1983, 52:469-473.

difficulty in finding a theory to encompass the facts. "Explanation without remainder" is an impossibility in applied psychoanalysis, and it is difficult enough in clinical psychoanalysis.

As for Brenman-Gibson's attempt to understand, assimilate, and work through the relationship between Odets's life and her own, I would say, from Volume I, that her efforts have been going on successfully and fruitfully. However, we shall have to await Volume II, which will deal with the years of personal connection between Odets and the author. The task of blending the "subjective" and the "objective" has, I feel, been brilliantly achieved so far. By her own account, Odets was a man she deeply loved and admired. Nevertheless, she has been able to describe him with all his flaws, including destructive self-absorption and out-and-out sadism. This man had considerable character pathology under any system of diagnostic classification, and she is able to present and evaluate all of his nastiness. Many lives were enhanced by contact with Odets, but a number were battered and shattered (especially those of women).

As for the task of explaining the creativity of Odets, there is not space even to summarize the author's thinking and conclusions. This task is the central project of the book. In brief, however, I find the exposition of the relationship between the creator, his conflicts, his struggles with his introjects, and his created products (primarily the stage plays) moving, subtle, sufficiently complex to be believable, and clearly enough formulated to be illuminating. Brenman-Gibson demonstrates the continuity of a personal theme over the course of his writings and within the kaleidoscopic shifting of identifications and identities in Odets's plays. Influences and experiences from each phase of his life are skillfully woven together in the biographer's account. She has some important suggestions about the balance of forces that may have allowed for successful artistic resolution of the conflicts in a few instances and that made for repetitive reproduction of conflict in many others.

In all, however, it is difficult to extract from this work any general rule that even retrospectively accounts for the differences between artistic success and artistic failure. The difference between popular success and failure is, alas for playwrights, even more difficult to explain. My suspicion is that when Volume II appears, we shall find that psychoanalytic tools are more powerful in ex-

plaining failure than in explaining success. Nevertheless, the author provides us with a wide explanatory net, in which we can at least assemble the mixture of intrapsychic, interpersonal, group-psychological, and larger cultural and historical factors that we will ultimately need if we are to answer some of the questions about artistic success and failure.

As for the final task, arriving at general statements on the nature of creativity, Brenman-Gibson has provided us with important and provocative hypotheses. While none of them is absolutely new or original, the assemblage and demonstration of them are most impressive. A number of the hypotheses are implicit in the text, but some are made explicit in the long end-notes to the book (which constitute, in effect, an extraordinary monograph on the "metapsychology" of psychobiography of the creative person). For example, the creative writer is able to perform an extraordinary alchemy in converting crippling unconscious ambivalence into an artistic portrayal of the multiple sides of conflict, sometimes embodied in different characters, sometimes embodied in the Hamlet-like struggles of one character. Odets himself had articulated such theories, as is exemplified by this statement:

> In making art one is free from inhibition and masking of emotions and fear of encounter. One ranges freely, taking *painlessly* all sides. Inactive, incapacitated, passive, arid, and sterile, aware but unable and helpless—in art one becomes freely a man of action and all is possible! (p. 672).

From the data about Odets's life, one might form hypotheses about the role of certain kinds of group interaction in fostering creativity. For example, the Group Theater provided an immensely important setting for Odets's work. But it was not supportive in a simplistic sense of being all-approving. The Group never failed to convey to him his *lack of* extraordinary ability as an *actor,* a kind of rejection that frequently stung Odets but unwittingly played a major role in propelling him into writing plays. When he wrote successful plays for them, that did not mean that they (especially Harold Clurman) ceased their criticism and even out-and-out rejection of his writing. Somehow, they managed to provide just the right mix of appreciation and sobering criticism. On a summer night in the Catskills when Odets went on a wild drunken spree, insulted people, and nearly wrecked the place,

someone in the Group Theater quipped that he had better become a damn good playwright in order to make up for such outrageous behavior.

Consideration of the role of the group in fostering creativity leads me to my final comment. Brenman-Gibson's book is the product of the enormous effort of a woman who dedicated herself for years to writing a biography and writing it superbly well. At the same time, her labor occurred in the context of a group effort: eight decades of psychoanalysts (beginning with Freud) trying to connect the art and science of analysis with the problem of understanding the creative artist. Her work constitutes a major contribution to that ongoing effort and provides a new bench mark. The eighty-year-old dialogue within psychoanalysis has been vital to her work, which itself now generates new dialogue, including this review. With eager anticipation we look forward to Volume II of *Clifford Odets: American Playwright* by Margaret Brenman-Gibson.

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PROJECTIVE IDENTIFICATION AND PSYCHOTHERAPEUTIC TECHNIQUE. By Thomas H. Ogden, M.D. New York/London: Jason Aronson, Inc., 1982. 236 pp.

The increased currency of the term, projective identification, among non-Kleinian therapists and analysts makes this book timely. Ogden's arguments for its clinical usefulness are well written and moderately toned. He states in his introductory chapter, "The clinical and theoretical usefulness of the concept of projective identification has suffered from imprecision of definition. Because therapists and analysts have used the term in widely different ways, the term has been the source of considerable confusion in analytic discussions and in the literature" (p. 6). Ogden uses it in the expanded definition previously expounded by Malin and Grotstein,[1] who postulated "three elements: the projection, the creation of an 'alloy' of external object and projected self, and reinternalization" (p. 29). He emphasizes that it is a bridging con-

[1] Malin, A. & Grotstein, J. S. (1966). Projective identification in the therapeutic process. *Int. J. Psychoanal.*, 47:26-31.

cept between interpersonal and intrapsychic phenomena, and he insists that it neither constitutes a theory of therapy nor involves "a departure from the main body of psychoanalytic theory and technique" (p. 2).

Throughout the volume, Ogden aligns himself strongly with the British Middle Group and with the ideas of Winnicott in particular. From Winnicott, he derives support for an emphasis on a developmental point of view in which maternal empathy, derived from the mother-infant interactions via projective identification, is seen as parallel to the therapist's empathy with his patient. In both cases, there is an opportunity for growth through "processing" by the mother or the therapist before what has been projected is re-internalized by the infant or the patient. This is a familiar concept of the therapeutic process, cast here by Ogden in his own terms.

With Ogden, as with Bion and his successors, projective identification comes to encompass or to play an important role in all interpersonal relationships. Therefore, it logically becomes the dominant aspect of transference/countertransference issues in therapy and psychoanalysis. Ogden recognizes the classical view that not all of the therapist's reactions are a source of information about the patient's psychopathology (and thus acknowledges Freud's original, limited meaning of countertransference). Nevertheless, he finds the concept of projective identification useful with all patients, especially those with severe disorders of early object relations, in whom self-object boundaries are blurred. He maintains that classical analysts tend to limit their clinical horizons by separating transference from countertransference reactions, but he overstates the matter by implying that they ignore the usefulness of the analyst's response to the patient's transference. This is more a terminological issue than a conceptual one, as Ogden illustrates in his review of a number of classical analysts' related and overlapping terms—all of which he subsumes under projective identification. They include Anna Freud's "identification with the aggressor," Brody's "externalization," Wangh's "evocation by proxy," and Sandler's "role actualization." Ogden draws them together, as well as related ideas of Winnicott, Balint, and Kleinian authors. While he disavows Kleinian views and holds that the usefulness of the concept is no more connected with other key Kleinian theoretical tenets than with the above Freudian authors' con-

cepts, his review of the evolution of the term and its usage coincides with its utilization by Rosenfeld, Segal, Bion, and Grotstein—as well as with tangential and similar ideas of Searles and Langs. He eschews the active verbal interpretations he attributes to Kleinian technique and presents an interesting case example of work with a disturbed patient in which a nonverbal mode of therapist response illustrates a particular communicative problem within the therapeutic interaction that is akin to what Langs has written about recently.

