

## Countertransference as Compromise Formation

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## COUNTERTRANSFERENCE AS COMPROMISE FORMATION

BY CHARLES BRENNER, M.D.

*Countertransference is a ubiquitous phenomenon, a set of compromise formations comprising the analyst's transference to the patient(s). Some consequences of this fact are discussed, including the factors responsible for those instances when countertransference impedes analysis.*

Freud discussed the concept of countertransference at some length in 1915 in his paper on transference love. What he meant by it was, if an analyst responds to a patient's transference love by falling in love with her, that is countertransference. Current interest in the concept dates back less far, however—some thirty years, perhaps. The most frequently quoted seminal article on countertransference is the one by A. Reich, which appeared in 1951. Her definition is considerably broader than Freud's original one. It is that countertransference “comprises the effects of the analyst's own unconscious needs and conflicts on his understanding or technique” (p. 26). This definition is still a good one, but only if it is taken out of the context of the article in which it appeared. From the context it is obvious that Reich meant only the unfavorable, harmful, deleterious effects

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This paper and the papers by Drs. Arlow and Silverman which follow were contributions to a Panel on Countertransference held at Princeton, New Jersey, on June 9, 1984, as part of a meeting of the Regional Council of Psychoanalytic Societies of Greater New York: The Association for Psychoanalytic Medicine, The Long Island Psychoanalytic Society, The New Jersey Psychoanalytic Society, The New York Psychoanalytic Society, The Psychoanalytic Association of New York, and The Westchester Psychoanalytic Society.

of an analyst's unconscious needs and conflicts on his or her understanding and technique.

We all agree, from the writings of many colleagues on the subject, that countertransference is not necessarily harmful or disadvantageous. Followers of Melanie Klein have gone so far as to call countertransference an ego function, in fact, *the* ego function that makes analysis possible. For them, it seems, countertransference is synonymous with intuition or empathy (Heimann, 1977). But, when we are asked to give clinical examples of countertransference, we know that what we are being asked for is examples of the kind of countertransference Reich was referring to, the kind that interferes with the conduct of an analysis or makes it impossible altogether.

What I have to say on the subject is from the other side of the fence. I want to put examples of the kind of countertransference which interferes with analysis in proper perspective. My thesis is this. Countertransference is ubiquitous and inescapable, just as is transference. There is, truly, no need for a separate term. Countertransference is the transference of the analyst in an analytic situation (Brenner, 1976; McLaughlin, 1981). Becoming an analyst, practicing analysis, necessarily involves, for each individual analyst, derivatives of that analyst's childhood conflicts. There is nothing pathological or neurotic in this. It is, in fact, as inevitable for the profession of analysis as it is for the choice and practice of any other vocation. The choice of analysis as a vocation is as much a normal compromise formation, a normal outcome of conflict over childhood drive derivatives, as is the choice of any adult occupation. It is when pathological compromise formations appear in an analyst's professional activity that analytic work may be disturbed. Instances of countertransference which interfere with analysis are examples of pathological or neurotic compromise formation.

The following considerations are important to an understanding of how this happens. Childhood drive derivatives which give rise to anxiety, to depressive affect, or to both cause conflicts which result in compromise formations. Such compro-

mise formations are a blend or mixture of several components. One component is wish fulfillment, i.e., gratification of the drive derivative. Another is the unpleasure aroused by the drive derivative in the form of anxiety and depressive affect. Still another is defense, aimed at reducing or eliminating altogether the unpleasure just referred to. Another is various manifestations of superego functioning. All of these are components of every compromise formation which results from conflict over childhood drive derivatives. It is important for us to keep these facts clearly in mind in discussing countertransference for the reason that every instance of countertransference is a compromise formation. It is equally important to remember that childhood drive derivatives persist throughout life. They never disappear. Neither do the conflicts to which they give rise. When you resolve a dispute between individuals, between different persons or even between nations, the dispute disappears. Harmony reigns. An intrapsychic conflict is never resolved in that sense. The conflict never disappears. What happens is that the compromise formations arising from the conflict are altered in the direction of normality. Instead of a pathological conflict one has a normal one. From a practical point of view the change—so often called resolution of conflict—is a very important one. It is the difference between sickness and health. It is what we hope for as the outcome of a successful analysis. But the conflict has not gone away. Its outcome is different, but the conflict is still as much there as ever. At least after very early childhood, the mental life and behavior of every human being is largely determined by conflict and compromise formation.

In all of this we take into account the influence, the effect of a child's environment, particularly of the people in its life. Every childhood drive derivative, every wish for drive satisfaction, has to do with a particular person or persons, with particular memories, with a particular form of pleasure, all of which are unique for that child. Moreover, a child's objects and environment may be favorable or unfavorable in their effect on its mental life.

We have even a special name for circumstances which are specially unfavorable—we call them traumatic events. In other words, conflicts and compromise formations in childhood are shaped in part by external or environmental factors. A trauma or its opposite can alter a compromise formation in the direction of pathology, if it is a psychic trauma, or in the direction of normality, if the reverse. And, I should add, the same is true in later life, though we know that in later life compromise formations are less dependent on external circumstances than they are likely to be in early childhood; that is, we know that in older children and in adults what is of principal importance in psychopathology is what we call intrapsychic conflict—the effect of what went on in childhood psychic life and psychic development.

How does this apply to the problem of countertransference? It applies in this way. First, being an analyst is, for each one of us, an instance of compromise formation. Second, one's relationship with every patient, as with every person of any importance in one's life, is also a compromise formation. Third, current events in our lives can influence our conflicts and thus change our own compromise formations. By this I mean that whatever is happening in one's life, including the conflicts, transference wishes, and behavior of one's patients to which one is exposed in one's professional work, can, under unfavorable circumstances, change one's actions as an analyst and one's understanding of one's patient from what is analytically desirable to what is analytically undesirable.

Let me expand on each of these three points in turn. The first is that to become an analyst, to practice analysis, is an instance of compromise formation. This is a statement whose truth should be apparent to each of us from personal experience, so what I say about it will probably sound so familiar as to seem trite.

