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PROGRESSION, REGRESSION, AND CHILD ANALYTIC TECHNIQUE

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A detailed example is presented of analytic work with a latency age youngster. The technical problems encountered in the analysis of such a child are discussed in order to consider how child analysis can help to elucidate what is involved in the psychoanalytic process.

A seven-year-old boy entered analysis because of chronic unhappiness, enuresis, and a serious learning inhibition. During our first session together, he sat hunched over on the edge of the couch and gazed unseeingly at the empty chair opposite him as tears dripped slowly down his face. He told a tale of unremitting sadness and woe. He did not know what to do. He tried to pay attention at school, he said, but his mind just wouldn't do the work. His teacher had all but given up on him, and the principal had told his parents that if he didn't see a doctor and straighten out, he would not be invited back the next year. He politely accepted my offer to help him find out what was getting in the way at school, but said that he doubted I could do much for him. How could he concentrate on schoolwork when he had so many awful things on his mind? His older sister was always teasing and tormenting him. His baby sister kept getting into his things and ruining them, and every time he tried to push her out of his room she would cry and his mother would yell at him. His parents were always fighting with each other, too. In addition to all that, his mother kept rushing to the hospital for one miscarriage after another. When I noted that his parents had told me that he had had some very dis-

tressing hospitalizations himself a couple of years back, he replied grimly that he did not want to talk about that.

Billy readily agreed to our meeting four times a week to try to get a better understanding of his troubles and figure out what he might be able to do to deal with them more effectively. He was glad that I could see him right after school. That way he could walk to my office by himself, without having to depend on his mother to get him to me. She had a lot of trouble getting places on time. He never knew when she would get home from her volunteer work, which involved taking care of *other* children! And when she *was* home, she was always on the telephone, he said; and he warned me that I better not answer it if my telephone rang while we were meeting. He had some other complaints about his mother as well. She favored his sisters and she didn't know how to cook. She couldn't even boil an egg. The housekeeper had to prepare all the family meals. His father kept complaining about it, but that didn't help. His father was always storming about and railing about something, in fact, but nothing ever changed. His mother kept telling him not to pay attention to his father's yelling, saying that he was just nervous about business. *She* certainly didn't pay any attention to what he said, which only got him madder. They would argue and argue until the two of them were screaming at each other, and then he and his sister would stay away from both of them. It was a lot more peaceful when his father was away on one of his frequent business trips, though he missed his father when he was away.

During the next few months, Billy gave a good deal of thought to his parents' arguing and its effects upon him. His inclination was to go into his room, shut the door, and drown out his parents by turning on the radio, but he couldn't keep his mind off what was going on between them and he had to listen in from time to time. He was afraid at times that things might get totally out of control and the threats of separation and divorce might actually get carried out. Sometimes his mother would begin to cry, and then his father would stop

yelling, begin to apologize, and speak softly and accommodatingly to soothe her hurt feelings and calm her down. Then it would become very quiet in the house, and oddly enough, *that* would make Billy uncomfortable too. He would listen intently, troubled that he didn't know what was happening. It gradually became clear to us that his disquietude had something to do with Billy's anxious concern about his mother's repeated pregnancies. Not only was he saddened and troubled by the thought that his parents wanted to have other children to take their time, attention, and love away from him, but his mother's repeated miscarriages were a great source of worry to him. She was very unhappy, withdrawn, and unavailable to him for a while each time. He also worried, when she was rushed to the hospital bleeding, that she might die. To complicate things, this reminded him of the time he had been hospitalized for treatment of an acute kidney ailment. What had seemed like quarts of blood had been drawn from him several times a day and he had been very much afraid that he would die. Billy had astonished me toward the end of his first visit by saying that he had noticed a hole high up on a wall in the waiting room and asking if I kept a pet bat. What had seemed like such a peculiar idea was now comprehensible. We were ultimately able to analyze it together (along with his fascination with vampire stories of which he eventually informed me), in terms of his anxieties about his health and his guilt over his mother's miscarriages.

I raised the possibility at one point that Billy's difficulty concentrating in class was connected with his anxious listening to find out what his parents were doing together while they were making up after a fight. "I'm worried that they might be doing something to make another baby," he said. "When I'm at school, I can't see what my parents are doing at home." We began to understand at this point why he wet his bed and periodically "sleepwalked" at night: he was worried about what his parents were doing and felt a need to go and check on them. He was still very worried about his kidneys (and afraid, therefore, to let urine accumulate within his body at night) and couldn't take

a chance on losing his parents' undivided, attentive care and protection. As Billy explored the meanings of his excited interest in what his parents were doing together when he was not around, his school performance gradually improved.

He discovered, however, that his school problems involved more than trouble concentrating. The metaphorical significance of some of the things he was studying in school also played a part. He could not deal with any aspect of arithmetic, for example. He eventually summed it up as follows: "I couldn't do anything in math. Everything in it reminded me of stuff I was worried about. I couldn't do addition because it reminded me of additions to the family, of my mother having babies. Subtraction made me think of my mother's miscarriages. I blamed myself for them because I didn't want another baby in the house. We used to call it 'takeaway' and it reminded me of my operation. It scared me when the teacher said we would learn multiplication and division. Everyone knows what rabbits do, and when I thought about division it reminded me how afraid I was that my parents would get a divorce. I couldn't do any math!"

Billy gained this kind of understanding of his learning blocks through our joint efforts to comprehend what he communicated to us via the combination of verbalization, drawing, and thematic play that is typical of early latency age children in analysis. In the course of it, the degree to which his learning was invaded and compromised by neurotic defensive activity *decreased*, and his ability to make efficient use of his emotional and intellectual resources to solve problems *increased*. His performance in school improved sufficiently for him to be invited back for the following year. His self-image, self-esteem and confidence all perked up noticeably. He even began to defend himself against some bullies at school who had been tormenting him.

Whereas at first he had insisted that he was too outnumbered, outgunned, and helpless to deal effectively with his parents and siblings and had pleaded with me to intervene with them on his

behalf, which I had steadfastly declined to do, he now began to wonder with me what *he* could do about the problems he was having at home. He mustered up the courage to stand up to his older sister and, to his surprise, he found that it worked. When she saw that he would no longer submit to her cruelties without a struggle, she backed off considerably. He also found ways to more effectively protect his possessions against his little sister's invasive onslaughts. He even achieved some limited success in his attempt to get his mother to recognize that his rights needed to be protected as well as those of his sisters. His efforts to convince her that he needed her to be available to him in a more consistent and reliable way were less successful, however, and, for reasons that were not yet clear to him, he could not bring himself to speak with his parents about the deleterious effects upon him of their frequent battles.

Billy turned his newly found assertiveness upon me at this point. He insisted that I provide something for him to eat during his sessions. His argument was a convincing one. He had done his utmost to call his mother's attention to his need for an after-school snack to bring with him to his sessions with me, but in the turmoil and confusion that prevailed at his home in the mornings most often it was forgotten. Perhaps some day, Billy said, he would be able to work that out, but at present it simply was not realistic for us to expect him to get the snack he needed by seeking it at home. The only way he could get it would be for me to provide it for him. My attempts to analyze his request instead of granting it were altogether unsuccessful. He conceded that I might be right that there was more to his looking to me to provide what he wanted but did not receive from his parents than was evident in the immediate realities of the situation, but he insisted that that was irrelevant. We could talk about it and try to understand what else was involved, but he still needed the snack. Besides which, he argued, we had seen how his difficulty concentrating in school had interfered with his ability to learn. How could he concentrate on learning about himself with me if he was so hungry and empty inside

that he couldn't concentrate on his work with me? How would we ever find out what else might be involved in his request for food from me if he couldn't participate with me in thinking about it? Maybe we would decide later on that I should no longer provide a snack for him, but right now he needed it and that was all there was to it. He was so adamant and so persuasively logical that I could find no flaw in his argument. I could not see how it would further his analysis, furthermore, for me to thwart him as he exercised his newly won capacity to assert himself. I agreed with his request for the time being, the agreement subject to reconsideration if indicated in the future, and began, with his parents' permission, to provide an item or two (pie or cookies and milk, pretzels, crackers, etc., as per his shifting request) for him to eat each time he came.

Billy's assertion that providing something for him to eat during his sessions with me after school would not interfere with our analytic work together proved to be well founded. He continued, for example, to puzzle out the problems he was having at school so that he could understand and resolve them. He had gone a long way toward working out the block against arithmetic by then, but he also was having trouble with reading. It was difficult for him to maintain control over the process of scanning the words and lines on the printed page, extracting their meaning, retaining what he had read, and conveying the message he had derived from it to his teacher, as she requested him to do.

One day, as he was describing the details of the reading problem to me, he played a little game with the contents of the small bag of M & M candies I had provided for him. Instead of simply eating them from the bag, he poured them out on the table at which he sat and arranged them into letters and words, which he had to keep revising, since their number steadily diminished as he ate them one by one. He stated that this was a game he often played when he had M & M's to eat. As he went on, I noticed that he consumed the candies color by color until none were left except the light and dark brown

ones, at which point he stopped eating them. When I commented on this, he said, "I hate the brown ones. They're awful. I don't know why anybody eats them. I always give them to my little sister. She'll eat anything." I expressed puzzlement about what he had said, stating that I had known people to whom the brown ones had been their favorites. I added that perhaps he just didn't like the idea of putting something brown in his mouth. The vehemence of his reply surprised me: "That's stupid! Nobody likes the brown ones! None of my friends eat the brown ones! Only my baby sister! And she doesn't know any better!" He apologized for snapping at me, but he was astonished that I could say something so stupid. The session was just about at an end. As he gathered up the remaining, brown M & M's to take home to his sister, he said, "Oh, by the way, I didn't tell you what I call the word game I like to play with the M & M's. I call it 'vowel movement.' " With this, he left.

Over the subsequent weeks and months, we analyzed Billy's reading difficulties, discovering together that multiple conflicts were involved. There were conflicts about looking, related in part to feelings about his observations of his parents' quarrels and his interest in seeing his mother and sisters semi-clad or unclad. There were conflicts about knowing, related to his hospitalizations and his uncertainties about his health (with wishes to know and not to know and related tendencies to repress or deny what he knew). Masturbation conflicts, regressively displaced and revised, were involved. Problems related to his self-regard and self-esteem (feeling helpless, lacking in value, like "shit") and to conflicts about male-female identity proved to be playing a part. Ambivalence conflicts were prominent, as had been indicated by his initial, angry outburst at me. These were expressed at home via passive-aggressive dawdling and failure to get things done, picky eating, enuresis, and temper tantrums. We eventually discovered that they had been revived and perpetuated by his experiences of serious illness and hospitalizations, which had contained elements of being rendered weak

and helpless while he was bodily assaulted and his very life was threatened. Of course, conflicts about control and relinquishing control to others (mother, father, older sister, doctors, nurses, teachers, etc.) were prominently involved. These were related in part to domination-submission conflicts, dependence-independence issues, and difficulty in trusting and relying upon adults to protect him against harm and to provide for his needs.

Billy's eighth birthday approached. He excitedly looked forward to receiving a present from me as an indication that I was a giving friend who valued his importance and would provide what he needed from me. He was deeply impressed when I did not give him any of the toys he mentioned as possible presents, but remembered that some time earlier he had expressed a fleeting interest in having a chemistry set.[1] The latter had come up in association with a sustained interest in water play during his sessions and vigorous, tight-lipped denials that he was worried about his doctor's requiring him to test his urine for protein each day, as a precaution, even though it has been consistently negative for some time. He was delighted with the simple chemistry set I gave him. He talked with me about the experiments he carried out with it and then began to speak for the first time (after first making some drawings that reflected anxieties about his testicles and fear of monsters) about his hospitalizations.

In the course of this, he suddenly realized that the letters "M.D." after my name stood for "medical doctor." This ushered in an intense, negative transference reaction in which he became increasingly annoyed with me, accused me of not helping him, and began to say that analysis took up all his time after school and he did not want to come any more. Despite his protestations, however, he appeared for nearly all his sessions and he heard everything I said to him about the possible unconscious reasons for his intensely negative feelings about me. At

[1] The giving of gifts and of food to child analytic patients, while once an accepted part of child analytic practice, is unusual now, as experience has indicated that child patients in general can tolerate abstinence by and large as adults can.

times, his responses, hostile as they were, contained comments that either extended the interpretations I made or gave me an opportunity to do so. It gradually became clear that he was perceiving me as coldly, callously attempting to get inside of him so that I could "learn" from him and "change" him for my own selfish purposes rather than being truly interested in helping him, relieving his pain and suffering, and making him well. Exploration of this connected it with his experiences in the hospital for treatment of a nephrotic syndrome and for surgical removal of a hydrocele that had appeared in the midst of it.

His transference reaction rapidly developed into a terrifying fantasy that I was a "mad scientist" who would transform him into a "monster." Interpretation of the fantasy as a reliving of the medical and surgical experiences for the purpose of mastery led to its dissolution and a return to the primarily positive attitude toward me that had prevailed most of the time before that and was to prevail thereafter, except for occasional recurrences of intensely negative transference reactions. Interestingly, about a year later, in mid-February, he brought me a Valentine's Day card he had made for me, with a large red heart on it and inscribed "To My Friendly Enemy." When I inquired about the inscription he replied, "You're my friend because you're the enemy of what's inside me that makes trouble for me."

Over several prolonged periods that were separated from one another by attention to other matters, Billy analyzed his violently negative "doctor-transference" to me and its connection with his terrifying experiences in the hospital. The meaning of it was quite complex and deserves to be described in a separate paper. The issues involved became clear in the course of analysis of his verbal communications, resistive defensive operations, drawings (including a comic book he created during two weeks of sessions), and his play. In capsule, his reaction became intelligible in terms of conflicted, repressed, preoedipal and especially oedipal wishes, for which he was laden with guilt and

fears of punishment, and sexual identity confusion related to identification with his mother (and sisters) both as a lost love object and as an aggressor. Confusion over the relationship between his hospitalizations (for body swelling and for removal of something from his body) and his mother's hospitalizations (for childbirth and for miscarriages) played an important part. The need for food from me eventually faded, as we analyzed these matters. His intense need for feedings during his sessions became clear in terms of the terror for his life with which he had had to contend. Once we came to understand that his requirement that I feed and take care of him derived in large part from his anxiety that he would die if I did not do so, he no longer needed this from me. All the attention the doctors and his parents had been paying to the importance of nutrition in the treatment of his nephrotic syndrome and the symbolic connection between M & M's and the pills he had received turned out to have played a part.

Whenever his father went away on one of his business trips overseas, Billy was exhilarated at being named "man of the house" but was very nervous about it. It gradually emerged that there was a connection between his anxieties about water buildup in his body and an ongoing fantasy that his father's plane might crash into the ocean and he might drown. He warded off this fantasy with the idea that even if his father's plane were to go down, there probably would be an island to which he could swim, but his ambivalence cut his relief short by populating the island with hostile pirates. Billy's mixed feelings also were revealed in his fascination with piranhas and man-eating sharks. Slow, persistent analytic work uncovered the oedipal conflicts that were connected with all of this.

Suddenly, the picture in the analytic sessions appeared to shift. Billy's whole demeanor changed and he began to appear harried, slowed up, sad, and preoccupied with thoughts of food. He alternated between telling me about various dishes he claimed to be able to cook or bake and alluding to fears of starving. He indicated that it was important for him to grow up

and look out for himself, and he began to bring in food himself rather than looking for me to provide it for him. I received no clues either from Billy or from his parents as to what might have been stirring these concerns about feeding. I knew that Billy had been kept on the bottle until three years of age, but also that he had been bathed with his twenty-months-older sister during that period of time and had been exposed to a good deal of sexual stimulation throughout his life. Of course, his medical and surgical experiences had intensified the fear of dying that had plagued him, and his oedipal, rivalrous anxieties about his father's safety during his trips away from home included oral-regressive elements of fear that his father might be eaten by piranhas or sharks. I could not figure out what was taking place until I learned that Billy's parents had made plans to travel together to Europe for two weeks, the first time that they would be away alone together since he had been born.

To ease his concerns and perk himself up, Billy devised a game for us to play during our sessions. He divided the plastic animals and soldiers that were in the office between the two of us. He set his up on the toy cabinet, on one side of the room, and had me set mine up on my desk, on the other side of the room. He made a paper airplane, which we were to alternate throwing at the other one's soldiers and animals. The rule was that if the one throwing the plane hit one of the items belonging to the other person, he would take it and add it to his own collection, but, if the other person caught the plane instead, he would take one of the items belonging to the thrower of the plane. To win, one of us would have to end up with all the animals and soldiers. Billy anxiously made certain that he was always well ahead, but he would not permit me to be defeated and wiped out.

As we played the game, day after day, we talked to one another. Billy expressed considerable interest in the approach of Thanksgiving. It gradually dawned on him that the holiday would interfere with our schedule of meetings. He was relieved that we would have our session on Friday of that week, but he

grew increasingly distressed, then annoyed, and then incensed that he would be done out of his Thursday session. What right did I have to deprive him of his session just because it was Thanksgiving, he asked. He was not permitted to simply take a day off if he felt like doing something else instead, so why should I be able to do so? It was not fair. He was entitled to his session and he wanted it.

Suddenly, an idea occurred to him. Why couldn't I come to his house for Thanksgiving dinner? His mother was a wonderful cook, he told me with enthusiasm (temporarily setting aside all his complaints about her inability even to boil water). I would enjoy the meal thoroughly. We could eat our turkey dinner and then excuse ourselves, go to his room, and have our session. That way everything would work out perfectly. He grew increasingly angry as I declined to accede to his plan for our spending Thanksgiving together and stood firm about my preference that we analyze the wish instead. He finally lost his patience, bared his teeth, made a motion toward me as though to strangle me, and advanced toward me menacingly.

"Are you sure it's turkey you want to eat on Thanksgiving?" I asked. "No," he replied, "it's *you* I want to eat," and he lunged toward me. "Are you sure *I'm* the one you want to eat?" I asked. "No," he said, "it's my *parents* I want to eat! They're going away to Europe and are leaving me and my sisters alone with the housekeeper. Sometimes she doesn't show up. What if my parents are away and she doesn't show up? I'll starve! If I eat up my parents, they'll be inside of me and can never get away from me." Suddenly, Billy recoiled in horror. "Oh no," he cried, "if I ate them, that would destroy them!"

We talked together about Billy's fear and anxiety about his parents' projected trip. He didn't like his father taking his mother away on a trip with him, much preferring the usual practice of his father going off alone and leaving him to take charge as "the man of the house." Ever since his kidney ailment, as I reminded him, which as a little boy he had intrepreted as a punishment and a warning for his ideas of getting rid of his

father and taking his place with his mother, he also had been very much afraid that without his parents' constant protective presence he could die.

"There's something I haven't told you," he said, as he caught the paper plane I threw in his direction as part of the game we were playing. "I didn't tell you because I was afraid you'd think I was being childish. Every night for the past couple of weeks I've been putting myself to sleep by imagining that I'm a giant standing in New York Harbor, and every time an airplane takes off from Kennedy Airport I catch it." A look of sudden comprehension spread over his face. "I don't want to let my parents fly away to Europe!" "And that's why you're playing this game with me," I said. He dropped his insistence that I have Thanksgiving dinner with him and launched instead into an ongoing exploration with me of his oedipal guilts and anxieties.

Billy's analysis eventually came to a highly successful analytic conclusion, with an excellent clinical result. I heard from him once, about a year after it ended, when his mother developed a serious life-threatening illness and he wanted to talk to me about it, but, after that single session, I had no more contact with him. About six years after the end of the analysis, however, I received a note from his mother informing me that she was fine, thanking me for what I had done for Billy, and stating that I would be pleased to know that he had sustained all the gains he had made in the analysis and was doing extremely well in all respects.

DISCUSSION

This case illustrates the way in which psychoanalysis can be used to effectively motivate a latency age child to explore the unconscious conflicts that generate the neurotic problems making him suffer. Early latency age children tend to be open enough to accepting outside help in struggling with their conflicts to join in an analytic venture relatively readily. They are very dif-

ferent in this respect from late latency children, who have achieved greater defensive stability and tend to resist an approach that aims at undoing their defensive operations in order to examine the conflicts hidden behind them (Becker, 1974; Bornstein, 1951). Not only was Billy a typical early latency child in this regard, but he was in so much conscious emotional distress, so frightened about his health, and felt so unable to rely on his parents to help him out of his plight that he was more than commonly willing to do whatever might be necessary to obtain relief from his sufferings.

He was able to set aside his wish for immediate relief sufficiently to accept the analyst as someone who might help him to look into his problems and eventually find ways to deal with them more effectively. He was aided in this by experiences during his first three or four years that had contributed to good feelings about what came to him from the adult world before a series of events shattered his sense of security and contributed to a set of neurotic conflicts, guilts, and anxieties from which he could not get free.

He initially turned to the analyst as a supposedly powerful adult who might be able to do something to eliminate the sources of his difficulties and offer him the outside strength and protection for which he hoped. Later he was buoyed by the discovery that he could by his own efforts, merely aided by the analyst, do things that would ameliorate his problems, first at school and then at home. Encouraged by these gains and by the increased confidence in his strength and abilities that they afforded him, he began to make use of the analyst as a knowledgeable ally who might help him to tackle the sources within his own being that contributed to his unhappiness. As he did so, some of the differences between children and adults that affect the way they participate in the analytic process came into focus. For one thing, Billy was not able to communicate through words alone but also resorted to drawings and to the action sphere of play to express himself; this is in keeping with the level of incompletely matured cognitive and emotional devel-

opment which he had reached at that point in his life. For another, a number of factors affected his ability to make use of an analyst to aid him in understanding himself better. He clearly could utilize me as an object to whom he could transfer key yearnings and attitudes as a way of actuating and obtaining access to conflicted, internalized object relations. Unlike adults, however, he still lived with his primary objects and still was engaged in interactions with them of an internalizing and externalizing nature that were continually revising his internal representations of them and his relations with these internalized representations. Even more than do adult analysands, he turned to his analyst as a new object to whom he could relate in new ways and with whom he could practice approaches which he had not been able to successfully utilize before. He could practice asserting himself, for example, in ways in which he could not, either in the past or in the present, assert himself with other adults. That he needed to be permitted to do so was very evident.

When Billy insisted that the food he needed for an after-school snack be provided for him, it was clear that his request had a very different meaning than it would have had if an adult had made such a request. Billy was still at a developmental level at which he realistically depended upon adults in significant ways to provide for many of his needs. He was still at a level at which his ability to tolerate drive tension, anxiety, frustration of basic needs, and physical and emotional helplessness was limited. To expect more than he was capable of at his stage of life would not only have been unrealistic but would also have interfered with his capacity to rely on the analyst to help him *build* the capacities we expect of adults, capacities which young children simply have not yet acquired. It was more in keeping with his level of development to accede to his request, with joint recognition that the need to do so was only temporary, awaiting the time when he would acquire the capacity to do without it.

Ego immaturity and an obligatory thrust toward developmental progression play a central role in shaping analytic tech-

nique with latency age children. One of the issues that needs to be recognized and accepted in child analysis is that children are still in the process of developing some of the ego capacities that we associate with the ability to participate in a psychoanalytic approach to solving life problems. A *prospective* attitude is required of the child analyst, in which he is willing to permit and facilitate developmental progress that will eventually lead to the ability to proceed in a more mature, advanced fashion in the analytic work. In this respect, child analysis regularly involves acceptance of and respect for the kind of temporary deviations from the optimal to which Eissler (1953) referred as "parameters" in psychoanalytic technique with some adults who exhibit ego immaturities and deficiencies of certain types.

Children are not able to restrict themselves to a verbal sphere of communication or to free associate. Nor are children, with the relative newness and instability of their developmental gains and of their acquisition of secondary process dominance (see A. Freud, 1965; Glenn, 1978; Kramer and Byerly, 1978; Silverman, 1971), able to tolerate the kind of induced regression that is stimulated by the recumbent posture and lack of consensual validation involved in the use of the analytic couch. What is required in analytic work with children is to adopt an attitude in which one helps the child to grow in his or her movement *toward* the capacity to work analytically the way adults do, i.e., to assist them in progressing toward adulthood rather than expecting them to participate in psychoanalysis the way adults can be expected to do.

Psychoanalytic work with latency age children is complicated further by their tendency toward the spontaneous regression to escape from oedipal conflict that plays a prominent part in the developmental process at that time of life (see Silverman, 1982). This imposes as much a requirement for the analyst to be restrained, cautious, and tolerant of natural processes as do ego immaturity and the latency age child's determined thrust toward developmental progression.

At the same time that the latency age child's push toward

increasing independence, self-reliance, and ego autonomy demands the analyst's respect and forebearance, regression, paradoxically, is a regular and central feature of instinctual drive expression during latency. One way in which this can be formulated is to state that latency is characterized by simultaneous ego progression and drive regression, both of which strongly influence the way in which psychoanalysis proceeds with children in that age period. An alternative way of putting this is that, during latency, overall ego progression is facilitated by temporary regression in drive expression and in certain ego activities that are very close to the drives.

The net effect is that analysis of a child of Billy's age and developmental level by necessity proceeds in such a way that the analyst finds himself in something of a quandary. He must respect the general forward thrust of ego progression that is taking place and not interfere with the child's need for autonomy, self-determination, strengthening of defenses against the drives, and strict, even moralistic superego attitudes toward his urges and impulses (even if he is not always capable of controlling them). He can intrude only to the minimal extent that is absolutely necessary to engage the child in investigation into key conflicted areas that are impeding the success of that forward thrust. The need on the part of the analyst to respect the latency age child's use of regression as a means of containing and avoiding conflicted, oedipal urges which he is not yet able to relinquish or control contributes to a tendency to work most of the time with regressive substitutes for oedipal issues rather than directly with them. This has led Geleerd (1967) to adopt an almost apologetic tone in her introduction to the fine collection of papers, *The Child Analyst at Work,* with regard to the prominence of regressive preoedipal themes encountered in the clinical descriptions scattered throughout the book.

Billy's conflicts were expressed for a long time on a pregenital level of drive organization. This was exemplified in his fear of starving, his helpless yearning for powerful, outside help to rescue him from the dangers that faced him, his passive-

aggressive and passive-resistant struggles with his parents, the ambivalence conflicts that invaded his thinking and blocked him from learning, etc. The regression was epitomized in his requests for food from me and in the "vowel movement" game he played with the M & M's. Throughout most of the analysis, derivatives of the oedipal conflicts that constituted the more primary issues generating his inhibitions and symptoms surfaced only intermittently and could be explored analytically for no more than brief moments before they were re-repressed and buried again beneath preoedipal substitutes. It was not until late in the analysis, when Billy felt more secure in his developmental advance, that we became able to analyze the core oedipal conflicts in a consistent, more or less direct fashion (and this followed a relatively prolonged period of typical, late latency preoccupation with the rules and structure of competitive games, discussion of books and stories he had read, etc.).

Analytic experience with children yields valuable understanding of the developmental process within which psychopathology is formed and transformed on the way toward its final, layered content and organization in adulthood. It also helps to shed light on the complexities of the psychoanalytic process, which, as Weinshel (1984) recently has emphasized, is still a fair distance away from being adequately understood. Children are still undergoing the development of the capacities for reflection, self-observation, tension tolerance, anxiety tolerance, controlled regression, verbalization, humor, and perspective that are essential ingredients of analytic self-scrutiny. They are still going through the natural processes involved in developmental acquisition of the abilities and strengths that an adult analysand struggles to attain in the reparative rebuilding and reorganization that is an essential part of the adult psychoanalytic process. Child analytic experience, therefore, affords a window through which we can make important observations into very basic dimensions of psychoanalytic fundamentals by highlighting the ego building and progressive-regressive ego

and drive vicissitudes that lead to the capacity for gaining insights which are essential in obtaining an analytic cure.

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THE EFFECTS OF CHILD ABUSE AS SEEN IN ADULTS: GEORGE ORWELL

BY LEONARD SHENGOLD, M.D.

An attempt is made to correlate the effects of child abuse as seen in adult patients with some implications of George Orwell's memories and his depiction of the world in his novel, 1984.

I would like to begin with some explanatory disclaimers. I am not presenting a definitive exploration of, or a solution for, child abuse; and my case material will seem mild indeed to those who deal with the battered and sexually assaulted children who turn up in hospital emergency rooms. I use what Orwell has written, but I do not—since one cannot in truth—present Orwell as a victim of child abuse (aside from his schoolboy experiences). Orwell was reticent about his earliest years and about his family, but there is no evidence of any extraordinary neglect or cruelty in his first eight years. He tells us only that he was unhappy and lonely. Analysts are familiar with how little reliance can be placed on the patient's initial conscious memory of himself and of his parents in childhood; and those of us who are experienced are sadly aware of how even the best psychoanalyses (attempts at exploration of the psychic depths) leave us with at most a palimpsest of the past: a bit of certainty and a lot of doubt. We cannot (as biographers cannot) expect to establish objective past reality, although we do our best to approach it. And, of course, Orwell was not an analytic patient; one cannot conceive of this man, who apparently confided in no one, even considering psychoanalysis. I make use of Orwell because (whatever the "facts" of his actual experiences) he portrays with such vividness what it felt like and what it feels like

to be an abused child—to feel helpless, inadequate, and guilty in a world one never made.

A young man in analysis for several years complained of having difficulty with his memory and with disruptions in his thinking that interfered with his professional achievements. Despite his complaints, his achievements were considerable. He was very intelligent, but at his work he seemed always to promote dissension, controversy, and ultimately punishment, even dismissal. He seemed unaware of his provocation of authority figures. He lived a life of disconnected and largely unacknowledged sadomasochistic fantasy which he occasionally expressed in action that was quickly disavowed. So much was disavowed that his functioning sometimes suffered because of a discontinuity in his memory; this affected his sense of identity, and he had little feeling for himself as a child. He insisted on the façade of being regarded as the decent, helpful, kindly-but-feckless friend of the family—of so many families. His specialty was seducing the wives of his "good friends." He was a compulsive and successful seducer. This was part of a secret life that he covered by competent impersonation. He had been engaged for many years to a masochistic young woman who worshipped him and whom he treated very badly. He seemed to despise her for loving him, yet felt he needed her dependable affirmation of his "lovability."

The patient's painful, although intermittent, awareness of not being able to be responsible for what he was feeling and doing was connected by the analyst with the patient's deepening memories of having been given repeated overstimulating enemas as a child by his mother. She appeared to have had very little interest in him, but much fascination with his anus and bowel habits. The enemas always went beyond what he could stand. More pleasurable were the occasions of having his anus wiped by her—a habit which continued even after he started going to school. In the early phases of analysis, he described his childhood with few specific memories but generally thought of it as

quite happy. During one session when he seemed to be integrating past and present more than was usual, he commented with poignancy, "It is sad. I am not really a whole person. I live in compartments, in fragments." "In disconnected fragments," the analyst said, stressing the defense.

Some time after this the patient said there had been an incident he had never told anyone about. As a teenager he had been a baby-sitter for an infant female relative. Once he had exposed his erect penis and had tried to get the baby to play with it and to suck on it. He wasn't sure of the baby's age—too young to know what was going on. He "really didn't think anything had really happened." Of course, with his memory defects he couldn't expect himself to know for sure. The girl was now an adolescent and had become a promiscuous delinquent. Of course, this had nothing to do with his attempt at seduction. He was sure of that. When the analyst (who was not feeling kindly that day) asked him how he could be sure, the patient became furious. He characteristically wanted to treat this vaguely recalled "sin" as if he were telling it in confession (his family was Catholic). He had reported it; he gave himself absolution; it was over and should no longer matter. He did not want to connect the incident, even speculatively, with the past or with the present—neither with the former little girl, nor with his analyst (for it had current transference implications). What had happened must have no consequences that might threaten his self-esteem. (He had also succeeded in repeating the past in an attenuated way in relation to the analyst. He had provoked me by his defensive disavowal into putting an "unkind" and critical pressure on him to be responsible.)

Following this session, there was a series of provocative actions. It was as if the patient were trying to show by example some of the terrible intensity of accusation and of hatred connected with sexual excitement about children, intensities that he could not responsibly feel or connect with his mother, his analyst, or himself. His behavior seemed to be a reaction to the confession of his "crime," designed to evoke punishment while

simultaneously expressing anger. The punishments came mostly at work, although he obviously wanted to provoke the analyst to be the spanker and the enema-giver. His main victim and scapegoat was his fiancée. Using the excuse of financial pressure (which unconsciously represented an urgent anal impulse), he sold a treasured family heirloom of the fiancée's that had been given her by her beloved mother. He had extorted her permission for this; but when he sold it and returned to the apartment where they were living together, she had burst into tears. "I knew I had been a son of a bitch. I knew I should be feeling sorry for her. She truly is a good person. But I hated her for *reproaching* me with her weeping. She's so goddam *helpless*; she can't even yell at me. And—I don't want to tell you this—when I saw her crying that way, I got an erection." "As you got an erection with the 'helpless' baby," I (the connector-as-prosecutor) added. "That has nothing to do with this! You make me sound like a monster! Listen to me screaming, as if I were a woman. I can't even be properly angry with you [=the "reproachful" analyst]. It's all a show!"