In his chapter, "Issues of Technique," Ogden presents abundant clinical material that stresses the therapeutic problem of "containment" of the projections of the patient. He holds that "those who view projective identification as a 'basically psychotic mechanism' [he cites Meissner[2] here] confuse that which is primitive with what is psychotic" (p. 71). The views of Bion, particularly the metaphor of "the container," clearly underlie Ogden's thinking about projective identification. In his clinical applications of the view that projective identification involves projection and re-internalization, he emphasizes the intermediate step of eliciting "congruent" responses from the object or recipient (the container) of the projection. He believes that this kind of projection differs from ordinary projection in that in the latter "the projector feels estranged from, threatened by, bewildered by, or out of touch with the recipient." The projector in projective identification is "operating at least in part at a developmental level wherein there is a profound blurring of boundaries between self and object representations" and "feels 'at one with' the recipient" (pp. 13-14). He states that ordinary projection is chiefly defensive, whereas projective identification is conceptualized as an important part of early psychic development that persists as an archaic mechanism of communication in adult life—although it, too, often serves defensive aims. This defensive utilization and the developmental question are clearly depicted in Ogden's chapter, "The Developmental Impact of Excessive Maternal Projective Identification." The author examines a group of patients who evince a strong identification with the conflicted aspects of unempathic mothers who were deeply involved in their

[2] Meissner, W. W. (1980). A note on projective identification. *J. Amer. Psychoanal. Assn.*, 28:43-67.

own problems. A detailed case history and treatment report illustrates the way this is seen as resulting from the infant's need, recapitulated in adult treatment, to cope with premature awareness of the mother's separateness.

Five of the eight chapters are taken from previous publications of the author. The last half of the volume begins with a chapter on the usefulness of the concept of projective identification in psychiatric hospital treatment. The subsequent and final two chapters expound the author's ideas about schizophrenia and its treatment. While they are clearly related to the subject of the volume, they delve into a complex maze of theoretical considerations that derive from and expand upon Bion's concept of "nonexperience" in schizophrenia. Ogden theorizes that a special kind of "actualization phantasy" (p. 168) occurs, whereby the schizophrenic produces "a specific form of enactment beyond the psychological representational sphere" that "unconsciously limits his own underlying capacity to perceive, experience, and think" (p. 171). This is a bridging formulation, parallel to and subsumed under projective identification; and he uses the term "intrapersonal" in this regard. "Intrapersonal actualization" (p. 213) is conceived of as a bridge between the person and his psychic life. Ogden describes four stages of treatment, which are explicated by detailed case reports in the last chapter, wherein he engages the complexities of transference in connection with the above ideas.

The clinical data and Ogden's arguments for the utility of the concept of projective identification in clinical theory are persuasive, although the issue often appears to be more terminological than conceptual. The usefulness of the book as a stimulus to sharpened awareness of certain countertransference responses is its chief value.

GEORGE H. ALLISON (SEATTLE)

THE PSYCHOTHERAPEUTIC CONSPIRACY. By Robert Langs, M.D. New York: Jason Aronson, Inc., 1982. 338 pp.

Few psychoanalysts are likely to applaud Langs's tendentious sloganeering. "Psychoanalysis is but one of many forms of therapeutic conspiracy between patients and their healers" (p. 129), he writes;

and he states that this is a "book of illustration and example rather than . . . scientific documentation" (p. 44).

Langs has a serious message to convey. Unfortunately, it is marred by the sensationalism of his vocabulary and by an uncritical eye toward his interpretive speculations. His thesis holds that only a treatment method that takes into account the unconscious determinants of communication of both partners in the psychotherapeutic venture can be truthful and curative. His main thrust is directed against errors in technique that derive from the failure of analysts and therapists to recognize and acknowledge the unconscious implications of their actions and interventions. He makes a persuasive case for their ubiquity. He has presented this position on more than one occasion in the past.[1]

In *The Psychotherapeutic Conspiracy,* as in the paper cited in my footnote here, Langs regards his own approach to psychotherapy, which he calls "truth therapy," as

> a natural extension and completion of the psychoanalytic method initiated by Breuer and Freud almost 100 years ago. It is clear too that truth therapy could not be based on any of the other psychotherapeutic paradigms. In a major sense, truth therapy has arisen out of the specific recognition and resolution of the psychoanalytic psychotherapeutic conspiracy (p. 273).

Langs employs the term "conspiracy" to refer to "unconscious collusion," although it must evoke in the reader an image of conscious, evil collaboration. He describes "a number of different but interrelated unconscious conspiracies between patients and therapists" (p. 37). In an early chapter he dismisses three hundred varieties of psychotherapy as based on "lie-barriers," and then he turns his full attention to "errors" in psychoanalytic practice.

A critical assessment of the historical origins of psychoanalysis is presented, with an interesting, though speculative, reading of Freud's early work, especially the case of Frau Emmy von N., and of Breuer's case of Anna O. Langs reaches the striking conclusion that Freud developed his concept of transference in order to sustain an illusion that neither Breuer nor he was responsible for their patient's erotic reactions toward them. He states:

[1] E.g., Langs, R. (1981). Modes of 'cure' in psychoanalysis and psychoanalytic psychotherapy. *Int. J. Psychoanal.,* 62:199-214.

> A study of Freud's techniques of therapy at this time reveal[s] many highly charged, manifestly or latently seductive qualities. These attributes are disregarded through the idea of transference. The therapist is entirely exonerated of any contribution to the patient's arousal. Transference appears to be a very handy defense for the therapist, a strong form of self-protection (p. 84).

In summing up his chapter on "Freud as Conspirator," he describes his own thoughtful position on the proper use of the concept:

> A distorting influence based on past relationships—transference—can indeed exist under proper conditions in a psychotherapeutic or psychoanalytic relationship. However, quite often a patient's reactions to a therapist, direct and encoded, are in keeping with sound unconscious perceptions of the implications of the therapist's interventions. It is a defensive error for a therapist to apply the term transference to such occurrences, which are best considered as forms of nontransference or valid reactions. The differentiation depends largely upon an in-depth evaluation of the implications of the therapist's own interventions (p. 115).

With the assistance of a considerable number of clinical vignettes and lengthy, repetitious discussions, Langs illustrates his conclusions regarding the systematic errors of psychoanalysis. He states:

> Clinical psychoanalysis and psychoanalytic psychotherapy are founded on a typical lie-barrier system and fiction. Such a constellation is usually built on statements of general truths that are used *functionally* as falsifications and barriers to the activated truths of a given moment. In this way, psychoanalytic statements regarding psychosexual development, narcissism, dynamics, and whatever, are utilized in a way that denies the existence of the communicative interaction between patient and therapist. Transference, a valid concept, is applied to situations where the intrapsychic and interpersonal dynamics offer no justification for its invocation. The conflicts and dynamics of the patient are integrated at a time when the patient is unconsciously working over and expressing himself or herself in regard to the conflicts and dynamics of the therapist.
>
> Because of its lie-barrier foundation, clinical psychoanalysis has not been able to integrate truly new clinical findings and ideas into the mainstream of its thinking and clinical practices. The entire conceptualization of an active, two-person therapeutic interaction is repudiated out of hand, since it cannot be integrated into present psychoanalytic thinking, which is devoted entirely to the postulated isolated intrapsychic happenings within the patient. A catastrophic moment would occur if a classical psychoanalytic therapist were to acknowledge the existence of his or her own conscious and unconscious communications to the patient and recognize their enormous impact on the client, as well as their infusion with the therapist's own psychopathology (pp. 248-249).

Readers of this *Quarterly* will recognize from these quotations something beyond a provocative style. The net effect is one of gross exaggeration and distortion. Langs greatly underestimates and fundamentally misrepresents the work of his psychoanalytic colleagues. This book constitutes an unfortunate display of the author's misjudgment.

By far the major portion of this book is devoted to an exposition of errors of technique which are cast as though they were examples of what is generally accepted as good technique. Langs attributes to other psychoanalysts a mindless authoritarianism in the service of a defensively adopted theory. Psychoanalysts are portrayed as lacking any insight or interest in the effects of their attitudes, methods, and interventions on their hapless, self-punitive, masochistic patients. He champions self-analysis as though he has just invented what actually has been from the very beginning an integral part of psychoanalytic practice. And he writes as though he is oblivious of the ferment of controversy in recent decades on the proper attitude and stance of the analyst and on countertransference. Most unfortunately, Langs has chosen to do battle with a straw man and has thereby lost the opportunity to serve the cause of improving psychotherapeutic and psychoanalytic technique.

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The Psychoanalytic Study of Society, IX. 1981.

Daniel M. Birger.

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ABSTRACTS

The Psychoanalytic Study of Society, IX. 1981.

Abstracted by Daniel M. Birger.

The Handling of Dream Symbolism: Aspects of Dream Interpretation in Morocco. Benjamin Kilborne. Pp. 1-14.