What drive derivatives are gratified by being an analyst? Different ones for different analysts, of course, but one which often plays a part is the wish to see another suffer. We make

our living, as do all doctors and therapists, from the sickness and suffering of other people. As analysts we spend our days watching them suffer. Another common wish that is satisfied by being an analyst is sexual curiosity. To know what one's parents do in bed, to learn all about it, to participate in the primal scene, at least as onlookers, are childhood wishes that are regularly gratified by working as an analyst.

You will interject that neither these nor any similar wishes of early childhood are gratified by being an analyst in their childish version without modification. You will point out that only sublimated, highly modified versions of these wishes are allowed expression in one's analytic work. If you do, I shall agree, for that is precisely my point. As it appears in an analyst, the childish wish, e.g., to watch another suffer, is overlaid with reaction formation. As an analyst one is anxious lest one hurt a patient, or let the patient suffer more or longer than necessary. One is guilty and remorseful at having failed to relieve a patient's suffering in time, not happy at the opportunity of looking on at it. Thus depressive affect and anxiety play their parts as well as the drive derivative that has evoked them. So, too, does the defensive activity aimed at avoiding the unpleasure of depressive affect and anxiety. One reason that analysts read and study and go to regional meetings and listen to each other talk about psychoanalysis for hours on end is to be better able to relieve their patients' suffering and thus avoid or minimize in themselves the anxiety and depressive affect which are part of the normal compromise formation that being an analyst is. They repress their wish to watch others suffer, they disown any such wish, they attribute it to others whenever possible, they emphasize the opposite wish—to help, to cure—they identify with great healers, like Freud, and with lesser ones, like their own analysts and teachers. In short, they defend against the wishes that cause them anxiety and depressive affect in every possible way. Finally, analysts do all they can to live up to their own moral demands. When they fail to do so, they feel guilty, remorseful, self-punitive. Lesser degrees of superego activity

may result in feeling burdened by one's work, dissatisfied with what it means to be an analyst, complaining to the world about how hard we analysts have to work, how inadequately we are paid compared with others less deserving than ourselves, and so on.

All of this demonstrates, if demonstration be needed, that the practice of analysis is a set of compromise formations among drive derivatives of childhood origin, anxiety and depressive affect, defense, and superego manifestations. Interestingly, with some patients one enjoys one's work more than with others. If a patient fails to improve, if a patient suffers much, one may feel more anxiety, more self-reproach, in a word, more unpleasure in analyzing that patient than in working with another who suffers less and improves more rapidly. Here again the reasons must vary from analyst to analyst, but I venture to say that in every instance the different feelings about analyzing different patients are the result of a change in the compromise formations which led each of us to practice analysis in the first place.

Suppose, for example, that a wish to watch another person suffer is one component of the compromise formations. This wish is associated with unpleasure, i.e., with anxiety and depressive affect, and defenses are operative to reduce the unpleasure, say by reaction formation. Then the compromise formation can be expressed in words such as these: "I can enjoy watching a patient suffer if I'm doing it to relieve the suffering. Then I can feel pleasure in what I'm doing and not feel guilty about it." If a patient cooperates by improving as a result of one's efforts, it "helps" one to feel good. If not, just the opposite. One feels not so good. Sometimes one feels more or less bad.

All of this can be within normal limits. One can feel, within normal limits, less comfortable, less happy, working with one patient than with another. Obviously, the example I have picked is only one among very many. I do not mean for a moment that unpleasure in working with a particular patient is

always a function of increased or continued suffering on the patient's part that exacerbates the analyst's conflict over watching someone suffer. It can just as well be related to libidinal wishes, to competitive ones, or to a desire for omnipotence, to name but a few. My point is simply that the circumstances of one's analytic work, e.g., the nature of a patient's problems, can shift an analyst's conflicts enough to change one or another aspect of the analyst's compromise formations. If the change is a minor one, we consider it to be normal, by which we mean, in such case, only that it is frequent enough to be commonplace and small enough in degree to cause little hindrance in one's work.

Implicit in this view of countertransference is the fact that countertransference is what makes an analyst's professional activity possible. Were it not that being an analyst offers each of us the particular combination of drive gratification, defense, and superego functioning that is characteristic for our particular compromise formations, none of us would be an analyst. We would be doing something else, whatever it might be. The assertion of some colleagues (e.g., Heimann, 1977) that countertransference is what makes psychoanalysis possible has in it a kernel of truth, though not what they mean when they say it. Countertransference is not a synonym for intuition or empathy, which is their idea. It is a set of compromise formations which expresses the conflicting and cooperating psychic tendencies at work in the mind of an analyst in his professional capacity. And, just as some circumstances, in particular some patients, make analysis less enjoyable and less easy to do well, other circumstances, in particular other patients, make analysis more enjoyable and easier to do well for a particular analyst.

As I said at the start, my purpose is to put in proper perspective those cases of countertransference in which an analyst becomes unable to analyze for reasons having to do with the analyst's own psychic conflicts. They are cases in which something has happened to shift the balance among the components of an analyst's conflict over the drive derivatives being gratified

by practicing analysis so that the resulting compromise formations preclude adequate analytic understanding and appropriate analytic behavior. The possible outcomes correspond to the various components of the conflict. The drive derivatives may be expressed in a nonanalytic way; anxiety and depressive affect in the analyst may become overly strong; defenses may intervene in a way that interferes with analysis; self-punitive and/or self-injurious trends may intrude. For any combination of these reasons, to quote Reich (1951), an analyst's understanding or technique may be affected to the detriment of analysis. The nature of the disturbance will vary from case to case. An analyst may become angry or may gratify libidinal drive derivatives, overtly or in a disguised way; analytic work may become dull, uninteresting, or even repellent; the obvious meaning of some analytic material may be defensively ignored or obscured; an analyst may punish or injure himself or herself in a way that affects or interrupts analytic practice. Whatever the nature of the disturbance, however the details may vary from case to case, one can say in every instance that a countertransference which had formerly been a normal set of compromise formations, one which made analytic work fruitful and enjoyable, has, for some reason, been altered to a set of compromise formations which interferes with analytic work or makes it impossible altogether. Each of the clinical examples in the two papers which follow will bear out this assertion.