He, the "son of a bitch," was struggling with feminine identifications—an identification with the "monster . . . woman," the bad mother of his childhood, as well as an identification with the seduced child and with his fiancée as the victim. But he was not able to be responsibly aware that this was going on. His terror of his suppressed and isolated feelings made much of his life into a dramatic simulation: he lived *as if* he were involved. After he had gained some insight, he quoted T. S. Eliot (1924):

> We are the hollow men
> We are the stuffed men
> Leaning together
> Headpiece filled with straw. Alas! (p. 56).

My topic is the effects seen in adults of abuse received in childhood. I want, above all, to emphasize the complexity and the mystery of the attempt to connect pathological effects with specific causes. I want to warn against oversimplification,

against reducing explanations just to external events—or, conversely, just to intrapsychic forces. Having been seduced or beaten, as well as having had the desire to be seduced or beaten, is registered (or at least is registrable) within the individual's mind. As psychological therapists, we are confronted with these interrelated psychic representations of the world inside and of the world outside the self which make up the individual's "representational world"—the frontier at which we encounter our patients. I have tried to show how difficult it was for my patient to be responsible for his psychic representations; he could not properly register what he wanted and what he felt, or even what he had done and what had been done to him.

Child abuse is the abuse of power. We do not have a coherent psychology of power. Much is unknown. I will start my explication with paradox: child abuse, a phrase from the twentieth century, is as old as human history, as old as the family, as old as the abuse of the helpless by the powerful in any group. But child abuse has a particular resonance with, and relevance to, the twentieth century—to the world of *1984*. This is the century of the computer and of the concentration camp and of the atomic bomb; of the presence of such destructive potential that all life on earth is threatened; and of a centralized power so monolithic and intrusive that it has aimed at mastery over the individual's mind as well as over his body. That power has been implemented by twentieth century discoveries in psychology and in communications that have made brainwashing and mind control an easily attained effect of terror and torture. Hitler and Stalin have proved that the strongest adults can be broken and deprived of their individuality and even of their humanity. That is also one of the lessons of George Orwell's *1984*—one that can be learned, too, from the lives of those who have grown up in the charge of crazy, cruel, and capricious parents, in the totalitarian family ambiance of a childhood that has taken place in what the poet Randall Jarrell calls "one of God's concentration camps" (1963, p. 146).

Freud, who lived long enough in this century to see a good

deal of the prospect of *1984*, believed that destructiveness and the abuse of power are part of our inherited biological nature, starting in our bodies and in our minds (to use Freud's metaphor) as instinctual drives. Freud viewed our attempts at civilization, at the transcending of our murderous, polymorphous perverse, and incestuous human nature, as heroic and tragic—capable at best of achieving a partial success, a compromise that leaves us inherently neurotic, with a discontent that can easily regress to hatred and misery (Freud, 1930).

Freud did not begin with this pessimistic, all-pervasive view of neurosis. He was a child of the rationalistic, scientific second half of the nineteenth century. His first idea of psychic pathogenesis was one that centered on child abuse. Neurotics, he said, suffer from reminiscences, from memories of overstimulating events; these traumata start in childhood. Hysteria, he wrote to his friend Fliess in 1896, is not the result of heredity (as the then current psychiatric thinking would have it) but of "seduction by the father" (Freud, 1892-1899, p. 239). Psychoneurotics, the patients, "them," had been sexually assaulted as children by parents, older siblings, or parental substitutes. Later—after listening further to his patients and after his own self-analysis—Freud learned that not all the stories of seduction he had been told were true. He discovered the role of fantasy in human motivation. The form it took in his theory was the conception of a psychic life of fantasy, in large part unconscious and derived ontogenetically from the developmental unfolding of instinctual drives and of body feelings. Freud described primal fantasies that involve sex and murder, like the oedipus complex (he thought these might be part of a phylogenetic inheritance), and that express the motivating forces from within the mind. He never denied the role of the environment or of traumatic intrusion and interference. He was aware of the continuing past and present actuality of "seduction by the father" for some of his patients. Freud's ideas of universal drives, of unconscious conflict and fantasy, led him to the conviction that neurosis not only affects "them," the sick patients, but is inherent in "us"—

to be human is to be neurotic. He replaced the too simple formulation of ascribing pathology to the repression of the effects of external trauma with a complex interrelation of intrapsychic and environmental influences that become transformed into psychic structure under conditions of continuing intrapsychic conflict. The complex questions about pathogenesis that we are left with can be stated as follows. How does the environment impinge on and influence our instinctual nature, and how does our life of internal fantasy influence the registration and the control of our environment? How do the circumstances of our lives mold and get molded by our life of conscious and unconscious fantasy?

In relation both to our external and to our inner lives, Freud viewed as all-important the influence of those first carriers of the environment and the first objects of our instinctual drives: the parents—what they do; what they evoke in the child; how they are registered within the mind of the child and become part of its mental structure; how they are separated out to leave the child with its own individuality. For the developing infant, these gods of the nursery (or their caretaker substitutes) *are* the environment. They have power over the helpless, and they can easily get away with misrule and tyranny. They are also under a powerful unconscious compulsion to repeat the circumstances of their own childhood. We regularly find that the abusers of children are those who have been abused as children by their parents. This is not heredity (although we cannot rule that out) but rather a passing down of a traumatic past from generation to generation. The sins of the father are to be laid upon the children—but not, as Freud has shown, the innocent children. Children are very easy to seduce because they want to be seduced. And we have learned that in the terrible circumstances of sustained lack of love from parents, of indifference and even of hatred, children will turn to seduction, even to provocation to be beaten in order to get *some* attention, to fulfill the imperative need to be parented. Those who have devised procedures for causing mental breakdown in inmates of prisons and con-

centration camps have resorted to a regimen of emotional deprivation and isolation, alternated with humiliation and torture. Child abuse is a consequence of our need for dependence and of our innate sadism and masochism; and it evokes in its child victim an enhancement of that sadism and masochism. There is a convincing sociological study of this in Colin Turnbull's *Mountain People* (1972), about an African tribe whose members humiliate and torment their children. The children grow up to be cruel to their own children in turn, to be uncaring of each other, and to abandon their old people.

We find in our patients that they regularly identify with the aggressor. To identify means to *be* and *not to see* someone. It follows that when these people, like my patient "the son of a bitch," find their own victims they do not empathize with them. The abused child's siblings, already subject to the primal displacement of murder from the parent to the intruding infant, which is the theme of the story of Cain and Abel, tend to be the first scapegoats in these families. Although different individual variations may ensue, the hostility is usually displaced onto people outside the family—such as my patient's fiancée (with whom he was repeating his past, with her as child). The hostility is very often shifted onto those who are already the victims of persecution, to the racially different (who are particularly appropriate since they unconsciously represent the denied and projected bad aspects of parent, self, and the family), to foreigners, to "official" enemies (like the ever-changing war opponents in *1984*).

What I have observed from my limited vantage point—as a psychoanalyst and psychotherapist in private practice who does some supervision of therapy with clinic patients—confirms the infinite variety and complexity of the effects of child abuse that one would expect from Freud's complicated view of psychic pathogenesis. I know that the range of psychopathology that is encompassed, of diagnostic categories that are elicited, is broad and varied. There are, of course, many combinations of effects. The most important determining factor involves

power—psychic economics: *too much* neglect and *too much* torment and abuse (especially when these are *too* early) make for the blank slate of devastated psychic structure. The children may not physically survive the assaults, or they may succumb subsequently to an inner need for annihilation analogous to that found by René Spitz (1945) in his study of the deaths of emotionally deprived infants raised in institutions. For the survivors of abuse and neglect, this self-destructive current develops into a strong need for punishment. It is all too easy to murder the souls as well as the bodies of children. There must be at least some minimum of care and some kind of acceptance from the parents for the child to survive.

Added to what we do *not* know (and what we do not know about child abuse is probably more important than what we do) is the mystery of the great variation in inherited gifts and ego strengths; these enable some abused children to sustain more and transcend better than others. Some of these children grow up impelled chiefly to *contain* rather than to *repeat* the traumata, although differing proportions of both will always be present. With faulty or inconstant defenses, with partially defective psychic structure (here again there is interplay with mysterious, in this case *negative*, "givens"), abused children can be or can become psychotic, or psychopathic and criminal. Or they may be able, by using massive and primitive defenses, to contain the terrifying, primarily murderous (again, sadomasochistic) charge of affect that they have been forced to bear. They have to pay the price of these defenses, but they can give the appearance of being (or may actually be) neurotic (like the well-façaded "hollow man" I introduced to you). From my experiences with patients, and from my reading about the lives of others, I know that one comes across the unexpected. For example, alongside the scars and distortions produced by terrible childhoods, there are some strengthening effects: some survivors appear to have derived adaptive powers from their expectations, powers and talents that seem to have been called out in order to survive. This is analogous to what has been observed

in those who have lived through war and concentration camp experiences. I have learned to be wary of generalizations about people who were abused as children. But I have observed certain common features, mostly based on two consequences of prolonged or repeated abuse: the evocation of murder, cannibalism, and traumatic anxiety by the overstimulation; the concomitant need for rescue from, and defense against, these unbearable intensities.

I am going to use Orwell's *1984* for a demonstration of the clinical effects of having been subject to chronic neglect and repeated abuse as a child at the hands of tyrannical adults. I have called *1984* "a veritable primer on soul murder" (Shengold, 1979, p. 536). Little is known of Orwell's earliest childhood. He wrote an autobiographical essay, "Such, Such Were the Joys" (Orwell, 1947), about his experiences from ages eight to eleven in boarding school (St. Cyprian's). Eight was a crucial, a vulnerable age for the boy Eric (Orwell's real first name). He was sent to school shortly after his father had returned to the family from India following a four-year absence. That absence had deprived the boy of the opportunity for masculine identification. With his father's return, Eric was displaced as the "man" in the family (he had two sisters)—a blow to his narcissism. Shortly thereafter, Orwell was sent away to boarding school, which must have further enhanced both his oedipal conflicts and their concomitantly present preoedipal antecedents. The boy was accepted at the school on partial scholarship as one likely to win prizes for them. He was a bed wetter, which led to his being repeatedly humiliated by the couple who ran the school. Many aspects of *1984*, including brainwashing, are implicit in the way Orwell depicts his experiences at this school, and his essay was written at the same time that he was working on *1984*.

> Your home might be far from perfect, but at least it was a place ruled by love rather than by fear. . . . At eight years old

> you were suddenly taken out of this warm nest and flung into a world of force and fraud and secrecy, like a goldfish into a tank full of pike (1947, p. 23).

Although his friend and fellow schoolmate, Cyril Connolly, called "Such, Such Were the Joys" the "key to [Orwell's] formation" (see Crick, 1980, p. 67), others have questioned the centrality of the school experiences, and other schoolmates have cast doubt on the objective facts as presented. This brings in the complicated relation between fantasy and reality. Orwell has written of how the adult remembered the child's feelings. The headmaster's wife, who bullied and shamed him and who is portrayed as having made him doubt his own perceptions and feel that he was guilty and bad, may or may not have deserved to be a prototype of Big Brother in the novel, but I have no doubt that Orwell considered her to be so.

What I feel is central to the task of empathizing with the experience of the child being abused by parents or parental substitutes, and in understanding the continuing effects on the mental life and behavior of the child, is that the child so often must turn for imperatively needed comfort and rescue to the very instigator of the trauma and torment. The other parent is usually either an unconscious colluder[1] or a fellow victim, or

[1] Here is an instance of "family collusion" from the memoirs of Lucy Boston (1979), an English writer born in 1895. The author describes herself reaching puberty. Her mother, then a widow, never mentioned sex to her but started to treat her with suspicion, "seeing evil where none was" (p. 81). The mother interfered with an innocent friendship with a very nice boy whom the mother suddenly characterized as "dangerous." In contrast, the girl was encouraged to go and stay with her aunt and uncle. Lucy describes her uncle as having an air of "rolling self-confidence and gusto. He had the twinkling little eyes of a porker. They now took notice of me. After a few displeasing signals of his intentions, he one day caught me on the landing and carried me fighting like a bull-calf into a bedroom where he flung me onto the bed and his twenty stone on top of me. From this extremity I was rescued by one of his sons calling his father to order. The old man was not put out of countenance. 'Ah well. All right, my boy.' Neither man seemed to think it out of the ordinary.

both. (Where this is not so, the "totalitarian" situation is less prevalent, and the trauma tends to be less devastating—the child has someone else to turn to). The need for a loving and rescuing parent is so intense that the child must break with the registration of what he has suffered, and—delusionally—establish within his mind the existence of a loving parent who will care and who really must be right. Like the broken Winston Smith at the end of *1984*, he loves Big Brother. (In the adult, there may be a good deal of intellectual awareness of what the parent is like, but the delusion of goodness continues underneath). The child takes on the guilt for the abuse himself, turning inward the murderous feeling that is evoked by the traumata. (The actuality of torment makes for an intensification of what is a usual vicissitude of hatred toward a needed parent.) Sometimes with, but even without, orders from the tormentor, what has happened is broken with and denied. The parent is right and good; the child must be wrong and bad. This is portrayed both in Orwell's essay and in his prophetic novel.

Shortly after arriving at school, Orwell began to wet his bed. This was felt to be criminal, and even though he had no control over the symptom, the child felt the authorities were right. He was threatened with beating, and when the symptom continued, he was beaten. Here is his description. The headmaster had

> already taken a bone-handled riding crop out of the cupboard, but it was part of the punishment of reporting yourself that you had to proclaim your offense with your own lips. [There is an echo here of my confrontation with my confessing patient described above.] When I had said my say, he read me a short but pompous lecture. . . . He had a habit of continuing his

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"A few days later when Mother wished to send me with a message to her sister, I refused to go, saying Uncle was too dangerous. He wouldn't let me alone.

" 'Nonsense, you silly child,' she replied. 'It's only Uncle's way.'

"This was her side of the family and therefore perfectly conformable. But she was right—it was Uncle's way, and there was to be no help from her" (p. 81).

> lecture while he flogged you, and I remember the words, "you dir-ty lit-tle boy" keeping time with the blows (Orwell, 1947, pp. 3-4).

The beating did not hurt much, which made the boy smile. (The boy's masochistic provocation—like my patient's—can be seen here.) Therefore the beating was repeated:

> This time Sim laid on in real earnest. He continued for a length of time that frightened and astonished me—about five minutes, it seemed—ending up by breaking the riding crop. The bone handle went flying across the room.
>
> "Look what you've made me do!" he said furiously, holding up the broken crop. . . . The second beating had not hurt very much either. Fright and shame had anesthetised me. I was crying partly because I felt that this was expected of me, partly from genuine repentance, but partly also because of a deeper grief which is peculiar to childhood . . . a sense of desolate loneliness and helplessness, of being locked up not only in a hostile world but in a world of good and evil where the rules were such that it was actually not possible for me to keep them. . . . I had a conviction of sin and folly and weakness, such as I do not remember to have felt before. . . . [Another result] is that I accepted the broken riding crop as my own crime. I can still recall my feeling as I saw the handle lying on the carpet—the feeling of having done an ill-bred clumsy thing, and ruined an expensive object. *I* had broken it: so Sim told me, and so I believed. This acceptance of guilt lay unnoticed in my memory for twenty or thirty years (pp. 4-6).

The abused child takes on the guilt that the self-righteous parent so often lacks.

Here is Winston Smith's response to being tortured beyond his endurance. The tormentor, O'Brien, has been holding up four fingers and insisting that Winston see five. With enough pain, Winston gives in. He loses consciousness and recovers to find O'Brien holding him.

> For a moment he clung to O'Brien like a baby, curiously comforted by the heavy arm round his shoulders. He had the feeling that O'Brien was his protector, that the pain was something that came from outside, from some other source, and that it was O'Brien that would save him from it (Orwell, 1949, pp. 110-111).

O'Brien correctly predicts the result of the brainwashing he is administering. It is a description chillingly appropriate to the patient that I have presented.

> Never again will you be capable of ordinary human feeling. Everything will be dead inside you. Never again will you be capable of love, or friendship, or joy of living, or laughter, or curiosity, or courage, or integrity. You will be hollow. We shall squeeze you empty, and then we shall fill you with ourselves (p. 113).

Orwell shows that Winston Smith has been forced by torture to cultivate *denial*—the erasing of what has happened, the abolition of the past; this has become a principle of government:

> All history was a palimpsest, scraped clean and reinscribed exactly as often as was necessary (p. 19).

> If the Party could thrust its hand into the past and say of this or that event, *it never happened*—that, surely, was more terrifying than mere torture and death (p. 16).

I remind you of the interferences with his thinking of which my patient complained. In one session, during a period in which he was attempting to recall his enema experiences and his wish to be wiped by his mother, he became restless, turned to his side on the couch, and said that he felt as if he were going to be goosed. I suggested that he was feeling anal excitement. "I don't know what you mean by 'anal excitement'," he re-

sponded. I pointed out that he had told me that he liked to have his anus played with by a particular paramour. "I wouldn't call that excitement," he rejoined. Since I was aware that this patient frequently wanted to argue (i.e., to be contacted, scolded) *instead of* registering and becoming responsible for the subject of the argument, I left the exchange at that. During the next session the patient reported that he had gone home on the previous night and had, for the first time, masturbated while stimulating his anus. Several weeks later, again while talking about enemas but this time stressing how unpleasant *he thought* they had been (he was speculating rather than remembering), he started to writhe on the couch and again turned to his side, presenting his behind. I interpreted that his body seemed to be remembering better than his mind and was perhaps expressing the anal pain and anal excitement that he did not seem able to feel. "What is this anal excitement business?" he exclaimed. "I have no idea what you mean by anal excitement." I reminded him of the anal masturbation that had occurred a few weeks back. "Oh that," he said. "What does that mean? It only happened once."

In *1984* Orwell describes this power of denial, of being able to split one's responsible awareness ("It is like trying to write on water," Freud is alleged to have said of how one patient dealt with his interpretations), as part of the principle of *doublethink*:

> . . . to know and not to know, to be conscious of complete truthfulness while telling carefully constructed lies, to hold simultaneously two opinions which cancelled out, knowing them to be contradictory and believing both . . . to forget whatever it is necessary to forget, then to draw it back into the memory again at the moment when it was needed, and then promptly to forget it again, and above all to apply the same process to the process itself . . . consciously to induce unconsciousness, and then once again to become unconscious of the

> act of hypnosis you had just performed. Even to understand the word "doublethink" involved the use of doublethink (Orwell, 1949, p. 17).

Orwell mentions hypnosis; autohypnosis is often used by these patients to effect nonregistration and denial. Therapeutically, it is necessary for the patient to become aware of, and (harder still) to become responsible for, the use of "doublethink."

I have stressed the need to get away from the torment of overstimulation and the rage and murderousness it brings forth by identifying with the tormentor and turning the rage on the self and on others. I conceive of what happens defensively as a regression to, or an enhancement of (and subsequently a fixation on), the developmental period during which the child usually evolves his defenses against a burgeoning aggressive drive: the so-called anal-sadistic period of development (ages one-and-a-half to three-and-a-half years). The regression is, of course, partial and subject to great individual variation. What makes it necessary I have called "anal defensiveness," central to which is an idea of Robert Fliess's; he conceived of the unconscious involvement of the anal sphincter in the defensive task of mastering the basically aggressive destructive feelings that we are born with (he called these "primal affects"):

> It is often as though the anal sphincter were charged with the mastery of regressive and archaic affect, intrinsic to whatever phase of development, because it is the strongest [sphincter]; and as though the ego chose anal-erotic elaboration upon instinctual strivings of whatever nature as the most reliable means of preserving its organization (Fliess, 1956, p. 124).

What this implies is that becoming able to control the anal sphincter (a vital developmental achievement) has its psychic counterpart in the control of aggressively charged (i.e., mur-

derous) emotion. There is a primitive kind of shutting off of feeling, as well as a primitive kind of letting go of feeling. We all require some amount of obsessive-compulsive (which implies anal) defensive structuring—the developmental conversion of impulse and action into thought; and the kind of emotional sphincter control that goes along with the possibility of isolating feeling and idea. Optimally, this obsessive-compulsive scaffolding is not too constrictive to allow for subsequent emotional development toward the capacity to care about and to love others—a goal that severe obsessive-compulsive characters with their anal fixations (like my patient) do not achieve. We all have to master hate, but those who have been abused as children have more hate to master than most. And they frequently do not have the needed help of a loving parent. What results can be a recourse to obsessive-compulsive defenses; to anal mechanisms, symptoms, erogeneity. The overuse of the "emotional sphincter" makes for a kind of anal-sadistic universe with all the contradictions that this entails. Repression and excessive emotional control that can amount to a kind of "zombification" can exist alongside outbursts of intense, hate-filled sadism—sometimes covered over, as in my patient, by a very different "as if" façade. (In *1984* the enforced docile conformity co-exists with perpetual war and daily "hate sessions.") In our patients there are myriad combinations of these contradictions—which usually exist unsynthesized, side-by-side, in "fragments" or "compartments"—resulting in the confusing variety of clinical pictures we find.

Anal consciousness is initially—before training—cloacal consciousness, and control of the urethral sphincter plays its important but lesser part in asserting a kind of instinctual defensive mastery alongside control of the anal sphincter. Urethral control is usually attained first. Bed-wetting—a frequent response in children subjected to neglect and/or overstimulation (and a cry for help from them—Orwell illustrates both)—means an unconscious relinquishment of urethral control. This probably involves a regression that enhances the anal organi-

zation and the defensive need for the anal sphincter; here is one explanation for the terror of the loss of integrity of that sphincter for bed wetters like Orwell. It would underlie Orwell's (and Winston Smith's) fear of rats—which, as in the florid fantasies of Freud's famous Rat Man, are endowed with the power of penetrating the body by eating through sphincters (see Shengold, 1971).

Freud viewed psychopathology as derived from what he called a "complementary series": varying proportions of inherited susceptibility and of environmental trauma. It follows that effects similar to those seen in people who have suffered actual torture and abuse (like those in *1984*) can be found in children and adults who started out with innate or early-acquired defects and subsequently suffered only the ordinarily expectable or even the inevitable quota of emotional deprivation and insult. However, when one sees a patient whose thought and affective processes evoke intimations of "doublethink" and brainwashing, one should consider the possibility of that individual's having been abused in childhood. This, though, should not be assumed—an automatic *blaming* of parents makes as little sense as an automatic *sparing* of parents. One must keep an open mind and learn from one's patient, from his defenses, from the repetition circumstances evoked by his treatment. One needs "suspension of disbelief" in the possibility of the existence of the hostile and sexually abusive parent. To face fully what it was like to have had a truly destructive parent evokes resistance in the would-be empathic therapist as well as in the former victim. And it can be reassuring for the *therapist* to collude with patients who want to erase history and to cloud over the past with false sentiment. My patient, who after some analysis came to characterize himself as a "closet Nazi," whose fiancée's tears left him dry-eyed but full of hate-filled sexual excitement, would weep copiously at sentimental movies and plays, especially when parenthood was being celebrated. And here is the final emotional state of Winston Smith:

He gazed up at the enormous face. Forty years it had taken

> him to learn what kind of smile was hidden behind the dark mustache. O cruel, needless misunderstanding! O stubborn, self-willed exile from the loving breast! Two gin-scented tears trickled down the side of his nose. But it was alright, the struggle was finished. He had won the victory over himself. He loved Big Brother (1949, p. 131).

The most devastating effect on children of what I have called "soul murder" is the suppression of the joy in life that is dependent on having been cared for and on being able to care about another human being. In *1984,* this is finally effected by torture—Winston Smith is faced by O'Brien (who has found out rats are his worst fear) with the prospect of a cage of starving rats being lowered onto his face. Rats are dirty and destructive; they are also carnivorous and cannibalistic—"anal-sadistic imagos," to use Freud's metaphor (see Shengold, 1971).

Orwell more than once described his childhood as unhappy, it contained "quite unnecessary torments" (1948, p. 415). He had a "complex about being an ugly and smelly child" (Crick, 1980, p. 56), and he seems to have been preoccupied with rodents even before his stay at prep school. Here is a quotation from a letter written home during his first term at St. Cyprian's (he was not a good speller):

> I am very sorry to hear we had those beastly freaks of smelly white mice back. I hope these arnt smelly one [*sic*]. If they arnt, I shall like them (Crick, 1980, p. 64).

Orwell's obsession with rats was lifelong. A comrade said that when Orwell fought in the Spanish Civil War, "he was more concerned with rats [in the trenches] than with bullets" (Crick, 1980, p. 325). His ambivalence was compounded by identification. He himself had been the "smelly one." He wrote: "A child's belief in its own shortcomings is not much influenced by facts. I believed, for example, that I 'smelt' . . ." (Orwell, 1947, p. 37).

Some of the ambivalent obsession had turned to action by the time he was seventeen, when he wrote to a friend who was a dedicated hunter:

> It was most awfully good your shooting the two snipe & the woodcock. You ought to get at least one of them stuffed, I think. I have bought one of those big cage-rat traps. This place is overrun with rats. It is rather good sport to catch a rat & then let it out & shoot it as it runs. If it gets away I think one ought to let it go & not chase it. If they are threshing the corn while you are there, I should advise you to go—it is well worth it. The rats come out in dozens. It is also rather sport to go at night to a cornstack with an acetylene bicycle lamp & you can dazzle the rats that are running along the side & whack at them—or shoot them with a rifle . . . (Buddicom, 1974, pp. 110-111).[2]

Crick (1980) quotes this letter and comments:

> Thus Blair [Orwell's real name] bought the cage that eventually was thrust at the face of Winston Smith in *Nineteen Eighty-Four*. And the rat seems to be the devil to be striven against in a child's own created world of domestic animals (p. 130).

This ignores the devil in the child himself. The letter shows Orwell's identification with the rat-as-killer as well as with the rat-as-victim. The delight in the slaughter is made even more chilling by the matter-of-fact prose of the description. Murderous wishes are projected onto the rat; then one can kill the bad impulses by killing the rat. This letter was written at a time when young Orwell was becoming passionately involved in resisting authority and in ideas about class antagonism. He had an ambivalent, intellectualized identification with the lower classes (who had rodent-like connotations for him). Contradictions are the stuff of life, they abound in adolescence, and are inherent to anality. Orwell said he had been brought up to

[2] *Cf.*, Marcel Proust's sadistic feelings and practices in relation to rats (see Shengold, 1985).

believe that "the lower classes smell" (1937, p. 129), as he believed he had as a child. (Orwell himself was to choose to live the life of a destitute tramp, described in *Down and Out in Paris and London* [1933].) Of Orwell's preoccupation with bad odors, Crick (1980) writes: "From his earliest days he grew to associate smell with oppression" (p. 64).

Readers of *Homage to Catalonia* (1938) will remember the frequent hateful references to rats in the front lines near Madrid (pp. 78, 83, 102, 106)—"rats, rats, rats, rats as big as cats . . ." (p. 78). There is one excerpt that very much resembles the letter quoted above:

> In the barn where we waited . . . the place was alive with rats. The filthy brutes came swarming out of the ground on every side. If there is one thing I hate more than another it is a rat running over me in the darkness. However, I had the satisfaction of catching one of them a good punch that sent him flying (1938, p. 83).

The man here has not changed much from the boy of seventeen.

There are many excellent and contradictory external descriptions of Orwell's behavior and personality. He showed different aspects of himself to different people. It is a consequence of his very nature that, more than is usual in the inevitable enigma of human character, Orwell's biographers cannot do more than sketch and speculate when it comes to trying to portray the inner man—what it felt like to be Orwell. He was secretive and solitary, and he never wanted a biography of himself to be written. His characteristic role in life, primarily defensive, was that of the observer, detached from pain and detached from emotional involvement. (My patient was like him in this.) In so many situations in his life he was the "odd man out," apart from the crowd and against the establishment. He had acquaintances and friends, but he avoided bringing together those who did not already know one another. Like my patient, he kept parts of his life "in compartments." He made adaptive use of his

detachment: even as a child he was determined that he would become a "FAMOUS AUTHOR" (see Buddicom, 1974, p. 38), and his compulsive need to be the observer became the vantage point for the journalism, essays, and fiction that finally emerged. One gets the feeling that he used his strong will and persistent determination to force himself away from some hated and feared part of his nature—probably primarily from his sadistic and dominating impulses. He remained able to fight and did so literally, and with conspicuous courage, in the Spanish Civil War. He is described characteristically as aloof and unruffled in crises and was so, even (perhaps especially) under bullet fire. When he was about thirty, he published his first book under a pseudonym and began to forge a new public identity: Eric Blair became "George Orwell," the author bent on evolving a simple and honest prose; the fighter for truth and justice, or perhaps more important, against lies and oppression. (We can speculate that his complex personality contained Big Brother and O'Brien as well as Winston Smith.) Chekhov (1881) wrote of having had to "squeeze the serf out of myself, drop by drop" (p. 78), and "George Orwell" must have made a similar effort; both men come through *in their writings* as truly moral and virtuous. Both are elusive and enigmatic personalities. Trilling (1955) said of Orwell's work: "What matters most of all is our sense of the man who tells the truth" (p. 226).[3] Orwell's essay, "Why I Write" (1946), documents his obsessional character defenses and their creative transformation:

> From a very early age, perhaps the age of five or six, I knew that when I grew up I should be a writer. . . . I was the middle child of three, but there was a gap of five years on either side, and I barely saw my father before I was eight. For this and other reasons I was somewhat lonely, and I soon developed disagreeable mannerisms which made me unpopular

[3] Also, like Chekhov (another contrast to my patient, who had made lying a part of his character), Orwell was liked and even loved by his friends. And Orwell did his effective best (even though his tuberculosis inhibited close contact) to be a good and devoted father to his adopted son (see Fyvel, 1981).

> throughout my schooldays. I had the lonely child's habit of making up stories and holding conversations with imaginary persons, and I think from the very start my literary ambitions were mixed up with the feeling of being isolated and undervalued. I knew that I had a facility with words and a power of facing unpleasant facts, and I felt that this created a sort of private world in which I could get my own back for my failure in everyday life. [Together with early writings, I started] carrying out a literary exercise of a quite different kind: this was the making up of a continuous "story" about myself, a sort of diary existing only in the mind. I believe this is a common habit of children and adolescents. . . . my "story" [became] a . . . description of what I was doing and the things I saw. For minutes at a time this kind of thing would be running through my head: "He pushed the door open and entered the room. A yellow beam of sunlight, filtering through the muslin curtains, slanted on to the table, where a matchbox, half open, lay beside the inkpot. With his right hand in his pocket he moved across to the window" . . . etc., etc. This habit continued till I was about twenty-five, right through my non-literary years (1946, pp. 309-311).

Even if the adult was exaggerating in retrospect, one feels that the essential truth is told here. A split between the observing and the experiencing ego of this magnitude and duration is not a "common habit of children and adolescents"; nor is the ability to turn it to adaptive, creative use ordinary. (Note that when Orwell started to write for publication, the "split" receded.) The strength and the pervasiveness of the isolative defenses do resemble what we find in those who have to ward off the over-stimulation and rage that are the results of child abuse (as in my patient, who used different means than Orwell to attain his emotional detachment). It must have helped Orwell in his life that he was able to deal with the rat imago in his fiction. His artistic success, which came late in his life, helped too, but a need for failure persisted to the end. (Both Orwell and Chekhov were to die in their mid-forties of tuberculosis that had been partly denied and neglected.)

1984 is about a world full of bad smells; and it is infested with rats. " 'The thing that is in Room 101 is the worst thing in the world,' [O'Brien says to Winston Smith]. 'In your case . . . the worst thing in the world happens to be rats' " (1949, p. 125). O'Brien shows him a cage containing starving rats fixed to a mask which is about to be lowered on Smith's face. " 'The rat,' said O'Brien, still addressing his invisible audience, 'although a rodent, is carnivorous . . .' " (p. 126). Winston feels he can evade the rat torture only by betraying the only person (besides the lost mother of his early childhood) that he has ever loved: Julia:[4]

> There was one and only one way to save himself. He must interpose another human being, the *body* of another human being, between himself and the rats. . . . Winston could see the whiskers and the yellow tail. Again the black panic took hold of him. . . . "It was a common punishment in Imperial China," said O'Brien. . . . The mask was closing on his face. . . . And he was shouting frantically over and over: "Do it to Julia! Do it to Julia! Not me! Julia! Not me! I don't care what you do to her. Tear her face off, strip her to the bones. Not me! Julia! Not me!' " (p. 126).

The feelings are of cannibalistic intensity; Winston Smith has *become* the carnivorous rat. Child abuse makes for child abusers.

I have tried to correlate *1984* with a bit of clinical material to give some of my ideas on the soul-destroying consequences of child abuse. It is not much to offer in relation to this compelling and complex subject. But, as Freud once said, "only a thief gives more than he has" (McGuire, 1974, p. 40).

[4] Before the lovers, Winston and Julia, are caught (to make love without permission is to act against the State), Winston expresses the inevitability of their being forced to confess under torture. " 'I don't mean confessing. Confession is not betrayal. What you say or do doesn't matter; *only feelings matter.* If they could make me stop loving you—that would be the real betrayal.' She thought it over. 'They can't do that . . . They can't get inside you.' " (p. 73, italics added). But getting inside, body and soul, is just what the parent who abuses his child can do. And it is exactly the ability to feel that gets interfered with.