The author, with the assistance of local workers, examined the trends and variations among Moroccan dream interpreters. He offered a series of twelve dreams, drawn from Freud's writings, to eight interpreters, mostly Koranic schoolmasters, and recorded their responses. The study focuses on the system formed by the dream, the presenter of the dream, the interpreter, and the social context in which they all exist. A specific dream—"She saw a deep pit in the vineyard, which she knew had been caused by a tree being torn out" (*Standard Edition,* Vol. 15, p. 191)—and its diverse interpretations are used as a main example of the process of study carried out by the author. The comparative analysis of the material reveals vast differences between the Moroccan approach and the Freudian one, as well as significant difference among the individual approaches of the Moroccan interpreters. However, some specific, culturally syntonic fantasies and defensive mechanisms are shared by the local interpreters, and their function can be discerned within their cultural context.

Rite of Return—Circumcision in Morocco. Vincent Crapanzano. Pp. 15-36.

Crapanzano challenges routine anthropological explanations regarding "*rites de passage*" phenomena in primitive societies. He suggests that anthropologists have a tendency to project their own cultural values into the meaning of observed rituals. He claims that some rituals, traditionally viewed as rites of passage, are, in fact, opposite in their meaning. Rather than conveying a progression from one stage of development to another, they represent symbolically regressive wishes, which the author defines as "rites of return." The disjunction between the supposed meaning of the ritual and the individual's everyday experience of himself is examined closely. The Moroccan Arab's circumcision rite is described meticulously and presented as evidence of the author's thesis. He concludes that the circumcision rite is disjunctive. It declares passage where there is, in both ritual and everyday life, no passage whatsoever. The boy (sometimes as young as three years old) goes through the rite before he is physically a man or is treated as one. The rite is essentially disjunctive in that it contains a series of contradictory messages which remain unresolved. It is a condensation of many anxieties of childhood into one event, branded into the child's memory with the horror of mutilation and pain, which serves as a symbolical orientation point in his personal history.

A Footnote to Freud: Lévi-Strauss' Debt to Psychoanalysis. C. R. Badcock. Pp. 37-48.

The author juxtaposes Freud's psychoanalytic principles with fundamental elements in Lévi-Strauss's structuralism and ethnographic theories. He argues that

the apparent divergences are superficial and, in essence, that Lévi-Strauss's approach is not genuinely original but an elaboration of Freud's principles. Whereas in psychoanalytic theory we find the unconscious mind containing derivatives of instinctual activity, Lévi-Strauss's concept of the unconscious postulates the existence of a structure created by the logic of Nature written into the circuitry of the brain. Like Freud, Lévi-Strauss accepted the primacy of the unconscious, but rather than viewing it as individualistic and irrational, he viewed it as collective and rational, and he eliminated libido as a primary life force. Freud stressed body and instincts as representations of Nature, but Lévi-Strauss portrayed the mind as a reflection of Nature, by which it was created. Nature, however, as defined by Lévi-Strauss, is an abstract, philosophical construct when compared to Freud's instincts. Badcock acknowledges the originality and breadth of synthesis of structuralism but predicts that it may become just an "incorrigibly French" footnote to Freud.

The Hero Pattern and the Life of Jesus. Alan Dundes. Pp. 49-84.

This is a scholarly, informative, and, at certain points, admittedly speculative article that confronts a topic glaringly omitted by many previous works regarding the folklore of hero myths. Some outstanding features are persistently present in folklore hero tales in widely separated and diverse cultures and mythologies, and quite a few of them are to be found in the Jesus story. Among those features are the virgin mother, an unusual conception, a hero reputed to be son of God, an attempt to kill the hero, the hero being spirited away (flight into Egypt), no details on the hero's childhood, the hero going to a future kingdom, etc. The life of Jesus may be related to standard Indo-European hero patterns, such as those of Cyrus, Romulus and Remus, Oedipus, Moses, and many others, but the unique and different features of the Jesus story are the significant ones, and they should be understood in relation to the norms of circum-Mediterranean family structure. The families are described as dichotomized between a remote authoritarian father image and a lonely and frustrated maternal image. The father, following the tradition of the culture, prefers to see his wife as nonerotic and seeks sexual pleasure with harlots, leaving the wife to experience her son as her main emotional and erotic attachment. The boy has to struggle violently in order to escape from the smothering mother image and seeks different resolutions to his inevitable conflict. The Oedipus myth is one form of attempted resolution; the Jesus story is another. In the Jesus version, all women are repudiated. Jesus does not kill his father but yields to his authority through the process of crucifixion, akin to castration and homosexual surrender, in order to become one with him. The resurrection suggests a triumph over symbolic castration. Jesus reveals himself to Mary Magdalene, the harlot counterpart of the Virgin Mary. He represents the tradition of the boy growing up in a circum-Mediterranean household who learns to progress from close and prolonged association with a protective mother, to a world of men dominated by elders, to a time when he himself finally becomes a distant father to his own children as they seek "virginal" wives for themselves, thus perpetuating the cycle.

A Mantra and Its Meaning. Robert A. Paul. Pp. 85-91.

In this brief and concise article, the author proposes an explanation for the striking prevalence of the mantra utterance, "Om Mani Padme Hum," in the Ti-

betan form of Buddhism. The combination of these syllables has no specific meaning in any language, although "Mani" and "Padme" may be connected to the words "jewel" and "lotus" in Sanskrit. The mantra is addressed specifically to Pawa Cherenzi, a powerful deity of ambiguous sexuality, the creator of our world, progenitor of mankind, and savior of humanity. In a somewhat speculative manner, the author proceeds with a linguistic argument and concludes that the mantra involves sounds referring to mother, i.e., "Om" equals "ma." Father, "Padme," is related to "pa," and "Hum" is again a maternal-related sound. (The maternal utterances have their origin in breast-feeding sounds.) The author draws the conclusion that the mantra is an expression of a process of mastery. At first is the blissful contentment, "Om," which is replaced by deprivation and desire, represented by the father sound, "Padme," and finally the return of the desired object, "Hum." The mantra therefore is a wish fulfillment of preoedipal and oedipal cravings expressed in a regressive preverbal manner and directed to an all-powerful deity from whom salvation is implored.

Psychocosmogony: The Representation of Symbiosis and Separation-Individuation in Archaic Greek Myth. Richard S. Caldwell. Pp. 93-103.

According to Hesiod's *Theogony* (approximately 700 B.C.), the world originated in the emergence of four primal entities: Chaos, Earth, Tartaros, and Eros. Cosmogony as a symbolical way of representing the development of the individual is proposed by the author, who proceeds to analyze the significance of Hesiod's primal components. Chaos is described as representing the symbiotic, undifferentiated state of the individual in union with the mother. The emergence of recognition of mother as a separate entity, represented by the second of Hesiod's elements, Earth, is associated with the inevitable sense of loss of the blissful union with her. The sense of loss is represented by Tartaros, which is the part of the mythical underworld where sinners suffer their eternal punishment for attempting to defy Zeus. Although the crimes are oedipal in nature, the author postulates that they are a superstructure representing the earlier wish and craving for reunion with the symbiotic mother, and it is on the basis of this that Eros, representing desire, emerges as the last of the components of the individual's formation.

Ms. Medusa: Transformation of a Bisexual Image. Laurie Schneider. Pp. 105-153.

Medusa, the woman of Greek mythology whose head of snakes and glaring eyes turned men into stone, appears as a fascinating recurrent motif in three thousand years of Western civilization. The versatility of the metaphorical transformations of her image reflects the depth of the psychological construct she represents. The author provides a rich, informative sampling of the Medusa image through generations of art, literature, and poetry. Medusa has been represented as female, male, a combination of both, or a monstrous fusion of human and animal. In psychoanalytic terms the Medusa represents an unconscious fantasy of a "bad mother" imago, as well as fears of body and phallus being devoured by the "vagina dentata." Freudian interpretation of the universal fantasy focuses on the castration themes attached to her, while Jungians stress the negative aspect of the great maternal archetype embedded in her image. The various facets of the myth, including the motif of the petrifying stare, the phallic symbolism of the snakes, and the

castrating implications of the beheading, are discussed with appropriate relevance to psychodynamic concepts, but the author expands her horizon to include cultural, historical, and sociological implications of this fascinating image. It is a rich and scholarly article of gratifying value to its reader.

Pinocchio. Géza Róheim. Pp. 155-160.