Such an alteration is therefore comparable to the onset of a neurosis in a patient. Instead of a normal compromise formation, a pathological one has appeared. Just as is true for neurotic symptomatology, so for pathological countertransference the best preventive is personal analysis. Without a satisfactory personal analysis, countertransference is only too often likely to prove an obstacle to one's analytic work. When countertransference does appear as a major obstacle, a return for more personal analysis is often indicated, just as it is when an ex-patient develops new symptoms, i.e., when pathological compromise formations appear in a patient who was successfully relieved of symptoms by an earlier analysis.

If a pathological compromise formation gives rise to countertransference obstacles which are not too serious, self-analysis may be sufficient, all the more so if the analyst has already some familiarity with such conflicts from previous analysis (Kern, 1978). If a pathological compromise formation is precipitated by an event not likely to recur, for example, a death in the analyst's family, or an acute illness, time alone may suffice to relieve the problem. In short, what remedies are indicated can be decided only when one knows all the relevant facts about the case in hand. In every case the psychological factors which brought about the change in the analyst's compromise formations from normal to pathological will be unique; that is, the precipitating factors will never be the same for any two cases, nor will one be able to identify the precipitating factors with certainty if one does not have access to all the relevant facts of the case.

To summarize, countertransference is ubiquitous, it is a set of compromise formations, it is what makes analyzing worthwhile for the analyst. It is also what makes personal analysis an essential part of one's analytic training. Like all compromise formations, the ones that we call countertransference can shift. The new or altered compromise formations can facilitate or impede analytic work. The shifts that impede it are the ones we will hear about in the following papers.

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## Some Technical Problems of Countertransference

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## SOME TECHNICAL PROBLEMS OF COUNTERTRANSFERENCE

BY JACOB A. ARLOW, M.D.

*There are several aspects of the psychoanalytic interaction that foster the emergence of countertransference. First is a persistent identification with the patient, based primarily on the sharing of unconscious fantasies. Then there is the evocative power the patient's material may have upon latent unresolved conflicts in the analyst. Finally, the analytic setting itself may evoke a broad range of countertransference responses. Particular attention must be paid to those interventions of the analyst which represent attempts to divert his own and the patient's attention from emerging derivatives of the conflicts. There are many clues that should alert the analyst to the possibility of interfering countertransference.*

There is a considerable difference of opinion as to what should be included under the heading of countertransference. My own views are closest to those expressed by Annie Reich (1951):

Counter-transference . . . comprises the effects of the analyst's own unconscious needs and conflicts on his understanding or technique. In such cases the patient represents for the analyst an object of the past on to whom past feelings and wishes are projected, just as it happens in the patient's transference situation with the analyst. The provoking factor for such an occurrence may be something in the patient's personality or material or something in the analytic situation as such (p. 26).

This definition describes countertransference in the narrow sense. On another occasion (1960), Annie Reich said:

One of the prevailing misconceptions is the equation of

counter-transference with the analyst's total response to the patient, using the term to include all conscious reactions, responses and ways of behaviour. This is as incorrect as to call transference everything that emerges in the patient in relation to the analyst during analysis, and not to distinguish between the manifestations of unconscious strivings and reality-adapted, conscious behaviour or observations. The analyst is for the patient, and the patient for the analyst, also a reality object and not only a transference or counter-transference object. There has to be in the analyst some (aim-inhibited) object-libidinous interest in the patient, which is a prerequisite for empathy. Conscious responses should be regarded as counter-transference only if they reach an inordinate intensity or are strongly tainted by inappropriate sexual or aggressive feelings, thus revealing themselves to be determined by unconscious infantile strivings (pp. 389-390).

Since this Panel's main interest is in discussing clinical material, I will restrict the presentation of my general comments to a number of seemingly dogmatic statements. There are several situations in the psychoanalytic interaction that foster the emergence of countertransference in individuals who are so disposed. The first occurs when the analyst identifies with the patient, in the sense that the patient's unconscious fantasies and wishes correspond to persistent unconscious fantasies and wishes of the analyst. Here it becomes necessary to distinguish between empathy and countertransference (Beres and Arlow, 1974). In both empathy and countertransference an identification is effected with the patient. In empathy the identification is transient, a temporary sharing of derivative expressions of the patient's unconscious fantasies and wishes. In the usual course of events, this is followed by a breaking-off of the identification, a separation from the patient. The experience of sharing the patient's unconscious fantasy derivatives serves as a clue to the understanding of the patient's conflicts (Arlow, 1979). In the case of countertransference, however, the analyst remains fixed at the point of identification with the patient. He

is caught up in conflicts identical to those of the patient. Accordingly, the analyst becomes prone to the vicissitudes of these conflicts, and he may tend to act out or to respond defensively. Many people fail to make an adequate distinction between the transient identification that is characteristic of empathy and the persistent identification that leads to countertransference. It was an awareness of this confusion which led me to say that one man's empathy is another man's countertransference.

The effects of persistent countertransference identification are varied. The classic blind spot, i.e., the "refusal" or inability to "see" what the material is about, is only one form of response, and in my experience by no means the most common one. Actually, what is happening is that the analyst does not want the patient's material to remind him of his own unconscious conflicts. Therefore, he misses the interpretation or fails to give it, justifying his reluctance through various rationalizations. Additionally, there is a tendency to divert the patient from continuing the pursuit of derivatives of his unconscious conflict by some intervention which directs attention to other elements in the material, and also to assume a moralistic stance and to condemn in the patient what the analyst cannot stand in himself.

A second form of countertransference disturbance arises from the nature of the material that the patient presents. This may evoke fantasy wishes in the analyst not necessarily identical with the unconscious wishes of the patient. They may be complementary, as in the case of the patient's wish to be rescued and the wish of the analyst to rescue. In instances where there is a strong unresolved conflict operative in the analyst, material quite peripheral to the patient's central conflicts may nonetheless have an evocative effect upon the analyst's potential for countertransference.

And third, there are those instances in which something in the psychoanalytic situation as such is evocative of the analyst's conflicts. The wish to rescue has already been referred to. The analytic setting may represent a theater where the analyst may

play out some unconscious role of being the central performer to an admiring audience—an opportunity to display his cleverness or to use the analytic situation as a testing ground for his capacities. On the other hand, he may assume the role of the admiring auditor, unconsciously identifying with the patient. The physical conditions of the analytic situation, the patient supine, the analyst and/or the patient passive, may be read by the analyst in terms that stimulate unconscious wishes connected with passivity, masochism, etc.