SUMMARY

The author presents the case of a patient who showed the massive defensive effects seen in people who were abused in childhood. These effects are similar to those described in George Orwell's *1984* and in his autobiographical writings: denial and "doublethink"; masochistic submission to the tormentor; turning of anger against the self and loving "Big Brother"; identifying with the abuser and tormenting others; a burgeoning of anal mechanisms and obsessive phenomena that results in a massive isolation of affects; excessive emotional control alongside outbursts of rage. The interference with memory and emotions compromises identity and humanity. The unforseeable evolution of innate gifts in a child sometimes permits a partial transcendence of these crippling defenses, as Orwell partially transcended what appears to have been the emotional deprivation of his childhood and what he felt to have been the abuse of his schoolboy years.

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"Natural Termination": Some Comments on Ending Analysis Without Setting a Date

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"NATURAL TERMINATION": SOME COMMENTS ON ENDING ANALYSIS WITHOUT SETTING A DATE

BY ARNOLD GOLDBERG, M.D. AND DAVID MARCUS, M.D.

This paper is a re-examination of the rule of date setting in termination. It reviews the literature and presents an analytic case which was terminated in what the patient called a "natural" manner, i.e., without the setting of a date. Some ideas about the nature of the rules used in organizing analysis are discussed.

The technical management of a psychoanalysis lives in a tension between, on the one hand, a set of rules to be followed and, on the other, a principle of freedom which will allow maximum flexibility adaptable to each patient. Such a tension allows us to scrutinize each and every attempt to rigidify or codify the rules of the game as well as to caution against any extreme that goes beyond the bounds of the basic rules. Termination of analysis has always been a temptation for such rule making, and the issue of setting a termination date is a striking example of this process. It clearly stems from Freud's handling of the Wolf Man case and, although that maneuver has been called into question because of its likely reflection of an unresolved transference issue, it has nevertheless gained significance in the management of most analytic cases (for a review of this problem see Gedo and Goldberg [1973]).

There has occurred a sort of institutionalization of termination which begins with marking it off as a specific phase of analysis and subsequently characterizing it in terms of the work directed to setting the date for terminating, and thereupon working through the analytic material which derives from this act. The intent of this essay is to re-examine what may be an

artificial rule of normal analytic practice and to see if there may indeed be a more "natural" way to terminate.

After a review of the relevant literature we shall present an illustrative case. An effort to reopen the question of date setting will be made. The issue of termination without setting a date will be used primarily as an attempt to provoke a broader rethinking of where and when our rules are helpful and where and when they are a hindrance.

REVIEW OF THE LITERATURE

In Freud's technical papers (1913) he postulated that an analysis might be divided into opening, midportion, and ending phases. He stated that the opening and ending phases could be described in regard to the analyst's general procedures but the midphase could not; and, in comparing the process of an analysis with the movement of a chess game, he described the technical stance of the analyst primarily in regard to the opening phase. It was in his rather optimistic discussion of the Wolf Man (1918) that Freud emphasized the necessity of ending analysis by the fixing of a date by the analyst. He suggested that due to the pressure of the death instinct, all analyses were limited. However, he gave no real technical advice for the management of the terminal phase in general or the question of date setting in specific. In *Analysis Terminable and Interminable* (1937) Freud seemed skeptical about either set or unset endings of analysis and wondered if there were any endings at all.

Although analysts have been striving for "natural" terminations of analysis, it has not exactly been clear what is meant by this. This is partly because two of Freud's famous cases, Dora (1905) and the Wolf Man (1918), had anything but natural terminations. Dora broke off treatment unexpectedly at the height of the treatment process. This was disappointing to Freud, but in describing it, he mentioned that anyone who conjures up evil demons cannot escape the struggle unscathed. He wondered if

he could have kept the treatment going had he shown warmer personal interest, but quickly ruled this out as acting a part. He was against such an acting of a part since he felt that in every analysis a portion of unknown factors forms resistances, and so the analyst would have to be involved too much in role playing. He felt that any patient's own will and understanding would eventually limit the extent to which psychological influences may be used.

In the case of the Wolf Man, Freud felt that the patient remained entrenched behind an unworkable resistance. He understood the interpretations but remained unapproachable by his use of obsessive compulsive defenses; thus Freud felt there was only one way to overcome this stalemate. He thereupon waited until the Wolf Man's attachment to him was so strong as to counter the patient's withdrawn attitude about treatment, and he then set a termination date. According to Freud, under the pressure of this fixed limit the patient's resistance and fixation to the illness gave way, and, in a disproportionately short time, the analysis produced all the material necessary to clear up his inhibitions and symptoms. Freud also felt that the information necessary to understand the patient's infantile neurosis derived from this last period of work. In the case report of the Wolf Man, Freud emphasized that the date setting was done only when the analyst had trustworthy signs that this was the moment to do so. However, he really did not describe these trustworthy signs, and in *Analysis Terminable and Interminable* (1937) stated that no general rule can be laid down for the moment of this technical device; and so it must be left to the tact of the individual analyst. Nevertheless, Freud remained positive about his work with the Wolf Man; this in spite of some general skepticism about the therapeutic effect of the analysis and the later history of the Wolf Man. Interestingly, Ruth Mack Brunswick (1928) wrote that she agreed with Freud's management of the termination. Freud, in his famous "a lion only springs once" remark (1937, p. 219), felt that once the date was set the physician could not renege, for he would lose face in

the eyes of the patient and become worthless in helping the patient any further.

Ferenczi was the first of the pioneer analysts to begin to describe termination as a phase, and it is interesting to see the evolution of his thinking around date setting. His classic paper, "The Problem of the Termination of the Analysis" (1927) stands today as a stimulus for the consideration of so-called "natural" termination. Some have interpreted this paper as opting for an analysis that ends by exhaustion and have contrasted this to a more natural or well delineated termination phase. This may be misleading, since Ferenczi's thinking evolved over time. Earlier, in 1924, he advocated the initiation of a terminal phase of the analysis after "all pathological fixations" had been reproduced in the analysis and the transference neurosis had been resolved (Ferenczi and Rank, 1924). The tone of this earlier work suggests that the patient resists terminating, and the analyst must impose it "from without." Yet there were also a few clues in the paper as to a more potentially spontaneous termination phase derived from something "from within": the natural course of the analysis itself. This had to do with reality testing and libidinal weaning; the latter, a concept of Glover's, one of the strongest exponents of demarcating a terminal phase.

In his 1927 paper Ferenczi began to emphasize that completion of analyses was possible only if one had unlimited time at one's disposal and if the analyst was determined to persist for as long as necessary. Analysis was divided into qualitative and quantitative aspects. The former dealt with finding the pathologic motivation and condition which determined the appearance of symptoms; the latter, the working through, which may herald the end of the analysis. He emphasized: (1) the breaking down of resistance to the patient's conscious doubts about the analyst's dependability, (2) an increased capacity for free association, and (3) the relinquishment of infantile mendacity. In this manner Ferenczi began to outline signs of impending termination.

Ferenczi felt that an abrupt ending of an analysis is to be rejected even if indicated and unavoidable in a few cases. The proper ending of an analysis is indeed when it dies of exhaustion, but even then the physician must be suspicious of the possibility that behind the patient's wish to leave, some neurotic factor may be concealed. In a successful analysis the patient frees himself slowly but surely; and as long as the patient wishes to continue, he should be allowed to do so. The patient soon becomes convinced that he is treating the analysis as a source of gratification which in terms of reality yields him nothing. This leads to mourning, and when this is overcome, the patient looks for more real sources of gratification. Ferenczi recalled that Freud discovered that the entire neurotic period of a patient's life appears to him in analysis as one of pathological mourning which he now seeks to displace into the transference situation; and the revelation of its true nature puts an end to the tendency to repeat it in the future. The renunciation of analysis is through the final resolution of the infantile situation of frustration which lay at the basis of symptom formation. Ferenczi felt that analysis is not an unending process but one that can be brought to a natural end; and that there were certain criteria to ascertain this. However, either because of his writing style, the brevity of the paper, the unusual vocabulary, or some other factor, Ferenczi fails to convince and to describe the qualities of this position.

Edward Glover's (1955) descriptions are probably the most definitive published attempts to deal with the terminal phase. He asked whether the concept of a terminal phase is correct or whether we are only tagging a label onto what is in reality just stopping analysis. Could it be that all analyses just stop, do not have an inbuilt development toward natural termination, and therefore do not end by the working through of a third phase of the analysis, a terminal phase, but by the breaking off in the second phase: the phase of the transference neurosis? He referred to Sachs's (1942) dictum that the most complete analysis does little more than scratch the surface of a continent, and

therefore it would follow that we might go on scratching this surface without any necessity to postulate a terminal phase. Yet Glover felt it more probable that inasmuch as the emergence of the transference neurosis is related to regression on the part of the patient, we must *provide* a "terminal period" in which the patient can regain higher levels of adaptation; or else we should be prepared to discharge our patients in a state of regression. He considered this termination phase to deal mainly with transference weaning and ego readaptation; ideally, it should be initiated by the analyst and patient in concert. Although in a great number of cases one such obvious moment may not be detected, it does not invalidate the concept of a dynamic terminal phase.

Glover's (1955) most practical argument for the validity of the concept of a terminal phase dealt with the patients' reactions to the notice of a "terminal phase" when symptoms often return in full force. Glover felt that in such cases it is therefore clear that the terminal period is specifically concerned with the final reversal of the tendency to regression. He postulated that there must be considerable latitude in estimating the duration of the terminal phase, but that some characteristic ego and libido movements may be expected. He then added a rejoinder: even if a terminal phase is inherently probable in an analysis, it appears much less often in a classical form than one would suppose.

Glover considered that if we assume that a terminal phase does exist, we must still consider whether this is a spontaneous movement or whether it is merely a characteristic reaction on the part of the patient to a terminal period. He found arguments on both sides. His thinking here was based heavily upon concepts of primary and secondary gain of illness. Assuming that the need for illness (primary gain) has been eliminated, it can be argued that the need to repeat symptoms in analysis will spontaneously diminish and the patient himself will be ready to regain freedom from transference bonds. On the other hand it can be maintained that once the transference or transference neurosis has been established, the secondary gain secured

thereby will prevent the patient's taking any steps in the direction of breaking off and so will necessitate an active decision on the part of the analyst.

In Glover's view, in all cases in which a typical transference neurosis develops, a terminal phase is not only an eventual part of a successful analysis, but it is also a spontaneous development in most of these cases, although the responsibility for giving notice of termination must be with the analyst. He also stated that whether or not a true transference neurosis develops, the process of transference resolution calls for a terminal period in which characteristic mechanisms make their appearance and are analyzed. Glover went as far as to say that unless a terminal phase has been passed through, it is very doubtful whether any case has been psychoanalyzed. However, Glover also stated that he did not want to give the impression that in those cases in which, for some reason, full analysis is not possible, it simply stops short without presenting any of the characteristics of a more normal terminal phase. He felt that, on the contrary, in all cases, except those in which the analysis is ended suddenly and without notice, there are resistances, regressional movement, and attempts to take flight from reality and to retreat from newly won positions. He stated that indeed there are even cases which are exceptions to the rule that the termination of analysis is a step that must be taken by the analyst himself. There are likewise cases which may be regarded as effective in spite of limited time which prevents the completion of an analysis. In these cases, although no specific intervention regarding termination is made by the analyst, the last few months of the analysis are found to exhibit specific terminal characteristics.

Glover returned to the main characteristics of the terminal stage: regression, increase in transference fantasy and fixation, an exacerbation of the symptom picture either in new directions or along already established lines. These all lead to an increasing emphasis on secondary gain and may take the form of increased exploitation of the original symptoms or an intensified transference situation. The emphasis on secondary gain

should not be regarded as an unfavorable sign since it indicates that the primary gain has already been reduced. Secondary defense is also a second line of defense during analysis.

Fleming and Benedek, in their book, *Psychoanalytic Supervision* (1966), devoted a chapter specifically to the end phase. They stated that in the initial and middle phases of an analysis the short-term transactions claim the bulk of the analyst's efforts as one follows the patient's responses to the interpretive work. This concentration on the day-to-day cycles of changing resistances and regressive behavior of the transference neurosis may cause one to lose sight of subtle signs of progressive movement toward the end point of therapy. It is this long-range movement which is indispensable to the dynamic themes as they vary from moment to moment, and it is in the end phase that the underlying theme of progression becomes traceable through the whole of the analysis. Sometimes both patient and analyst lose sight of the fact that an analysis does end, and very often during the termination phase the most subtle and most persistent forms of resistance are in operation. Working through these resistances is often stressful for both analysand and analyst. To avoid this pain, the patient will sometimes argue for a quick ending or call up old defenses and hide behind a transference barricade to attempt an interminable analysis. If the working through of the termination phase is improper, patients end up with a "transference cure" or with a negative transference sometimes subtly covered with reaction formation and various rationalizations for stopping the analysis.

Fleming and Benedek stated that the most common formulation for the criteria for considering an analysis well terminated is the resolution of the transference neurosis. This idea stimulates many questions concerned with both theory and technique. The concept of resolution of the transference neurosis implies intrapsychic changes in economic and dynamic forces that lead to structural modification which permits new adaptations. Reworking the infantile conflict in the transference neurosis to a resolution makes it more possible for the ego

to take the place of the id. Of course, not all analyses end this way. Many external situations necessitate interruption with only a partial "termination phase," even when conditions would otherwise permit a working through of the motivation and reaction to separation from the analyst.

Fleming and Benedek also noted that there are many internal, psychological reasons for interruption of an analysis. It may be prematurely ended by the patient in a state of intense resistance that drives him into a "flight to health." It may be prolonged indefinitely by a patient who sinks into the couch and enjoys the secondary gains of the analysis. It may be abruptly ended by the analyst in a moment of intense irritation and frustration at what seems to be the patient's unnecessary clinging to an infantile position or similar forms of resistance, or it may be prolonged by the analyst whose therapeutic ambition expects too much. Resistances on both sides of the relationship often repeat the parent-child situation in which the child's moves toward separation-individuation are experienced as threatening to the child or to the parent. Fleming and Benedek referred to Weigert, who, in her paper, "Contributions to the Problem of Terminating Psychoanalyses" (1952), emphasized the modification of the countertransference as an important aspect of approaching termination.

The problems crucial for the end phase are associated with terminating a relationship that usually has been a unique experience. The analyst usually has helped the patient to a new state of emotional freedom and maturity. It is hard to let go of such a relationship and to permit the analyst and the experience with him to become a memory. This integrative task has been compared to mourning work by several authors: Bruner (1957), Ekstein (1965), Loewald (1962), and Stewart (1963) all emphasized the similarity between separations caused by death and those brought about by normal psychological growth. Both events stimulate a sense of loss which activates processes of mourning. Mourning work and healthy growth are accomplished when a relationship is given up which is realistically over

and when giving it up can be distinguished from a sense of being deprived or rejected. From this theoretical point of view the problem of termination is similar to mourning and psychosocial development, in that a current experience should be "metabolized" into a memory and energy freed to be directed toward new objects and new levels of relationships.

Fleming and Benedek found it useful to divide the end phase into three steps which the analyst and patient make together, though perhaps at a different pace: (1) recognizing changes in the patient which indicate that termination should be brought about; (2) deciding on a date; (3) terminating. The duration of each of these steps will differ, depending upon the individual—patient and analyst. Each step requires a different level of adaptation to present reality which is influenced by past experiences with similar problems and by the knowledge and skill of the analyst. An experienced analyst understands preconsciously the relationship between these short-term transactions and the goal of therapeutic change.

A date which has been decided on, especially when done by mutual agreement and not arbitrarily by the analyst, confronts the patient with the reality that until then could be ignored. The reality of an impending date produces a different impact on the patient's leisurely and sometimes chronically effective defense of putting off into some vague point in the future the time when separation and progression to maturation must be accomplished. A date has the effect of activating a mourning reaction, and the regressive repetition of old defenses observed during this period possesses an overtone of renunciation. This is to be contrasted with an overtone of stubborn hanging on, which is often clearly felt by the analyst during the date setting period. One might think of the last step in the process of terminating as mourning for all the past object losses and in anticipation of mourning a new one, the analyst. Such an anticipatory experience, which includes sharing one's feelings about it with the object about to be given up, is relatively rare in the lives of most persons outside the analytic relationship. Working

through this kind of "termination work" offers an opportunity not achievable in any other way.

Nacht (1965) wrote that the type of date setting of the Wolf Man case should be used rarely, in seemingly interminable cases and only when all other technical measures have been exhausted. He believed that if the maneuver should fail, it does not necessarily mean that the analyst and patient cannot do further work, either at once or perhaps after a short period of a few months' interruption. This is illustrated in a recent case report (Goldberg, 1978).

In Firestein's valuable review of the literature (1978) he stated that in "usual" cases the setting of a date is no problem, because analyst and patient concur that the goals of the analysis have been attained in a sufficient measure. Termination is logical in terms of the process of the analysis and is not to be appraised as a resistance. It hardly matters whether a termination date is broached by patient or analyst, for agreement between them is presumable.

In general the literature suggests an attempt to delineate a phase of termination and to make the declaration of a date a crucial part of this end stage. There remains a good deal of disagreement about the clarity and composition of this phase. Over the years the change in thinking about date setting has been from one imposed by the analyst to one that is mutually agreed upon. This latter phrase of "mutual agreement" is subject to being based upon other than primarily analytic considerations. It is questionable if any conscious reality decision can be considered as if it were only a reasonable and rational negotiation, since we know that similar issues such as fee setting and scheduling of hours are always of great unconscious significance. We are thus always alert to the meaning of any and all reality issues and often we try to minimize them. Most analytic literature does, however, seem to consider date setting as another one of those unavoidable real parts of living that cannot be bypassed.

CLINICAL ILLUSTRATION

The clinical material to be used is of an analytic case which highlights the issue of setting a date. As such, it is not meant to exemplify the conduct of the average case but rather to call attention to those factors that may go unnoticed in a less illustrative case.

After about four years in analysis the patient, a professional man in his mid-thirties, brought up the idea of terminating. He felt that he had made good, if not remarkable progress in his analysis—far beyond his initial expectations. He had only one outstanding problem left: that of maintaining an intimate relationship with a woman. He had recently divorced and now was dating a succession of women. The analyst did not respond at all to the question of termination, and soon thereafter a great deal of analytic work was ushered in by a new and intense relationship with a newfound female friend. This was the first alerting clue to the defensive use of termination in this analysis. The patient did not usually evidence qualities of quitting before finishing in other aspects of his life, and so the analyst had no occasion to concentrate on this premature wish to terminate. However, as the analysis proceeded, the patient made much of his own folly in wanting to leave before he was ready, and he praised (perhaps too intensely) the analyst's reticence in this regard.

Some months later the question of termination was again in the air. The patient had indeed solved most of the problems which had brought him to analysis. He was productive at work, was now engaged to be married, and, most important, seemed to conduct his analysis with minimal participation on the analyst's part. He soon brought up once again the prospect of termination, and the optimal time to do so began to occupy his thoughts. As he associated to thoughts of such a termination date, he spoke of having to consider the analyst's personal needs in terms of money, schedule, and how to allow the analyst sufficient time to adapt to an absent and departed patient. This

preoccupation persisted for some time and became a prime issue in the analysis. He was asked why he felt that setting a date seemed so important, and he responded by wondering if it was being suggested that he need not set a date. If he had no date and thus terminated naturally (in his words), then he would be controlling the analyst, whereas setting a time, say some three or six months hence, would be evidence of the analyst's control. He suddenly thought that this was the way that the analyst did it—but this ending naturally would mean that he, the patient, would be trusting. He linked this to his conviction as a child that his father was intimidated by and afraid of him. He was somewhat of a "golden boy" as a child, since he was the only son and was quite outstanding in school. He controlled the family because of his scholastic performance, and they catered to his every whim in terms of his studying arrangements: absolute silence, a special room, meals at his command, etc. Later there developed a more open antagonism between father and son, but the father could never throw the boy out of the house as he professed (most often in anger) to wish to do because of this continuing outstanding school performance. The patient felt that whenever his analyst was nice to him, it was because he was intimidated, and so, too, did the issue of allowing termination to be unstructured resonate with the feeling of questioning the genuineness of the other person's stance. In the analyst's mind at this time was the beginning notion of simply not interfering with these associations by discussing a termination date but perhaps allowing whatever was unfolding to do so in an unimpeded fashion.

Soon afterward some material emerged that was interpreted by the analyst in a manner that was at odds with the patient's conviction. The immediate reaction of the patient was that he was being kept in analysis as if in a cage. The analyst wanted always to be "one up" while the patient so wanted to be free. Not unexpectedly, however, the patient soon worked once again on the features of this latest problem, and in short order he modified his original sense of injustice and outrage. This,

too, was another feature of this phase of the analysis, in that most material could be rapidly discussed and interpreted and, again, primarily by the patient himself. Of course, all of these issues have been the repeated center of analytic scrutiny.

The patient soon reported a dream as follows:

> The walls of my apartment had been painted and looked fine but the painter informed me that a new paint had come out that would make them sparkle. Alas, it was too late for me.

The patient immediately connected the dream to the feeling of a finished analysis, but the disappointment in the dream eluded him. We had spent much time in the course of the analysis working on his sense of an abrupt change in his father that seemingly occurred when the patient was around seven years old. The father had taken on a new job and seemed to get tired and depressed with that adventure. Previously, he had been extremely close to his son but now seemed to have little time for him. They had had such a vital and enthusiastic relationship that the patient could vividly recall the eagerness with which he had awaited dad's return from work. With the new job, things changed to the point that father rarely spoke to his son. After a while his moods were more belligerent and antagonistic, and the patient dreaded the arrival of his father from his time at his job. As this material was once again worked over, we wondered if perhaps there had been less of an abrupt change and this was a retrospective portrayal of a generally moody man. Now a memory came which portrayed the father as a man given to more sudden and inexplicable mood changes all through the patient's early life. And with this memory came an association to a new patient whom the patient noted the analyst had taken on: a person who, the patient felt sure, could not hold a candle to himself in terms of intellect and human and general worthwhileness. Then he associated to the intense feeling of rage at the analyst for choosing a new patient and to the intense loss he felt that it would not be like it was ever again. He had a fantasy of a very special relationship with his analyst which

might possibly endure after the analysis but which he now feared he must abandon. Just as the dream said, he was too late for the "sparkle"; just as he felt as a child when he could no longer capture that very special excitement he enjoyed with his father.

As the feeling of termination at some time, some indeterminate time, became a sense of conviction, it seemed that the real mourning work began. Although there was little doubt that he overidealized the analysis (and less so the analyst), he insisted that he never again would have so meaningful a relationship and that he could never have imagined what an impact this would have on him. His sadness was profound and sincere. He cried a lot but always with a parting statement that he realized that this seemed to be the only thing left to do. But he came to each session with the uncertain feeling that perhaps he might end that day or sometime soon—but maybe not for months. There was never a feeling on the analyst's part that he was being teased or tormented about the ending, about which he felt equally uncertain. He soon put to rest his anxiety about empty hours and looking for a new patient. He would just wait to see what happened.

The patient reported a dream: "I am playing happily with two children, and then one says that World War III is coming and I am devastated." Everything is going so beautifully. Why is he upset? What hasn't he yet analyzed? He assumes that the dream must portend some unfinished business ahead. The analyst asks why he cannot separate the termination per se from what remains unanalyzed, and the patient is puzzled. He feels that everything is precipitated by termination and that he can walk out happy only if he has analyzed everything. He wants to get it all done—even the pain—before he leaves. He has been denying how important the analyst is. He doesn't think his father ever did anything just for the two of them. The relationship in analysis, however, is the most significant he ever had. It's just so hard to leave. For the first time in his life he really feels content—so why take the chance? The kid in the

dream, one of them, is himself. He really enjoys people for the first time. It's like a "new me," and now the rug is pulled out. He would like to go on and on until he wanted to get out so badly that he would be just glad to leave—with no bad feelings. He really doesn't need the analyst—just the relationship.

The patient began the last hour by saying that he had thought of stopping today, but he is so scared that he will wait. "NO—today's the end!" He cried for quite a while and then said that he has grown up here. It is not and has not been a mutual relationship. It's been for *him*. It's over. He would like to leave a little early so that he could be alone for a while. He recalls listening to the sounds of his father after he came home from work. He was so scared. The father would come home and after about five minutes the patient would emerge from his room. That's what it feels like now. What's going to happen? Of course, usually nothing did. It has been the same with the analyst who always understood but whom he hardly knows. Very little will happen between them after this. It connects to the difference between leaving and being left. You are left if you are unimportant, but here it is the opposite. The analyst is more important than anyone. He never believed it would happen to him. All other "leaving" was belittled, and this is the most important. But this has all been initiated by him, and he is totally terminating for himself—not at all for his analyst. He will never lose the importance of analysis—he just doesn't need it anymore. He will look back mainly on the stressful points. He remembers thinking that his analyst was crazy. That was real close. But he made the decision to try it. He used to try to forget people—but now it's nice to have memories. He never thought that he would end spontaneously. It's more natural than setting a date. It is like shaking hands with a man who just died. It's over! He got up, looked at the analyst, shook hands, said goodbye, and left. In retrospect he terminated about a month sooner than the analyst had expected.

Some months later a letter was received from the patient. It stated that he was doing well, still missed his analysis, managed

to handle most situations, and remained intensely involved in his new marital relationship. Over a year later the patient returned for two hours to discuss a work problem which seemed related to an unanalyzed bit of transference. He decided to use the couch and began to tell a dream and its associations. He struggled with a feeling that a particular career choice that he contemplated would be looked upon negatively by his analyst, but soon saw that his dream was an internal portrayal of an old conflict. He decided that his problem was another version of the one worked over so extensively in the analysis. He left after the second hour with a feeling of decision as to his plans. No interpretations were made, and only later did the analyst recognize that this may have been an anniversary reaction. The patient reported that everything else in his life was as good as he had hoped.

DISCUSSION

The intent of this essay is not one of advocating the termination of analysis in the manner described above. Nor is the case presentation designed to be of such a general nature as to deny the very special meaning that this sort of ending had for this patient. Every psychoanalysis is unique in the sense that no generalizations are of the nature that we see in the physical sciences, yet every psychoanalysis also has enough common features for us to construct and utilize a host of generalizations to guide and direct us (Spruiell, 1983). Thus we intend to redirect our attention to one small moment in the conduct of every psychoanalysis and to see if a rule has allowed us to be, in one sense, nonanalytic participants in the handling of this moment.

Most endings and departures in life are not well announced or readily planned for. Now, that could be an arguable sentence and should perhaps be modified to say it is usually the case that the child's psyche cannot at all plan for anticipated losses and that most adults handle endings after the fact. We aim in psy-

choanalyses to increase the patient's capacity to master traumas, and certainly one way to do this is to allow him to work toward a predetermined date. However, this form of active mastery may be experienced by the patient as an adaptation to a rule imposed from outside. It may also serve a variety of defensive purposes, as witness the above patient's using the preoccupation over the date to ward off the work of mourning. The major point, however, is that most of the mental processes of life are not matters of conscious deliberation but rather those of preconscious and unconscious activity with only an occasional awakening to consciousness. So it must be for the time that the patient is ready to terminate. If analysis is seen from a developmental perspective, then all timing issues remain open and are secondary to the readiness of the person involved.

It goes without saying that countertransference problems in this matter may be quite significant. The analyst may feel put upon and abused and forced to take a passive position that he could experience as a real injury. One cannot plan a practice too easily that allows patients to come or go as they please. Nor is it easy to endure the uncertainty of the day-to-day work of terminating. The analyst's own mourning work is probably handled in a different manner in this sort of a termination, and there is no doubt, for example, that the writing of a paper as well as any active move aids one in mastering that experience. It should come as no surprise that the idea of this sort of natural termination is unsettling to many analysts.

It seems to be the case that much of the analytic literature on termination reflects a posture of an adversarial relationship with the patient. Analysands are seen as hanging on to the analysis, hiding issues from the analyst, clinging to infantile regressive states, etc. Termination is seen as being imposed upon the patient, forcing issues to be confronted, and demanding a relinquishment of gratifying regressive fixations. To be sure, we are continuing to debate these points in psychoanalysis, but we must repeatedly think of rules in terms of being of benefit in

enhancing analytic understanding versus allowing some sort of personal comfort. Too much can be rationalized in the analytic situation to allow us to accept the variety of reasons given for insisting upon anything at all (especially this one point of the setting of a termination date) that would permit fashioning a hard and fast rule. It may not be true that "the only rule is that there is no rule," but it could be that the only rule is that of increasing mutual understanding—at any cost. We would certainly agree with the position that an implicit acceptance of the fact of termination had been achieved with this patient. Yet this does seem to offer a different posture of the analyst as less of an adversary and more of a partner who is available as the need arises.

Behind the remark of Ferenczi's that termination should come at a point of mutual exhaustion of patient and analyst may lie the idea that it is a gradual and open-ended procedure. Even the criterion of the self-analytic function which is espoused by many (e.g., Schlessinger and Robbins, 1983) to be fundamental for the ending of analysis is essentially more of a measure of difficulty or discord than that of smooth operation. It is a function brought forth for problems and thus one that is quiescent for the most part. There is no doubt that different people seem to terminate in different ways and at different times, and the job of the analyst is like that of the parent at any developmental change. We must be available to assist as the patient's need demands and not as our own needs dictate.

"Natural" termination is but a pointer to alert us to the fact that since the needs of patients are variable, we, at times, must put our preconceptions to one side.

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Neglected Classics: Rapaport's "Metapsychological Considerations Concerning Activity and Passivity"[1]

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NEGLECTED CLASSICS: RAPAPORT'S "METAPSYCHOLOGICAL CONSIDERATIONS CONCERNING ACTIVITY AND PASSIVITY"[1]

BY AARON H. ESMAN, M.D.

In the mid-1950's when I was beginning my years as a candidate and, at the same time, beginning to summer in the Berkshires, I began to hear reports of an important but unpublished paper by David Rapaport, then the Director of Research at the Austen Riggs Center in Stockbridge, Massachusetts. It was said that, although full of provocative ideas, the paper was not in a state in which Rapaport, with his exigent standards, was willing to expose it to the critical scrutiny of his colleagues. Indeed it was not until the posthumous publication of Rapaport's collected papers (Gill, 1967) that "Some Metapsychological Considerations Concerning Activity and Passivity" became generally accessible, although mimeographed copies had for some time been available to those of us with connections at Riggs.

Rapaport's essay struck me with great immediate force, since it resonated with some of my own inchoate ideas. Out of my experiences in clinical psychiatry and the beginnings of my work in psychoanalysis I had begun to develop the view that the activity-passivity dimension was a critical one for the understanding of psychopathology and for its remediation. I had been impressed by the frequency of feelings of helplessness, inertia, and lack of resource in the patients I had seen, and, alternatively, the importance of mastery and the active pursuit

[1] Rapaport, D. (1953). Some metapsychological considerations concerning activity and passivity. In *The Collected Papers of David Rapaport,* ed. M. M. Gill. New York: Basic Books, 1967, pp. 530-569.

of goals in those who appeared healthy. My work with children and my readings in the developmental literature left me increasingly dissatisfied with a notion of the infant as a passive-receptive vessel awaiting the active ministrations of a mother to fill it up; it seemed clear to me that, even in the act of sucking, the neonate played an active role in securing his own needs and that his cry was an active instrument for obtaining satisfaction. Thus in the adult, even such "passive" aims as nurturance, being loved, and emotional support required, it seemed to me, active measures to assure their fulfillment. It was helpful to find Rapaport quoting Freud (1933, p. 115) to just this effect.

As befit a paper of its time, "Activity and Passivity" was written in the language of the metapsychology which Rapaport was industriously forging with the tools of Freudian drive theory and the then-new ego psychology of Hartmann, Kris, and Loewenstein. It was Rapaport's thesis, in essence, that "activity" represented the control by the ego of the drive demands while "passivity" was defined as the overwhelming of the ego by the drives—or, in the newer conceptualization, that "activity" was a measure of ego autonomy. Rapaport distinguished carefully and with great precision between *subjective* experience of passivity and its objective correlate, indicating thereby that experienced passivity might serve as an *active* defense against unacceptable drive derivatives.

True to his conception of the range of metapsychological principles, Rapaport extended his study to the genetic aspects of the problem, concluding that "in the multiple layering of activity and passivity there is no primacy of either" (Gill, 1967, p. 552), and to its dynamic relationships, where he showed that the "turning" of activity into passivity and of passivity into activity can be seen as a defensive as well as an adaptive operation of the developing ego. And finally, in conformity with his overriding interest in the psychology of thought and of consciousness, he developed at considerable length and at a high level of abstraction distinctions between "active" and "passive" thought processes; as he put it, "where structure controls drives we find

thought phenomena which may be characterized dynamically as activity and may even be accompanied by a subjective experience of activity; where drive imposes itself upon structure we find thought phenomena bearing the dynamic—and perhaps even the subjective experience—earmarks of passivity" (p. 563).