A draft of this essay was found among Róheim's unpublished notes and is presented for publication by Werner Muensterberger. The story of Pinocchio is viewed through the psychoanalytic prism in a fresh and crisp manner. Pinocchio, representing the id drives and impulses, undergoes the painful process of maturation and acquisition of the superego structure, represented by the Talking Cricket. In Pinocchio's oedipal struggle, the father image is split into the wholesome goodness of Gepetto and the series of sadistic villains Pinocchio encounters on his way. Even the whale can be recognized as the representation of a Cronus-like, cannibalistic father image. Pinocchio's emergence from the whale's stomach and the rescue of his father in the process represent rebirth or initiation, the rites of which are practiced in diverse primitive cultures. Through this process the boy is identified as a male in his father's image and becomes a member of the tribe. Other aspects of the symbolism of the Pinocchio story are treated in a similarly enlightening manner in this brief and clear article.

The Little Lame Prince: Transitional Phenomena in a Nineteenth Century Children's Story. Simon Grolnick and Maxine Grolnick. Pp. 161-179.

A study of a children's story written by the prolific but rather mediocre author, Mrs. Craik, revealed the presence of transitional phenomena in the story's content. Reviewing the personal history of Mrs. Craik, the authors point out the deprivation and loss, the anxiety and rage, that must have afflicted her during her formative years. In the story, "The Little Lame Prince," a number of elements can be seen as thinly diguised representations of her family members and circumstances. Representation of a transitional object (a flying robe) provides a source of solace and eventual triumph for a deprived and crippled young prince. Mrs. Craik's conflicts and defenses are hypothetically elucidated from these elements in the story. The authors make the point that even though the transitional object phenomenon was not described until the middle of the twentieth century, Mrs. Craik's intuitive and observational skills enabled her to describe accurately some of the functions of transitional objects and the fantasies accompanying them.

Placing the Body in Creativity: D. H. Lawrence and the Occult. Daniel Dervin. Pp. 181-220.

Lawrence's creativity is explored through several theoretical approaches. The "family romance," "regression in the service of the ego," "object relations theory," and the "narcissistic injury hypothesis" of writers' creativity are used as vantage points of examination of Lawrence's creative process. A comprehensive discussion of body image and its connection with psychic structure, the concept of the self, and the workings of the mind follows. The specific formation in Lawrence's imagery regarding the body-mind construct is described in detail, and reference to occult

theories of body-mind connection are proposed. The ultimate point the author is attempting to propose is that Lawrence's creativity was motivated by the need to reconstitute a damaged ego by the re-creation of the body image along masculine lines. The author draws rich evidence from factual events in Lawrence's life, painting, and writing to promote the point that narcissistic injury and attempts to master it provided the fountainhead of his creativity. The article's form does disservice to its content. The accumulation of about eighty sources and references and the proclivity to provide direct quotations from every one of them give the article a disorganized quality. The condensed manner in which its multiple ideas are presented made it a laborious albeit gratifying task to read the article.

"Immortal" Atatürk—Narcissism and Creativity in a Revolutionary Leader. Vamik D. Volkan. Pp. 221-255.

This is a fascinating, informative, and crisply written article. The author presents a biography of Mustafa Kemal Atatürk, the founder of modern Turkey (1881-1938). He emphasizes pertinent psychodynamic elements and proceeds to discuss the effects of Atatürk's early environment on his personality organization. Born to a father twenty years older than his mother, the fourth child to be born after the death of three siblings, Mustafa Kemal was vested with intense emotional bonds to both parents. His father died when he was seven years old, and the relationship with his mother continued as an intense, mutually possessive attachment, defying many conventional features of mother-son relationships. Despite the often dramatic oedipal features of that relationship, the author suggests that preoedipal conflicts of deprivation and oral rage were the dominant ones in it. Atatürk emerged from his childhood an unusually creative and charismatic, yet seriously disturbed person. The author defines his pathology as high-level narcissistic personality organization, with a characteristic grandiose self-image. The specific constellation of Turkey's political, sociocultural, and historical position after the First World War provided an ideal fit between Atatürk's grandiosity and capabilities and the nation's need for a God-like father-redeemer. Atatürk died of cirrhosis of the liver resulting from severe alcoholism. The oral conflicts of his childhood which caused his grandiosity and brought him to the zenith of power were ultimately the cause of his demise.

International Journal of Psychoanalytic Psychotherapy, VIII. 1980.

Abstracted by Luke F. Grande.

Clinical Application of the Concept of a Cohesive Sense of Self. Joseph D. Lichtenberg. Pp. 85-114.

Lichtenberg stresses the importance of a working concept of a cohesive sense of self in analytic work. He delineates distinctions in the development of a sense of self in normal, neurotic, narcissistic, and borderline individuals. Using clinical examples, he demonstrates how patients in the respective diagnostic categories will experience issues of self-esteem, how transferences will develop, and how empathic understanding of the level of cohesion of self enables one to make the appropriate

transference interpretation. Neurotics do not have the fragmentation of self seen in narcissistic and borderline patients; rather, parts of self are segregated defensively.

Transferences as Differential Diagnostic Tools in Psychoanalysis. Anna Ornstein. Pp. 115-123.

This is a discussion of the paper by Lichtenberg. Ornstein distinguishes between cohesive sense of self and cohesive self. She comments on Lichtenberg's clinical examples. She notes the spectrum of disorders related to self development and posits that the developing transference is a better criterion for differentiating between narcissistic personality disorder, psychoneurosis, and psychosis than the degree of fragmentation of self that might be observed.

The Use of Psychoanalytic Concepts in Crisis Intervention. Robert A. Glick and Arthur T. Meyerson. Pp. 171-202.

The authors discuss the value of applying psychoanalytic concepts to crisis intervention. Using clinical vignettes, they demonstrate when the various therapeutic techniques as outlined by Bibring can and should be used. These include abreaction, manipulation, clarification, and interpretation. They conclude that such an approach can not only help resolve crises more effectively, but can assist the receptive, transference-ready patient to learn more useful and adaptive modes of coping.

Addiction and Paranoid Process: Psychoanalytic Perspectives. W. W. Meissner. Pp. 273-336.

This review of psychoanalytic theory regarding drug addiction includes ideas about familial and societal factors as well as the relevance of specific psychopharmacologic effects of various drugs. The author posits that addiction is related to a paranoid process in which, because of faulty introjects and sense of self, the addicted individual projects onto specific drugs qualities which are then reintrojected, either to defend against threatening affects and aggression or to restore a sense of well-being.

The Hysterical Personality Disorder: A Proposed Clarification of a Diagnostic Dilemma. Gordon Baumbacher and Fariborz Amini. Pp. 501-532.

It is proposed that the confusion surrounding the diagnosis of hysterical personality disorder may be eliminated by restricting its applicability to cases with a specific psychodynamic formulation. The primary developmental problem is conflict at the oedipal stage, with the drive organization being phallic and directed toward the mother. The major aim of the defensive organization is to avoid re-emergence of the phallic narcissistic injury, and the superego is subject to the influence of others. Clinical material is cited. The authors review the literature extensively and conclude that confusion results from including syndromes with too wide a range of symptom formation and psychodynamics.

Diagnosis Revisited (and Revisited): The Case of Hysteria and the Hysterical Personality. Robert S. Wallerstein. Pp. 533-547.

This is a discussion of and companion piece to the article by Baumbacher and Amini. Wallerstein thinks that what is included in the diagnostic category is a matter of personal taste, and he prefers not to view hysterical personality disorder as restrictively as Baumbacher and Amini. He reviews some of the literature, with special emphasis on Marmor, Easser and Lesser, and Zetzel.

The Role of Primal Scene and Masochism in Asthma. Cecilia Karol. Pp. 577-592.

Karol presents a detailed analysis of a thirteen-year-old girl and links the asthmatic symptomatology to primal scene experiences and related sado-masochistic fantasies.

Contemporary Psychoanalysis, XVIII. 1982.

Abstracted by Ronald F. Krasner.

Psychotherapy of the Depressed Patient. Walter Bonime. Pp. 173-189.