In my experience, instances of the first category of factors predisposing to countertransference—i.e., persistent countertransference identification—are the most numerous. To illustrate this process, let me cite an example that I have published previously (Arlow, 1963). This material comes from the supervision of a candidate whose patient was a young, male, homosexual alcoholic. It was characteristic of the patient's behavior to ingratiate himself in a submissive way with strong men whom he admired and whose prowess he wished to grasp for himself during the act of fellatio. He corresponded to the type of homosexual patient described by Nunberg (1938) and by Anna Freud (1952), namely, the type of individual who submits his penis to be sucked, but who in fantasy identifies himself with the person sucking in an act of castrating the powerful man. Conflict over these wishes had resulted in many crippling inhibitions. The mechanism underlying the patient's perverse trends became understandable in a dream which the therapist reported during a supervisory session. In the dream the patient is lying on the couch. He turns around to offer the therapist a cigarette. The therapist had been having difficulties with this patient and had been nonplussed by this particular dream. At the point when he reported to me that the patient in the dream had turned around to offer him a cigarette, the candidate took one for himself, and, although he knew very well that I do not smoke, extended the pack to me and asked, "Do you want a cigarette?"

The reason for the candidate's difficulty with this particular

dream and with the patient could be understood by this bit of acting out. He had identified with the patient and, through this identification, had demonstrated a very probable source of countertransference difficulty, namely, the possibility that he and the patient had similar problems.

The second illustration is from the experience of a female therapist. The patient was a young professional woman, whose main difficulty related to her unhappy experiences with men. She had been married and divorced, had a number of stormy sadomasochistic relations with several men, one or two of whom were definitely criminal types, and presently was trying to get herself married to a man who had assured her from the very beginning that he had no intention of marrying her.

At this point in the treatment, the patient's conflicts concerning her younger brother had come to the fore. Interpretations had been based primarily upon sibling rivalry, growing out of competition for the mother's love and attention. Finally, the material demonstrated that there were other dimensions to the anger, in addition to the thought of having been displaced in the affections and attention of the mother. The associations revealed envy of the brother because he was a boy and resentment that she, the patient, had not been given a penis. In this context, there appeared hitherto unreported memories of trying to harm the brother while he was in the patient's charge. When he was young, she would pinch him when no one was looking. Later, she would twist his arm and threaten him if he reported these acts to their parents. Several dreams were reported, of which this one is typical. The patient is taking care of her brother at the seaside, and they are walking near the surf. Suddenly a shark comes out and bites his leg, but also bites the patient's arm. Among her other symptoms, this patient complained of a fear of mice and insects. She was afraid of being bitten. This material, as well as other associations, made possible the interpretation of a hostile impulse directed toward the brother's genitals. The patient responded with a memory of reaching into her brother's diaper with the intention of feeling

his genitals, but the therapist did not carry the interpretation of the material any further. She did not point out the wish to grab the genitals and to eat them, although she was well aware of the nature of the patient's unconscious wish (*cf.*, Arlow, 1963).

Earlier, the therapist had permitted the patient to rationalize the anger and envy of the brother in terms of dependency, frustration, and sibling rivalry for the mother's care. At this point, she rationalized her withholding the "deeper" interpretation in terms of waiting for the patient to state the wish herself in more explicit terms. When the handling of this problem was discussed with the therapist, she mentioned that she had a similar problem with a younger brother of her own, which apparently she had not fully explored or worked through in her own treatment. She was very appreciative of the insight that she got into the countertransference and was determined to handle the matter more directly.

What happened was striking. She pursued the subject, but in an aggressive, accusatory fashion. She was not satisfied that the patient could accept her interpretation of her wish to castrate her brother. Unwittingly, she was insisting that the patient actually try to recollect the wish to bite and to eat the genitals. She was treating the patient as if she were a sinner who could not be forgiven until the crime had been fully confessed. Accordingly, in the first stage of her problem, she was defensively fending off being reminded by the patient's material of her own impulses toward her younger brother. In the second part of her activity, having become aware of her identification with the patient, she was trying to make her feel guilty and remorseful for those wishes, as she herself must have felt at some earlier period. The discussion of this second phase of her countertransference response proved very effective. Once she dropped her accusatory stance (which had not escaped the patient at all), new and very important material began to appear. This material concerned memories of being in the parental bedroom and of observing the primal scene. The material indicated

that the patient wished to be in her father's position, having relations with the mother, and that she fantasied acquiring his phallus by eating it, in order to make it possible for her to fulfill the father's role in intercourse with the mother.

The third example concerns the supervision of a patient, a young physician who was struggling with his sexual role. He had powerful conscious homosexual impulses, which he could not accept. At the same time, he was extremely fearful of women and terrified of being trapped in any relationship with them. Supervision began five months after the patient had been taken into treatment, yet from the way the male therapist presented the material to me, it sounded as if treatment had only just begun. The preliminary material afforded some insight into the nature of the patient's difficulty. The patient spoke mainly of his mother, who was pictured as a cold, inhibiting, threatening woman. Metaphors revealing a fantasy of being sucked up and swallowed by machines gave us some insight into the nature of his unconscious fears. In addition, it was plain to see that the patient had a great fear of being trapped and a need to submit masochistically to men.

The first transference problem took the form of behavior concerning appointments. The patient kept trying to control the analysis by creating situations that would make it necessary for him to cancel sessions. Some of these could be rationalized in terms of his professional responsibilities, but other excuses seemed trivial, e.g., canceling his session so that he could give a party for his friends to watch a special television program, or taking long weekends or informing the analyst that he was going on vacation at a time other than the analyst's vacation, without discussing it in advance or seeing if he could rearrange his schedule. The candidate did not deal with this behavior as a problem, and when it was called to his attention, he seemed unable to call it to the patient's attention. Instead, he lapsed into a confused, helpless attitude, as if he were afraid to confront the patient. The patient responded by cutting more sessions for various reasons, until it reached the point where little analytic work could be accomplished.