To re-read the paper today transports one back to the heroic era of ego psychology and of Rapaport's energetic efforts to build a general psychology on the foundation of Freud's libido theory. Today, a generation later, few analysts would use Rapaport's very abstract and experience-distant language, particularly in the face of the assaults leveled at traditional metapsychology, and especially at libido-economic concepts, by some of Rapaport's former colleagues and students (e.g., Gill, 1976; Klein, 1976a; Schafer, 1976). Still, it is striking how much of what was to come is foreshadowed here. The concept of active mastery was subsequently elaborated by Klein (1976b) into a fundamental dynamic "principle of self-initiated active reversal of passive experience" (with, be it noted, only passing reference to Rapaport). Indeed, Klein advanced his "principle" as a contribution to the psychology of "will"—a theme to which Rapaport had explicitly alluded in his essay. White (1963), though critical of Rapaport's adherence to drive psychology, seems clearly to have utilized Rapaport's views on ego autonomy in formulating his own concepts of "independent ego energies." And Schafer's "new language for psychoanalysis," with its emphasis on the central role of action in all aspects of behavior, is surely anticipated by Rapaport's (and Freud's) insight into the active element in the pursuit of ostensibly passive (and consciously disavowed) aims—or, as Rapaport put it, "refraining from action may bear the marks of activity" (Gill, 1967, p. 554). Melville's "Bartleby" serves as literary illustration.

In my own work Rapaport's thinking (minus the convoluted drive-economic terms) has been extremely helpful in my efforts to conceptualize the nature of healthy adolescent development—specifically, the adaptive and integrative value of active, ego-mediated strivings in the face of the regressive pull of in-

fantile longings and resurgent drive pressures. I have also found it useful, in attempting to understand artistic creativity, to emphasize the active role of autonomous problem-solving ego functions as opposed to the more conventional notions of passive "inspiration" based on regression, even if "in the service of the ego." In a sense it has been the spirit, rather than the letter of Rapaport's thinking that has informed my own, but its influence has been significant. Much still remains, I believe, to be mined from the rich, complex, and many-veined lode that Rapaport began to explore in this now-classic but seldom-read paper.

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Compulsive Shopping as a Derivative of a Childhood Deduction

Muriel Chaves Winestine

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COMPULSIVE SHOPPING AS A DERIVATIVE OF A CHILDHOOD SEDUCTION

BY MURIEL CHAVES WINESTINE, PH.D.

A woman in her late thirties sought treatment because of uncontrollable, compulsive shopping sprees. She was deeply in debt. Due to her prestigious and well-paying career, however, she was able to keep an endless line of credit going, "borrowing from Peter to pay Paul." She offered no objection to my fee and paid her bills promptly.

In view of the extent of her debt, she seemed oddly unconcerned. She implied that the banks were at fault; they extended loans to her (albeit at high interest rates), and, furthermore, they solicited her to take additional loans. Therefore, she felt that not she, but the banks were to blame.

This brought to her mind that sometime prior to seeking treatment, she had read about the debate (Masson's work) over Freud's original seduction theory. Since she was a university graduate who read widely in science and psychology, she did not consider it unusual to discuss this issue with a female cousin of her own age. This cousin, in response to the discussion about seduction, exclaimed, "Why do you talk about it as though it really could not happen? It happened to me!" The patient then learned that their maternal step-grandfather had repeatedly sexually stimulated this cousin over a considerable period of time; until now, she had never mentioned it to anyone. My patient, amazed at hearing this, confessed to her cousin with some relief that she had had the same experience when she was a little girl.

The patient, in her sessions, then recounted to me how her step-grandfather, shortly after his marriage to her maternal

grandmother, had developed a habit of hugging her in a face-to-face position, fondling and tickling her genitals. As with her cousin, this went on for about two years, starting around her sixth year. She had never fully repressed the memory of this experience but had isolated it; she had no awareness that it had continued to play a role in her behavior, symptoms, or decision to seek treatment. While her cousin's confession lent credence to her memories, she had never really doubted them.

Analytic work proceeded, with recall and reconstruction of the feelings of excitement she had experienced as a little girl, accompanied by feelings of shame and of being overwhelmed and helpless.

Her shopping sprees in the most exclusive boutiques in New York were accompanied by a fantasy of being the wife of a famous multimillionaire who had the power and the funds to afford her anything she wished. Thus, in her identification with this role, she reversed her actual feelings of helplessness in yielding to her irrepressible urges to shop and buy clothing. The purchases offered some momentary fortification against her feelings of humiliation and worthlessness for being out of control.

Finally, the banks which solicited her credit were perceived and interpreted as representing the step-grandfather-seducer who propelled her into intensely conflictual states for which she had no suitable resolution. When she was a little girl, her apparatus was hardly adequate to sustain or express sexual discharge. When she was an adult, the shopping spree was similarly incomplete by virtue of her inability to really pay; the clothes and the phallic power they represented did not truly belong to her. So, the early childhood feelings of inadequacy, helplessness, and rage were repeated. Only after analytic work along these lines were the lacunae in her superego development located, and she then began to feel some guilt and responsibility for her sprees and debts. As she exerted better control, the shopping sprees eventually diminished in frequency and finally ceased.

Subsequently, she understood her inability to have an orgasm during coitus as a wish not to lose control despite her pleasure in exciting the man and her envy of his evident enjoyment. Reversing what she had felt as a child, she could cause the man (the step-grandfather) to feel overwhelmed and out of control while she maintained control.

This brief communication, in focusing on the role of a remembered childhood seduction in an otherwise complicated treatment, seeks to demonstrate one instance (among the multiple psychological determinants) of the interdigitation of such an experience with the development of intrapsychic conflict as well as the derivative nature of an adult symptom.

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Poor Rumpelstiltskin

Martin Miller

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POOR RUMPELSTILTSKIN

BY MARTIN MILLER, M.D.

"Rumpelstiltskin" is a fairy tale that has interested psychoanalysts in their search for additional ways to understand their patients. Several of my women patients have brought it up at various times for different reasons. It lends itself easily to elaborations of transference feelings in my practice since it begins, "In a certain kingdom, once lived a poor miller who had a very beautiful daughter" (Opie and Opie, 1974, p. 196). The story describes how this miller brags to his king about his daughter's beauty and her ability to spin straw into gold. The king challenges the miller to prove this or forfeit both his and his daughter's lives. The daughter is confined in a room full of straw. She has no idea of what to do but is visited by a misshapen dwarf who says that he can spin the straw into gold. The daughter negotiates with the little man, and he agrees to perform the miracle for a necklace on the first night and for a ring on the second night. On the third and last night, the daughter, unable to find another payment, promises him her firstborn baby. After three nights and three rooms full of gold, the king keeps his promise and marries the miller's daughter. Later, when she has her first child, the little man returns to collect his payment. When she begs for a way out of this contract, he agrees that she can keep her child if she can guess his name. As queen, she sends messengers throughout the land to bring her lists of possible names. For two days she makes incorrect guesses. The third day, a messenger brings word of having overheard a little dwarf singing about getting a baby and identifying his name as Rumpelstiltskin. The queen teases the little man by naming other names and then states the name Rumpelstiltskin. Rumpelstiltskin becomes enraged, and in one version he jumps up and down, gets one foot stuck in the ground,

and tears himself apart. In another version he disappears into the hole in the ground he has made by jumping up and down. A third ending has Rumpelstiltskin, after creating the hole in the ground, running off, never to be heard of again. Patients have experienced me as the miller, a braggart who makes them take all the risks and do all the work, or as Rumpelstiltskin who can do magic but who will ultimately try to take away their most treasured possession.

Freud (1913) included "Rumpelstiltskin" in his discussion of fairy tales as types of screen memories. He interpreted Rumpelstiltskin's presence in a brown room in a dream as representing a penis in a vagina. With his patient, he understood her fury at "the droll little fellow" (whose name is not known, whose secret is vigorously searched after, and who can do much magic) as an expression of her penis envy. J. L. Rowley (1951) discussed the "naming" aspect of the fairy tale, connecting it with certain patients in psychoanalysis for whom the bringing to consciousness and naming of things is therapeutic. Rinsley and Bergmann (1983) have published an extensive discussion of "Rumpelstiltskin," accentuating the sexual aspects of all the relationships, including that of the miller and his daughter. These authors ultimately viewed Rumpelstiltskin as a maternal figure from whom the queen must separate through having and keeping a baby of her own.

One of my patients was in her third year of analysis when she had a dream about a queen and a baby. Her association was to "what's-his-name, the little dwarf." At first she could remember neither his name nor the story. This seemed consistent with the resistances that were prominent in the analysis related to her discussing her sexuality. She then remembered the name, called him "poor Rumpelstiltskin," and began to recall the story. At this time in the analysis, we had been dealing directly with her earliest memories of her relationship with her mother. The patient's sense of deprivation in the transference had been linked, via her associations, to her memory of her mother as a withholding, distant woman, probably depressed and more in-

terested in form than in content. The patient at first suggested herself as the queen, the miller's daughter, and her mother as the repugnant Rumpelstiltskin. (This seemed consistent with the interpretation of Rinsley and Bergmann.) When she considered that I might be Rumpelstiltskin, she quickly shifted back to her mother who, she feared, would steal whatever baby she produced, no matter what magic was used (even analysis). The associations, however, seemed curiously without affect.

The phrase "poor Rumpelstiltskin" reminded me of feelings that I had had when I was a child and heard the story. I had felt sorry for the little man who had struck a bargain but had then been outmaneuvered by this woman. I called the patient's attention to the phrase "poor Rumpelstiltskin," and she said, "That's right, he made a deal and he was cheated." The patient then proceeded to associate to memories she had not uncovered before. She recalled her mother's pregnancy when the patient was three and a half years old. Her mother, at that time, talked about "our baby" and discussed what name to give this new child. The patient realized, soon after her sister's birth, that the new infant was clearly not "our baby," but in fact exclusively her mother's baby. As far as the name was concerned, she recalled playing no role in that matter—she would have preferred a boy's name, any boy's name. She remembered the end of "Rumpelstiltskin" where the dwarf jumped up and down, and she spoke of this as similar to the kind of tantrum she used to have when she and her mother disagreed.

Once the patient identified herself as Rumpelstiltskin, the cheated older sibling, she went on to use aspects of his ugliness to fit in with her own self-image. She came back at other times to the issue of promises not kept, especially when she felt that her analytic knowledge did not lead to her having what she wanted in her life.

The story of Rumpelstiltskin therefore had another possible interpretation for this patient. The relationship between the queen and Rumpelstiltskin could be compared to that between a mother and an older sibling. The egocentricity of a child often

leads an older sibling to feel that he or she must have something to do with the pregnancy and the birth of a new baby. The sexual theories of the oedipal child are represented by the magic that Rumpelstiltskin performs at night when he is alone with the miller's daughter. The naming of a new child may provide another potential connection between this fairy tale and this life experience. The child's feelings of rage at being excluded after the birth of a new baby are captured quite well by Rumpelstiltskin's response at the end of the story when he jumps up and down and makes a deep hole in the ground (no matter which version one reads). When one thinks that poor Rumpelstiltskin represents an older child who has experienced the birth of a younger sibling, a sympathetic view of him emerges, a view that can be useful in our attempts to understand our patients.

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The Analytic Attitude. By Roy Schafer. New York: Basic Books, Inc., 1983. 316 pp.

Mayer Subrin

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BOOK REVIEWS

THE ANALYTIC ATTITUDE. By Roy Schafer. New York: Basic Books, Inc., 1983. 316 pp.

The early work of Roy Schafer may be viewed as an attempt to systematize psychoanalytic metapsychology (*Aspects of Internalization*, 1968). When reading it, we get the feeling that the economic and drive theories are problematic to him. Although a much broader, nascent theoretical dissatisfaction is evident, he contents himself with the "modest proposal" that the concept of cathexis of representations be dropped and replaced by the concept of cathexis of motives (aims), with their attendant relevant ideas or information. Nevertheless, he also concludes that "psychoanalysis, being a dynamic psychology, requires a concept of psychic energy"[1] and suggests that the term to be used only in the quantitative sense. He appears to tidy up the metapsychological house by shifting the "dust" from one area to another.

Schafer's latest work, *The Analytic Attitude*, follows *A New Language for Psychoanalysis* and *Language and Insight*. He acknowledges that he has made a clear departure from the work of David Rapaport, his principal teacher during the early years of his professional career. Rapaport often referred to his own work as "thinking about thinking" about metapsychology (p. xi).[2]

If Schafer's prior work is viewed as tidying up, this groundbreaking effort can be viewed as urban renewal. Material previously published in various journals has been combined with new material and organized to form an integrated whole. Schafer's tone is cultured. His theoretical outlook is broad, forward looking, and optimistic, rather than parochial and rooted in the old traditions of a conservative craft or guild. He presents a union of style, outlook, and theoretical position. There are many references to literature and literary critics, history and historians, modern

[1]Schafer, R. (1968): *Aspects of Internalization*. New York: Int. Univ. Press, p. 68.

[2]For a useful discussion of the origin and use of the term, metapsychology, see Brenner, C. (1980): Metapsychology and psychoanalytic theory. *Psychoanal. Q.*, 49:189-214.

philosophers, etc. The book is well written, and his mastery of the analytic literature constitutes a bravura performance. One can learn much from this book about analysis and analytic writing. He conveys the complexity of the analytic relationship as few psychoanalysts do. It is indeed a complex book: part continuing, multifaceted critique of Freudian metapsychological theory, part linguistic-philosophical alternative, and part application of the theory to clinical vignettes.

Schafer gives the analytic literature a linguistic and literary critical "reading," discussing and rewriting such basic analytic concepts as transference, resistance, affects, interpretation, and reconstruction, as well as arguing his views on the nature of the psychoanalytic relationship and the nature of the information derived from it.

His critique runs something like this: Freudian metapsychology, as a system of thought, uses two metaphors which are inconsistent as the basis for psychoanalytic concepts. The first, the mental apparatus, is based on Newtonian physics of nineteenth century laboratory science, i.e., mind as a machine, driven by energies. The second is mind as infant or child/beast that needs to be tamed by a frustrating civilization. This latter conception is loosely derived from Darwinian ideas of biological development and ancient conceptions of man. These two metaphors form a Freudian theory that is concretistic, anthropomorphic, mechanical, and deterministic. These metaphors are not only old, but also inadequate, for they exclude from Freudian theory the free exercise of personal will and responsibility. Moreover, they actively promote "disclaiming" by forming a resistant countertransference alliance. There is no room in metapsychological thinking for "personal agency."

This rejection of old science does not lead Schafer in the direction of modern science, for "there is no objective, autonomous, or pure psychoanalytic data" (p. 212). He further suggests that "the data of psychoanalysis be unfailingly regarded as constituted rather than simply encountered" (p. 213). He considers that psychoanalysis cannot be formulated and understood as science because the data are essentially generated in a different manner. His is a misconceived view of the nature of modern science.

With both nineteenth and twentieth century science rejected,

what, according to Schafer, could form the basis for a systematic, integrated way of thinking about persons? He states: "In many respects literary critics are far ahead of psychoanalysts in their examination of the principles and problems of analyzing discourse and dialogue in terms of their transformational aspects" (p. 53). And, further: "What has been presented here is a hermeneutic version of psychoanalysis. In this version psychoanalysis is an interpretive discipline rather than a natural science" (p. 255). So psychoanalysis as science is to be "reread" by Schafer as hermeneutics, literature, literary criticism, and modern linguistic philosophy.

In attempting to establish psychoanalytic theory on a firm foundation, Schafer makes the following assumption: "It is sufficient to say people perform actions for reasons, the reasons being immanent in the actions and definers of them" (p. 139). I am not convinced, however, that the assumptions from which "action language" is derived are closer than traditional psychoanalytic assumptions to the actuality of the human mind in conflict. Schafer's revision is an insufficient foundation upon which to reconstruct psychoanalysis.[3]

For Schafer, the literary narrative dialogue is the best metaphoric device for characterizing the psychoanalytic relationship. Rather than "patient" or "analysand," with all that is implied by these terms, we have the "story teller" who "shows and tells" his own story: "We are forever telling stories about ourselves and others. . . . The analyst has only tellings and showings to interpret, that is, to retell along psychoanalytic lines" (p. 223). In the interim, Schafer has changed the meaning of "psychoanalytic lines." Transference becomes not mainly repetition and re-experience, to which insight is applied and perceptions of past, present, and future are altered. Rather, it becomes "*living that past moment for the first time*" (p. 129, Schafer's italics). He states: "It was reexperiencing, or not mainly that. It was experiencing the past in an articulated fashion for the first time" (p. 132). In his view, the intensity of central, prototypical experiences repeated in analysis does not stem from

[3]For a discussion of this issue on philosophical grounds, see Barnaby B. Barratt's "Critical Notes on Schafer's Action Language," followed by supportive discussion. *Annual Psychoanal.*, 1978, 6:287-314.

the rediscovered experience, but emanates from the experience itself. Schafer's views on metaphor and its use in language and analysis are similar to his views on the nature of transference. Metaphor is seen as a new creation, a new experience, severed from the past. In action language, metaphor and transference are true and new for the first time, severed from the representational, signifying, expressive references of prior experience.[4] In Schafer, the unconscious is relegated to adverbial activity. "Unconsciously" is no more important theoretically, however, than the narrative adverb "angrily." There are no chapters on dream interpretation in this new work. Objective facts, finding out what "really happened," seems to be of little importance or usefulness to Schafer: we have analysis as *Rashomon*.

As psychoanalysts know, patients use the metaphors of literature and science to convey their unconscious meanings; analysts use the same metaphors to understand those meanings and to retell them to the patient. All metaphors can perform a resisting function for the patient, including the metaphor of the narrative dialogue. Did not Queen Scheherazade tell the vengeful sultan a different tale for one thousand and one nights to stave off the threat of execution? It is not unusual for a patient to react to the recovery and reconstruction of painful childhood exposures with dreams of fairy-tale content that are used to communicate the meaning of "I am being brainwashed by you with fairy tales" or to communicate "It's only a fairy tale." Is there not room in the mental apparatus for a story-telling function? That metaphor is common enough, but it is insufficient for a complete theory of psychoanalysis.

Schafer's work is an excursion into applied linguistic philosophy. It is not an extension of psychoanalytic thinking as it is known at present, but is a radical departure that rejects the scientific attitude as inappropriate. I gather that Schafer is expressing his own aims in regard to psychoanalysis when he reports the following anecdote: Picasso, when criticized that his portrait of Gertrude Stein did not resemble her, replied confidently, "It will." Schafer's book is rich in ideas and provocative in the best sense of the word. He reminds us of the intersubjective nature of analysis and of the

[4]For a more traditional discussion of metaphor, see Arlow, J. A. (1979): Metaphor and the psychoanalytic situation. *Psychoanal. Q.*, 48:363-385.

tendency of patients to disown their mental acts. In my opinion, his "reading" is distant from the activity of the individual in mental conflict and is far from the disjunctures of his discourse. Roy Schafer is a brilliant observer and psychoanalytic clinician, and he has written a book that deserves to be read by everyone interested in psychoanalysis.

MAYER SUBRIN (DETROIT)

SELF INQUIRY. By M. Robert Gardner. Boston/Toronto: Little, Brown & Co., 1983. 121 pp.

About three quarters of a century ago Freud noted: "It is a very remarkable thing that the *Ucs.* of one human being can react upon that of another, without passing through the *Cs.* This deserves closer investigation . . . but, descriptively speaking, the fact is incontestable."[1] Since then we have had many studies of the analyst at work, replete with considerations of empathy, trial identification, countertransference, and intersubjectivity. But specific exposures of what unfolds inside one analyst while analyzing have been rare.

Robert Gardner is a watercolorist, concerned with capturing on paper the nuances of New England light. As an analyst, also, he is occupied with trying to capture the evanescent images of a living analysis, putting to paper glimpses of the elusive analytic landscape. To my knowledge, no one has so clearly evoked the actual process of how the analyst inquires as has Gardner in this "Portrait of the Analyst as an Inquiring Man." Gardner steps back from abstract theorizing to call into view the subtle forces that move within an analyst at work with an analysand.

The theme of analyst *and* analysand analyzing is central to the thesis that the pursuit of psychoanalysis is the pursuit of two self inquiries, that advances in psychoanalysis from Freud on have arisen from reciprocities of self inquiry. This monograph is not a manual on technique; rather, it is a specimen, an instance, of an analyst's self-analyzing labors in the service of a clinical analysis. What is unveiled is the mutuality in the edge-of-awareness searching of psychoanalysis.

[1]Freud, S. (1915). The unconscious. *S.E.*, 14:194.

In his concept of reciprocity of self inquiries, Gardner goes beyond simplistic interpersonalism. Dynamics divulge genetics which divulge dynamics which divulge genetics, and so on. The analyst's self-analyzing, elicited by the patient at analytic work, provides a route to laying bare and understanding the hidden underground of the patient's mind. Clinical experience comes alive. Detailed presentation of the interplay of his own and his patient's analytic inquiries reveals a ruthlessly candid exploration. No markings, no medieval "Terra Incognita—Here Be Dragons" signal avoidance. Exploration is relentless.

The author's style is literary, reflecting the flow of the analyst's thoughts. Remarks take on aphoristic clarity. I choose a single example. Speaking of the peripheral vision with which the analyst attends to the connections in the associative pattern, Gardner notes, "The more we see connections, the more we see character" (p. 28). How much more that opens than do statements like, "The scatter in the patient's associations reflects the fragmented state of his ego structure."

The heart of this brief book and the section destined to longest life among students of analyzing is the chapter, "On Seeing Things." Looking to see how he thinks with and about patients, Gardner takes an instance of a fleeting image he had after a patient's session, an image of a small black dog sitting in and looking out through a tall arched doorway. Associations to that image are traced to the patient and to the patient's emerging and hidden fantasies, to the analyst and to his inner life. To paraphrase Dr. Johnson, in this instance what is striking is *both* that it can be done at all *and* that it can be done so well.

Each aspect of the dog-in-the-man-house/man-in-the-dog-house image leads to biography and autobiography. The tracing of the network of associations brings to life in vivid detail and uncommon depth the worlds and fantasies of the pair at work, exposing the places where the two coincide and the places where they differ. Gardner portrays the flow in the analyst's mind, in his own mind at work, as a midground between confusion and poetry. But he explores that midground territory to the greatest analytic depth he can; his goal is to analyze, not to obscure.

Our struggle is to know *how* the analyst comes to know what he knows about the patient as well as about himself in the process.

Gardner does not suggest that his way is the only way, though I suspect it is a common way. Like him, many analysts seem initially to crystallize their impressions in visual images; many, but not all. I can think of an analyst keenly alert to nearly subliminal sensations in his body, such as a hint of an urge in his forearms that he has come to recognize as an urge to hold the patient, reflective of moments of tenderness. Another appears to function with the verbal. Words, phrases, and even quotations come into awareness without conscious processing, reflective of emerging issues in his own and the patient's associations. Many analysts have described their varied experiences of coming to recognize, in their own ways, forces in their patients that had not previously been known to them. In the extent of his focus on how his and his analysand's introspective labors mutually develop, Gardner gives us one of the best pictures we have of one analyst analyzing. Concepts of allusion, indirection, the meanings of the past, and the use of history are highlighted along the way.

Ella Freeman Sharpe[2] said of the analyst that he will be the better if his inquiry into his way of working reveals subjectivity rather than rationalization. She saw this as a means of approximating scientific criteria in evaluating psychoanalytic technique. Gardner demonstrates what Sharpe had looked toward. His evocative work is exemplary of the ways an analyst comes to know the patient and himself in a psychoanalysis. The clinical specimen contained in the chapter, "On Seeing Things," is likely to become an analytic classic.

WARREN S. POLAND (WASHINGTON, D.C.)

ADVANCES IN CLINICAL PSYCHOANALYSIS. By John E. Gedo, M.D. New York: International Universities Press, Inc., 1981. 407 pp.

This book is an extension of the author's ideas developed in *Models of the Mind* (with Arnold Goldberg)[1] and expanded in *Beyond Interpretation.*[2] Based upon the widening scope of the character-

[2]Sharpe, E. F. (1950). *Collected Papers on Psycho-Analysis.* London: Hogarth, p. 112.

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

[2]Gedo, J. E. (1979). *Beyond Interpretation. Toward a Revised Theory for Psychoanalysis.* New York: Int. Univ. Press. Reviewed in this *Quarterly,* 1983, 52:271-280.

ological problems presented by analysands, it seeks to define treatment techniques for patients with pregenital disturbances, particularly those manifesting what the author calls "archaic transferences." He is referring chiefly to a constellation of vanity, exhibitionism, and arrogant ingratitude. The theoretical framework, already elaborated in *Beyond Interpretation*, is Gedo's concept of mental functioning "as an epigenetic hierarchy of personal aims." This later book is intended to serve as a companion volume, aiming to "amplify and illuminate those aspects of my previous work which relate to psychoanalysis as a pragmatic clinical discipline" (p. 5).

The fourteen chapters (four previously published) are divided into four sections containing critiques of classical psychoanalysis, self psychology, and object relations theories, followed by further detail and discussion of the application of Gedo's hierarchical model. There is abundant clinical material, derived from nineteen of the author's cases, presented in varying but usually considerable detail. This alone, from a colleague who has thought and written about some of the central issues of the field for many years, makes the book a rich and rare contribution to our literature.

Though polemical in his tone as he offers an alternative to approaches he finds unsatisfactory, Gedo is often penetrating, incisive, and convincing in his assessments. In his extensive consideration of the significance of the oedipus complex in development, he ultimately concludes by emphasizing the importance of "elucidating the consequences of unresolved problems at any and all developmental levels. . . . The more disrupted and chaotic the first two years of a child's life have been (and/or the more symbiotic the adaptation, for whatever reasons, at the time the child moves into the oedipal phase), the less likely it is that he or she will have the autonomous resources to cope with the maturational challenge posed by the erotic wishes, frustrations, and resulting hostilities that accompany the emergence of oedipal issues" (pp. 354-355). Stated in this manner, this seems like psychoanalytic common sense.

Gedo's disagreement with the self psychologists centers on the significance of empathy (he is less concerned with its crucial importance as a therapeutic tool) and on the question of separate lines of development for narcissism and object love (he emphasizes the epigenetic view, in which later developmental stages are based

upon and evolve from earlier ones). Downplaying the term "narcissistic" in favor of more specific delineation of the particular transference vicissitudes in these patients, he departs also from Kohut's notion that symbiotic needs are primary. Gedo views them as secondary adaptive devices, the child falling back to a "merger" position or demanding unconditional admiration from caretakers only insofar as he is "too immature to cope" (p. 159).

The main thrust of his quarrel is with classical psychoanalytic concepts, which he believes have only marginal relevance for the understanding of primitive mental functioning. Much of his argument rests on his two-fold assertion that 1) classical psychoanalysis is concerned only with oedipal-level conflicts (and its defensive derivatives) and 2) only oedipal conflict is treatable by interpretation, leaving other levels of psychopathology unapproachable without invoking additional interventions. Concluding from previous work that the disparate clinical theories in common psychoanalytic usage should not be regarded as competing conceptualizations but as fragments of a larger whole reflecting distinct phases of childhood, Gedo devised his own developmental schema to attempt to integrate the various modes of personality organization. This hierarchical model of mental life is a grid in which, over time, are layered successive capacities necessary for the organization of behavior into new modes (p. 256). The central concept in this system is the human personality as a hierarchy of personal aims and goals which consist of the biological needs throughout life and of conscious and unconscious subjective wishes stemming from either basic needs or from acquired ambitions and ideals. This stable "self-organization" determines later behavior, which "can only consist of the active repetition of these basic motivational components, at best in new combinations . . . and replaces the classical conception of motivation as a combination of instinctual drives, ego interests and superego pressures" (p. 259).

The systematic use of a developmental viewpoint, he says, "has opened the door to elaborate technical interventions tailored to the specific mode of mental organization prevalent in each phase of childhood and in the adult conditions that correspond to those phases" (p. 12). This schema, then, "justified a very broad conception of analyzability and had led me . . . to undertake the treatment

of the full gamut of patients with archaic personality problems" (p. 4). Indeed, he notes that these interventions permit an analytic approach with every patient, regardless of the nature of the personality organization, adding that the only contraindications for psychoanalysis are regression into states of helplessness and disorganization requiring hospitalization. These supplementary techniques, beyond interpretation (of oedipal-level conflict), include pacification (for tension regulation in traumatic states), unification (for re-establishment of a cohesive set of goals), and optimal disillusionment (for archaic idealization of self or others).

Paramount in understanding Gedo's position—and the title of his book—is a shift in his terminology over the course of his writings. In *Models of the Mind* (Chapter 11), the techniques he believed necessary for working with patients unsuitable for analysis by interpretation alone were considered either parameters or modifications of analysis. At present, his concept of what constitutes analysis has broadened to swallow up these modifications as standard and necessary techniques for more primitive patients. Thus, he basically *redefines* psychoanalysis to include all of the patients he describes as suitable, and he includes the supplementary techniques as an integral part of the definition. Swept out with this new broom are several questions of current interest: the theoretical and technical differences between psychoanalysis and psychotherapy, the problem of limitation and/or modification in analysis, and the distinctions among treatability, therapeutic benefit and analyzability.[3]

Anchoring his argument is his conclusion that oedipal conflict is the sole focus of both effective interpretation and classical psychoanalysis. He seems to mean interpretation of content, with genetic reconstruction, and he warns against analysts' being "machines programmed to uncover unconscious meanings" (p. 268). Then he suggests that it is necessary at times to note the patient's "current mode of organization in the here and now of the analytic session" or to make "a tactful comment about the impression of frenzy or excitement given by the analysand's manner of speaking" (pp. 267-268). But in standard psychoanalysis, is not the analyst's

[3]Erle, J. B. & Goldberg, D. A. (1984). Observations on assessment of analyzability by experienced analysts. Report of 160 cases. *J. Amer. Psychoanal. Assn.* (in press).

attention frequently (if not always, depending on the analyst's orientation) on the data of the hour, the here and now of the consulting room? And do not analysts work by interpreting more than content alone, very often calling the patient's attention to something in his presentation or demeanor? This is but one example of the way Gedo's view of classical analysis allows him to level a wholesale attack upon it, analogous to his advice for managing certain clinical situations "which do not permit us to engage in the elucidation of fine points. As Napoleon remarked about ending the tyranny of the Paris mobs, 'Give them a whiff of grapeshot!' " (p. 169). The notion that as analysts we sit and listen, try to understand, and then, with tact and timing, communicate our understanding to the patient is lost in his fusillade, which too often emerges as shooting at straw men.

Although there are occasional references to a "neutral" position, these refer mainly to calmness of manner or an even-tempered response. The concept of traditional analytic neutrality, i.e., the nonjudgmental, nonintrusive stance that permits the unfolding of derivatives of unconscious conflict, wish, and defense that is the hallmark of our work, bears little application to much of what he describes as "neutrality." To the extent that the analyst goes beyond serving as a transference screen, he limits the degree to which he maintains a neutral position, thereby limiting the degree to which an analytic process can develop. Gedo states: "It must be stressed that every analytic patient will sooner or later present behaviors referable to the poorly resolved sequelae of each phase of development. Hence every analytic procedure must consist of the application of all possible modalities of treatment in various combinations. This point of view may seem novel, but in fact simply articulates the logical consequences of an epigenetic theory of psychological development" (p. 262).

The distinction between observation and intervention is blurred. Among many examples, a comment about the "impression of frenzy or excitement" is claimed to have "a powerful calming effect in these emergencies." Observing signs of disorganization leads Gedo to make a therapeutic intervention calculated to calm the patient, or to foster re-integration, or to disabuse the patient of some illusory belief. Conversely, the use of medication as a pacification measure, according to Gedo, does not limit or preclude

analysis by the same analyst, even in the same treatment. The concept of the analyst as an abstinent, neutral figure who may nevertheless be humane and interested at the same time is confused with a caricature of the analyst as an impersonal interpreting machine, on the one hand, and as an actively intervening therapy machine, on the other. While Gedo is emphatic in asking for an examination of the data in each case, he appears to be hoist on his own petard: since interpretation is not considered useful for preoedipal problems, then, once archaic transferences are identified, the noninterpretive machine is cranked up for action. That at least some patients with more primitive character problems can be analyzed with standard techniques centering around interpretation has been reported by Abend, Porder, and Willick.[4]

Another aspect of Gedo's special view of analytic neutrality appears in his insistence on telling "the truth" to patients with archaic transferences. In the debate among the leading factions in the dispute about these patients, he states, "perhaps the only point about which there might be a consensus is that analytic technique requires us to state only the truth." This refers not to ruthless honesty about psychological truth, but rather to "truths about the skills, wisdom or beauty of people who are manifestly competent, wise or beautiful" (p. 106).