Since psychotherapy is based on dynamic concepts, the psychotherapy of the depressed patient must hinge on a particular conceptualization of depression. The patient with a depressive personality is seen here as a person whose illness involves distorted interrelating with other people and manifests six cardinal elements. Despair, or the sense of being trapped, is one such element. It arises out of the deprivation of "affectual nurturance" in childhood and leads to the next element, manipulativeness. Aversion to influence and unwillingness to enhance others are elements that are also closely related to deprivation. The depressed person is likely to feel so empty and coerced that giving to others is perceived as a demand which must be rejected. Anxiety follows from these circumstances because the depressive wonders who will help him or her. Finally, anger, manifested by low mood and low energy, is an invariable concomitant of this syndrome. The psychotherapist must be aware of these elements. A depressed person's anger and suffering must constantly be explored. Depression in the therapist must be quickly discerned because he or she must not participate in the patient's need to be punished and cannot back away from the patient's severe anxieties. The progress in therapy is characteristically slow. The patient often fights against "coercion," and it is a problem for the patient to accept the clinical collaboration with the therapist. Exploring the depressive's affect is another part of the therapy which not only is informative but also helps the person to see himself or herself as playing a role in his or her own "misery" rather than being a helpless, entrapped victim.

Adapting to the Patient's Therapeutic Need in the Psychoanalytic Situation. Lawrence Epstein. Pp. 190-217.

The central issue raised in this paper concerns how the therapeutic action of a treatment dominated by negative transference can be understood. As a preamble

to this question, Epstein first compares the contributions of Fromm and Sullivan in their approaches to working with patients. He notes that Fromm did not pay much attention to the tact and timing of his interpretations, while Sullivan "was keenly aware that the analyst, in order to be therapeutic, would have to enable the patient at all times to preserve his nucleus of self in the therapeutic situation." Participant observation is then employed and helps the therapist to "meet our patient's therapeutic needs." Winnicott's ideas about primary and secondary environmental (parental) failure are briefly cited, eventuating in the statement that the main task of therapy is to learn how to function with the patient to correct secondary environmental failure or to prevent it from recurring. Extensive clinical material is presented from the case of a perfectionistic, pseudomasochistic patient seen twice weekly in psychotherapy. This patient wished the treatment situation to become a place in which to incapacitate the therapist and to attempt to cure himself while complaining that he could get no help. Under this onslaught the therapist chose not to "defend" himself by explanation, apology, or retaliatory "therapeutic measures." While claiming that emotional neutrality is not possible in treating patients with primitive mental states (which is how he viewed this patient), Epstein does establish three major tenets for the handling of the therapist's own feelings: (1) he should be aware of all his feelings; (2) he should try to determine to what extent they are appropriate; and (3) he should reduce the intensity of these feeling tones to the extent that appears to be therapeutically warranted. By maintaining a quiet, relaxed, and accepting attitude, the therapist enables the patient to increase his tolerance of frustration, redirect his aggressive wishes, and become a more separate and "human" person.

The Therapeutic Relationship in Psychoanalysis. Thomas J. Paolino, Jr. Pp. 218-234.

For expository purposes only, Paolino conceptualizes the patient-analyst relationship in four dimensions: (1) transference neurosis; (2) therapeutic alliance; (3) narcissistic alliance; and (4) the real relationship. Each of these phenomena is described and illustrated with a clinical example. The transference neurosis is a repetition of the past via a displacement onto the analyst, in which the core neurotic conflict is re-experienced and resolved primarily through interpretation. The term therapeutic alliance revolves around the concept of the analyst and patient working together to enhance the patient's psychic growth. This collaboration is characterized by non-neurotic, desexualized, deaggressivized, rational rapport. The concepts and ontogeny of trust and secondary trust (openness which allows a shift of responsibility to another person) provide the foundation for the therapeutic alliance and are briefly outlined. The narcissistic alliance "can be defined as that aspect of the relationship between the patient and the analyst whereby the bodily presence of the analyst serves as a substitute for some of the patient's previously used major coping and defensive psychic devices." It is conceptualized as serving as intermediary between the transference neurosis and the therapeutic alliance wherein the analyst is incorporated into the patient's psychic structure. The real relationship is the final element and resembles the therapeutic alliance in being non-neurotic, but differs from it in that the real relationship is more than an artifact of treatment and exists outside the patient-analyst relationship.

Psychoanalytic Failure: Reflections of an Autobiographical Account. Hans H. Strupp. Pp. 235-258.

The failure of psychoanalysis, in this instance the training analysis of a candidate in the German Psychoanalytic Association, is explored by Strupp through an examination of an autobiographical book describing the analysis. *Flowers on Granite: An Odyssey through German Psychoanalysis* was written by Dörte Drigalski in 1980. Subsequently rejected for membership in the German Psychoanalytic Association, Drigalski considered her analytic experience to be a complete fiasco. As she sees it, she was assaulted with interpretations in her first analysis and "reproached, criticized, depreciated, rejected, and subjugated" in the second. In summary, Strupp wonders "whether the author was one of those patients who defied virtually any therapist's best efforts, or whether she became the victim of the therapists who were uncommonly rejecting, harsh, and unempathic." Two short articles of comment follow. Ralph Crowley, in a short essay, "On Tragic Miscarriages," summarizes Strupp's "lessons" for the practice of psychoanalysis: (1) therapists must be aware of the powerful forces they work with and must therefore be accountable; (2) when a therapist defends himself against his patient's provocations, he may unwittingly harm him; (3) the therapist must be aware of assuming omniscient attitudes; (4) patient's misuse of interpretations must be clarified; (5) the past must not be overemphasized; (6) psychoanalysis is a joint endeavor, a collaboration; (7) psychoanalytic psychotherapy involves transference and its resolution. In "To Live and Let Live," John Schimel also comments on Strupp's article, warning of the dangers of the therapist's pursuit of psychopathology at the expense of the patient. He urges tolerance and compassion for human weakness.

Further Thoughts on Re-Analysis. Alberta B. Szalita. Pp. 327-348.

Szalita defines all re-analyses as continuations of analytic work that result in a "novel experience" for the individual. Whether with new analysts or old, as a result of lack of success in the first analysis or because of a new symptom altogether, the term re-analysis can be applied when competent analytic work is followed by this new work. Clinical material from fifty-three of the author's cases of re-analysis is reviewed, resulting in the establishment of seven major categories of reasons further treatment is sought: (1) no analysis took place; (2) the analysis was interrupted; (3) a clear incompatibility developed; (4) a negative therapeutic reaction ensued; (5) the patient complained that the analysis was insufficient; (6) the patient seemed to be addicted to analysis; (7) a new cycle of analysis was superimposed on one or more previous analyses. This last category, Szalita emphasizes, is "the group to which the term re-analysis really applies." The criteria for starting a second psychoanalysis are discussed as are a number of technical issues including treatment of the patient addicted to analysis, the role of free association, and the centrality of analysis of transference in second analyses. In Part 2 of the paper, Szalita briefly explores the theory and practice of interpretation.

A Critical Review. Samuel D. Lipton. Pp. 349-365.

Playground or Playpen. Edgar A. Levenson. Pp. 366-372.

These two essays are critical reviews of Paul Dewald's book, *The Psychoanalytic Process*. The authors' approaches are antithetically paired, but they agree that in

the analysis lasting three hundred and forty-seven hours that Dewald conducted with a twenty-six-year-old married woman who suffered from anxiety and phobias, the most serious flaw was his disregard of the patient's logical conscious understanding of herself and her relationship to the analyst. For his critique, Levenson employs his conceptualization of the split between "classical analysts" (of whom Dewald, according to Levenson, is representative) and the interpersonalist (like himself). Considering this, he states, "in contrast to viewing treatment as an exercise in renunciation, I prefer it to be an exercise in self realization." Lipton lists his "radical conceptual differences" at the beginning of his essay. Elaborations of each issue follow. The six points are: (1) the analyst approaches the patient's associations as though they are entirely illogical and have only a hidden meaning which consequently results in the discounting of their current manifest meaning; (2) the analyst remains oblivious to the patient's responses to him as a person; (3) the analyst tries to influence the patient rather than interpret; (4) he deciphers dreams based on their manifest content only; (5) neither transference nor resistance are dealt with adequately; (6) results of treatment can be explained as due to a corrective emotional experience via an unexplored identification with the analyst rather than as the result of interpretation.

The Narcissistic Economy and Its Relation to Primitive Sexuality. Joyce McDougall. Pp. 373-396.