I pointed out to the candidate that such behavior was incompatible with the pursuit of an analysis and also contrary to the analytic agreement. It was necessary to indicate this to the patient. This belated interpretation promptly revealed the nature of the patient's underlying motivation. His behavior was intended to provoke the analyst, part of his deep-seated masochistic problem. In the following weeks, the patient kept repeating his provocative behavior in the form of bafflement, saying that he was not clear about the nature of the analytic arrangement, and would the analyst please explain it to him once again. He accused the analyst of treating him unfairly, even though nothing had been done. He kept misinterpreting the candidate's remarks. For example, when the candidate suggested that perhaps the patient could arrange for a change of schedule that would make it possible for him to take his vacation at the same time as the analyst, the patient reacted with the thought that when he came back from his vacation, the analyst would have terminated the treatment. In every way, in the patient's eyes, he was being threatened, accused, demeaned, and mistreated.

Instead of interpreting the misinterpretation of the interaction in terms of the patient's masochistic needs, the candidate kept trying to straighten out the "reality" of his statements and their interaction, without, however, stating explicitly what the psychoanalytic contract requires.

I tried to explore with the candidate why he had not pointed out to the patient how he was consistently recasting everything in terms of a fantasy of being assaulted or demeaned, as we had been discussing during supervision. He replied that the patient was not clear about the responsibilities regarding time and that he was trying to explain it to the patient. Since I had not been present at the initiation of treatment, I asked him how he had set the terms of the analytic contract with the patient, and why he had not reminded the patient of those terms. What followed was a dramatic re-enactment in the supervisory situation of what had been taking place in the analytic situation. The candidate kept asking me for clarification as to what I

wanted. He wanted amplification of the technical maneuvers, etc. I found myself repeating what I had told him in several different ways, until I pointed out to him that he was recapitulating with me in the supervision what the patient had been doing with him in the analysis. He recognized this immediately. It was clear to him that he had been identifying with the patient's masochistic, provocative behavior, and was trying to get me to be angry and abusive toward him, very much as the patient was trying to get him to scold him and to throw him out of treatment. Once he stopped reacting to the patient, the nature of the material changed dramatically, and what emerged were associations concerning passive sexual wishes, first displaced onto a substitute transference object and then subsequently clearly directed toward the therapist.

In conclusion, I should like to make a few observations. First, much as we observe and study the patients, the patients do the same to us. They observe our reactions, often in order to ascertain what they can do to provoke gratification of their infantile strivings. The repertoire of behavior available to the patient for this purpose is enormous, but I would like to emphasize the role of silence (Arlow, 1961). By placing the burden of intervention on the therapist, the patient is able to get a good sampling of the spontaneous productions that the silence occasions in the analyst. Silence is one of the most effective instruments for stimulating countertransference responses in the analyst.

Secondly, I would like to point out that countertransference reactions and defenses on the part of the analyst are very often borrowed from the patient. Thus, there is possible a community not only of unconscious wishes between patient and analyst, but also of defenses against those wishes. In supervision, when some countertransference interference in technique is pointed out to the analyst, one can observe quite frequently how the analyst reacts defensively to the supervisor's observations in the same way as the patient had responded to the analyst's interpretations.

My final point is the importance of recognizing in ourselves indicators of countertransference reactions. Their manifestations are protean. Essentially, they all fall under the heading of loss of analytic stance. Most commonly discussed are the so-called "blind spots" that are picked up in supervision, feelings of confusion that persist when the analyst is unable to grasp the flow of associations, that is, a sense that he has lost his empathic contact with the patient. More dramatic and often more discussed are those examples of excessive emotion, loss of control, irritability, sleepiness, or boredom. Equally important are a number of indicators outside of the analytic situation that the analyst would do well to consider as evidence of possible countertransference involvement. Recurrent thoughts about the patient outside of working hours, especially those characterized by mood changes, such as depression, usually indicate the probability of some countertransference disturbance. The same is true if the patient appears in the manifest content of the analyst's dreams or if there are intrusive fantasies centering on the patient. More subtle, but perhaps equally significant, is the tendency to recount events of the analysis or to talk to others about the nature of the patient's problems, even when professional confidence is not breached. Finally, there are the well-known slips of the tongue and parapraxes that occur in connection with the patient, particularly in scheduling, lateness, and forgetting of appointments. In general, the range of countertransference reactions is almost as wide and as varied as the transference reactions of the patients. The difference resides in the fact that much more attention is paid to the latter than to the former.

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## Countertransference and the Myth of the Perfectly Analyzed Analyst

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## COUNTERTRANSFERENCE AND THE MYTH OF THE PERFECTLY ANALYZED ANALYST

BY MARTIN A. SILVERMAN, M.D.

*Countertransference is an inevitable feature of every psychoanalysis. Psychoanalysts are (and need to be) only human; psychoanalytic work is arduous and replete with stresses, strains, and deprivations; analysands tend to probe for vulnerabilities in their analysts that can be exploited in the interest of acting out neurotic wishes instead of analyzing them; and a training analysis cannot completely immunize a psychoanalyst against countertransferential reactions that impede analytic progress. Psychoanalysts must be vigilant to the emergence of countertransference reactions so that they can analyze and overcome them. Two illustrative clinical examples are provided.*

The emphasis of my remarks will be upon the inevitability of countertransference in psychoanalytic work and upon the need for psychoanalysts to be ever vigilant to its emergence. Although some analysts have viewed countertransference as a necessary and desirable source of information about what is going on in the patient, it is my firm impression that it always signifies that something has gone awry in the analyst's use of himself as an analyzing instrument.

When a psychoanalyst is working effectively, he makes use of a combination of empathic, emotional receptivity and cognitive validation that permits him to read the unconscious messages which underlie the analysand's conscious communications—in part directly and in part by understanding their effects upon his own psychological sensors. He does this by permitting him-

self, in a special manner that is under more or less continuous ego control, to respond emotionally to the patient's communications in small ways that can be detected as signals of the unconscious emanations from the patient. Knowledge of his own self and control over his own inclinations to seek gratification of his instinctual urges through interaction with others, gained during his training analysis, protect him against the danger of misreading his reactions and succumbing to the temptation to use the patient as an object of his own instinctual wishes.