The extent of his revision of psychoanalytic theory is reflected in his disavowal of instinctual drives and ego and superego constructs, along with the little mention he makes of intrapsychic conflict. The supplanting alternative he provides often offers less clarity. Is it an improvement to describe for one patient "the primacy of one goal, that of pleasing others" (p. 363)? The difficulties entailed in the shortcomings of drive theory, the structural hypothesis, and the concepts of intrapsychic conflict and compromise formation are not made convincing enough to justify uncorking an entirely new language for psychoanalysis, one which has been cleaned up, so to speak, of instinct and conflict and rendered more abstract, more general, and almost euphemistic.

However problematic much of this book is, Gedo writes from

[4]Abend, S. M., Porder, M. S. & Willick, M. S. (1983). *Borderline Patients: Psychoanalytic Perspectives*. The Kris Study Group of the New York Psychoanalytic Institute, Monograph 7. New York: Int. Univ. Press.

decades of experience about an area of fundamental concern to all analysts: how can we successfully approach the difficult patients upon whom he focuses therapeutically? He chooses to broaden his definition of analysis to encompass techniques he deems necessary for them and to write of "analyzing" just about everyone. Other psychoanalysts prefer a narrower concept of analysis, examining which alterations of technique are necessary under which conditions for which patients, and speak of modifications or limitations of the process of psychoanalytic treatment. It is not ill conceived to keep a standard ideal in mind and to decide when, how, and why we choose to deviate from this standard; otherwise, we cannot be precise about either our clinical theory or our practice. In any case, the issues addressed in this book, combined with the author's readable and provocative style, compel us to re-examine our own experience and conclusions in a heuristically meaningful way. This makes for significant and challenging reading.

DANIEL A. GOLDBERG (NEW YORK)

THE REGRESSED PATIENT. By L. Bryce Boyer, M.D. New York/ London: Jason Aronson, Inc., 1983. 346 pp.

The name of Bryce Boyer is well known, both within and outside of psychoanalytic circles. For some years now, he has been an active contributor to the literature on anthropology, psychiatry, and psychoanalysis. Within psychoanalysis, he is most closely associated with his unique approach to the treatment of seriously ill, schizophrenic patients by insisting that the treatment of choice for such patients is classical psychoanalysis in its unadulterated form. This aspect of this work has gained him something of a reputation as a "maverick," a label that he seems to relish and even flaunt. The present volume represents a collection of previously published papers, spanning over twenty years, focused primarily around issues related to the treatment of more primitive or regressed patients. This collection is welcome, insofar as it offers us an opportunity to scan Boyer's contributions and to see them more comprehensively in the context of his long and quite fruitful career.

In addition to their historical interest, these papers also have an immediate contemporary reference. Most of the patients whom Boyer describes and on whose treatment he comments would pass

for borderline, usually of a more primitive and psychosis-prone variety. Boyer's contributions can be viewed within the perspective of the ongoing debate over the optimal treatment of these difficult, problematic patients.

Within this context, there are two primary qualities that emerge with considerable clarity from Boyer's approach. The first is his somewhat remarkable capacity to tolerate the patient's regressive manifestations and to maintain therapeutic contact with such patients through the course of the regression while retaining the basic structure of the therapeutic situation and keeping the therapeutic alliance within reach. Some of the lengths to which Boyer has been willing to go with his primitive, acting out patients would far exceed the tolerance of most of us for psychotic behavior. Most of us would pale in timid retreat where Boyer is capable of holding his position and calmly but firmly tolerating and dealing with the patient's behavior. It could be argued that in such situations the permissive tolerating of behavior may not be the only available course, and that reasonable and effective limit-setting could also have an appropriate place. What shines through the accounts Boyer gives us is his ability to relate to the patient, even in such regressive crises, in such a way that he does not lose sight of the therapeutic alliance, and to deal with the patient in such a way as to salvage and support the alliance, however fragile, threatened, and tenuous it may be.

The second quality that shines through these writings is a technical one that has to do with the manner in which Boyer structures the therapeutic arrangements. The details of running the therapy—appointment times, fees, arrangements for payments, charges for missed appointments, and other specifics of the patient's responsibility within the therapy, and the role and function of the therapist—are carefully spelled out, discussed, and emphasized. One has to be impressed by the care and the emphasis that Boyer gives to these details, since it implies that the issues of the manner in which the therapeutic situation is organized may play an important role in the evolution of the therapeutic process. Boyer puts the patient in a position of responsibility and carries out the therapy so as to constantly reinforce that position.

One way of viewing this tactic, which is only hinted at by Boyer himself, is that the initial structuring approach lays the basis and

the groundwork for a more effective therapeutic alliance. One would guess that the primary burden of therapy with the more regressed patients centers around alliance issues, that is, around problems related to establishing, maintaining, working through, and ultimately resolving the therapeutic alliance. This is not to say that Boyer's approach does not focus heavily on the transference, but one gets the impression that transference issues are more or less taken for granted as playing an important part in the therapeutic process, while Boyer focuses on the therapeutic alliance as requiring a special additional emphasis. From this point of view, Boyer's papers make interesting and thought-provoking reading. They also make a significant contribution to our efforts to deal more effectively with the regressed, borderline patient.

W. W. MEISSNER (CAMBRIDGE, MASS.)

THE PROCESS OF PSYCHOANALYTIC THERAPY. MODELS AND STRATEGIES. By Emanuel Peterfreund, M.D. Hillsdale, N.J.: The Analytic Press, 1983. 266 pp.

The minute-by-minute, session-by-session behavior of the psychoanalyst in his investigation and treatment of his patient is one of the least described and discussed aspects of psychoanalysis. Clearly, experienced analysts are very often not self-conscious in their clinical behavior and, perhaps, should not be. They are not usually very exhibitionistic about it either. Because of this, detailed discussion of psychoanalytic method and clinical technique are very scarce, poor, and frequently embarrassing. A common sign of this trouble in psychoanalytic discourse is the phrase: "It then became clear that. . . ." Further, and most important, the theory and practice of psychoanalysis cannot progress far under these contraints.

Emanuel Peterfreund has tried to correct this trend toward stagnation. In *The Process of Psychoanalytic Therapy* he has brought the daily observations, inferences, and interventions of psychoanalytic practice under scrutiny and has tried to discern the principles involved. Peterfreund is concerned with saving psychoanalysis from what he considers to be its gravest danger: unscientific clinical process. Because of this, according to him, theoretical propositions hardly ever achieve adequate validation.

Unfortunately, Peterfreund expresses himself in this book in a

strident and pugnacious tone. This clouds the merits of his position. As with many polemicists, there are "good guys" and "bad guys"—respectively termed "heuristic analysts" and "stereotyped analysts." The latter approach their patients with predetermined, theoretically derived notions about what they will find, automatically see confirmation of their prejudices in their patients' material, and impose upon their patients, through dogmatic interpretations, their own fanatical point of view. Stereotyped analysts do not depend upon free association for data gathering. They do not encourage a superfluity of clinical material or the expansion of the patient's self-knowledge in areas uncontrolled by the analyst's own convictions. They do not consider the patient's idiosyncratic past and personal uniqueness. Since clinical hypotheses can be neither confirmed nor invalidated through this approach, psychoanalytic propositions based upon it are worthless. Peterfreund believes most "classical" or "characteristically Freudian" clinical theory is built upon this very shaky methodological foundation. He seems to have in mind those analysts and theories that refer to the oedipus and castration complexes as major ingredients of intrapsychic conflict.

"Heuristic" analytic method is devoid of all the unscientific and immoral aspects of stereotyped analysis. There are no preconceptions; free association is encouraged; patients are viewed as unique individuals; clinical formulations are tentative; interpretations are provisional. High position in the analyst's conceptual armamentarium goes to such nonpsychoanalytic elements as are included in general knowledge of the world and an interest in people and things in our culture and times. It also goes to the analyst's profound and extensive self-knowledge, all his previous clinical experience, and, of course, all the knowledge the analyst can glean about his patient. Lowest on the list are the theories of psychoanalysis (both abstract and specific to the clinical situation). Such an approach allows the analyst (and the patient) maximum freedom in the investigative process and makes more probable highly personalized (and truly scientific) formulations about the patient. Peterfreund goes into great detail describing this more proper analytic orientation. He gives examples of it from his own clinical practice and calls attention to the methodological principles involved. Except for the somewhat depreciated position Peter-

freund gives to theory, his heuristic approach approximates customarily held views of psychoanalytic practice. Peterfreund does not recognize that most responsible practitioners do, in fact, appreciate the generality appropriate to a given theoretical concept. The accumulated and distilled experiences of the profession (theory at various levels of abstraction) serve as *a,* not *the,* source of tentative hypotheses concerning patients. Put simply, the most basic psychoanalytic process—to infer the unconscious—is a truly scientific endeavor. Analysts do it as a matter of course.

Peterfreund, then, has made explicit, concrete, and detailed what psychoanalysts tend to gloss over in their perceptions and descriptions of their actual behavior. He has formulated as operational what many others subsume under the rubrics of "intuition," "talent," or even "luck." In this extremely important sphere, he has done his colleagues a service—and they should know it. Peterfreund's case material, his internal experiences (emotional and investigative), his inference making, and his interventions are the most valuable aspects of the book.

More deserving of critical attention are Peterfreund's views on evidence and explanation. He sees the validation of the analyst's view of his patient as deriving over-all coherence and consistency among the hypotheses and interpretations that comprise that view. Interpretations that seem improbable when viewed in isolation are buttressed and supported by convergence with other, more substantiated, ones. However, Peterfreund does not seem concerned that his "jig-saw puzzle" effect rests on a relatively vague, often subjective basis: namely, the choice of just what sorts of data are pertinent and of just what domain in the plethora of clinical facts is most relevant for useful interpretation. It is here that the controversies of psychoanalysis abide. Indeed, this is so, not just of psychoanalysis, but of all science.

But also, as in all science, confidence in a coherent "big picture" comes from methodological rigor at lower levels of generality. The disparate parts of the jig-saw puzzle have to be trustworthy. For Peterfreund, the sign that good analytic work is going on is the intermittent presence of analytic interactions in which both analyst and patient feel that something meaningful has occurred. Clearly, this criterion of analytic success leaves a lot of room for human frailty.

It is in this area that Peterfreund is the weakest—and the most passionate. On at least four occasions, he dogmatically asserts that the patient is the "final arbiter" of what happens in analysis. Peterfreund accords the patient the status of "a working partner" in the analysis. In his fiercely egalitarian stance, Peterfreund chooses to ignore the patient's being, perforce, a desperate person in the analysis and, therefore, a not-too-dependable partner. The analyst, one hopes, is not so desperate and is thus able to depend upon himself. Peterfreund also chooses to ignore Freud's criteria for validation as stated in *Constructions in Analysis*. There one finds more objective criteria for analytical investigative success.

Ignoring Freud's criteria for evidence is associated with another trend in Peterfreund's views and clinical work. Freud's criteria are based upon a *dynamic* view of mental functioning. Peterfreund *de*-emphasizes conflict and compromise formation in his clinical discussions and in his description of heuristic analysis. *Genetic* formulations play a much larger role. Accordingly, there is relatively little mention of the analysis of resistance. This also is consistent with the patient *qua* final arbiter and analytic co-worker. It is then not surprising that Peterfreund, with characteristically ruthless candor, states he does not do well with just those patients whose cooperation in the analytic work cannot be easily enlisted—namely, severely obsessional ones. And, finally, when Peterfreund ends his book with the egalitarian gesture of giving patients the last word through postanalysis follow-up statements, there are complaints that just those areas of their lives which would be most conflictual (e.g., sexual problems) were not taken up. Significantly, one analytic "working partner" commented: "At some point I believe much of my effort became misdirected, and the drift of the analysis became harmful for me. I feel very painful regrets about this."

Peterfreund's purpose in this book is to argue for a particular approach to the practice of psychoanalysis. He correctly sees that such an argument cannot leave out a clear exposition of one's theoretical orientation, a forthright and extensive sampling of one's clinical work, and an honest description of one's clinical results. He has done just this. If for this alone, psychoanalysis is enriched by his effort.

LEON BALTER (NEW YORK)

MENTAL HEALTH CARE AND NATIONAL HEALTH INSURANCE: A PHILOSOPHY OF AND AN APPROACH TO MENTAL HEALTH CARE FOR THE FUTURE. By David Upton. New York/London: Plenum Press, 1983. 312 pp.

At first glance, this book seems only tangentially related to the concerns of the psychoanalytic practitioner, but that actually is not so. It consists of a rather lengthy white paper by David Upton on the various issues involved in the coverage of psychiatric illness by group health insurance plans, including but not limited to a National Health Insurance scheme, followed by commentaries by experts in the field.

As Milton Greenblatt observes, the recent emphasis by the Reagan administration, and presumably by succeeding ones, on medical cost containment and on budgetary constraints in nondefense areas makes a comprehensive National Health Insurance plan extremely unlikely in the forseeable future. Then, too, private health insurers are increasingly unwilling to provide more than short-term psychiatric benefits, with an emphasis on inpatient coverage. Finally, newer systems of mental health care delivery, as in health maintenance organizations (HMO's), stress brief, symptom-oriented treatment with specific exclusion of long-term intensive psychotherapy and psychoanalysis.

Yet Upton's essay raises vital issues which have impact on the practice of psychoanalysis and on future advances in its theory and technique, since they depend on the accumulation of psychoanalytic data. If the number of patients undergoing analysis decreases markedly, the richness and vitality of psychoanalytic thought will suffer. The number and quality of analytic candidates also will decline if there is little opportunity to practice analysis after the years of arduous preparation involved.

Paradoxically, the cost of the psychotherapies, including psychoanalysis, when compared to the cost for all health care spread over the population at risk is extremely low. For example, a 1973 study of the Blue Cross/Blue Shield Federal Employees Health Benefits High Option Plan (which covered unlimited psychotherapy or psychoanalysis at an 80% level) revealed that only 0.63% of all the enrollees received outpatient treatment, with 91% of them incur-

ring costs of $ 2,000 or less. It is clear that psychoanalysis involved an extremely small percentage of the patients utilizing outpatient psychiatric treatment, who themselves represented a very small proportion of all enrollees in the plan. Nevertheless, this plan, which was perhaps the most generous of all major health insurance plans, in 1982 was all but stripped of coverage for long-term psychotherapy or psychoanalysis. Unfortunately, this is likely to be a harbinger of similar restrictive efforts on the part of other insurers, both governmental and private.

The general tenor of the book unwittingly provides an understanding of why a medical specialty that actually involves very low cost is singled out as an allegedly major contributor to runaway health costs. The various essays in the book reflect a striking lack of knowledge among psychiatrists and other mental health practitioners about what psychoanalysis is, what it can do, and for whom it can do it. Upton bemoans the fact that survey results indicate that only 14% of psychoanalysts prescribe psychotropic medication for outpatients "even as an adjunct to psychoanalytic treatment" (p. 75), only 2% offer them group, family, or marital therapy, and none employ electroshock therapy. Lebensohn, quoting Marmor, argues for a reduction in the frequency of psychoanalytic sessions without any seeming awareness of the importance of frequency in the psychoanalytic treatment process. Finally, both Lebensohn and Upton describe psychoanalysis as the least effective of the long-term therapies without basing this on any data whatever.

The import of the tone as well as the statements made in this book is quite clear. Psychoanalysts cannot depend upon their psychiatric colleagues to advance the claims of psychoanalysis as a treatment modality worthy of a reasonable degree of health care funding. The psychoanalytic profession in the United States is faced with choosing—whether it is aware of it or not—between actively advocating its prerogatives in the professional and political areas, or passively accepting whatever uninformed health planners, psychiatric and political, have in mind for us.

At the very least, psychoanalysts need to direct a serious educational effort, including outcome studies of psychoanalytic treatment, to other mental health professionals and to the makers of

health care decisions. It is quite clear that, without such efforts, American psychoanalysts and their patients will be effectively barred from participation in third party payment plans in the near future with incalculable results.

MAXWELL H. SOLL (DALLAS)

EMPIRICAL STUDIES OF PSYCHOANALYTICAL THEORIES, VOLUME I. Edited by Joseph Masling. Hillsdale, N.J.: The Analytic Press, 1983. 298 pp.

The purpose of this new series, as set forth in the preface to Volume I, is to present efforts at experimental testing of clinical hypotheses. While the editor notes that contributors all accept the richness and insights of psychoanalytic hypotheses emerging from a clinical setting, the clinicians who propose them are criticized as writing "ex cathedra," with only clinical evidence to support their views. In this perspective, since clinical data are observed, interpreted, and transformed into sweeping generalizations by one and the same person, there are inevitable problems. Proponents of each school of psychoanalytic thought generate evidence for their theories. The basic premise of this series is that experimental testing is the *only* way to resolve disputes between competing theories and to "separate that which is useful in psychoanalytic thought from that which is unproductive and mistaken" (p. x). It is a premise worthy of examination in relation to the contents of the volume.

Dianna E. Hartley and Hans H. Strupp present a study of therapeutic alliance in psychotherapy which attempts to test the influence of such a factor in outcome. The behavior of therapist and patient and their interaction are rated with regard to lists of items that are significant in identifying the quality of the alliance in a therapeutic session as high or low optimal activity. Using such a descriptive measure, they find much overlap in distribution of therapeutic alliance among good and poor outcome groups. In patients who quit treatment there is a high measure of activity in the therapeutic alliance scale based on the therapist's efforts to influence the situation.

The authors note the difficulties inherent in engaging negativistic, defensive, withdrawn patients and conclude that the therapeutic process is itself significant in facilitating a therapeutic

alliance in patients with characterological problems about commitment. They thereby acknowledge a serious reductionistic factor in the formulation and application of the scale in attempting to isolate a therapeutic alliance factor without proper regard for the nature of the therapy or the therapeutic process.

Hartvig Dahl, in "On the Definition and Measurement of Wishes," describes his ingenious research on the incidence and patterning of words, which may permit "objective" correlation with analytic work and analytic concepts. He demonstrates that word clusters and patterns are correlated with intensified analytic work on conflictual material. Certain patterns of words may be questionably identified as reflecting unconscious incestuous wishes. Such word incidence and patterning are derivatives of the communication process in analysis. Their significance is validated by a study of the process. The presence or absence of the words or patterns rests on the nature of the interaction and not on any objective base separate from it. What have we really gained in objectivity or possible explanatory power by reducing the content to words? Dahl's redefinition of a wish as an attempt to achieve perceptual identity and/or symbolic equivalence with a previous experience of satisfaction is consistent with the developmental perspective present in Freud's work and elaborated in the Rapaport seminars on the developmental distinction between perceptual identity and thought identity.

Concerning the judging of evidence for a clinical hypothesis, Dahl describes an interesting research effort carried out in conjunction with a group of psychoanalysts led by Benjamin Rubinstein. Hypotheses were weakly or strongly supported rather than disconfirmed. Dahl focuses on the significance of the observation that a clinician who identified a hypothesis in clinical material and the evidence for it rated his own findings more highly than did the others. The discovery bias that he notes is surely important. It is well known in scientific endeavors. This research points the way toward joint efforts directed at understanding the clinical situation and its productions, an emphasis that deserves more attention and elaboration.

Lloyd Silverman reports on his research on a subliminal psychoanalytic activation method. Schizophrenic patients were asked to react to tachistoscopic subliminal stimuli. A merging image was a

stress for undifferentiated schizophrenics and a relief for the more differentiated, as measured by increase or decrease in symptoms. Irrelevant psychodynamic content acted as does a neutral stimulus. It is an interesting experimental approach to studying the dynamic effect of unconscious stimuli in a laboratory setting. Why does the author have to question the claims for validity of dynamic propositions based on clinical evidence as a basis for his study? Countless observations by well-trained clinical observers offer overwhelming support for Freud's basic discovery.

Harold A. Sackeim's contribution is "Self Deceptions, Self Esteem and Depression." In Sackeim's view, psychoanalytic theory insists that the ego engages in distortion only to fend off pain or possible loss and that the ego would not generate self-deceit for personal profit. He emphasizes the adaptive aspects of self-deception as an offensive mechanism used to advance pleasure, citing the fact that depressive patients harp on their every flaw and that self-deception may be the relief they need. Sackeim uses the paradigm of neurotic conflict as an explanation of all human psychological experience. It does not, however, explain character disorders in which disavowal and self-deception are adaptive solutions and may co-exist with neurotic symptomatology. There is an extensive, current analytic literature on the adaptive uses of self-deception, not limited to the avoidance of pain, in a developmental view of personality formation.

M. Eagle proposes as his research model the examination of a wide variety of evidence, from various fields, brought to bear on a phenomenon regarded as important to psychoanalysis. He seeks to avoid clinical bias on the one hand and the problem of irrelevancy in experimental testing on the other. He focuses on ego interests as a form of object relations, a link to objects, an identification, and a shared pursuit establishing an inner source of approval. Such ego interests are significant in the richness they contribute to a person's identity and to his ability to preserve and maintain himself under the most extreme conditions of privation. Winnicott's ideas about the nature of the transitional object, attachment phenomena in Bowlby's concepts and in animal research, and Mahler's separation-individuation concepts are explored as the matrix for conceptualizing ego interests. The developmental history is stressed, in terms of the depths of internalized cognitive

and affective links to objects rather than with regard to the sublimation and channeling of basic drives.

Sidney J. Blatt and Howard Lerner describe psychological investigations into the psychoanalytic theory of object relations. They cite the recent clinical focus on the nature of internalization in the formative stages of the ego and of the self- and object representations. Their own work is influenced by it and parallel to it. Martin Mayman and his Michigan group use an empathic, intuitive approach to clinical data in the middle-level language of clinical theory to explore an experimental object relational dimension in theory. It is a clinically based methodology emphasizing the complexity and uniqueness of the data and a qualitative approach. Blatt and his Yale group study the capacity for symbolic activity and its existence and evaluation in an interpersonal matrix in an effort to integrate psychoanalytic theory and developmental psychology. Mayman deals with theme and content, Blatt with structural and formal dimensions in projective materials. Both groups are interested in the individual's construction of reality and the development of cognitive affective structures or schemata that incorporate and provide new meaning for experiences. They are developing scales for reliable assessment of the representational world in studying manifest dreams, human object responses in the Rorschach, early memories, TAT's, autobiographical data, etc.

In the final chapter, Roger P. Greenberg and Seymour Fisher purport to present pertinent experimental evidence on a number of aspects of Freud's theories on the psychology of the reproductive process in women. The "theory" being investigated consists of Freud's early conclusions, based on his work with female patients. The authors conclude that Freud is right about some things and wrong about others. They are not investigating current clinical views about the psychology of women; they utilize instruments of data collection and processing that emphasize superficial attitudes and perceptions about the self; and their definitions of analytic terms and concepts are questionable.

Dahl suggests that empirical studies are needed to force us to revise our theories. Such a call for action leaves clinical experience out of the realm of empiricism, a strange exclusion indeed. The clinical enterprise not only has proposed concepts and theories, but also has continually revised them as a result of the discovery

of contradictions and new observations in the consulting room. Freud's work is a prime example of the interaction of theory and clinical experience in the development of psychoanalysis. Experimental testing does tend to wrench and twist psychoanalytic thought, in a reductionistic fashion, into unrecognizable shapes, whether the experiments confirm or deny clinical statements. Eagle and Blatt and Lerner acknowledge the complexity and the imperatives of a clinical approach in their view of empiricism. I would submit that the best testing ground remains the analytic situation, if the analyst as researcher is not simply a partisan practicing applied psychoanalysis. The need in empirical research is for the development of both a paradigm for clinical research and a method for testing contradictory theories and therapies through comparative clinical and outcome studies, engaging the talents of a variety of researchers rather than segregating them in separate camps.

NATHAN SCHLESSINGER (CHICAGO)

MARGARET MEAD AND SAMOA. THE MAKING AND UNMAKING OF AN ANTHROPOLOGICAL MYTH. By Derek Freeman. Cambridge: Harvard University Press, 1983. 379 pp.

"We have been comparing point for point, our civilisation and the simpler civilisation of Samoa, in order to illuminate our own method of education," wrote Margaret Mead in her *Coming of Age in Samoa* (p. 234). I am quoting from my copy of 1930, when her book was in its fifth printing and by all accounts was the most resonant publication in cultural anthropology so far. It was her report of the fieldwork she had conducted among Polynesian adolescents in Samoa. Her project, to be followed by many others, was focused on the complex interplay of the psyche-soma forces or, more precisely, on the integrative processes of physical development, maturation, and the prevailing environmental ethos. This work was a first attempt, though not yet clearly conceived or formulated, of what came to be known as the "Culture and Personality" school of (American) anthropology. It was the childhood milieu, i.e., the external reality, that became the frame of reference with respect to the developing ego in this school of thought.

Mead's initial focus must be understood in a contemporary per-

spective; and that is Freeman's point of departure. She was one of Franz Boas's most promising and perceptive disciples, very eager and no doubt precocious. She was a student at Barnard in the early 1920's, when Europe and to some extent the United States still were feeling the effects of the first World War. Boas himself was at the center of the highly charged and consequently tendentious *nature-versus-nurture* controversy. In an article in the *American Mercury* in 1924 he elaborated on "The Question of Racial Purity," calling "for a scientific and detailed investigation of hereditary and environmental conditions" (p. 56). Biological determinism was, in A. Kroeber's words, "a closed system" while cultural determinism allowed for continual modification and adaptation.

As Freeman sees it, this was the central concern of young Margaret Mead's position. It evolved out of her close association with other "Boasians," notably her lifelong intimate friend, Ruth Benedict. "The Emergence of Cultural Determinism," then, is the elaborate prelude to Freeman's actual theme. And so he devotes his first four chapters to a painstakingly researched presentation of Darwinism and the looming academic controversy of hereditary versus milieu-bound influences. He thereby describes the Barnard student's intellectual surround, the ideological climate, even the temperature during the first decades of this century. "Papa Franz," as his students used to refer to Boas, was profoundly and, doubtlessly, emotionally involved in the comparative exploration of human conduct.

Mead started as a psychologist. It was Ruth Benedict who converted her to anthropology. Psychology and some psychoanalytic propositions, though diluted, always showed their influence on Mead's interpretation of anthropological data. Both Benedict and Mead, in full accord with their mentor's unequivocal stance, mobilized their research in the field largely around the wish to document the lasting effect of the culture on individual development. Their findings contradicted the still influential hereditarian doctrines and racial interpretations of history and sociocultural development that were extant at that time. The major proponents of the hereditarian doctrine had been Darwin's relative, Francis Galton, in England, and August Weismann, in Germany. It is needless to add that they were the ideational sires of the racist *Herrenvolk* eugenics.

The principal feature of Mead's Samoa study of adolescence had been suggested to her by Boas. Boas wanted proof that "in the great mass of a healthy population, the social stimulus is infinitely more potent than the biological mechanism" (p. 39). He wanted to assert that the *Sturm und Drang* of American youth was the result of sociocultural pressures rather than biologic-constitutional conditions. With this concept in mind, Mead arrived in Samoa at the end of August 1925 at the age of twenty-three.

Reading Freeman's title of his fifth chapter, "Mead Presents Boas with an Absolute Answer," I was suddenly reminded of an engrossing conversation with her, back in the early 1960's. We spoke of various types of mothering and child care and their sensory modalities. Always alert, she instantly advanced some challenging comments for each particular case. (Upon closer examination some of her statements were only marginally correct, while others were precisely to the point.) Then our talk shifted and became more personal. I expressed amazement about her recall of so many different details (of mothering). Then, upon a moment's reflection, she told me how her father used to shoot questions at her, expecting an instant answer. She always had it.

Freeman writes about her relationship to "Papa Franz," who sent her into the field with an explicit question. We are here entering on grounds which show the tremendous difficulties with which the cultural anthropologist is faced. Can he or she be objective vis-à-vis the material brought in by informants? In Mead's case, her research in Samoa was emotionally charged because she wanted to please "Papa Franz," as Freeman sees it, and I tend to agree with him in this respect. Here was a precondition which led her in the direction of dealing with other than manifestly observable factors. It was naïve of her to look for evidence of an untroubled "second individuation process of adolescence," to use Blos's felicitous formulation.

While trying to see Samoan youth as unperturbed, Mead did recognize "a tendency to take umbrage, irascibility, contra-suggestibility," which is known as *musu* (*Coming of Age in Samoa*, p. 123). Freeman did additional research and found it is a widespread phenomenon. It was described by one of his informants as "angered in his heart" because of fear of venting anger. Freeman, consulting Fenichel (twice misprinted as Fenich*a*l), explains it, correctly, as

aggression turned against the self (p. 219). This is congruent with the very high degree of suicide in these islands.

What Freeman is telling us is that Mead's relationship to Boas, her youth, and her bias contributed to a kind of denial that is a hazard in this kind of research: "Our children are faced with half a dozen standards of morality. . . . The Samoan child faces no such dilemma" (*Coming of Age in Samoa*, p. 201). Many of her descriptions were, to all intents, meant to picture a model different from the American scenario.

While Mead, throughout her long and always intensive, scholarly career, was always deeply committed, passionate, and determined, she was not invariably objective. This was clearly the case when she embarked on her Samoa research, which was not well planned, nor was it well thought through methodologically. She discussed her methodology in an appendix to her book (pp. 259-265). She put emphasis on direct, structured interviews, which I have never used, as they are hardly better than questionnaires. At the time, she was not aware of the sensitivities of informants who are anxious to please or who feel intuitively what the researcher wants to hear. As Freeman reiterates, Mead possibly had not had sufficient experience with the subliminal reactions of the young maidens of her group, with narcissistic-exhibitionistic wishes, with rivalry, with straight lies, and, last but not least, with her informants' ideas about the strange young lady who was "always going around writing things all the time. We didn't know what she was writing, but the things about boys and girls going out at night, she was wrong about."[1] (In recent years some psychoanalytic anthropologists have spoken of *transference* and *countertransference* with respect to anthropological informants. However, these concepts refer to specific processes in the therapeutic interaction and should remain reserved for interpretive purposes.)

Thus, when Freeman takes issue with the validity of some of Mead's Samoan fieldwork, he stands on firm enough ground to support his argument. But should he throw the baby out with the bathwater? For example, when he describes to his readers the in-

[1]See Sterba, J. P. (1983): Debunking a myth: Samoa's paradise nutures passion. *The Wall Street Journal*, April 15, p. 15. Mr. Sterba wrote his report from Luma, Samoa.

tricacies of Samoan social structure, rank organization, and the consequences on individual character, he puts the emphasis on the male. Mead's foremost concern was the life style and individuality of the adolescent *girl* of the 1920's. Also, *Coming of Age in Samoa* was an *oeuvre de jeunesse*, with all the dedication and implicit weakness of youthful engagement. Freeman, on the other hand, is a highly experienced field anthropologist who has acquired an intimate knowledge of Samoa and Samoans over a period of more than four decades. Many of his observations and remarks about Mead's published material are unquestionably correct. But it seems to me that both anthropology and psychoanalysis would have been better served had he given us an account commensurate with his other, more outstanding works, especially on the Iban of Borneo. With his vast knowledge of the customs, the language, and the personalities involved, I for one can only hope that he will find time to describe to us the Samoans *he* knows.

Unfortunately, the book has no clear list of references. Instead, there are 55 pages of a medley of references, footnotes, and quotations, which makes the reading rather tedious.

WERNER MUENSTERBERGER (NEW HOPE, PA.)

THE PLACE OF ATTACHMENT IN HUMAN BEHAVIOR. Edited by Colin Murray Parkes and Joan Stevenson-Hinde. New York: Basic Books, Inc., 1980. 331 pp.

THE DEVELOPMENT OF ATTACHMENT AND AFFILIATIVE SYSTEMS. Edited by Robert N. Emde and Robert J. Harmon. New York/London: Plenum Press, 1982. 311 pp.

Few adults can remain dry-eyed when they view James Robertson's "A Two-Year-Old Goes to Hospital" or his film series, "Young Children in Separation." We are deeply affected by a young child's stark pain when his relationship with his parents is interrupted and by his subsequent withdrawal or tentative responses when reunited. As observers of this emotional carnage we wonder: What are the long-term effects of these experiences—distrust?, depression?, self-doubt? Inevitably, we ask, "How can we understand, prevent, and heal the psychic consequences of these experiences?" We have witnessed a proliferation of studies of temporary or prolonged parent-child separation due to illness, hospitalization, di-

vorce, or death that attempt to answer these questions. John Bowlby has played a leading role in this line of inquiry. Although influenced by psychoanalytic findings and theory, Bowlby offers an alternative, distinctly nonanalytic perspective which he terms "attachment theory." This viewpoint or paradigm has guided a wealth of research efforts since its initial formulation twenty-five years ago.

Although this is not an essay on attachment theory, a brief statement of its principal tenets will be helpful in understanding the background of the two books being reviewed. Bowlby has presented them in his trilogy, *Attachment*, *Separation*, and *Loss*.