In her introductory remarks McDougall contends that the individual strives to maintain a "narcissistic homeostasis" in the face of both internal and external stress through "object-libidinal investments in his internal world." As she sees it, there is a blurring of the boundary between so-called "narcissistic personalities" and "neurotic disorders," and nosological research is limited in its value. McDougall also criticizes Kohut's work for its minimization of the libido theory, oedipal organization, and the far-reaching effects of infantile sexuality. One manifestation of primitive sexuality involves the type of very early object relationship that is maintained to fend off narcissistic humiliation. Two types are described: one in which individuals attach themselves to their objects as a way of dispersing primitive anxieties; and one in which individuals maintain a distance from the rest of the world. The clinical illustration presented is an example of the latter category. A fragment of the analysis of a thirty-four-year-old woman is given. Her presenting symptom of emptiness and hopelessness was eventually analyzed as a defensive denial of her bodily self. The reasons behind this disavowal had multiple meanings and functions which served both narcissistic/preoedipal and object/oedipal purposes. McDougall admonishes the reader not to neglect the link between these two libidinal expressions.

The Psychoanalytic Theory of Unconscious Psychic Experience. Benjamin Wolstein. Pp. 412-437.

In the belief that the theory of unconscious psychic experience has for too long been dominated by the concept of biological drives, consequently narrowing the range of contemporary psychoanalysis, Wolstein sets out to modify these antiquated theories for the psychoanalytic inquiry of the 1980's. Freud's theory of the uncon-

scious is portrayed as an "oxymoronic bind" and "epistemological dualism" because of what Wolstein considers to be the central problem in the theory: How can something unknowable become knowable? Wolstein believes that Freud solved this by introducing the libido metaphor and that this solution is now untenable. What he then proposes is that the basic source of the "movement of unconscious psychic experience" is the impulse to explore, i.e., curiosity. This desire is purely psychological, distinct from the biological (libido theory) and sociological (ego psychology) surround. It is also not possible to understand how or why this drive to know works. As Wolstein points out, "So, why, then, does the unconscious strive to be conscious? Simply put, it does. Because it just does, period." The mind-soma problem is resolved by the position that the brain is a necessary condition for the activity of curiosity, not a sufficient condition of it. The biological metaphor, Wolstein feels, did not arise out of psychoanalytic observation and thus should be discarded.

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Meeting of the Psychoanalytic Association of New York

Melvyn Schoenfeld

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NOTES

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

October 18, 1982. TEMPORARY DISORGANIZATION FACILITATING RECALL AND MASTERY: AN ANALYSIS OF A SYMPTOM. Austin Silber, M.D.

Dr. Silber described a woman who experienced intense anxiety attacks during the middle phase of a ten-year analysis. The analysis of these events led to recall, reconstruction, and integration of previously unrecognized facets of her mental life. Dr. Silber viewed the anxiety attacks as manifestations of the patient's repressed past, as "attempts to remember," in addition to seeing the more usual compromise formations embodied in the symptom. This facilitating view of her symptom enabled analyst and patient to better understand its meaning. The patient was married, in her thirties, and had recently moved from a midwestern town, a move necessitated by her husband's career. She was uncomfortable in the city and was left feeling like an "outsider," a feeling she was familiar with since her family had moved several times when she was a child. When the patient was thirteen her mother had undergone a mastectomy, and she had died seven years later. Her father remarried two years after the mother's death and succumbed to a heart attack a few years after that. The patient married shortly after her father's death and was now working part time, in addition to caring for her children and husband.

The analysis was conducted without significant modifications, but was "punctuated by dramatic regressive episodes . . . full-blown anxiety attacks." During these attacks the patient would sit up or stand up and stare at the analyst, looking terrified, vulnerable, and "curiously childlike." These attacks spanned five years of her treatment, and all but the first occurred within the analytic setting. The attacks began as the transference neurosis was intensifying and the working alliance had been solidified. Each attack seemed to carry the work of the analysis further back into the patient's past, and with every attack, additional understanding took place. In each case what the patient recalled or what was reconstructed involved feelings that had originally been so overwhelming that they had not been admitted to consciousness. During the early episodes, these feelings concerned the patient's rage; in the final attacks, her sexual urges and fantasies.

The first attack occurred while the analyst was on a brief vacation. The patient was riding on a bus and became aware of a feeling of anxiety and then of noting two details: the time of day and the number of the street the bus was nearing. She began to fear that she would have a heart attack and soon became so panicky that she had to leave the bus. This was the same bus she regularly took after her analytic appointment, and she recalled picturing the analyst on that day and wondering about his age. She reported that the number of the street the bus was approaching corresponded to the age at which her father had died and that her father had had his heart attack near the hour that corresponded to the time her anxiety attack on the bus occurred. Her fear that she was going to have a heart attack was linked

with her angry wish that the analyst would die for leaving her. Behind that wish lurked her unrecognized anger toward her father for his sudden death. The fear of having a heart attack represented a punishment, but also an identification with her father in her unconscious attempt to take his place with her mother. These intense emotions, never before consciously available to the patient, were replicated in the panicky feelings she had experienced during her anxiety attack.

The next attack allowed for further clarification of the patient's death wishes toward her father and opened the door for an exploration of intense, previously disavowed feelings in relation to her mother. The analytic understanding of this attack, as with subsequent episodes, was facilitated by using dream material which emerged in connection with it. During the time preceding this attack, the analysis had focused on the patient's fear of being alone and her feelings of abandonment. On the day of the attack she "came into her session in an agitated, fearful state." She felt unreal, and thought the analyst looked unreal. She was terrified that she might throw herself out of the window, and she could not understand why he did not feel as frightened as she did. As the analyst spoke of the theme of the preceding sessions, the patient calmed down and related a dream of the previous night. Associations to the dream were linked to a fantasy the patient had in the waiting room, a fantasy of the analyst talking to her stepmother and the thought that she would feel crushed if he preferred her stepmother to herself. Now the childhood feelings of jealousy could be interpreted, and the wish to kill her father and take his place with her mother could be made explicit. The patient recalled wishing, at the time of her mother's death, that her father had died instead.

The analysis of subsequent anxiety episodes and related dream material led to recall or reconstruction of many aspects of the patient's repressed past. Included were her panic and grief over her mother's death which had been masked by denial; then powerful and terrifying feelings regarding her mother. These were related to surgical procedures the patient had undergone between the ages of three and a half and five and her mother's care of her during these episodes. Also involved was her mother's unempathic, if not cruel, handling of the patient during temper tantrums that persisted from age two and a half until latency. Gradually, the patient was able to understand and integrate her fear and hatred of her mother and her feeling that she had been castrated by her.

During the final anxiety attack, the patient's confusion about her sexual feelings was further analyzed. As she approached the analyst's office, music she had been listening to before leaving home was "going through" her. This was sexually exciting, and she became concerned that she might be overwhelmed by genital sensations. Again she was afraid she might lose control and jump off the roof or out the window. In contrast to his behavior during previous attacks, Dr. Silber remained silent. The patient now repeated words *he* had spoken before: "Anxiety is finite, it passes. Once you understand what is frightening you, you will feel better. You must not be afraid to become aware of anything you think or feel." She had become able to use secondary process thinking to contain and control her feelings. She went on to explore the traumatic overstimulation of her childhood experiences which had contributed to a persistent cloacal fantasy that involved an inability to distinguish anus from vagina from urethra. She had not been able to identify discrete, localized genital sensations, nor had she been able to contain, control, and define certain

emotions. Only in the analytic setting where the analyst could be re-experienced as the overstimulating, punishing mother, and at the same time experienced as a trusted, helping figure, could the patient allow herself to feel and to know what had previously been so frightening.

In closing, Dr. Silber underscored the crucial position of the analyst's reconstructions which literally provided the words the patient did not have available as a girl. By putting the patient's experiences into words, he gave her the opportunity to organize them in a secondary process manner so that they could be understood and integrated. Dr. Silber stated that he had to recognize the regressive anxiety episodes as this patient's special means of access to important memories in her life. "Containing these episodes within the analysis and . . . identifying them in a verbal manner brought a sense of needed ego continuity into the patient's life. . . . The gradual acceptance and mastery of her past, with its intense disappointments, helped her be more herself and less subject to the regressive fragmentation inherent in the disorganizing episodes which returned in her analysis."