It is not possible, however, for a psychoanalyst to maintain this optimal analytic stance indefinitely. Psychoanalysis can only be carried out by two human beings, the analyst being no less human than the analysand. An analyst is able to tolerate the strains, frustrations, importunate demands, and emotional assaults that are so much a part of his daily experience not only because of his professional understanding of their necessity but also because of his human and humane interest in facilitating his patient's achievement of improved emotional well-being. As Jacob Arlow once put it to me, a psychoanalyst needs to be soft-hearted as well as hard-headed.

Anna Freud (1954) stated that a psychoanalyst ideally should be no more than a blank screen reflecting back to the analysand what is being projected onto him, without introducing anything from his own feelings and attitudes, but, of course, she stated, none of us can do that. An analyst cannot be guided primarily by self-interest, but must have feelings for his patient as a troubled, struggling, fellow human being. The danger is ever present, however, as Anna Freud emphasized, for him to be drawn into complicity with the patient in a surreptitious, joint acting out of the wish to obtain gratification of each other's repressed infantile wishes. If the analyst is indeed immersed in the intense emotional interchange that the analytic situation is designed to provoke, he is subjected to powerful pressures to abandon his analytic neutrality. He is bombarded by a stream of complaints, supplications, subtle seductions, bitter accusations, and ingenious bits of blackmail from his patients. He is also subjected to an intense pull from within his own being to

ease his burden by obtaining some measure of instinctual gratification from the analytic experience to make up for the deprivation and abuse to which he has given himself up. The analyst is continually drawn to do more than analyze, and his very humanness makes it difficult for him to invariably resist all the temptations.

The very nature of the psychoanalytic task makes it impossible to avoid the periodic emergence of countertransference reactions in the place of analytic empathy if the analyst truly is doing his job. It is of fundamental importance that the analyst be ready to recognize that this is taking place and to overcome it so that analytic empathy can be restored. Most of the time, when things are going well, this can be carried out quickly and smoothly. There are other times, however, when self-analysis needs to be carried out to correct a situation in the analyst that is interfering with his ability to do his work effectively. If countertransference reactions arise that transcend his ability to eliminate them via self-analysis, then a period of reanalysis with another psychoanalyst will be necessary.

For reasons that are intrinsic to the psychoanalytic method, no analyst can be entirely free of the tendency to develop countertransference reactions. The psychoanalyst who believes himself to be so "well analyzed" that he is immune to countertransference reactions as he undergoes the emotional dislocations required of him in the almost "impossible profession" of psychoanalysis may be the most vulnerable of all to their development. Such an analyst is at serious risk of developing well-disguised, well-rationalized, subtle countertransference reactions that will limit or destroy his efforts to help his patients to overcome the neurotic problems that are preventing them from realizing their potential in life.

## THE ANALYTIC SITUATION

Psychoanalysis is a two-person enterprise that aims at gaining access to the unconscious conflicts that generate neurotic be-

havior. One participant, the analysand, is encouraged to give himself over to the free verbal expression of associatively linked derivatives of unconscious emotional strivings, but this is countered by unconscious defensive maneuvers that underlie his neurotic symptoms and character traits. The other participant, the analyst, strives to adopt a freely hovering attentive state in which he is receptive, emotionally and intellectually, to the analysand's utterances, gestures, and postural expressions in such a way that he is free to grasp their unconscious as well as conscious import without filtering, disguising, rejecting, or utilizing them for his own personal gains.

The analysand's attempt to restrict himself to verbal free association inevitably is outweighed by the inclination to direct his repressed instinctual wishes toward the person of the analyst in the hope of gratifying them. The analytic setting, by fostering regression and making the analyst available as a kindly, helpful, attentive, accepting object of the patient's drives, encourages the transference of unrequited infantile longings, libidinal as well as hostile, onto the analyst in place of the representationally internalized, original objects of their expression. The central core of psychoanalytic work consists in the analyst's painstaking, interpretative delineation of the analysand's transference resistance to free association. The patient, in other words, is drawn inevitably toward insisting that the analyst gratify his neurotic wishes (Calef and Weinshel, 1983), while the analyst holds him to his agreement to gain understanding of the infantile roots of his demands by interpreting them as regressive transference resistances.

The analyst, being no less human than the analysand, is also inclined toward the utilization of an available object for the discharge of repressed infantile longings. The counterpart of the analysand's tendency to shift from free association of derivatives of unconscious neurotic strivings to acting them out in the transference is the analyst's tendency to slip from analytic empathy to countertransference (including counteridentification) acting out of his own unconscious neurotic strivings with

the patient. In two early papers, Freud (1910, 1912) cautioned that the only way for a psychoanalyst to avoid or to minimize the latter danger is to protect himself by undergoing analysis of his own neurotic tendencies. His first recommendation (1910) was for erstwhile analysts to undergo self-analysis, as he himself had done (Freud, 1887-1902, 1900). Later he recommended that the would-be analyst undergo a training analysis so that he might resolve his resistances and thus "become aware of those complexes of his own which would be apt to interfere with his grasp of what the patient tells him" (Freud, 1912, p. 116).

In "Analysis Terminable and Interminable" (1937), however, Freud expressed serious reservations about the ability of anyone, including a future psychoanalyst, to so thoroughly analyze all the neurotic propensities within him in the course of an analysis that he could completely eliminate them. He concluded that one of the main functions of a psychoanalyst's own analysis is to prepare him for the ongoing self-analysis that must be a central part of his work throughout his career. He further advised that every psychoanalyst be prepared, if necessary, to undergo periodic reanalysis with another psychoanalyst, without shame and without regret. Beiser (1984), in a recent communication, described an experience of resolution of a countertransference blind spot via successful self-analysis, in the course of which she discovered that her own analyst had possessed a blind spot similar to the one which she later had to overcome herself.

As the analyst permits himself to drift freely in response to the patient's free associations, he allows himself to undergo a regressive emotional reaction. This produces, via the controlled utilization of introjective and projective processes, a trial identification (Fliess, 1942) with the patient and a limited emotional response to the patient's expressions in the interest of grasping what is going on within the patient. As the analyst permits his intuitive and empathic abilities to bring him into resonance with derivatives of the analysand's powerful unconscious passions

and desires, he is inevitably carried to the very line that lies between apperception of what is emanating from the patient and the evocation of his own latent passions and desires. The latter are ready to take advantage of the analysand's availability (either directly or vicariously, through identification) as an object of their expression and fulfillment. When the analyst's cognitive abilities are brought to bear upon the emotional stirrings within him, as must be done for empathy to be *analytic empathy* (Beres and Arlow, 1974), it is only too easy for him to rationalize indications of his own pursuit of drive gratification or of defense against it (acting out with the patient or defensive blind spots) by formulating what he observes in terms of emotional reactions within the patient rather than recognizing his own countertransference. The working analyst repeatedly hovers between apperception and misperception. Therefore, he needs to be continuously vigilant to that which emanates from him rather than from the patient.