The term attachment is used in a very special sense by Bowlby. It refers to behavior by an animal that maintains or restores proximity with another animal. The specific forms of its expression are seen to vary with species, maturation, and the individual's previous interaction with the environment. Attachment is *not* equivalent to relationship or affiliation (both terms are too general), or to dependence (which is too "inner," too pejorative). Attachment theory seeks to be objective, biological, evolutionary, and ethological. It specifically decries recourse to concepts of "needs" or "drives" to explain attitudes and behavior. It renounces "secondary drives" (e.g., the anaclitic explanation of object attachment as based on need satisfaction, whether of hunger or of libidinal impulses). The attachment theory investigator is free to consider attachment behavior in isolation from other behavior since each form of behavior (attachment, exploratory, caretaking, sexual, food-seeking, etc.) is seen to exist as a separate behavior system in competition with other behavior systems. These behavior systems are deemed separate, biologically (genetically) determined, evolutionary adaptations serving species preservation. After he examines evidence favoring each of a number of possible species-perserving reasons for the evolution of attachment behavior in humans, Bowlby concludes that it is best explained as grouping behavior evolved in response to predation. A young animal "attached" to an older one is less likely to fall victim to a predator. Bowlby explicitly excludes psychoanalytic drive theory, with varying modes of expression. In attachment theory there is no dynamic unconscious, no interplay of impulse and defense, no conflict, no compromise formation, or any other form of active integration of needs.

Attachment theory specifies consideration of attachment behavior or exploratory, food-seeking, and caretaking behavior as separate systems to be studied in isolation from other behavior systems. Interactions among systems can be studied, but the basic unit of study is the individual behavior system. Attachment theory stresses observable behavior, avoiding consideration of presumed inner states. Thus, Bowlby prefers to speak of "distress" rather than pain, "security" rather than pleasure, "behavior control system" rather than conflict, defense, and compromise formation.

Attachment theory as a research paradigm has been hugely successful in promoting study of children (and adults) in situations of loss and separation. As it is formulated, it promotes multidisciplinary research in which the investigator is concerned exclusively with interpersonal rather than with intrapsychic phenomena. At the same time, its humanitarian goals and its insistence on the centrality of infant-mother, attachment-caretaking "systems" in psychological health and illness has preserved it from the excesses of a Watsonian or Skinnerian behaviorism.

The Place of Attachment in Human Behavior is a Festschrift for Bowlby. The editors and most of the authors are his close associates; each of the fourteen papers outwardly echoes the conviction that a multidisciplinary, objective examination of behavior within an attachment theory framework is at once a humanitarian and a scientific endeavor. In all instances, the examination utilizes statistical analysis of measurable phenomena. At the same time, many of the papers contain a rejection of the pure attachment paradigm in favor of a more dynamic, interactional approach which acknowledges intrapsychic life, emotional motivational forces (though none speaks of drives), and the interrelatedness of different aspects of behavior.

Mary Salter Ainsworth provides the introductory chapter, "Retrospect and Prospect." If Samuel Johnson owes much to Boswell and Darwin owes much to Huxley, Bowlby owes much, much more to Mary Ainsworth. She is at once the most creative, articulate, scientifically sound, and conceptually flexible of the spokespersons for attachment theory. Through her outstanding contribution to Bowlby's famous 1965 World Health Organization report on maternal deprivation, her remarkable comparative studies of attachment behavior in children in Uganda and in the United States, her

development of a replicable, standardized method of determining various forms of attachment behavior ("secure," "avoidant," "ambivalent"), and her special clarity of written and spoken communication, Ainsworth has added to the substance and articulation of attachment theory research. In her chapter, she subtly softens the "behavior system" approach by stressing the importance of the interaction of systems and by acknowledging the possibility that nondemonstrative infants can at times be more attached to their mothers than infants who show more explicit, superficial attachment behavior. There also is an implicit use of constructs of an inner life in her discussion of the continuity of an underlying *pattern* of attachment beneath more alterable, specific, external attachment behaviors.

She reviews findings from "the strange situation." In brief, this investigative method consists of a sequence of social settings involving an infant, its mother, and a stranger. The infant at first is with the mother alone, then with mother and stranger for 2-3 minutes, with stranger for 3 minutes, with mother for 3 minutes, alone for 3 minutes, with stranger for 3 minutes, then again with mother. Responses of proximity-seeking, avoidance, and anger are carefully noted, especially the responses to the mother's leaving and return. Continuities have been demonstrated between the way a one-year-old organizes attachment to the mother and the way the child organizes behavior toward her or toward other persons months or years later. Even more interesting is a comparison of "strange situation" behavior with the mother and the father that shows no necessary similarity of response, although the response to each parent is consistent at subsequent examination. "Secure attachment" to one parent does not necessarily mean "secure attachment" to the other. This finding speaks strongly against "temperament" explanations of infant responses. Significantly, abnormalities of behavior in daily life are not found in infants whose responses to one or both parents are secure (see the summary of Gaensbauer and Harmon below, however, for contrasting observations).

Ainsworth and others have extended their studies from infant attachment behavior to maternal, caretaking patterns as well. For example, in this volume studies of response to day-care figures are reviewed; in each instance, attachment to consistent day-care fig-

ures was demonstrated but the maternal figure was preferred. There are separate chapters on maternal depression and abusing parents by Andrea Pound and Pauline DeLozier. Both lack the depth of the infant studies; and neither refers to the crucial work of Selma Fraiberg or other analysts on the subject. Finally, Ainsworth reviews the limited studies of adult attachment behavior to wiser/stronger partners; here the main point is the inadequacy of present studies, reflecting, I think, the problems inherent in attempting to separate attachment behavior from sexual behavior and that in turn from caretaking behavior. The issue of adult relationships is taken up again by Robert Weiss and by Peter Marris, both doyens of attachment theory. Marris's thoughtful paper contains the decidedly nonbehavioral theme of the importance of "meaning" in adult relationships. Utilizing a strange alchemy of logic, he accuses Freud of abrogating the uniqueness of human relationships, a fault not found, he believes, in attachment theory. Criticizing Freud, he says, ". . . as soon as we treat unique relationships as if they must be, somehow, the idiosyncratic expression of generalizable needs, we risk imposing a logic whereby it *ought* to be possible to supply an alternative satisfaction of that need . . . Within that framework unique relationships seem intractable and unadaptive" (pp. 186-187). Marris struggles with what he himself terms "the essentially mechanical metaphor" of "control systems" advocated by Bowlby. He moves toward the dynamic conceptions of meaning, emotion, purpose, conflict, and learning, a tendency evident in many of the papers in this volume—i.e., toward a broadening, deepening, and ultimately basic revision of the essentially mechanistic, exaggeratedly evolutionary behavior system theories of Bowlby.

Scott Henderson provides another example of this tendency in his paper, "Social Relationships and the Etiology of Neurosis." The hypothesis he tested is that the availability of objective social relationships will protect against neurosis. He found that under stress, "it is not the supportiveness of the actual social environment, but the way it is construed that is likely to be causally powerful" (p. 228). Henderson unblushingly speaks of "needs" and of "enduring intrapsychic attributes." To an analyst the paper is naïve in its use of a questionnaire to investigate neurotic mechanisms.

A long paper by George Brown on early loss and depression in

adult life is rambling, preliminary, and unsatisfying. One titled "Loss, Suicide and Attachment," by Kenneth Adam, reaches no conclusions beyond the most tentative and obvious of associations. Colin Parkes, one of the editors of the volume, contributes an article, "Attachment and the Prevention of Mental Disorders," which summarizes a variety of studies. Some of his observations are important, although not startling. He states, for example, "There is now considerable evidence that the quality of parenting a person receives in childhood is likely to affect the quality of caretaking behavior he or she exhibits as a parent" (p. 297). Other conclusions follow Bowlby closely, e.g., ". . . as time passes the child tends to exhibit progressively less attachment behavior and more exploratory behavior. This insures that he will build and keep revising an increasingly more accurate internal model of the world (or assumptive world). . . . the persistence of insecure attachments into adult life may impair a person's ability to modify his assumptive world in the face of change . . . a precipitating factor in a number of mental illnesses" (p. 298). His comments on counseling reveal the attachment paradigm: "It is hard to say which aspects of the bereavement services (counseling) explain the positive findings obtained in these studies. Was it facilitation of the expression of grief, reassurance of meaning and worth, opportunity for the bereaved person to reexamine and revise his assumptive world, or a combination of these?" (p. 307).

In his epilogue, Bowlby restates his disappointment with psychoanalysis: "Psychoanalysis gave weight to the internal workings of the human mind and recognized the special status of intimate human relationships, but its metapsychology, already obsolescent, was a handicap, while its fixation on a single, retrospective research method gave no means of resolving differences of opinion" (p. 310). I think he misunderstands the problem. His position excludes psychoanalytic data. His postulated renunciation of drives, of unconscious processes, and of complex, internalized, motivational, and conflict-resolving systems, with substitution of mechanical, automatic, and competing behavior systems for them, is a point of departure which, a priori, excludes psychoanalytic data. For Bowlby, behavior systems are "activated by certain conditions, for example isolation or alarm, that when active mediate one or more of those forms of behavior that I am classifying as attachment

behavior, and that are inactivated again when the attachment figure is in sight or grasp . . . an apparatus . . . conceived as analogous to the kinds of apparatus that physiologists believe responsible for maintaining body temperature at a certain point or blood sugar at a certain level . . ." (p. 100). Many of us would agree with Bowlby when he says that "each investigative method has its own strengths and weaknesses, and there is always a chance that the strengths of one may make good at least some of the weaknesses of another" (p. 312). Bowlby seems not to extend that courtesy to the psychoanalytic method. Many of the authors of this volume, however, seem to be moving toward a theoretical stance that would allow them just that sort of a mutually corrective interrelationship with psychoanalysis.

When we turn to the Emde-Harmon volume, *The Development of Attachment and Affiliative Systems*, we find a very different outlook. The authors are hard-nosed American psychological empiricists, who obviously are no less interested in their subject matter than are Bowlby's associates, but they are exquisitely wary of making unwarranted assumptions. The evolutionary, ethological assumptions of Bowlby have no place here. Interestingly, neither do the "mentalist" assumptions of psychoanalysis. At times, in fact, the authors work from a theoretical paradigm of such meager proportions that their empirical findings are in danger of floating randomly in a conceptual void and their generalizations run the risk of losing all significance for action. Pre-armed with a psychoanalytic viewpoint, I relish this kind of paper and frankly wish that our psychoanalytic journals contained comparable, lucid statements of empirical findings which the reader can be free to place in his own frame of reference. If there is an ax to grind here, it is that all science must have facts, findings, and results as the inspiration and supporting structure for its theories.

For example, there is a gem of a paper on the prophylactic use of silver nitrate in babies' eyes. The authors confirm what all of us who have worked in newborn nurseries have observed, i.e., that the use of silver nitrate interferes with a newborn baby's visual examination of his surround and with his mother's appreciation of his potential for bright-eyed, active inspection of his world during the immediate postnatal period. *But* does this interfere with a mother's loving attitude toward or care of her infant? No, say

the authors, and they present powerful evidence to back their claim.

Gaensbauer and Harmon provide an exceptionally thoughtful chapter on attachment in abused/neglected and premature infants. After presenting a concise summary of attachment theory, they describe both the values and the potential pitfalls of the approach. They especially emphasize the dangers involved in making sweeping judgments about the quality of parent-infant interaction on the basis of secure versus anxious response to the "strange situation." They confirm the uniqueness of the response to particular caretakers and make a suggestion found nowhere (to my knowledge) in Bowlby's writings—that pleasure in the mother is a potent stimulus to attachment.

A number of other papers deserve mention. Gary Sackett demonstrates that the behavioral effects of isolating monkey infants varies with the species tested, effectively confusing all the ethological arguments that link monkey and human infant responses. Paola Timiras shows that sex hormones are indispensable for the differentiation of hypothalamic and limbic structures into female and male types, as expressed in sex-related behavior and brain functions, as well as that thyroid hormones are crucial in pre- and postnatal dendritic and synaptic growth. Antonia Vernadakis reviews the mechanisms by which the cellular environment affects production of neurotransmitters. Louis Sander and co-workers describe a gorgeous investigative technique that allows nonintrusive 24-hour monitoring of "the infant-caretaker system over the first week of life" (p. 119). James Sorce, Robert Emde, and Mark Frank present a study of maternal referencing (an infant's back-and-forth looking from an ambiguous stimulus to the mother's face) in normal and in Downs Syndrome infants. They find that Downs Syndrome infants do this somewhat later than normal infants. Melvin Konner describes, in fascinating detail, the effect in !Kung society of every-15-minute nursing on the mother-infant bond, both as a determining factor in its own right and as an effective contraceptive measure.

Of the more conceptually oriented papers only one aroused much interest in me, and that one produced principally a reaction of disagreement. This was a review and critique written by Marilyn Svejda, Betty Pannabecker, and Robert Emde of Klaus and Ken-

nell's demonstration of mother-infant bonding in the first hours of life. The critique seems more applicable to those uncritical enthusiasts who insist that mother-infant bonding is essential for a mother-infant relationship than it is to the more careful statements of Klaus and Kennell, who stress bonding as one of many variables in the formation of that relationship.

Other chapters seemed to me to be lacking in ingenuity and in depth of understanding of the issues involved. They include a discussion of temperament and a discussion of a "structural modeling approach to the study of attachment."

I enjoyed both books and learned from them. They are recommended to anyone who shares my conviction that early life is full of surprises with important implications for psychoanalytic understanding. There is also another source of pleasure in many of these papers. They are concise, well organized, and well written. The Emde and Harmon volume makes me long for a psychoanalytic journal or annual with an editorial policy that gives preference to clinical papers that are tightly edited and follow, with tolerance and flexibility, a format of Introduction, Methodology, Results, Discussion, and Conclusion.

SCOTT DOWLING (CLEVELAND)

CREATIVITY AND REPAIR: BIPOLARITY AND ITS CLOSURE. By Andrew Brink, Ph.D. Hamilton, Ontario: The Cromlech Press, 1982. 114 pp.

This is the second book on creativity by Andrew Brink, Professor of English and Associate Member of the Psychiatry Department at McMaster University, Hamilton, Ontario. In his first one, *Loss and Symbolic Repair: A Psychological Study of Some English Poets*,[1] published in 1977, he attributed the creative thrust of such poets as William Cowper, John Donne, John Keats, Sylvia Plath, and Thomas Traherne, each of whom had suffered a significant object loss in childhood, to the need to utilize creative intellectual ability to counter a depressive, ego-weakening rent in their internalized object relations via "symbolic repair."

In this book, Brink still follows the ideas of the British object

[1]Reviewed in this *Quarterly*, 1979, 48:519-521.

relationists, Fairbairn (especially), Guntrip, Winnicott, and Bowlby, with additional attention to the thoughts of Harry B. Lee. He expands and extends his thesis to embrace not only the impact of actual object loss (though that remains important to him) but also that of disturbances in the early mother-child relationship that disrupt the development of optimal internal object relationships, ego organization, self-esteem, and contentment. He contends that poets and other creative individuals utilize their creative gifts (which he cannot further define or explain), via what he terms a hysterically toned, "open" obsessionalism, to intermittently create the illusion of reuniting with the idealized, lost "good mother" and to assuage their narcissistic rage at the split-off, internalized, "bad," exciting and abandoning mother of infancy. He emphasizes the need to repair the division within the self caused by ambivalent, internal object relationships. This division releases dangerously destructive, self-directed narcissistic rage and can be repaired through constructive, creactive acts which unconsciously represent regaining the "paradise" of oneness with the idealized, libidinized, lost mother.

Brink uses "the term 'open' or 'creative obsessional' to distinguish that small company of artists who live in the dangerous and exciting territory where contact with polarized inner objects takes place. A delicate balance is achieved between ability to release conflicted inner feelings and ability to control by formal artistic means the images they produce. . . . The open or creative obsessional, creating new objects in the hope of repairing his divided ego, undertakes constructive ritual" (p. 43). Further on he states: "Another difficult truth is that artistic creativity is typically not a generous overflow of creative energy but an emergency operation mounted to check depression. . . . The poet's emergency is to check and redirect his rage before it turns to guilt and the ensuing depressive affect" (p. 67).

Brink illustrates his argument by examining the poems and self-revelations of Sir Thomas Browne, John Donne, John Fowles, John Keats, John Milton, Edwin Muir, Sylvia Plath, William Wordsworth, and others. His arguments are clear, cogent, informed, well thought out, and quite interesting.

Brink has responded thoughtfully and intelligently to criticisms directed at the premises and ideas promulgated in his first book.

The results of his reconsideration and further reflection are still reductionistic and simplistic in their narrow adherence to the object relations approach (e.g., he ignores or minimizes the *innate* ambivalence of human beings, the role of struggle and antithesis in all of human emotional and intellectual life, the ineffability of the structure and process of creative activity, etc.). Nevertheless, they are worth serious consideration. I found his observations upon the role of form as a controlling influence upon the destructive forces loosened by the creative artist's regressive immersion in his own inner turmoil and upon the self-healing aims of creative composition to be similar to some of the conclusions I and a colleague had reached in an interdisciplinary study of the life and work of Sylvia Plath.[2]

I agree with Brink when he states: "Those whose primary concern is therapy also stand to benefit from the breaking down of disciplinary boundaries. There are specific benefits of psychological repair to be learned from what poets and artists do" (p. 100). Andrew Brink's observations on creativity and repair are worth the attention of those who are interested in both applied and clinical psychoanalysis.

MARTIN A. SILVERMAN (MAPLEWOOD, N.J.)

MARIE BONAPARTE. A LIFE. By Celia Bertin. San Diego/New York: Harcourt Brace Jovanovich, 1982. 286 pp.

Relying heavily on Marie Bonaparte's own writings, including her copybooks, letters, memoirs, and stories, Celia Bertin has constructed an interesting and serviceable biography of one of Freud's most loyal disciples. One of the early female psychoanalysts and a member of Freud's intimate circle, Marie Bonaparte came to analysis from a life that reads to a degree like a popular novel with its "poor little rich girl" and unfulfilled womanhood motifs.

Marie Bonaparte was descended from the Bonapartes on one side and from the developers of Monte Carlo and its casinos on the other; she was married to a member of Europe's leading royal family. Despite these advantages, she seems to have lived a life, particularly in childhood, that was emotionally barren, with a rel-

[2]Silverman, M. A., & Will, N. P. (1985). Sylvia Plath and the failure of emotional self-repair through poetry (in press).

ative lack of warmth, social interaction, and parental concern. When Bonaparte was one month of age, her mother died of tuberculosis; Bonaparte went on to develop a chronic fear of contracting the disease herself. It was rumored that her mother's death had been the consequence of a plot between her husband and his mother. Her austere and autocratic paternal grandmother, Princess Pierre, controlled her upbringing. Her father, Prince Roland, "a brilliant man of science" but under his mother's domination, displayed little interest in his daughter. He devoted himself to his studies of anthropology and geography and to travels connected with his scientific interests. She was raised by a succession of nursemaids and tutors (fortunately, they were usually warm and interested). Her first memory was of a wet nurse making herself up with pomades and creams that disgusted her. Her second was of her father as a tall, handsome soldier, dressed in red trousers, whose red legs she embraced as they stood in a study covered with arrows and lances. The chapter describing her childhood is aptly titled "A Lonesome Child." In her latency, she began to fill a series of copybooks with stories, usually sad ones. Writing, including poems, diaries, and later on essays on social issues, remained a prime outlet for the expression of her emotions and yearnings. In time it became the vehicle for the exercise, in a very adaptive way, of a formidable intellect. Her preoccupation with writing reflected an attempt to gain her father's interest and appreciation as well as representing an emulation of him—but to little avail. After she became a psychoanalyst, she wrote voluminously, particularly on female sexuality and on literary themes.

During her childhood and adolescence, she was surrounded by intrigue and scheming. She grew up uncertain of people's intentions toward her. As an adolescent, she was cloistered, naïve, and untutored in the ways of the world. Evidence of her passionate nature began to manifest itself in her late adolescence, which coincided with the development of neurotic symptoms: dreams and obsessional fantasies of death and dying, hypochondriacal fears of tuberculosis, and a variety of somatic symptoms that contributed to a tendency to seclusiveness. The symptoms at times dominated her life.

The death of her grandmother when Bonaparte was twenty-three provided a first sense of freedom and "deliverance," but it

did not bring about the desired union with her father, although he responded a little to her intellectual achievements. When she was twenty-five, a marriage was arranged to Prince George, the son of the king of Greece. A handsome man to whom she looked for the love and the ardor she had wanted from her father, he brought only "A False Happiness," as the chapter describing her early married life is titled. She was thoroughly disappointed sexually: he was uninterested in heterosexual activity and maintained a lifelong intimacy with and primary love for his older cousin, Waldemar. Her wealth and royal position helped her gain prominence in the social and intellectual circles of Paris, which allowed some scope for her mind and energy.

She was a beautiful and fascinating woman. A succession of unsatisfying love affairs in her early thirties ultimately brought her into a passionate relationship with A. Briand, who was several times Premier of France. This liaison was described by Marie Bonaparte in her autobiography, *The Men I Loved*, as her great love. Earlier, she had been a disciple of Le Bon, the sociologist, with whom she was able to achieve some degree of intellectual rapport. Her affairs brought her recognition of her frigidity, a lifelong problem and source of distress for which she sought treatment, first psychoanalytic and later surgical. Frigidity became a central focus of her later psychoanalytic writings. Subsequent to the affair with Briand, there were two long-term liaisons, the second of which was with Dr. Rudolph Loewenstein after she had become interested in the psychoanalytic movement. After a period of time, the relationship with Loewenstein tapered into a friendship that lasted well over twenty-five years and became increasingly intertwined with psychoanalytic issues and politics. Their letters are an important source of information for her biography. These later relationships, in which her capabilities could be exercised on a more equal footing with her partners, were marked by more maturity and constancy than her earlier ones.

Although Bonaparte's life before she met Freud was interesting and lively, the most important episode of her life, for her as well as for us, was her relationship with Freud. More important than his psychoanalytic treatment of her was his recognition of her abilities and his personal response to her. His investment in her and his view of her as worthwhile and special, which are well detailed

in the book, helped her to achieve a mature use of her gifts and talents. He was more a mentor, a father figure, than he was an analyst interpreting their relationship from a neutral perspective. His acceptance of her "father love" much more than his supplying of analytic insight, I think, led to her transformation. She came to Freud when she was forty-two years old, as a patient suffering from obsessional neurosis; she was preoccupied with her frigidity and with plans for surgery on her clitoris. Her analysis spanned a five-month period in 1925-1926 and several more months at varying intervals during the next few years.

Bertin depicts the relationship between Freud and Bonaparte as close and mutual. Bonaparte's diaries described the interactions and exchanges between them as tender and, from her point of view, somewhat romantic. He shared with her his concerns about his health, his financial situation, and his family. He admitted her into his intimate circle in a way that her own family had not, and he encouraged her in her aim of becoming an analyst. Freud did not cure her frigidity, and she underwent several surgical procedures to have her clitoris moved closer to the vaginal orifice; these were not curative either. Certainly, with her, Freud's analytic position was not one of neutrality. His emotional investment in her had to have made the distinction between transference and reality very difficult for him to perceive, although there are some examples recorded of Freud's impressive ability to reconstruct events from Bonaparte's early life. She maintained continuous contact with Freud and, after his death, with Anna Freud, via letters and visits.

Bonaparte became a great financial supporter of psychoanalysis, and her purchase of the Fliess letters made possible that landmark publication. Her financial support of Freud himself and her inestimable assistance in helping him and his family leave Austria are well known. The exciting and sad chapter about the help she gave not only to the Freuds but also to the Schurs, the Hartmanns, and others so that they could leave Europe stands as a striking commentary on the extent of her contribution, both financial and emotional, and with some personal risk, to the psychoanalytic movement and the people within it.

In the late 1920's, there may have been a period of analysis with Loewenstein. Later, Loewenstein's sister became one of her anal-

ysands. Loewenstein, her lover, analyzed her son, Peter, for several months. The son became aware of her relationship with Loewenstein. The incestuous nature of all this is borne out by her son's incestuous desires for her and by her own temptation to respond to them, which Freud, of course, advised against. There are many other incidents in the book, involving well-known, important analytic figures, that demonstrate the tangled early development of the analytic movement from the late 1920's into the 1940's.

Marie Bonaparte comes across as a woman increasingly active, generative, and productive during the second half of her life. She was dedicated to psychoanalysis and at the same time deeply committed to her family. As her relationship with her husband became less conflicted sexually, it appears to have evolved into one of mutual affection and concern. Her contributions to psychoanalysis included helping to found the psychoanalytic movement in France. She actively supported lay analysis and contributed a series of papers on female sexuality, especially on the masculinity complex. She saw herself as aggressive and saw in her sexual difficulty evidence of a "masculinity complex . . . a female misfit, in the brain almost a man."

The latter part of the book details her involvement in French psychoanalytic politics (with an especially negative commentary on Lacan). She was also passionately involved in the fight against the death sentence, and she interviewed Caryl Chessman in his death cell. Interestingly, near the end, her view of the death instinct parted from Freud's. She came to see aggression as "part of life's instincts and not death's instincts." Perhaps this was a sign of her increasing ability to integrate and productively channel her own aggressiveness.

Although Bertin describes the surface of her subject's life with considerable detail, Marie Bonaparte does not come alive in the book to the degree one might expect. One has to infer too much about the way she really was. Quotations taken directly from Bonaparte's diary, etc., bring her to life in a way that the author's somewhat pedestrian style does not.

The book is certainly worth reading if one is interested in psychoanalytic history and in one of its more dramatic personages. She was an important figure for psychoanalysis, although less for her theoretical contributions than for the role she played in fos-

tering its development and for her personal contact with and revelations about Freud.

ROBERT M. CHALFIN (JAMAICA ESTATES, N.Y.)

THE LEGEND OF FREUD. By Samuel Weber. Minneapolis: University of Minnesota Press, 1982. 179 pp.

A legend, according to Webster's, is "Any story coming down from the past, especially one popularly taken as historical though not verifiable." The title of Weber's book gives a good indication of the stance he takes toward Freud's writings. *The Legend of Freud* is basically an intelligent book. However, its intelligence is at times used in the service of polemics. Before I elaborate upon this, what is the book about?

It is a reading of certain Freudian texts in order to examine some of the fundamental tenets of psychoanalytic theory. It is a "close reading" of these texts, a reading that attends to their precise wording, to the polyvalence of the terms employed, to explicit and implicit figures of speech, to underlying contradictions. It is a deconstructive reading it its tendency to reveal ways in which the Freudian text can be seen as undermining the very ideas it is developing and in its tendency to fit the text into a mesh of other texts in order to demonstrate that this text is not the origin of the ideas it expresses but rather a further dissemination of them.

It follows from this that the author's relationship to the text is not a proprietary one. This is a theme of the first sections of the book, which are devoted to Freud's attacks on Adler and Jung. Weber describes clearly the dilemma faced by psychoanalysis in trying to use the language of systematic thought to articulate the unconscious, and he argues that Freud's criticisms of his two disciples can be turned back upon him.

A frequent technique to be found in this book is that of focusing on and undoing the binary oppositions that underlie some of the most basic concepts in psychoanalytic theory. For example, the examination of primary versus secondary process is both skillful and unsettling. In discussing the implications of unbound and bound energy and of mobile and stable cathexes with regard to considerations of representation, Weber describes the difference between the two processes as more quantitative than qualitative.

While such arguments can be used to threaten the validity of the basic concepts of psychoanalysis, ultimately they serve as a strong reminder that these constructs should not and cannot be reified.

Perhaps the most stimulating section of the book is "The Meaning of the Thallus" (Weber clearly enjoys words). The starting point is *The Interpretation of Dreams*. He focuses on the "simple" dream of the burning child. Weber does not accept this dream as obvious, but rather insists on the necessity of "a dissimulating distortion" (p. 71). The "question of certainty" is addressed. The ensuing discussion focuses on Freud's passage on "the navel of the dream":

> The dream thoughts, to which interpretation leads one, are necessarily interminable and branch out on all sides into the netlike entanglement of our world of thought. Out of one of the denser places in this meshwork, the dream-wish rises like a mushroom out of its mycelium (p. 75).[1]

Weber does not accept the idea that this tangle makes no further contributions to the dream content; he feels that the image of the "navel" is falsely reassuring. His argument proceeds by pursuing the figures used in the passage. "Mycelium" is defined by the *Oxford English Dictionary* as "The vegetative part of the thallus of fungi." The thallus is "a vegetable structure without vascular tissue, in which there is no differentiation into stem and leaves, and from which true roots are absent." Weber is struck by this definition which is "almost entirely in negatives" (p. 81).

He stresses the shifting rootlessness of any interpretation or of any meaning and takes advantage of this figure to attack what he considers to be Lacan's simplistic notion that the navel consists of an abyss, or lack, and that the phallus represents the "lack of a lack."

Weber's attack on Lacan, repeated in the next chapters, situates his book within the struggle between Lacanians and Derrideans. Yet Derrida's presence here resembles the author's place within a work, as described by Flaubert: "The author in his work must be like God in the universe, present everywhere and visible nowhere." The influence of Derrida on Weber is not hidden; the book is

[1]This is Weber's translation of Freud, corresponding to *The Standard Edition*, Vol. 5, p. 525.

dedicated to him. Yet his works are never cited in the text, even though a Derridean vocabulary permeates the work.

The book has many merits of its own. It is not clear that the attacks on Lacan add a great deal. A further question is how much these polemics will mean to most American analysts. In any case, readers should understand where the book stands in the context of current French intellectual debates.

The final section of the book, which focuses on *Beyond the Pleasure Principle*, is especially interesting because it demonstrates the concept of text as thallus. It offers a well-argued example of the perils of invoking a text as authority. Freud, in this his most speculative work, ultimately turns to Plato's *Symposium*, which is seen as a mixture of myth and theory. Weber sees Freud as "authorizing" the "fantastic aspects of this pseudo-myth [*Beyond the Pleasure Principle*]" by attributing the story (of prior wholeness) to "an author who, more than most, can be presumed to have known from start to finish what he really wanted to say" (p. 149). Weber then examines the complicated relations between the author of the *Symposium*, its narrator, his listener, and the participants. He argues that what Freud quotes cannot stand as representing Plato's intention, and he dismisses the notion of the author's intentionality and of rooted meaning. As we are reminded of the richness of the *Symposium*, it seems like more than a coincidence that Freud refers to this complex text at a crucial point in a controversial work. Could it be that this reference to Plato is a "navel" of Freud's work, in which case it would not be surprising that it gives way to an intricate network of other discourses?

Weber's book is not easy reading, but it offers enough rewards to justify the effort. Different readers will experience it in different ways. Those familiar with deconstruction will find it a skillful and somewhat predictable application of this method. Others may find the going slower, but will have the added return of acquainting themselves with a new way of reading (and yet one whose similarity to analysis is repeatedly underscored).

Any reader should appreciate Weber's detailed effort to highlight the defensive aspects of Freud's writings. His reading reminds us of how great a challenge Freud undertook: to remove man's rational mind from the center of control is a process that has to be undertaken repeatedly, since the narcissism of conscious

thought will continuously try to reclaim that position. Weber demonstrates this tendency through Freud's own words. It is the stressing of this insight that keeps this deconstructive reading from becoming a nihilistic one.

FRANK YEOMANS (NEW YORK)

THE WOLF-MAN. CONVERSATIONS WITH FREUD'S PATIENT—SIXTY YEARS LATER. By Karen Obholzer. Translated by Michael Shaw. New York: Continuum, 1982. 250 pp.

Writings about Freud's patients have proliferated over the years, so that an extensive literature on each of them now exists. Most of this literature has been the work of analysts seeking to add factual information, in order to broaden the context for understanding cases and/or to re-examine the cases from the vantage point of modern theory and technique. That these re-examinations have certain inherent difficulties has been pointed out by Anna Freud, who warned about the temptation, bred by familiarity with the case, "to test the interpretations given, to probe beyond the conclusions drawn."[1] Others—for example, Blum[2]—while noting the problems involved in these re-examinations, have stressed the value of such endeavors, in the light of all the advances in structural theory, ego psychology, and child observation which have been made since the original publication of the cases.

Obholzer's book is different from most works on the case histories, in that it is written by a lay person whose motivations, techniques, and skills are different from those of an analyst. She is an Austrian journalist who, in detective-like fashion, hunted down the Wolf-Man in 1973 after having read the German language translation of *The Wolf-Man by The Wolf-Man.* She wished to further her journalistic career by making a "scoop" for her newspaper. Overcoming the objections of the then eighty-six-year-old Russian émigré, she got her story, which was "published and attracted some attention and praise, but I had expected more" (p. 6). A year and a half later, she got her chance for "more" when a publisher ap-

[1] Freud, A. (1971). Foreword. In *The Wolf-Man by The Wolf-Man,* ed. M. Gardiner. New York: Basic Books, p. x.

[2] Blum, H. P. (1974). The borderline childhood of the Wolf Man. *J. Amer. Psychoanal. Assn.,* 22:721-742

proached her about doing a book on the Wolf-Man. Through a mixture of dogged determination, coercion, and seductiveness, she overcame the Wolf-Man's initial refusals to grant her the interviews to do the book. Her seductive coercion took such forms as trying to foster a transference to her as the Wolf-Man's older sister by dressing up "in a skirt that fell all the way to the floor because I wanted him to think back to the turn-of-the-century atmosphere and rekindle his memory of Anna" (p. 8). On another occasion, in an effort to get him to talk more freely about his episode of gonorrhea and his fears surrounding it, she told him of her own case of gonorrhea. I stress these elements of her motivation and technique because she seems to have had no appreciation of the ethical questions posed by them or of their effects either on the frail, physically and psychologically ill, lonely, by then eighty-eight-year-old man or on the nature and content of his responses to her questions.