DISCUSSION: Dr. Martin Silverman focused on the patient's improvement as being prompted by her using Dr. Silber as a new object with whom she could go through the developmental steps necessary to ego mastery and growth. Dr. Silber had recognized that the patient needed him at first to serve as a "facilitator of ego development" and had filled the role of a "parental, auxiliary, facilitating external ego" that her mother had not been able to fill. As trust in her analyst grew, the patient allowed herself to regress "back to an approximation of the ego-forming experiences with her mother which had been unsuccessful." Citing Mahler, Dr. Silverman spoke of the crucial role of the mothering person in helping the child to master experiences of "physiological and emotional disequilibrium [that] lead to affecto-motor storm-rage reactions." Dr. Silber's patient had not developed an internalized ability to maintain her psychological equilibrium. Her reliance on external sources of self-control may have accounted for the fact that her neurosis became manifest when she moved away from a familiar environment, as well as for the fact that her first attack occurred when her analyst was away. Dr. Silverman viewed the attacks in part as "courageous returns to the scene of early mother-child interactions, with a new and better mother this time," so that basic ego building could now be achieved. Dr. Richard Yazmajian felt that Dr. Silber's discussion of the working alliance with this patient had addressed only the conscious rational components of that part of the therapeutic relationship; it had not dealt with those aspects that have their roots in persistent irrational childhood fantasy. For example, because of the instinctualization of Dr. Silber's verbalization and of the patient's, he felt that Dr. Silber's comments had a hypnotic quality; he wondered whether the patient had been under the influence of a subtle hypnotic suggestion when she calmed down in response to his comments and then recalled childhood memories. The patient's uttering these comments herself during the final attack may have represented a form of autohypnosis. This might have been the mechanism, in identification with the analyst, that allowed her to calm herself. Dr. Yazmajian felt that the positive oedipal issues may not have been sufficiently analyzed; that the positive oedipal and preoedipal conflicts were not given their due weight; and that the defensively regressive aspects of these issues were not addressed. Dr. Silber re-

sponded by saying that he appreciated Dr. Silverman's summary and especially concurred with his idea of the analyst as "facilitator" in this case. He disagreed, however, with Dr. Yazmajian's notion that the patient had been under the influence of a subtle hypnotic suggestion. In addition, he felt that this patient's relationship with her mother was central and was not being used to fend off more frightening positive oedipal feelings.

MELVYN SCHOENFELD

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

October 26, 1982. OBSERVATIONS ON ASSESSMENT OF ANALYZABILITY BY EXPERIENCED ANALYSTS: REPORT OF 160 CASES. Joan B. Erle, M.D. and Daniel A. Goldberg, M.D.

The authors delineated five problem areas in the assessment of analyzability that had become clear in their previous work on this subject: 1) the need for consistent definition of terms; 2) the difficulty in developing valid criteria for patient selection; 3) the assumption that prediction of analyzability can be reliably made at the outset of treatment; 4) the failure to differentiate between analyzability and therapeutic benefit; and 5) the need for prospective studies. In preparation for such a study, Drs. Erle and Goldberg undertook a retrospective pilot study of how experienced analysts assess analyzability and how they judge the course and conclusion of treatment in terms of their explicit or implicit prediction of analyzability at the beginning of analysis. The authors hoped to enlist a group of experienced analysts who could provide a body of data over a period of years. The selection of private cases would minimize some of the problems of Treatment Center studies (e.g., supervision, inexperienced analysts).

The authors invited 33 analysts (all of whom were more than five years past graduation from the Institute) to participate in their study. These analysts were thought to have primarily an analytic practice. Ultimately, 16 became participants in the study. These analysts reported on 160 cases in analysis during a five-year period (1973-1977). 39% of the patients were male and 61% female; 18% were physicians and 16% students. 38% were seen 5 times a week, and 62% were seen 4 times a week. There were 19 additional patients seen 3 times a week who were not included in the series because the authors felt the treatment was less intensive; the cases were also atypical in other respects as well. All sessions were 50 minutes in length. By the end of the study, 61% of the patients had ended their treatment. 12.5% left after 2 years; 46% were in treatment more than 5 years.

There were several factors that the analysts reported as important in their assessment of analyzability. If the patient's motivation, capacity for self-awareness, and intelligence were in doubt, there was a general pessimism about analyzability. A history of severe pathology in parents or close relatives and/or a history of sustained or frequent trauma led to a guarded prognosis. The presence of a previous good treatment experience was considered a positive sign for analyzability; a pro-

tracted previous treatment was viewed with concern. Other factors reported by the analysts to be important in assessment of analyzability included tolerance of frustration and "absence of contraindications." There were 19 cases converted from psychotherapy to analysis. 11 patients initially thought to have severe pathology were converted after a symptomatic improvement or a better understanding of the patient.

65% of the patients had a good to excellent *therapeutic* benefit, 26% minimal benefit, and 9% no significant benefit. Of the terminated cases in treatment more than 3 years, 76% had a good to excellent therapeutic benefit. In no case where the patient was *analyzable* was there less than a moderate *therapeutic* benefit. 16 cases that were rated *unanalyzable* received at least a moderate *therapeutic* benefit. All 15 cases without significant benefit were unanalyzable. The authors recognize the problem in these results, given that *prediction* of analyzability was made retrospectively and informally. In addition, the treating analyst made both the assessment of analyzability as well as the outcome reports. The authors stated that significance of such prediction/outcome comparisons would be better judged in a prospective study with all cases followed to termination.

In contrast to the Treatment Center study, the patients studied here were older, there were more males, and more were married. They were in treatment longer and more often judged analyzable. However, the proportion thought to have a therapeutic benefit from the treatment was the same. The authors confirmed conclusions from the Treatment Center study that the entire course of treatment must be reviewed before judging analyzability.

Certain important issues emerged from the authors' study. A uniform element in the frame of reference of the reporting analysts was the conviction that significant change would not occur in the patient if she or he remained unaware of unconscious elements in the conflictual areas. All the analysts agreed that the essential technical variable in an analysis is the patient's conflicts in the "transference neurosis" or "transference." There were nonessential variables such as timing and wording. Modifications in technique were sometimes required, as when there was a threat of suicide or psychotic decompensation.

The authors concluded that it is possible to enlist a group of analysts as a source of clinical material and that assessment of analyzability can be made only at the end of treatment. Initial recommendations are not based on single characteristics of patients. Studies that have attempted to identify only single factors have been unsatisfactory, as have those that attempt to develop complex factors such as "ego strength," since they do not adequately survey and study such intricate psychic phenomena as motivation and capacity to work in analysis. Patients who are judged unanalyzable (no establishment of an analytic process) may conclude successfully without modification in technique; some conclude with significant limitation in the resolution of their difficulties; and others require appropriate modification of technique. Some unanalyzable patients may develop a useful therapeutic situation.

DISCUSSION: Dr. Martin Willick stressed four areas: 1) more analysts should participate in such studies; 2) analysts should move away from the idea that "analyzability" is an all-or-nothing process; 3) a great deal can be learned from an analysis

that is modified and leads to an excellent result; and 4) there is great need for follow-up studies of completed cases. Dr. Donald Spence questioned the meaning of finding a statistically significant relationship between prediction and outcome. He cautioned that the initial evaluation by the treating analyst may subtly affect the course of treatment as well as judgment of the outcome. He had a similar concern about the high correlation between length of treatment and positive outcome. He suggested that a "fine-grained analysis" of deviant cases (those with positive initial assessment and a negative outcome and vice versa) might lead to a better understanding of which predictors do in fact predict ultimate analyzability or nonanalyzability. Dr. Spence agreed with Drs. Erle and Goldberg's dissatisfaction with the definition of terms but felt this may be an extremely difficult problem to solve. Evaluation of the analytic process by independent sophisticated observers may lead to an understanding of some of the questions, such as the relationship between frequency of sessions per week and the depth of the analytic process. He also felt it would be useful to compare the group of 16 analysts in the study with the 17 who refused to participate, in order to determine which group is more representative of the larger community. He concluded that the prospective study should be delayed until the present data were more thoroughly evaluated and understood in order to strengthen the larger study.

LEON HOFFMAN

MEETING OF THE PSYCHOANALYTIC INSTITUTE OF NEW ENGLAND, EAST

January 10, 1983. INSIGHT AND THE ACTION SYSTEM: WORKING THROUGH TO CHANGE. Arthur F. Valenstein, M.D.