A dimension of the analytic situation that has received insufficient attention is that the analyst is not the only one who uses his empathic sensitivities to perceive derivatives of unconscious neurotic conflicts in the other participant. The analysand, too, uses his intuitive and empathic abilities to detect evidence of emotional conflicts in the analyst that can be played upon in the attempt to obtain transference gratifications. Patients are quick to recognize and to utilize the analyst's vulnerabilities in their efforts to obtain gratification rather than understanding of their unconscious desires, or in their efforts to externalize and ward off disturbing unconscious contents rather than gaining insight into their defensive operations. It is sometimes difficult for the analyst to be certain that he is accurately perceiving the unconscious meaning of what is being conveyed to him. He may instead be falling prey to the implantation of misleading views by an analysand who is playing upon the analyst's biases and personal inclinations to lead him astray. The ability of certain patients to subtly but skillfully produce desired feelings in and reactive responses by their analysts can be im-

pressive. It seems to me likely that this has contributed significantly to the Kleinian concept of projective identification, to the tendency of some analysts (including Freud) to give credence to extrasensory perception and thought transmission, and to the tendency among followers of Kohut's later concepts to abandon defense analysis in favor of "empathic" kindness and acceptance of their patients' projective attribution of total responsibility for their neurotic disturbances to parental abuse and failure.

### CLINICAL ILLUSTRATIONS OF COUNTERTRANSFERENCE PROBLEMS

It is well known that the presence of countertransference reactions can be signaled by the appearance in the analyst of boredom, sleepiness, vague malaise, irritability, excessively positive or negative feelings toward the patient (or toward the patient's past and present objects [Jacobs, 1983]), difficulty in grasping the meaning of the analysand's communications, dreams about a patient, parapraxes, and various forms of acting out of neurotic inclinations with the patient. A less obvious sign of countertransference interference can be the failure of the analysis to progress satisfactorily despite seemingly proper technique and seemingly accurate understanding of the analysand's communications. The following is offered as an illustration of such a situation.

A woman in her early forties came for reanalysis after her first analysis of seven years' duration had come to an end when the analyst retired from practice. The picture she painted of her first analysis was curiously replete with internal contradictions. On the one hand, she described her first analyst as hard-working, essentially on target in his interventions, and genuinely interested in helping her overcome the frigidity (which began immediately after her marriage to a man with whom she had been very enjoyably orgasmic until then), the work inhibi-

tions, and the recurrent, severe premenstrual depression for which she had entered analysis. On the other hand, she stated that she never had felt at ease with him, never had felt that he empathized with her, and never had felt that they had gotten anywhere. Although she had "followed the rules," had worked hard, and had learned a good deal about herself, her symptoms had not changed in any way, and she felt that she had not made any fundamental changes in herself. She was astonished, in fact, that she had stayed in analysis with him for so long, since she had not achieved any meaningful analytic gains. Despite her pain, sadness, anger, and intense disappointment over what she considered an unsuccessful, long first analysis, she expressed a great deal of thinly veiled excitement when she spoke of her first analyst. She began her second analysis with clear allusions to hurt and puzzled disbelief that he had left her without having provided the love, adoration, baby, and penis she somehow had excitedly felt he had promised her if only she were an obedient, hardworking, pleasing analysand. Her first analysis, she indicated, had centered on the themes of penis envy, envy of her brother who was favored by her father, and her reactions to having grown up with an exciting, unpredictable, irascible father who had alternated between being physically and emotionally overstimulating (libidinally as well as aggressively) and being remarkably disappointing, frustrating, and infuriating. He also had presented her with a model of intermittent dishonesty and exploitation in his business practices.

Analysis of the residual transference to the first analyst, which, although quite ambivalent, appeared to center on a longing for him as a well-meaning, exciting doctor who helped her by performing painful operations on her (a recurrent dream representation of him), gradually became intertwined in the second analysis with a slowly evolving but then persistent theme that preoccupied her frequently. She became agitated and anxious when her husband requested that she change an analytic appointment to attend a function with him to which he very much wanted her to go and which she herself would have

enjoyed attending. When she summoned up the courage to speak with me about the possibility of changing the appointment, she was astonished that I responded by granting her request. Her first analyst had impressed upon her the importance of adhering to the schedule of their appointments and had refused to make a change the few times she had requested it early in her analysis.

As the first winter approached since the beginning of her second analysis, she wondered repeatedly whether she would be charged for sessions she might miss when severe winter weather might prevent her from driving to my home/office. Her first analyst, whose office was also in his home, had "rigidly" charged her for every missed session, even when heavy snowfalls or ice storms had made the roads virtually impassable. She literally had risked life and limb to drive to his office on occasions when prudence clearly had dictated that she stay off the streets. She finally had refused to pay for a session that she missed on a day when the roads were absolutely closed to all vehicles. She was surprised that my policy was to hold her responsible for missed sessions in general, but not to hold her financially liable on occasions when weather conditions were such that no one could be expected to drive to my office.