The book is primarily based on a series of lengthy interviews, forty of which were tape recorded. The interviews were conducted every several weeks, beginning in 1974, continuing past his hospitalization for circulatory collapse in July 1977, and practically until his death at the age of ninety-two, on May 7, 1979. The Wolf-Man insisted that the book not be published until after his death.

That the Wolf-Man's psychopathology was of a much more serious nature than that of a neurotic and that he had certain ego defects indicative of borderline or psychotic illness has long been known. Even Freud, in the original case history, wrote of his uncertainty about his diagnosis and therefore his suitability for analysis, an uncertainty which took quite a while for Freud to resolve. We also have Brunswick's subsequent case report of the Wolf-Man's later decompensation[3] and Blum's (see footnote 2) convincing exposition of his ego pathology, including his regressive tendency toward global identification and merger with his objects.

Obholzer's interviews with the Wolf-Man confirm the serious nature of his illness—the unresolved and unresolvable ego pa-

[3]Brunswick, R. M. (1928). A supplement to Freud's 'history of an infantile neurosis.' *Int. J. Psychoanal.*, 9:439-476

thology. At times, it is difficult to tell how much of his repetitious, obsessional rambling and forgetfulness in the interviews is due to his basic psychopathology and how much is due to organic factors deriving from his advanced age. It is also difficult to assess his ambivalence toward psychoanalysis and psychoanalysts, particularly his hostile recriminations against Freud, Ruch Mack Brunswick, Muriel Gardiner, and the analysts who took care of him in his later years, Drs. S. and E. How much of this antipathy was his own and how much reflected his identification (and we must remember his tendency toward global identification) with some of his interviewer's attitudes is hard to know.

We learn that for about thirty years, up until his hospitalization two years before his death, the Wolf-Man carried on a relationship with a woman, twenty-five or more years his junior, who bilked him out of a good deal of whatever money he had, including most of what he earned from his memoirs. He ruminates endlessly about this relationship, which he is unable to give up. We learn other assorted facts, primarily about his later years, e.g., that he needed medication to sleep and at times for depression, that he thought about suicide, and that he continued in some kind of treatment until the end of his life. But there is little that significantly alters the picture that already had emerged in earlier works. As the Wolf-Man says at one point in the book while speaking of his analysis, "The effect was salutory, in any event. But it was not a complete cure" (p. 138). Nor could it be a "complete" cure, given the nature of his illness. Indeed, given the nature and severity of the illness, many (perhaps most) analysts today would not attempt to treat a patient like the Wolf-Man in a classical psychoanalysis.

Is the book worth reading? I suppose that any information about a patient of Freud's is of interest. Sadly, this is what the author of this book was banking on. It is part of the sadness of the Wolf-Man's life that in a certain way he stopped being a person in his own right. Instead, he became the persona of a famous patient of Freud's and was used by many, perhaps by all of us in a way, as a specimen.

EUGENE HALPERT (GREAT NECK, N.Y.)

RESISTANCE. PSYCHODYNAMIC AND BEHAVIORAL APPROACHES. Edited by Paul L. Wachtel. New York/London: Plenum Press, 1982. 267 pp.

Wachtel, a psychologist whose training was originally in the psychoanalytic tradition, is interested in integrating psychodynamic and behavioral approaches to psychotherapy. This book contains an introduction by him, followed by four chapters describing psychodynamic views, four chapters detailing behavioral ones and eight commentaries by the individual writers on the other contributors' approaches.

Not only do the contributors differ in their methods, but, as might be expected, they differ as well in their definition of resistance. The definitions vary not only between the two groups of psychodynamic and behavioral therapists but also among the members of each group. As each writer deals with his version of "resistance," he also describes his therapeutic approach—especially with "difficult" patients. The volume is replete with clinical vignettes, which makes it particularly useful in providing an understanding of the various authors' thinking and methodology.

Wachtel's "Introduction: Resistance and the Process of Therapeutic Change" is a thoughtful essay which describes the editor's interest in effecting a psychodynamic-behavioral synthesis. He notes that when he first became interested in behavioral approaches, he found that the concept of resistance was alien. Behavioral therapists were to make an appropriate intervention, and if the patient did not use it, it was not the therapist's responsibility. Today, when a patient does not follow a recommendation, the therapist is more likely to feel that his behavioral analysis was not adequate. Although this is an improvement over blaming the patient, it is far from sufficient. Wachtel comments that few behavioral therapists have made much use of psychoanalytic thinking in understanding why the patient does not follow the prescription that has been offered.

When he planned the volume, Wachtel hoped that it "would contribute—from both sides—to a spirit of détente and the recognition that psychodynamic and behavioral perspectives could be mutually facilitative" (p. xvi). Wachtel has had to conclude that his

goal was largely unattained, stating that the chapters "are primarily inward looking rather than reaching to incorporate from outside the pale" (p. xvi).

Michael Franz Basch, in the chapter "Dynamic Psychotherapy and Its Frustrations," defines resistance in therapy as "opposition to change" (p. 3). He discusses the patient's hopelessness as he confronts his resistance, and he decries the undeserved, pejorative connotation which the term has acquired. Following Freud, Basch views resistance as an intrapsychic rather than an interpersonal problem between the patient and the therapist. "Resistance," Basch notes, "becomes a guide to the therapist, indicating where he can profitably concentrate his efforts" (p. 4). Most of the essay, however, is focused not on resistance but on the patient's resistance to examining his resistance, that is, on the patient who has difficulty allying himself with the therapist in observing his own behavior. Basch is appropriately critical of what he calls "pseudoresistance." He says, "much of what is called resistance in psychotherapy is an artifact . . . a therapeutic stalemate generated by the therapist's attempt to introduce the model of the psychoanalytic treatment of the psychoneuroses into the psychotherapy of patients whose disturbances have different bases" (p. 10). Basch goes on to describe differences between psychoanalysis and psychotherapy. He is particularly interested in a group of patients for whom the therapist's neutrality is experienced as disinterest, weakness, or ineptitude. These patients, he feels, "require a period of what Freud called *Nacherziehung*, a belated opportunity to complete their upbringing" (p. 22).

In "Resistance as Process," Herbert J. Schlesinger follows Gill in defining resistance as "defense expressed in the transference" (p. 26). He, like Basch, carefully differentiates between resistance and "misbehavior." Schlesinger feels that resistance is communication, an indication to the therapist that something important is going on. The patient has to be helped to communicate more effectively. The author underlines the importance of "therapeutic tact" and the "therapeutic split" in the therapist.

Paul A. Dewald discusses "Psychoanalytic Perspectives on Resistance." It is the most comprehensive and in many ways the most useful chapter in the volume. Dewald notes that "the concept of

resistance is an element of clinical theory based on repeated observations in the therapeutic situation" (p. 45). He traces the concept from the topographical through the structural model. "For the therapist," Dewald states, "resistance represents an interpretation of meaning ascribed to any behaviors manifested by the patient that interfere with or delay the therapeutic process of uncovering and bringing to the patient's conscious awareness the hidden nature of his intrapsychic conflicts. Once these conflicts are consciously manifest, the concept of resistance is also applied to any behaviors that delay or oppose the renunciation of the inappropriate unconscious wishes, fantasies and defensive operations" (p. 48). The author groups resistances into two categories. In tactical resistances the patient seeks to avoid full awareness of fantasies about which he is guilty, ashamed, or afraid and which he does not acknowledge as part of himself. Strategic resistances involve the patient's continuing unconscious efforts to fulfill infantile wishes and object choices. Dewald, like his predecessors in the book, differentiates psychoanalysis from psychoanalytic psychotherapy. He then goes on to describe in a comprehensive and useful manner the technical handling of resistance.

Sidney J. Blatt and H. Shmuel Erlich, in "Levels of Resistance in the Psychotherapeutic Process," define resistance "in terms of the object relationship—as occurring within the therapeutic dyad, as something between the patient and the therapist that interferes with the flow of the therapeutic process" (p. 70).

Whatever the differences among the above authors, they all conceptualize psychotherapy as a process that helps a patient to understand and work through internal conflicts. Since there are internal conflcits, there must be resistance. It is part of the process and is a guide to the patient's conflict.

The behaviorists, as Wachtel points out in the Introduction, are now beginning to recognize the existence of resistance, "if not always so naming it" (p. xix). In "Resistance and Clinical Behavior Therapy," Marvin R. Goldfried writes that the concept of resistance rarely arose in the early behavioral literature. The patient was usually presented as a rational human being who readily complied. As behavioral therapists began to deal with unselected cases and more complex clinical problems, issues of "therapeutic noncompliance" or resistance arose. Goldfried describes a number of therapeutic maneuvers which decrease therapeutic noncompliance—actions which would be part of a good supportive therapy.

The author is comfortable with the concept of "motivation to change" and the problems of patients with minimal conscious motivation to change.

Arnold A. Lazarus and Allen Fay, in "Resistance or Rationalization? A Cognitive-Behavioral Perspective," are much more combative. The concept of "resistance," they say, "is probably the most elaborate rationalization that therapists employ to explain their treatment failures" (p. 115). The authors correlate resistance with noncompliance and with a negative outcome of therapy.

Donald Meichenbaum and J. Barnard Gilmore, in "Resistance from a Cognitive-Behavioral Perspective," come closest to the conceptual model of psychodynamic therapy. They note, for example, that resistance is a motivational and behavioral phenomenon that "can carry information that is conscious, preconscious or unconscious" (p. 133). Resistance, they say, "resists a change." From their vantage point, the change is in the patient's willingness "to find and test possible alternative coping strategies, both behavioral and cognitive" (p. 152).

In "The Behavior-Analytic Approach," Ira Daniel Turkat and Victor Meyer define resistance as "client behavior that the therapist labels antitherapeutic" (p. 158). Most of the chapter describes interventions with a patient whose symptoms were recalcitrant to the methods of the authors.

The commentary chapters, depending on the authors' proclivities, represent either attempts to bridge the gap between the two disciplines or to critize the other discipline for being different. Additional information about the writers' views are included, but the editor's hoped-for amalgam remains elusive.

Resistance, in sum, is a book well worth reading. Although Wachtel has not achieved the synthesis between psychodynamic and behavioral approaches to psychotherapy he had sought, as he knew he would not, he has nevertheless provided eight articulate, well-written chapters together with helpful additional commentaries by the contributors. All who read it will find much with which to disagree, but they also will find many points with which they will agree. Wachtel states that he edited the book not to teach but to learn. The interested reader will also find that there is a great deal to learn from the book.

DANIEL S. PAPERNIK (NEW YORK)

ANXIETY AND DEFENSIVE STRATEGIES IN CHILDHOOD AND ADOLESCENCE. By Gudmund J. W. Smith and Anna Danielsson. (Psychological Issues, Monograph 52.) New York: International Universities Press, 1982. 206 pp.

This book explores problems of children's anxiety and the defensive tactics used to counteract it. The authors establish affinities between psychoanalysis and Piaget-Werner traditions, and they consider the ways in which developmental ideas highlight and supplement dynamic concepts. The After Image Test and Meta Contrast Technique, which were the experimental research techniques utilized in the study that generated the book, focus on processes of percept construction. Neither had previously been used with children; earlier research involving adults had shown them to be useful measures of the effect of anxiety on reality perception. In addition, the Piagetian landscape text of cognitive egocentrism was used to determine the developmental maturity of each child, particularly with regard to anxiety and its influences on reality perception.

The population consisted of 72 normal school-age children (7 to 15 years of age), 55 normal preschool children (4 to 6 years of age), and 75 clinical children (4 to 16 years of age). Anxiety in some form was a common denominator in all of the clinical children. A pilot group of 30 clinical children facilitated predictions for the larger clinical group. The administration, scoring methods, and schemes of interpretation are clearly defined in the book. The statistical findings were in general accordance with clinical observations. The results supported each other to a high degree; reliability of the data on which they were based was within an acceptable range.

The study provides useful information about normal and deviant child development. Transitions in anxiety manifestations and defense tactics reflect the maturational growth of the child. The authors concur with Schur's position that anxiety manifestations extend from a pole of primary anxiety, in which primitive physiological discharge mechanisms are displayed, to one of much less intense and more effective reactions to danger, the existence of which would be inconceivable without a well-developed inner rep-

resentational world. Between these poles, anxiety reactions remain bound to the appearance or disappearance of a real external object that represents danger to the child.

Primary anxiety was not observed in the normal group studied, but it appeared in the clinical group as paroxysmal anxiety. The "untestable" child usually displayed a high propensity for panic. Direct reactions of fright were usually confined to a rudimentary stage of cognitive development, characterized by preoperational thinking, fragmentary internal representations, and diffuse differentiation between self and non-self.

The authors have adopted the developmental model of defense mechanisms provided by Anna Freud and developed further by other ego psychologists. The test data indicate a developmental progression of anxiety manifestations and defensive strategies from the young child's initial response of primitive fear to the compulsive ploys at the time of puberty, when an emphasis on adaptation to external reality seems to prepare for the emotional turmoil, regressive reactions, and complicated, sophisticated strategies of adolescence. Very young children resort to simple denial; they shut their eyes or turn their heads away from the test stimulus as though the threat will cease to exist if they no longer see it. They gradually develop more complex defense mechanisms, and by about the age of five, when their thought processes are no longer so explicitly tied to motor action, they begin to internalize their anxiety and their defensive reactions. Accordingly, they no longer run away in fright from externally perceived threats, but try to master anticipated dangers, which seem now to come in part from within, not exclusively from without. As long as their cognitive impressions remain egocentric, their defensive maneuvers are rooted in concrete impressions. Not until immediacy and concreteness cease to dominate their thinking, usually during a second major transitional period during late latency and adolescence, do adult defenses become available to them. The use of projection peaks at about the age of five and does so again at puberty. Compulsive forms of defense, which include isolation and intellectualization, are relatively late developments.

Paralleling the developmental pattern of anxiety, the clinical children exhibited primitive defense mechanisms at a relatively

advanced age, unlike the normal children. A lack of adequate, higher level defensive resources is one factor in the vulnerable child's tendency to regression. The authors distinguish between temporary regression in the normal child and more or less lasting regression in the clinical child.

Good test instruments provide access to what the child willingly or unwillingly conceals. Eventually, this information becomes available to the skilled clinician. When given early in treatment, tests aid the therapists in their assessment of a child's ego functioning, developmental status, defensive pattern, strengths, and limitations. The choice of a treatment plan is even more difficult with children and adolescents than it is with adults. Without a thorough understanding of the child's defensive functioning, the therapist cannot know which resources need to be developed to promote more effective adaptation. He or she cannot be sure when to give free rein, when to keep the child in check, when to tread cautiously to avoid further regression and disorganization. For example, isolation, the separation of perception and dangerous affect from one another, may protect an adolescent against fixation to primitive forms of defense or in the risk of retreat into psychosis. If severe anxiety is being masked by depressive retardation or compulsive isolation, the treatment approach needs to be different than it is when there is less severe anxiety behind the defensive armor.

Anxiety-ridden, learning disabled children who are bound to their world of concrete impressions cannot make full use of their intellectual potential. In contrast, normal children who enjoy being challenged by the ambiguities and contradictions of alternative experiences can develop age-appropriate cognitive skills. Anxiety and defense play a central role in the application and development of children's creative talents, as distinguished from pathological fantasy life, their adaptations to reality and their attempts to balance their struggle for personal expression with the demands of socialization.

Cautions and restraints regarding the use of psychological tests must be applied to the descriptive diagnostic tools utilized in the study described in this book. Tests cannot by themselves provide answers about diagnosis and treatment. They are not a substitute for sound clinical judgment. They do, however, provide an extremely useful supplementary procedure in the clinical assessment process.

The most valuable contribution of this book is its integration of a developmental psychoanalytic perspective, systematic observation of both normal and clinical children, and a useful correlation between objective assessment procedures and dynamic theory.

MIRIAM G. SIEGEL (NEW YORK)

STUTTERING. A PSYCHOANALYTIC UNDERSTANDING. By I. Peter Glauber, M.D. Edited by Helen M. Glauber. New York: Human Sciences Press, Inc., 1982. 188 pp.

The late Peter Glauber was a pioneer in clinical research and treatment of stuttering and related disorders. Working along psychoanalytic developmental lines, he made notable contributions to our understanding of character pathology and of the narcissistic and preoedipal roots of the neuroses.

This collection of thirteen of Glauber's papers, originally published between 1943 and 1968, was selected and ably edited by his wife, Helen M. Glauber. There are Forewords by W. Clifford M. Scott and Leo Stone, as well as comments on some of the papers by several of Glauber's colleages.

The papers are presented in two sections: Part I, "A Psychoanalytic Understanding of Stuttering," contains seven papers; Part II, "Other Selected Papers," contains six. Glauber's final paper, "Dysautomatization: A Disorder of Preconscious Ego Functioning," is his most profound work. I highly recommend this book to readers who are unfamiliar with Glauber's contributions, especially those who treat children.

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

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Bulletin of the Menninger Clinic. XLV, 1981.

Sheila Hafter Gray

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ABSTRACTS

Bulletin of the Menninger Clinic. XLV, 1981.

Abstracted by Sheila Hafter Gray.

Distraction as an Obsessive-Compulsive Strategy. Owen Renik. Pp. 409-427.

Certain patients who present with clear obsessions and compulsions seem so frantically immersed in their symptoms that a diagnosis of obsessive-compulsive character disorder proves neither completely descriptive nor clinically helpful. Such patients cannot be treated in the ordinary psychoanalytic fashion, since these obsessions and compulsions, which may originally have developed as psychoneurotic symptoms, now serve to protect the individual from a graver disturbance by serving the important intrapsychic function of distracting attention from intolerable preconscious material. Thus, it is often better to consider such patients as having "pseudo-neurotic schizophrenia" or "obsessive psychosis." Attempts to clarify the anxieties, defenses, or wishes contained within the presenting symptomatology may prove fruitless or even dangerous. The author suggests that conceptualizing the distracting functions of the patient's obsessions makes it possible to maintain a dynamic view of the disorder which can point the way to an interpretive approach. Technically, it may be necessary to confront these patients with the notion that they are distracting themselves from frightening thoughts which are in fact available to them and to address directly the reasons for the avoidance. This approach is evidently different from the one usually employed with neurotic patients. In a very detailed case presentation, Renik illustrates the clinical application of this formulation. When he focused his interpretive approach upon threatening preconscious thoughts, the patient's obsessive-compulsive symptoms were replaced in the sessions by conscious, violent sadistic fantasies. When, as treatment progressed, the patient became able to tolerate these threatening ideas, the obsessions and compulsions disappeared. It was possible to make explicit the danger the patient had felt in having his preconscious fantasies become conscious: he had feared that he might act on them.

Superman as a Male Latency-Stage Myth. Andrew Lotterman. Pp. 491-498.

The Superman legend is examined in the light of psychoanalytic developmental psychology. Superman has a dual character: one aspect is timid, limited, and mortal; the other is strong, physically daring, and heroic. Like the latency boy, he scrupulously avoids sensual intimacy. His power is vulnerable only to a fragment of "kryptonite," a piece of his mother planet, which represents the archaic mother whom the boy fears. Harking back to oedipal strivings and conflicts, Superman did not reveal his true powers until his father had died; but then he began to act in daring ways which reflect the counterphobic aspects of the preadolescent personality. When he experiences the world as too stressful and retreats to his Fortress of Solitude, he again represents the latency boy, who views himself as quite alone.

The author concludes that for the latency boy who has just emerged from the oedipal phase, Superman is an ego ideal of magnificence and power, which counteracts his fears of passivity and surrender to the archaic mother.

Anorexia Nervosa. Helene Deutsch. (Introduction by Paul Roazen.) Pp. 499-511.

This is the first publication of a case presentation which Helene Deutsch made to the Boston Psychoanalytic Society in the early 1940's. In his introduction, Paul Roazen sets the paper in its historical perspective, noting especially its emphasis on an empirical approach which cut across the then existing boundaries between psychiatry and psychoanalysis. This was one of the very earliest reported cases of anorexia nervosa to have been treated psychoanalytically. The therapeutic contract included a promise on the part of the analyst that the patient would not have to discuss her eating habits so long as she maintained a predetermined minimum weight, but that treatment would be suspended if the patient fell below this standard. In this context, it became possible to treat the patient's very serious character pathology psychodynamically, to a good outcome. This may be the origin of the contemporary technique of establishing an "anorexia number" in the dynamic psychotherapy of patients who present with significant undereating.

Bulletin of the Menninger Clinic. XLVI, 1982.

Abstracted by Sheila Hafter Gray.

The Menninger Hospital's Guide to the Order Sheet. William Claire Menninger (with a preface by Paul W. Pruyser). Pp. 3-112.

This is a comprehensive, annotated model set of physician's orders for psychiatric inpatients. The approach is derived from and interdigitates with psychoanalytic theory, particularly with an ego-psychological orientation. It suggests a multimodal therapeutic approach oriented toward resolution of psychic conflict and facilitating adaptation. It would be of special interest to a psychoanalyst who may have occasion to direct or participate in a therapeutic program for a hospitalized patient.

The Expectable Depressive Climacteric Reaction. Ruth Lax. Pp. 151-167.

The author postulates that depression during the perimenopausal years is a phase-specific affect related to necessary mourning of the loss of the procreative function. Initially, during the climacteric, denial is the primary defense mechanism. If there is a pathological predisposition, the woman may inhibit mourning and instead regress to primitive symptomatology such as paranoid ideation and psychotic depression. If, however, she has the capacity to tolerate the depression and work through the normal psychic pain of the climacteric process, the woman may adaptively restructure her self-image and ego ideal in a manner that promotes self-acceptance and enriched object relations. Included is a comprehensive review of the psychoanalytic literature bearing on this topic.

Primary Transsexualism: A Critique of a Theory. Milton Eber. Pp. 168-182.

The notion prevalent in some quarters regarding the nonconflictual origin of

transsexualism and its consequent resistance to psychotherapy is challenged. The author indicates that the cardinal historical (developmental) manifestations of this condition, i.e., early origin, blissful symbiosis, "imprinting" of the mother's own femininity and its apparent immutability, may be viewed in much the same fashion as other borderline or narcissistic psychopathology. This conceptualization fosters a psychotherapeutic approach to the patient's problem.

Expectant and New Fatherhood as a Developmental Crisis. Howard Osofsky. Pp. 209-230.

Four patients who have had gross psychiatric disturbances apparently precipitated by the anticipation of fatherhood are described. The timing of their emotional disturbances and their specific symptoms appear to have been related to major unresolved conflicts and developmental difficulties. The author notes that men without overt psychiatric symptoms preceding their wives' pregnancy also seem to experience considerable lability and unsettled feelings during the pregnancy and following the birth of the baby. These men demonstrate regressive pulls with conflictual themes similar to those described for more disturbed individuals, although their overt symptoms may be less intense, more transient, and more responsive to supportive intervention. Correlating his clinical observations with extensive psychoanalytic observations of pregnant women and new mothers, the author concludes that men experience a psychological crisis paralleling that seen in women, characterized by intensification of current conflicts, emergence of unsettled conflicts from the past, and a loosening of partial or inadequate solutions to conflict. He suggests that these normative events are a developmental crisis which provide opportunities for maturation and new emotional growth. The article includes a selective forty-four item bibliography.

Journal of the American Academy of Psychoanalysis. X, 1982.

Abstracted by Roderick Gilkey.

On the Pathological Lie (Pseudologia Phantastica). Helene Deutsch. (Introduction by Paul Roazen.) Pp. 369-386.

In this previously untranslated paper, Deutsch explores the defensive and symptomatic aspects of a form of psychopathology referred to as the fantasy lie. The pathological or fantasy lie is viewed as an attempt to deal with psychological conflict by imposing a new ego state on the outside world. The mechanism, in its effort to substitute fantasies and daydreams for reality, relies on creative and adaptive means to achieve neurotic ends.

Multiple Identity Processes and the Development of the Observing Ego. John Scialli. Pp. 387-405.

The author discusses ego dissociation and multiple-identity process in the borderline personality as they relate to the normative development of the observing ego. Such ego fragmentation is viewed as a precursor of a more coherent, mature ego with self-observing capacities.

Journal of the American Academy of Psychoanalysis. XI, 1983.

Abstracted by Roderick Gilkey.

A Contribution to the Theory of Treatment of Personality Disorders. Carl Rotenberg. Pp. 227-249.

Rotenberg offers a review and summary of the contributions of self psychology to the conceptualization and treatment of character pathology, with special reference to transference phenomena and the process of working through.

Concerning Remorse: With Special Attention to Its Defensive Functioning. Michael Hoyt. Pp. 435-444.

The psychological role played by remorse is both a condemnation by the superego of the self and a defensive measure of the ego that overcomes the feared loss of the wronged other by internalizing the other as judge.

Depression and Women: Theories and Research. Martha Herman. Pp. 493-512.

The social and historical factors contributing to the higher incidence of depression in women is examined. Some current research suggests that changes in sex roles may alter the psychological differences between men and women as well as the higher rate of depression experienced by women in contrast to men.

International Journal of Psychoanalytic Psychotherapy. IX, 1982-1983.

Abstracted by Luke F. Grande.

On the Silence of the Therapist and Object Loss. Martin Greene. Pp. 183-200.

Greene briefly reviews the literature on the effect of early object loss on patients in analysis and then cites material from a case treated by psychoanalytic psychotherapy, in which silence on the part of the therapist enabled the patient to actualize, via the transference, the sense of early object loss hitherto repressed. Through this, the patient experienced separation and individuation and worked through the early loss. Using the clinical material, Greene describes the rationale behind his choice of maintaining silence or speaking and stresses the need for the patient to be enabled to experience the pain of separateness and loss.

An Interactional Approach to the Treatment of Patients with Developmental Arrests. Ossie Siegel. Pp. 201-207.

This paper is a discussion of the paper by Martin Greene. Siegel focuses on Greene's neglect of the patient's rage upon experiencing loss and the various ways she attempted to communicate the rage to the therapist.

The Holding Environment and Family Therapy with Acting Out Adolescents. Edward R. Shapiro. Pp. 209-226.

The author presents clinical material to exemplify the need for family treatment

in the case of a very disturbed adolescent boy, in order to help resolve some of the impediments to individual therapy. The main thrust of the paper deals with the need of the family therapist, utilizing psychoanalytic concepts about preoedipal pathology, to offer a holding environment in which the feared primitive, destructive affects of the family members can be experienced and contained safely. Shapiro stresses that the therapist must resolve the countertransference difficulties that arise as he or she becomes "enmeshed" in the family.

Anorexia Nervosa and the Psychotherapeutic Hospital. Ian Story. Pp. 268-302.

The author discusses the treatment of severe anorexic patients in the environment of a hospital. The patients he describes are typically older and have had unsuccessful treatment in the past. Story stresses the need to view these individuals with empathic psychodynamic understanding which in turn dictates the therapeutic approach. He cautions against the tendency to see them as simply anorexic and to aim for mere symptom alleviation. Focusing on the underlying conflicts and personalities of the patients he has treated, he likens them to schizophrenic, schizoid, and borderline individuals. Case material is used to illustrate dynamics, family interaction, and the rationale behind the therapeutic approach. Particular emphasis is placed on how the therapist and staff deal with the starving patient. The author emphasizes the need for examining and working through the pre-anorexic period, and for understanding and dealing with the countertransference phenomena, which can be very taxing in these cases.

Treatment in Anorexia Nervosa. Hilde Bruch. Pp. 303-312.

In this companion piece to the article by Ian Story, Bruch summarizes her views on anorexia nervosa and its treatment. She focuses on the importance of effective and appropriate treatment in the early stages of the illness to help prevent the calamities that result from inadequate treatment, as seen in the cases cited by Story.

Prestructural Determinants in a Case of Phobia. M. Donald Coleman. Pp. 537-551.

Coleman describes the treatment of a case of phobia in which the patient experienced anxiety when placed alone in unfamiliar surroundings. The anxiety is due to a lack of ego development resulting from the mother's actively inhibiting the growth of the patient's autonomy. Coleman attributes the anxiety to a prestructural conflict and acknowledges that some authors would not see this as a phobia per se. He demonstrates the effectiveness of twice weekly psychotherapy. The ego growth of the patient is depicted up to the point where, after four years of treatment, the patient was about to undergo analysis with the author. At that point, the patient had begun to experience and focus on genital and oedipal conflicts in her present life, transference, and dreams.

The Importance of "Real Trauma" on Phobic Symptom Formation. Austin Silber. Pp. 553-560.

In this discussion of Coleman's paper, Silber acknowledges the value of the work done by Coleman, but argues against his continuing to work with the patient in analysis. He feels that the stage has been set for the patient to be unable to expe-

rience negative transference and that, because Coleman has not required free association, the patient would have difficulty in changing over to conformity with the rule of free association. Coleman, in his response, acknowledges that the patient has not, after two years, developed a full-blown negative transference, but he thinks that with skill it can be teased out. He also feels that the patient would not have tolerated a transfer to another analyst.

Separation-Individuation and Transitional Objects in a Four-Year-Old Psychotic Child. Stavroula Beratis; Robert Miller; Eleanor Galenson. Pp. 561-582.

The authors describe the case of a psychotic boy whose treatment began in their therapeutic nursery when the child was twenty-eight months old. Mahler's theory of separation-individuation was utilized as the basis for their therapeutic intervention. They depict the boy's progress into and through a symbiotic phase and into a practicing phase of relatedness to the therapist, at which time he was transferred to a program for older children. They also discuss his use of transitional objects, the possible meaning that different transitional objects may have, and, with particular reference to babbling, they offer some ideas about how vocalization may be used as a transitional object itself.

From Command to Request: The Development of Language in the Treatment of a Symbiotic Psychotic Child. Anni Bergman and Margaret Chernack. Pp. 583-602.

In this discussion of the previous paper, Bergman and Chernack deal with the process of separation and individuation in the four-year-old psychotic child by correlating it with his development and use of speech in the course of treatment. They categorize vocalization that is not dependent upon another as "command" type of speech and vocalization that requires the presence of another as "request" speech. Further, they show how the young patient moved from one to the other as he progressed from self-object relatedness to self- and object relatedness. They demonstrate how he developed a transitional world before he was able to develop communicative language. They also show how his transitional objects differed from those of the normal child, primarily in that he could not utilize the symbolism inherent in transitional objects to help him overcome the sense of loss.

Journal of the American Academy of Child Psychiatry. XXIII, 1984.

The following abstracts appeared in the Journal of the American Academy of Child Psychiatry and are reprinted with the permission of the publisher.

Psychopathology in the Children (Ages 6-18) of Depressed and Normal Parents. Myrna M. Weissman, *et al.* Pp. 78-84.

Data from a pilot family-history study of 194 children (ages 6-18) of probands with major depression compared with the children of normal controls showed children of depressives were at increased risk for psychological symptoms, treatment for emotional problems, school problems, suicidal behavior, and DSM-III diagnoses. The magnitude of the risk was increased 3-fold for any DSM-III diagnosis in the children of depressed probands. Major depression was the most common

psychiatric disorder, followed by attention deficit and separation anxiety. The risk to children of major depression and of any DSM-III diagnosis increased linearly if both parents were psychiatrically ill rather than if only one or neither parent had psychiatric illness. Other significant predictors of risk to children were early onset of the proband's depression, an increased number of the proband's first-degree relatives who were ill with any psychiatric disorder and/or major depression, and if the proband was divorced, separated, or widowed. While diagnoses were based on multiple informants and were made by a psychiatrist who was blind to the clinical status of the probands, the absence of direct interviews with the children make these findings preliminary. A direct interview study is under way.

Adolescent Abuse: Family Structure and Implications for Treatment. David Pelcovitz, *et al.* Pp. 85-90.

Twenty-two families in which 33 adolescents were abused were clinically evaluated. The families fell into three groups: childhood onset familes in which the adolescents had also been abused in early childhood and whose parents had been abused as children; authoritarian families in which rigid parenting styles were characterized by a high degree of denial of family conflict; and overindulgent families in which a pattern of overly permissive parenting coupled with sporadic violent attempts at control seemed to be associated with an early loss of a parent. Implications for family-oriented treatment are discussed.

Epidemiology of Depressive Symptomatology in Adolescents. Stuart L. Kaplan; George K. Hong; Chantal Weinhold. Pp. 91-98.

Three hundred and eighty-five junior and senior high school students completed the Beck Depression Inventory. Utilizing cut-off points developed by Beck, 300 adolescents (77.9%) were nondepressed, 52 (13.5%) were mildly depressed, 28 (7.3%) were moderately depressed, and 5 (1.3%) were severely depressed. Lower social class adolescents were more depressed than higher social class adolescents; younger adolescents were less depressed than older adolescents; and there was no difference between total depression scores in male and female adolescents when age and social class were controlled.

Hypomania in a Four-Year-Old. Elva O. Poznanski; Maria C. Israel; Janet Grossman. Pp. 105-110.