Dr. Valenstein stated that insight remains the paramount aim of psychoanalysis, despite current emphasis on experiential recapitulation of early object relations in the transference. In Dr. Valenstein's 1962 contribution, "Affects, Emotional Reliving and Insight in the Psychoanalytic Process," he had proposed that affects and experiential reliving are clinically interlocked with cognitive concomitants in the psychoanalytic process. The acquisition of insight is gradual and tortuous, and it is intimately connected with the concept of working through. Only when insight has been slowly anchored to changing action patterns, by means of working through, can it be considered a "mutative insight." But the role and relevance of action has challenged analysts from the time of Freud and Ferenczi to the present.

Roy Schafer, by introducing the concept of "action language," has recently attempted to return to a monistic model of mental functioning: he has postulated that the only psychic agency is the person who acts intentionally and responsively. Schafer thus leaves no room for the structural theory which espouses a schematic model of the mind as the integration of varied functional agencies, a theory which respects that fundamental operational consequence of human development and mental functioning, psychic conflict. According to Dr. Valenstein, Schafer's formulations, although well-meaning in their clinical aims, have reduced action to its

literal meaning and, in effect, have undercut the theory of unconscious mental processes and conflict. It is one thing to believe that metapsychology is not synonymous with the clinical theory of psychoanalysis, and another thing to dismiss clinically useful metapsychological concepts and the operant modalities of the mind, such as thinking, affect, and conation.

The need for a psychoanalytic theory of action has led Dr. Valenstein to revise the traditional trichotomy of cognition, affect, and conation into a quartenary. He would include action as a fourth component, beyond conation, as one that refers to the actual carrying out of an impelled and sensed activity. If this concept were applied to the psychoanalytic situation, it would mean that the analyst, who operates in the context of a reciprocal communicative ambience, may phrase interpretations at appropriate times so as to signify action potentials. Thus, while the analyst's traditional language of interventions and interpretations may at times connote the "affective," or, at other times, the "cognitive" or the "conative" correlates, it might, according to Dr. Valenstein's suggestion, include "action" correlates as well.

Dr. Valenstein stated that psychoanalysis as a theory of neurosogenesis began as a conflict psychology and had, as its correlative theory of cure, the reactivation and recapitulation of infantile oedipal conflicts in the transference neurosis. The assumption was that once these conflicts were brought into consciousness and compared to reality, they would automatically fade, leaving room for personal action freed of past neurotic determinants. Although conflict psychology applies primarily to structural neuroses (formerly termed transference neuroses), Dr. Valenstein would not discard its usefulness regarding the conceptualization of the developmental neuroses (formerly termed narcissistic neuroses), in which neurosogenesis is mostly attributable to external conflict and traumata during the very early phase of development. This is particularly relevant to the treatment of a middle group of patients with mixed preoedipal and oedipal conflicts, for whom, in the initial and middle phase of treatment, the interactive and experiential elements of therapy predominate over cognitive and interpretive ones. To specify structural neuroses and developmental neuroses as mutually exclusive is therefore a mistake.

In general, there is a continuum from the step of learning about oneself (insight) to that of learning how to use what one has learned in order to modify pre-existing action patterns. Especially in the later phases of an analysis, this consideration poses a problem for the analyst: Is the trial action of the patient an effort at neurosis-free risk-taking based on insight or is it transference acting out that needs to be interpreted?

Dr. Valenstein stated that his emphasis on appropriate use of "action" referents does not imply a blurring of the distinction between psychoanalysis and psychoanalytically oriented psychotherapies. But action referents have generally been left at an implicit level, essentially in the "silent" area of psychoanalysis, while more explicit emphasis has been placed on "taking apart" the elements that indeed are the central ones during the early and middle phases of an analysis. Yet there must also be a "putting together," an ultimate working through, a synthesis of insight into related action patterns and change. The ego concept in structural theory is a construct that embodies the integrative and the synthesizing functions of the mind which bind together various isolated mental operations into an overall new orga-

nization. If we accept Rapaport's proposal that ego autonomy includes "the roots of the subjective experience of volition" and the ability "to undertake the detour actions toward the desired object," then we can understand how the capacity to initiate and sustain action in regard to self and objects would come under the rubric of the analytically enhanced ego, an insight-informed ego.

What traditional philosophy sees as antithetical—free will versus determinism—psychoanalysis can treat as complementary. For the patient suffering from a structural neurosis, the "will to act" is usually present at the outset and exerts an effect in a silent, ego-syntonic way. However, for the patient who suffers from a narcissistic-developmental neurosis, the therapist is expected to serve as a surrogate parent whose willpower the patient expects to partake of anaclitically. During the analysis it is crucial that such patients become aware that they have externalized and attributed to their therapist an aggrandized version of the strength and decisiveness they had given up in the course of their development to avoid anxiety and conflict over autonomy and aggression. Passivity can be so strongly entrenched that it serves as both a powerful defense and a gratification. Does a time come, then, when the analyst has to inquire, directly or indirectly, about what the patient is actually going *to do* concerning salient issues? Freud's setting a termination time with the Wolf Man and Otto Rank's advocacy of a clear-cut end-setting for analysis are examples in which the analyst actively attempts to turn responsibility for action from himself back to the patient. Dr. Valenstein suggested that we reflect on the idea that conflict occurs not only about knowing the unknown but also about carrying over the new insight into consistent action patterns. It then becomes the analyst's function to analyze the resistance with regard to appropriate action and to consider that psychoanalysis is successfully completed if and when it also includes "analytically informed action."

DISCUSSION: Dr. Herbert J. Goldings asked whether we could conceptualize a developmental line of action, given the importance that action has for children. Dr. Valenstein answered that the beginnings of action might be sought in the beginnings of language, the latter being the result of inborn executive faculties unfolded anaclitically within the matrix of the mother-infant relationship. Words are not just given by the parents but are also contributed by the child to the family lexicon, often with multifaceted meanings. Dr. Ana-Maria Rizzuto asked how visible action must be before it can be considered the result of mutative insight. Dr. Sheldon Roth spoke of "postanalytic insight," that is, the contention of many analysts that observable behavior appears after analysis is terminated. Dr. Valenstein responded by sharing a number of clinical vignettes and added that he does not see action as concrete and observable in definitive behavior. As an example, one could postulate the acquisition of the capacity for word play as an action response making use of language and imagery. He felt that something is left to be desired if an analysis terminates without the patient having enhanced his or her capacity for and enjoyment in word play. Dr. Evelyne Schwaber noted that one aspect of the originality of Dr. Valenstein's paper lay in its having addressed not just the idea of a "return to action," but to action on a higher, analytically informed level. Whereas the traditional view of psychoanalysis entails a move from action to verbalized thought, a

freeing from the tyranny of the infantile action patterns, Dr. Valenstein's paper advocated a considered expectation of adaptive and flexible action in due course, stemming *from* insight. Finally, Dr. Axel Hoffer questioned whether the analyst's neutrality is abandoned when he or she considers that the analysis has run its course and dictates a termination date. Dr. Valenstein responded that analytic neutrality is not an absolute term but a relative one, equidistant between conflict, the three agencies of the mind, and external reality. An analysis that does not come to a close in its formal structure has become a way of life, an interminable analysis. Such an analysis taxes the concept of analytic neutrality, since it defies the reality of closure and separation. The author felt that if an analysis goes beyond four years, approximately, then the analyst should seriously and consistently ask himself what remains analytic in the ongoing work with the patient.

NICHOLAS KOURETAS

The Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 19-23, 1984, at the Waldorf-Astoria Hotel, New York City.

The SAN FRANCISCO PSYCHOANALYTIC INSTITUTE AND SOCIETY is pleased to announce the Anna Maenchen Award for an outstanding paper or book on child or adolescent analysis. The Award includes a documenting certificate and a prize of $500.00. For further information, contact: Calvin Settlage, M.D., Chairman, Anna Maenchen Award Committee, San Francisco Psychoanalytic Institute, 2420 Sutter St., San Francisco, Calif. 94115.

The 42nd Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held March 28-31, 1985, at the Capitol Hilton, Washington, D.C.

A MEMORIAL TRIBUTE TO ANNA FREUD, entitled "Current Psychoanalytic Perspectives on Symptom and Defense," will be held on September 22, 1984, from 9 A.M. until 5 P.M., at the New York Academy of Medicine. The meeting will be sponsored by The Regional Council of Psychoanalytic Societies of Greater New York. For further information, contact: Arnold Richards, M.D., Chairman, The Organizing Committee, 40 East 89th St., New York, N.Y. 10128; telephone: 212-722-0223.