This case report of a 4-year-old boy has a particularly clear clinical history and pattern of hypomania. Besides hyperactivity and emotional lability, which have previously been described in the offspring of a bipolar parent, the boy displayed pathologically prolonged states of emotional arousal to minimal stimulus, as well as euphoria, overtalkativeness, irritability, episodic states of frenzied activity, and minor depressive feelings. Because the clinical picture was so clear, the identification of possible hypomanic behavior in other young children may be aided.

Anorexia Nervosa in Black Adolescents. Andres J. Pumariega; Palmer Edwards; Carol B. Mitchell. Pp. 111-114.

The incidence of anorexia nervosa in black youth is believed to be extremely low to negligible. The authors report on two cases of adolescent black female patients, seen over a 6-month period, who developed anorexia nervosa. Literature on the epidemiology of this disorder is reviewed with special attention to references to blacks. Unique characteristics of the two patients described in this paper and one other reported at length elsewhere in the literature are also discussed, as well as questions about the possible rising incidence of this disorder among blacks.

Serious Sibling Abuse by Preschool Children. Perihan A. Rosenthal and Mairin B. Doherty. Pp. 186-190.

Important differences between sibling rivalry and pathological sibling abuse are identified in 10 cases, and some of the family psychodynamics underlying the more dangerous behavior are explored. Because of the child's egocentricities, cognitive immaturities, and tendency to discharge conflict through the affectomotor mode, the responsibility for modulating the child's behavior rests with caretaking persons.

Preliminary Studies of the Reliability and Validity of the Children's Depression Rating Scale. Elva O. Poznanski, *et al.* Pp. 191-197.

The Children's Depression Rating Scale, revised version (CDRS-R), is a reliable, clinician-rated scale which differentiates the depressed from the nondepressed child. The sum score of the CDRS-R appears to provide a better estimate of depressive symptomatology than does clinical impression. The relationship of the sum of the CDRS-R with global clinical ratings of depression indicates that the scale measures the severity of depression, which is its primary purpose. The scale is not affected by the age of the child in the clinical sample, and the content of the items grouped as mood, somatic, subjective, and behavior all show good correlations with depression. The CDRS-R has been shown to be useful in a variety of settings, which suggests that it is useful in both primary and secondary depressions.

Selective Bias in Educational Mainstreaming of Deaf, Intellectually Normal Adolescents. Stella Chess, *et al.* Pp. 198-202.

A comparison of 2 subgroups of 83 profoundly deaf adolescents with normal intelligence—those mainstreamed and those in schools for the deaf—determined ethnicity and socioeconomic class to be the most prominent determinants of mainstreamed status. Two boys, one from the white middle class and one a lower-class black child, closely matched for multiple behavioral qualities, are described clinically to illustrate the complex exigencies that face parents of handicapped children who must negotiate the educational system. The differences between middle-class and lower-class parents in their ability to cope with these exigencies are also described. The practical implications of the findings are discussed, particularly the need for an advocacy system.

Factors Associated with a History of Childhood Sexual Experience in a Nonclinical Female Population. Mary Anne Sedney and Barbara Brooks. Pp. 215-218.

A nonclinical population of college women was surveyed concerning their history of childhood sexual experience, current symptoms, and demographic background. Sixteen percent of the 301 women in the sample reported a history of childhood sexual experience, and while they were not distinguishable demographically from their peers, they were distinguishable in reports of symptoms. Adults who had been victims of abuse as children reported significantly greater symptoms, generally indicative of depression, anxiety, and self-abusive behavior. Women whose experiences occurred within the family were at greater risk for disturbance than women whose experiences occurred outside the family. Clinical implications for children and adults are considered.

Treatment of Adolescents in Family Therapy after Divorce. Mark J. Blotcky; Keith D. Grace; John G. Looney. Pp. 222-225.

Troubled children of divorced families represent a substantial portion of clinical practice. Adolescent development involves regression with a propensity for movement into relationships characterized by splitting. Parental divorce and continued conflict may exaggerate this process as the adolescent finds it far too easy to perceive one parent as right (gratifying) and the other as wrong (frustrating). A multistage treatment program is outlined involving the divorced parents together with the adolescent. Indications and contraindications are discussed.

The Emotionally Disturbed Child Psychiatry Trainee. Steven L. Schultz and Andrew T. Russell. Pp. 226-232.

All the child psychiatry programs in the United States were surveyed by a questionnaire. Basic demographic data and information concerning problem trainees were obtained for virtually all of the fellows during the academic year 1980-1981. Eight percent of the fellows were judged by their training directors to have significant emotional disturbance and another 7% were judged to have experienced "other" difficulties. Risk factors are identified and discussed. A concluding discussion focuses on identifying and coping with the problem trainee.

Hyperactives as Young Adults: Initial Predictors of Adult Outcome. Lily Hechtman, *et al.* Pp. 250-260.

This 10-12-year prospective follow-up of hyperactives as young adults (ages 17-24 years) attempted to determine which initial factors or group of factors (at ages 6-12 years) can predict adult outcome. Results indicate that any particular adult outcome is not associated with a particular initial variable but with the additive interaction of personality characteristics, social as well as family parameters. However, certain initial predictor variables stand out as being more important. These include family parameters such as socioeconomic class and mental health of family members, personal characteristics such as IQ, aggressivity, emotional instability, and low frustration tolerance.

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Meeting of the New York Psychoanalytic Society

Peter Buckley

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NOTES

We are happy to welcome five new members to our Editorial Board: Dr. Jacob G. Jacobson of Boulder, Colorado, Dr. Yale Kramer of New York, Dr. Michael S. Porder of New York, Dr. Owen Renik of San Francisco, and Dr. Lorraine D. Siggins of New Haven, Connecticut.

We also take this opportunity to express our deep gratitude to three of our Editors who have retired from our Editorial Board: Dr. Peter Blos, Jr., and Dr. Bennett Simon, both of whom joined our Board in 1970; and Dr. Rebecca Z. Solomon, who has been a member of our Board since 1976. *The Quarterly's* existence depends in large measure upon the dedicated members of its Editorial Board, on which Drs. Blos, Simon, and Solomon served with great distinction.

In addition, we wish to thank the colleagues other than our Editors who graciously agreed to read a number of papers which were submitted to us during the past year. Invaluable service was rendered to *The Quarterly* by: Dr. Leon Balter, Dr. Barrie M. Biven, Dr. Allan Compton, Dr. Aaron H. Esman, Dr. Laurence B. Hall, Dr. Theodore J. Jacobs, Dr. Richard G. Kopff, Jr., Dr. Edward Nersessian, Dr. Arnold Richards, and Dr. Sherwood Waldron, Jr.

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

February 22, 1983. WHY ISHMAEL, AHAB, WHY MOBY DICK? Jose Barchilon, M.D.

Dr. Barchilon stated as his aim the study of *Moby Dick* in an attempt to learn what unconscious forces polarize the novel and motivate its characters. Freud was aware of his debt to writers and patterned his case histories on the novel. Rapaport saw the novel as the model of our modern psychiatric case history. Based on that similarity, this study focused on *what*, *how*, and perhaps *why* we react as we do aesthetically to that great pre-Freudian novel. Dr. Barchilon believes that because a novel is a consistent, harmonized whole, analysts can easily reconstruct metapsychologically the underlying wishes, conflicts, and compromise formations of the characters. The derivatives in the manifest tale are structured, layered, and *publicly* symbolized much like those in symptom formation and psychopathology. It is Dr. Barchilon's thesis that here there may be common denominators between unconscious processes and mental functioning in general which extend what we can learn from purely *private* manifestations of the unconscious, such as neuroses. An important part of our aesthetic reaction is rooted in our awareness (however dim) of resonances between our psyche and how successfully and accurately an author has approximated those natural processes, i.e., the subtle compromise between what is

revealed, what is accessibly hidden, and what is hidden forever in the personal yet dynamic unconscious of each man or woman.

At the beginning of his subtle and intricate paper, Dr. Barchilon suggested that the manifest content of *Moby Dick* concerns the struggle of virtually helpless children against a deity, possessed of frightening archaic maternal characteristics, who during the course of the novel acquires the attributes of the vengeful destroyer of the Old Testament. He pointed out that it is a book peopled with men alone but that maternal derivatives and symbols abound throughout the book.

Dr. Barchilon examined the meaning of the names that Melville gave to his principal characters. He observed that Ishmael is the first man ever to be circumcised in the Bible but also that his name means "Heard by God," a constant reminder that he was not heard by his father who abandoned him. Etymological examination of the word "whale" led Dr. Barchilon to see the word as having a double meaning related to both the female and the male genitalia, and he contended that the hidden "nuclear meaning" of the name Moby Dick is "Hooded Dick" or uncircumcised penis (a mob is a hood). Ahab is the only king in the Old Testament who was so wicked in the sight of God that his body was to be despoiled by dogs upon his death and all his sons killed. This was because he and his wife, Jezebel, introduced a "wicked form" of phallic worship of the Tyrian Baal. Thus through his choice of names, Melville is informing the reader that his book is concerned with the conflict between the worship of the God of Abraham (with its necessary circumcision as seen in Ishmael) and older, untameable worships of the hooded and whole phallus symbolized by Moby Dick.

In an analysis of Ishmael's meeting with Queequeg and his sharing a bed with him, Dr. Barchilon drew attention to what he regards as one of the best examples of "free association" in all literature—that delivered by Ishmael, following his awakening next to Queequeg. His analysis of this monologue sees it in terms of the negative oedipus complex highlighting the underlying homosexuality of sailors who voluntarily committed themselves to sea voyages of many years duration. Dr. Barchilon postulated that Ishmael was orphaned early; thus he was abandoned by a dead mother and later by his father for a stepmother. Therefore, he unconsciously longed for the reassuring presence of a loving figure who would offer him a hand. Dr. Barchilon saw confirmation of this idea in the sequence and content of three chapters in the book. Chapter 93, "The Castaway," describes what it feels like to swim alone, abandoned at sea. Chapter 94, "A Squeeze of the Hand," is frankly and openly sexual. On the manifest level this chapter deals with blubber, but its latent content is that of *sperm*atozoa and the "milk of human kindness." His squeezed *hand* and that of his mate describes homosexual as well as heterosexual wishes, appropriate to Ishmael who is a man of confused sexual identity abandoned by mother and father. Chapter 95, "The Cassock," describes the huge whale's phallus and its circumcision after death. It pokes fun at a ritual *mohel* called "the mincer," who is also compared to a Pope, while the very last word of the chapter makes a pun about an "archbishoprick."

After being rejected by his real mother and his stepmother, the Biblical Ishmael was motivated by a compensatory fantasy; he would be heard by God: "He would love his father and believe that he had purchased his right to happiness by being

the first man to submit to circumcision at the age thirteen." As Dr. Barchilon pointed out, that fantasy applies with equal validity to the covenants of Arabs and of Jews with God and their circumcision. According to Dr. Barchilon, Melville's Ishmael—in contrast to Ahab, who would never submit and whose struggle was for life or death—could transcend his primitive pregenital defenses and had the potential for psychic growth and maturity. Ishmael, though afraid of castration, submitted to "circumcision" and was capable of love and empathy. Is that why, asked Dr. Barchilon, Ahab had to die while Ishmael was the only one who survived "to tell it"?

DISCUSSION: Dr. Bernard C. Meyer questioned the validity of attempting to decipher the psychoanalytic sense of a work of art apart from the context in which it was created. He felt that psychoanalytic exegesis demands a broader point of view which includes biographical material about the artist. Dr. Meyer criticized Dr. Barchilon's method of analysis as being similar to attempts at dream interpretation in which the day residue and biographical knowledge of the dreamer are ignored. He noted, for example, that *Moby Dick* is a complete revision of an earlier book and that its transformation from a romantic whaling story into a great apocalyptic work of art was the consequence of the profound emotional impact that the prose and person of Nathaniel Hawthorne had on Melville. Dr. Meyer suggested that the emotional states of secret sharing, intimacy, and separation, which Melville experienced with Hawthorne, do shed light on the questions posed by Dr. Barchilon in the title of his paper. Although it is tempting to dwell on the homosexual and oedipal components of the work, to do so obscures the more elemental themes that underlie it, such as the quest for fusion and the fantasy of dying together. The importance of the circumcision of the whale resides less in the theme of "castration" than in the theme of conferring upon the wearer of this immense foreskin a mantle of omnipotence. And it was this magical identification, according to Dr. Meyer, that Melville sought in his relationship with Hawthorne; it is the union of souls that can provide the answer to Dr. Barchilon's question, "Why Ishmael, Ahab, why Moby Dick?" Dr. Quentin Anderson questioned Dr. Barchilon's claim that Melville was representing a psychic mobility in Ishmael which might ultimately lead to marriage and children for the castaway. He felt that Melville was incapable of representing autonomous growth or development in character. Melville's fictional creations are shut up in themselves and tend to engulf one another. The encounter of two characters in Melville is, for Dr. Anderson, "an occasion on which one must ask, which of the two will coerce the other, occupy, or inhabit the other, to the exclusion of his independence?" Dr. Anderson contended that this is one of the principal reasons for Melville's power over the reader—he engages us in fears of loss of identity which may be associated with accepting a passive erotic role. It is this response of the reader—this dyadic relationship—which is central to an understanding of Melville. Dr. Barchilon responded by saying that he had stated his limited goal of exploring only how the novel was structured and harmonized because of his interest in the origin of aesthetic feelings. While he fully believes in the relationship and relevance of conscious and unconscious factors between a novel, its author, and his or her social milieu, that was not his focus in the present

paper. He was more interested in why Moby Dick is "a great apocalyptic work of art" than in why it was written.

PETER BUCKLEY

MEETING OF THE PSYCHOANALYTIC INSTITUTE OF NEW ENGLAND, EAST

October 3, 1983. THE MANIFEST CONTENT OF THE DREAM: PANEL DISCUSSION.

Dr. Sheldon Roth, the Chairman, gave a brief introduction in which he traced the status of the manifest content of dreams. He pointed out that Freud initially was wary of focusing on the manifest content, but later felt that analysts had gone too far in ignoring the manifest content in favor of the latent meaning. Ego psychology uses the manifest content to look at character styles and defenses. Currently, much dream research focuses on manifest content in the search for evidence of information processing and adaptation. Dr. Roth also asked what the manifest content really is. Dreams are primarily visual and must be translated into words to be described. The report of the manifest content is already the patient's first "interpretation" of the dream.

In the first paper presented, "On Imagining Another's Dream: The Uses of Wonder," Dr. Alfred Margulies suggested that with our increasing sophistication about the dream process and latent meanings, we have lost the capacity for wonder about the feelings, sensations, and other factors that may go into making a dream seem real to the dreamer. The therapist should try to "experience" the dream before attempting to explain it, in order to achieve "a broader dimension to empathic understanding." Dr. Margulies reported a dream of a man, who, though usually quite subdued, has a history of manic psychosis. The patient's wife was pregnant, and the dream occurred during Easter week: "I was in a church with a group of people. My father said, 'Look at that ray of light coming into the church. Go stand in it.' I did stand in the light. Suddenly there was a clap of thunder. [Here the patient clapped his hands loudly.] In fact, I actually heard it and woke up, but I kept dreaming. It was very powerful—it was a lightning bolt that hit me. I started to rise higher and higher in the air and could see the chandeliers. My father said, 'Look up.' I felt fine, very well, happy, but then I got concerned that things would get out of control. I decided to come down and I did—and my feet firmly hit the ground." Dr. Margulies discussed some of the specific sensations in the dream. Sound was the most compelling sensory element. The clap of thunder not only woke up the dreamer, but in imitating the noise, he "woke up" the therapist as well, startling him into a more lively awareness and making him feel excited and attentive. Light was important as the dreamer moved from dark to light and was even struck by lightning. Space changed from the enclosed womb-like space of the church to the infinite space of heaven. Matter changed—the dreamer rose off the solid ground to the air where he feared that things would get out of control, perhaps a description of his manic experience. Time was important. It was discontinuous, and things happened without warning. There was only a sense of the

present, not of the past or the future. Dr. Margulies attended to these sensory dimensions of the dream in an attempt to enter into the inner world of the dreamer. He "lived" the ecstatic experience and felt the attraction and fear of the euphoria, which enabled him to better understand the dream. He felt the dream expressed a strong wish of the dreamer: "the desire to rise above his sense of angry impotent helplessness and his fall from maternal grace to become very special, exceptional."

Dr. Paul Sloane, in the second presentation, "The Use of the Manifest Dream in Clinical Practice," stressed the importance of the central theme of the manifest content and the affect. Affects, he noted, are the only aspects of the manifest content that can be taken literally. They stem from real experience and are not affected by censorship. He reported two dreams illustrating these points. In the first, the patient dreamed she was preparing succotash. A friend walked in, and the patient remarked, "You are probably surprised at what I'm making." She then felt tense. The affects of tension and surprise make no logical sense in the dream, but in the associations the patient said that succotash is a mixture of corn and lima beans in which the two vegetables remain distinct. She liked corn, and her husband liked lima beans. The analyst knew that there were difficulties in the marriage. The patient said that her friends had been surprised that she had married this man. This is the feeling of surprise in her dream. When asked about the tension, she said she was thinking of leaving her husband and was worried about doing so. Tension is related to anxiety, which is the result of repressed wishes. In this instance the repressed wish was to divorce the husband. Dr. Sloane then reported on a male patient who dreamed he was visited by an agent of the Society for the Prevention of Cruelty to Children, demanding that he turn over his son to him. The patient felt anxious. Dr. Sloane noted that anxiety was not the expected affect. More appropriate would have been indignation, with a demand to know what justification the agent had for wanting to remove the boy. During the session the patient stated that on his way to the therapist's office he had left his four-year-old son waiting alone on a street corner for the school bus. This seemed to be a manifestation of unfeeling or even hostile behavior. The patient had married a wealthy woman who was dissatisfied with the amount of money he was earning. On the day of the dream she had broached the subject of divorce. His father had also married a woman of means who divorced him when he went bankrupt. At the time, the patient was not too unhappy about his parents' separation. Indeed, he was glad to be rid of his father. It is therefore likely that he may have thought his son would react similarly. The appearance of the SPCC agent in the dream suggested that he hated his son (had been "cruel" to him). The anxiety in the dream could thus represent his repressed wish to be rid of the child.

In the third paper, "Dreams and the Child Analyst," Dr. Herbert Goldings noted that the manifest content of the dream in work with children may contain a message that is at least as important as the latent content. He reported a dream of George, who was almost four years old and had been referred because of severe tantrums and separation difficulties. He had trouble going to bed alone, wore diapers at night, and drank a bedtime bottle. After a few weeks in analysis, George had the following dream: "My birthday came. I didn't get any presents, and no one came to my birthday party. None of my friends came. Mom and Dad did not come, not even my sister. No one came." When he tearfully told his parents this dream, they

tried to reassure him that he would have friends at his party and presents, but George remained very upset. In the analytic hour he again became upset when the analyst, using play materials, tried to have various small animals go to George's birthday party. Further history revealed that George had had a normal and uneventful childhood until age fifteen months when he was hospitalized with croup. After that, his parents noticed a severe regression. His father had developed an orthopedic problem which had required several hospitalizations and long periods of bed rest. The father was quite depressed about his physical condition. The mother had an arm injury which prevented her from picking George up. Both parents felt guilty about George's situation and felt themselves to be failures as parents. They often told him things would be better when he was four—he would be a big boy and not need diapers or a bottle or a parent to stay in his room. From this information, it became clear that George's dream was a statement of his wish not to have a birthday, not to become four and lose all the things he used to comfort himself. All attempts to reassure him had failed because no one had recognized the message in the manifest content: he did not want to give up his regressive satisfactions or to grow up to be a depressed and disabled man like his father.

In the fourth paper, Dr. Robert Kenerson discussed current dream research. He agreed with Freud that there should be separate psychologies for dreams and for sleep. He also suggested there be separate psychologies for dreams reported by an aroused subject in a sleep laboratory and dreams reported by people in analysis. Dreams of a normal subject are concerned with processing the day's events, memory storage, and problem solving. Dreams of people in treatment are more like those described by Freud—full of wish fulfillment, censorship, condensation, displacement, and symbolism. Dr. Kenerson felt that Freud's theories could accommodate many of the findings of current dream research. In general, the dreams of Dr. Kenerson's patients became shorter and less detailed as treatment progressed. He speculated that the manifest dream became shorter as there was less division between the manifest and latent content. Initially, because the patients were more defended, the manifest content was more elaborate in the service of distortion and censorship. As the patients became more comfortable with their instinctual life, the manifest dreams became shorter and more transparent to both analyst and patient. Dr. Kenerson also suggested that in later stages of treatment, dreams have functions and meanings other than wish fulfillment. Dreams are a place for experimentation with the new view of the self.

DISCUSSION: Dr. Carl Brotman said that in his experience dreams do not become shorter as the analysis progresses; rather the patient has more ability to select what the analyst is interested in or to present themes rather than details. He had two patients who kept journals while in analysis. Their reported dreams got shorter, but the same dreams written in the journals remained long and detailed. Dr. Daniel Jacobs also stated that in his experience dreams did not get shorter. He wondered if there might be a built-in resistance in the shorter dreams. Dr. Kenerson replied that when he had gone over his cases to look at this phenomenon, he noticed that when patients were dealing with more conflictual material, they tended to have longer dreams. Dr. Ana-Maria Rizzuto brought up the discrepancy between the analyst's image of the patient's dream and the patient's own dream image. It often

happened that her patients would report a dream and she would have a definite image, but when she asked them about it, the patient's image did not coincide with hers. Dr. Margulies commented that when he paid attention to a reported image in a dream that did not make intuitive sense to him or that was discrepant with his image, he could get a much richer understanding of what the patient was experiencing when he explored the details. Dr. Kenerson responded to further questions about dream research. He described Stanley Palombo's view of the dream: that during sleep, experience is sorted through. The day residue is matched with corresponding childhood memories and placed in memory storage. When this dream work takes place successfully, the affect is not intense and the dream is usually not remembered. These are typical dreams of research subjects awakened in a lab. The dreams in which the anxiety is not bound are remembered and related in a more familiar fashion.

SUSAN WORKUM

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

March 23, 1983. THE NATURE OF THE ANALYTIC PROCESS IN CHILD AND ADULT ANALYSIS. Allan Jong, M.D.

Dr. Jong discussed the case of A., a girl who was eight years old when she was seen in consultation because of deterioration in her previously excellent academic performance and such excessive demands for affection and attention that her peers avoided her. She also had a fear of robbers and worried that her mother would die. A. was born six years after her sister. Her maternal grandmother had died when A. was three, and shortly thereafter, A.'s mother had returned to work. When A. was four, her mother was hospitalized for one week. Immediately after that, her father went away for a month. Her parents fought bitterly throughout the marriage and separated when she was five. A.'s father was a depressed man who lost several jobs during A.'s analysis. Her mother was a depressed, narcissistic, and ambitious woman who showed little understanding of her daughter's troubles. In her initial interviews, A. spoke of her frightening nightmares. In one, her mother was killed and put into a machine that remade her; later, her mother, father, sister, and herself (as a baby) were reunited. She spontaneously connected this dream to her concerns about her family.

Psychotherapy was begun on a weekly basis. A., who initially saw her problems as difficulties with the environment, began to see her problems as arising from within herself. Her dramatizations and fantasies began to involve the analyst. After a few months, her mother became more committed to the treatment and accepted Dr. Jong's recommendation of analysis for the child. A.'s major resistance in the first month of analysis was expressed in her reluctance to come four times a week; she came late and ignored the analyst. When it was suggested that she saw analysis as another instance of adults making decisions for her, her tardiness abated. With the help of the analyst, she was able to begin to acknowledge and to tolerate some of her painful feelings. This in turn permitted some of her wishes and needs to be

interpreted. Themes concerning separation and feeding emerged. In one session she insisted that the analyst eat the candy she had brought him. When her wish was not gratified, it was learned that she wanted to feed the analyst because she worried that no one else would feed him. Similar concerns about her absent father were interpreted.

Dr. Jong's working hypothesis was that the erotization of the child's autonomous ego functions of hearing and seeing and her sexual preoccupations were compromise formations that resulted from her unresolved phallic-oedipal conflicts, rather than derivatives of a primary level of oral fixation, conflicts, and needs. These symptoms prevented her from entering latency.

Intertwined with her preoedipal concerns were her sexual fantasies about her mother and her mother's lover. She brought the magazines, *Playboy* and *Penthouse*, to several sessions and expressed her sexual misperceptions, mixed feelings, and fantasies. She struggled with feelings of deficiency and envy when comparing herself to a woman. Her interest in differences between herself and women shifted to an interest in the differences between girls and boys after her discovery of her sister's blood-stained tampon. From her drawings, stories, and play, her fantasies about why a girl does not have a penis emerged. In the sessions, when she became sexually excited by pressing her pubis against a corner of the couch, she would distance herself physically from the analyst and ignore him. She accepted interpretations that these feelings were displaced from her father. As a result of further interpretations, she was able to discuss her fantasies about conception and birth. It was during this period that she expressed her understanding of the unconscious as: "My mind knows something neither of us knows."

Her object relations improved following the analysis of her feelings of envy and resentment, and she developed a close relationship with another girl. As a result of the analytic work, the content of the analysis became less erotized, her interests became more phase-appropriate, and she entered latency. Her transferences, which had been manifested primarily as feelings about the analyst in the present, shifted to include memories of the past. She began to tolerate unpleasant affects better and to recognize feelings in others.

When A.'s mother planned to take a two-week vacation without the children, A. became so disruptive in school that the school would not renew her contract for the next year. The analyst pointed out to A. that she felt that whenever she left her mother by becoming more involved with her father or with the analyst, her mother threatened to leave her. Because of her fear of losing her mother, she displaced the anger she felt toward her onto her teachers and the analyst. A. was very angry with this interpretation and threatened to stop coming if the analyst did not stop talking. Near the end of the school year A. was expelled for dropping a pair of scissors down the back of a teacher. Her mother was so mortified that she sent A. away to finish the school year.

A. returned from the summer hiatus more mature in demeanor and in physical appearance. There was a hint of a tomboy when she strode into the office in her tight-fitting blue jeans and dark blue designer polo shirt. During the ensuing months, as she entered preadolescence, horses became the metaphor for her concerns about her body. In particular, her play involving horses and tails became a vehicle for exploring her feelings about not having a penis. The analyst pointed

out that a girl her age was concerned about what her body was going to change into. She associated to the movie *Grease*. She had been upset by the heroine's reaction to seeing blood when she had her ears pierced. The analyst commented that girls her age worry about monthly bleeding. As a result of these interpretations, A. began to ask her mother about the details of menstruation, sex, and having babies. At this time, she became jealous of a boy patient because she thought he received better treatment than she. The analyst suggested that she felt he was preferred because he had a penis; that she imagined that having a penis would make her stronger and smarter and she would get better treatment. A. said, "Stop telling me what's on my mind," but she did not deny the interpretation. At this stage of the analysis it was possible for A. to recall and acknowledge her parents' fighting when she was three. It was interpreted that she had probably been afraid that her mother might die when her parents fought, just as her grandmother had died. A. said it was hard to understand then what she understood now. In fact, she added, she had misunderstandings even when she was eight, the age she started her treatment.

A.'s new version of a divorce game, during January of her third year of analysis, heralded the termination phase. In the new versions of her game, she experienced the painful feelings of hurt, disappointment, anger, and shame associated with her fantasies of loss. At the same time she said, "I'm not a mental case anymore." She was ready to renegotiate the central trauma of her life with a strengthened and more mature ego. In February she thought it was a good idea to stop. She thought it would take several months to work on her feelings of anger. The analyst concurred, and a decision was made to end in May. The question of why she would no longer see the analyst had resonances from earlier periods of her life. Other imagined reasons for termination were that there was not any more money or that her mother did not like the analyst. These reasons originated in the past when her parents separated. She revived these memories in the transference; she had been so overwhelmed by painful feelings at the time of the divorce that she had been unable to speculate about the causes. A. was now able to talk about her parents' divorce and to recognize that, even though her parents were now friends, they would not live together again. She expressed how she would miss the analyst. The analysis ended on the note that she could see the analyst again if she needed help.

DISCUSSION: Dr. Melvin A. Scharfman stated that there is nothing even closely equivalent in an adult analysis to the impact the developmental process has on the psychoanalytic process in a child analysis. There are not only changes in the level of the patient's drive organization with corresponding shifts in what is defended against and the means of defense, but there are also broad changes in a variety of ego functions, including the unfolding of the cognitive process. The developmental process has an influence on whether a real transference can develop and on whether the transference can be analyzed or will lead to very intense resistances: the transference pulls a child or adolescent toward the past when they wish to move into the future. Few adult analysts ever experience a situation comparable to what Dr. Jong described: his patient returned from her last summer vacation quite different in many ways from the girl who had left just weeks before. He was then dealing almost with a different person, someone at a different level of organization

that went well beyond the physical changes. There were new levels of integration, new ways of knowing, increased differentiation. Another difference from adult analysis may be noted from the very beginning of the case. A. was brought to treatment by her mother, under the pressure of the school. The patient's motivation may have been quite different from her mother's, but she was subject to her mother's whims and commands. The alliance in child analysis must be with the child, but there is always at least one other person with whom there also needs to be some degree of alliance. As Dr. Jong indicated, the intermingling of communicative modalities comprises another difference in child analysis. Play has been likened to free association, but that is not entirely accurate. It serves a developmental need in terms of mastering drives and providing more neutralized outlets. The analyst must learn to pick some of the content and present it in an appropriate way without interfering with the play process. Dr. Scharfman felt that Dr. Jong had maintained an analytic stance. While there is more interaction with the child analytic patient, the general state of non-gratification is maintained. The analyst, however, may become a new object of an emerging developmental phase, as when A. wanted Dr. Jong to see her new look. To have interpreted this as simply a transference from her father would have had a negative effect.

Dr. Austin Silber noted that stages in development in adult analysis, as compared to child analysis, are more a background abstraction against which patients' associations are sorted out, dated, and tailored preconsciously so as to fit into an appropriate reconstruction. In child analysis the analyst's active involvement with both the child and the parent complicates the understanding of the nature of the analytic process. In Dr. Jong's case, the shift, after several months, from therapy to analysis, can be compared with similar experiences with adult patients. Dr. Jong's patient began to see her problems as arising within herself, and she could tolerate non-gratification of impulses in the service of understanding. She understood and integrated interpretations. These are demonstrated capabilities of ego organization in a latency child. The same qualities are needed in an adult to make analysis feasible as a treatment modality. And with children, as with adults, the timing of interpretations and their aptness are necessary ingredients for implementing the analytic process. The analytic process helped Dr. Jong's patient acknowledge and tolerate some of her painful feelings. The gradual clarification helped him interpret her wishes and needs in a way she could understand and accept. The importance of play and its partial substitution for free association was demonstrated. The complexity of child analytic technique, the need for tact and sensitivity, was reflected in A.'s insistence that Dr. Jong eat the candy she had brought him. He refused, and this frustration permitted one of the sources of her impulse to become clear—she was worried that no one fed her father. It would have been helpful to have expanded upon the analyst's refusal to eat the candy. Would some child analysts refuse even to accept the candy? Would they refuse any gift? What factors determine the child analyst's decisions in matters of this sort? What actions on the part of the child analyst enhance, modify, or shape the analytic process? Dr. Silber felt that what seemed of great importance in this case was Dr. Jong's making conscious use of a working hypothesis: the erotization of A.'s autonomous ego functions of hearing and seeing and her sexual preoccupations were compromise formations that resulted from her unresolved phallic-oedipal conflicts, rather than being de-

rivatives of a more infantile level of oral fixation. He felt these symptoms prevented her from entering latency and thus brought about her need for analysis. This formulation was extremely important because it pointed out the goal of the analysis—to help A.'s development resume its normal course. This provided a conceptual framework within which Dr. Jong could view this analysis and encouraged him to keep a definite objective in mind.

WILLIAM D. JEFFREY

The Annual Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held May 15-19, 1985, at the Denver Hilton Hotel, Denver, Colorado.

The 15th Annual MAHLER SYMPOSIUM will be held on May 00, 1985, in Philadelphia. For further information, contact: Selma Kramer, M.D., Department of Psychiatry, Medical College of Pennsylvania, 3300 Henry Ave., Philadelphia, Pa. 19129.

The 62nd Annual Meeting of THE AMERICAN ORTHOPSYCHIATRIC ASSOCIATION will be held April 20-24, 1985, at the New York Hilton Hotel, New York City.

The 35th LINDAU PSYCHOTHERAPY WEEKS CONGRESS will be held April 15-27, 1985, in Lindau, Germany. For further information, contact: The Secretary, Orlandostr. 8/IV, D-8000 Munchen 2, Germany.

THE BETH ISRAEL MEDICAL CENTER of New York City will hold an all-day conference on April 20, 1985. The conference is titled "The Psychodynamic Basis of Supportive Psychotherapy" and will address the issues of a continuing medical education course on this topic. Participants will include several psychoanalysts who have written on supportive treatment. For further information, contact: Beverley R. Baptiste, Medical Education Office, Beth Israel Medical Center, 10 Nathan D. Perlman Place, New York, N.Y. 10003.