She expressed surprise, in fact, that my policy, which I described to her when we started our work together, was to make reasonable appointment changes when possible and to free her from financial responsibility when I could make alternative use of canceled time, although it was in her interest to miss as few sessions as possible. Her first analyst had never made an effort to reschedule or to make other use of the sessions she had (infrequently) missed. He always had charged her for them, explaining that it was in her interest to be held strictly accountable for the arrangements upon which they had agreed and to analyze her feelings about his charging her for the missed sessions. She also spoke about other differences in the way he and I seemed to work. She always had bridled at his opening the waiting room door, turning on his heels, and "marching" back

to the consulting room, leaving her to follow him and to close the doors behind her along the way. I let her close the waiting room door behind her, but I held the door open for her and *followed her* into the consulting room. I raised no objection to her opening my morning newspaper and reading it, while he had objected to her looking through the books and records in the den that also had served as his waiting room. She was surprised when I questioned her fearful, apologetic tone as she spoke of something she had read in *The New York Times* about feminist psychologists who had expressed some new ideas about female development that were at variance with “classical” psychoanalytic theory. Her former analyst had instructed her not to read psychoanalytic literature, lest she use what she had read as an intellectual resistance to searching within herself. They had spoken about her resistances a good deal; although she felt that her analyst sincerely wanted her to make progress, she always felt guilty about “resisting” and always felt somehow that he wanted her to overcome her resistances so that she would do a better job and be a more satisfactory patient for him. While she felt that I was incisive, hard-headed, and took pride in my work, she had a somewhat different feeling about my aims and purposes. She felt that I was there as her assistant, to help her carry out whatever *she* wanted to accomplish, whereas with her former analyst she always had felt that she had to carry out the tasks *he* expected of her.

As we were exploring these matters, she associated them with her childhood fear of her father's explosive temper and her anger at him for repeatedly frustrating and controlling her by never being on time for her. She recalled many incidents of falling and ending up with splinters in her buttocks. These memories led her first to recall of the repeated enemas her mother had given her and then to other recollections: her mother holding her down, kicking and screaming, while the doctor gave her a penicillin shot in her behind; her father spanking her on her bare bottom; her mother terrifying her with stories of spiders coming out of the faucets as she ran her

bath water; her father holding her nose so that she would have to open her mouth and let her mother put food into it, etc. The last few items, she indicated, she either never had shared with her first analyst or had mentioned tangentially on a single occasion, after which she had never returned to them.

At one point in this phase of the analysis, I commented to her that if she wanted to get at and resolve the matters within her that contributed to her problems, she would have to be willing to feel uncomfortable along the way. "You make it sound like an enema," was her reply. The realization that I had indeed permitted myself to be seduced into a countertransferential identification with her at times intrusive and assaultive parents helped me both to return to my stance as "the observing, evaluating, analyzing outsider" (Reich, 1966, p. 347) and to understand better what had happened during my patient's first analysis. It seemed evident that her former analyst had succumbed to the invitation to engage in a covert, permanent transference-countertransference interaction with her. They talked about the right things, but on an emotional level they carried out an ongoing sadomasochistic interaction. This was probably well rationalized by the analyst as adherence to "classical" psychoanalytic technique, but he seems to have been satisfying her wishes for neurotic gratification on a regressed sadistic-anal level, rather than empathically perceiving the meaning of what was taking place and analyzing it. In the second analysis, when the countertransference tendencies the patient sought to elicit could be restricted to a signal level that permitted them to be recognized, understood, and overcome, the transference resistances could be analyzed and the psychoanalytic process could lead the patient into a transference neurosis that could be analyzed and resolved.

Psychoanalysis can aptly be characterized as a venture in which the patient goes to a doctor to be cured of a distressing illness and then fights tooth and nail against being cured. In the course of this, the patient utilizes every opportunity and every tool to defeat the doctor's curative intent. This includes

(perhaps especially so) making use of the doctor's very techniques and approaches. A number of years ago, I heard Peter Neubauer say that "it is a parent's solemn responsibility to set rules and to enforce them, and it is a child's solemn responsibility to break them; development takes place in defiance, not in compliance." The analytic corollary of this is that it is a psychoanalyst's responsibility to provide analytic arrangements (not "rules") that promote analysis of, rather than acting out of, the analysand's unconscious neurotic conflicts. It is inevitable that the analysand will struggle against that intent and will use those very analytic arrangements in the effort. The analyst will be able to adhere to the analytic task only if he is continuously vigilant to the analysand's need to do this. He must also be alert to the patient's tendency to sound out the analyst's human weak spots in order to induce him to abandon his posture of analytic empathy in favor of subtle countertransference that will dovetail with the patient's transference wishes and unobtrusively gratify them. To expect that the analyst will always be entirely immune to this process is to misunderstand what psychoanalysis is all about.

Fortunately, the most common countertransference reactions are not of the permanent, ongoing type that posed such a problem in the case described above. They tend rather to be temporary and reversible, as exemplified in the vignette that follows.

A man in his early twenties was referred because of depression, anxiety, and masochistic trends that had so interfered with his functioning that, despite superior intelligence, he had had to withdraw from college with failing grades. Although his well-to-do father had offered him a place in the family business, he had spurned the offer and had pointedly renounced his father's affluent way of life in favor of a simple life in service to others. In keeping with this, he worked at menial, semi-rural jobs through which he supplemented the small salary his wife earned. After an extended consultation, he decided to enter analysis. Since he was adamant in his determination to pay for

his treatment through savings and his own earnings rather than accepting money from his father, the analysis had to begin at a considerably reduced fee. He entered a local college and eventually graduated with high honors. He took a series of jobs that more appropriately suited his talents, did very well in them, and advanced rapidly each time. When he felt that he had proved himself on his own, he returned to the family business, although not without trepidation. There, he took on increasing responsibility and contributed in a significant way to the company's rapid growth.

Analysis of his preoedipal and positive and negative oedipal conflicts enabled him to increasingly overcome the passive-dependent and passive-aggressive attitudes that had been inhibiting him from assertively pursuing his personal goals. His wife gave up her job. They bought a house (despite his father's strong objections) and started a family. He gradually recognized that he had adopted a passive-feminine, outwardly submissive but actually provocative, passive-aggressive, ambivalent attachment to his father in order to ward off his anxieties and accomplish certain neurotic aims. He worked hard to analyze this so that he might overcome it.

By the time the patient entered his sixth year of analysis, he had become a respected, self-respecting, outwardly successful young man. He liked the results of the redecoration my office had just undergone, but found himself tense and anxious as he worried about what it had cost me, and he was concerned that the redecoration must have interfered with my August vacation. In association, he thought of his envy of his parents for lavishly redecorating their home. He reported that his competitive anxieties had grown more intense, and he puzzled over his conflicted attitudes toward money. He was plagued with thoughts of being attacked, robbed of all he had, and left to starve. With embarrassment, he confessed to thinking, despite all his previous egalitarian assertions to the contrary, that a man is measured by the amount of money he has and makes. He worried about the stock market and thought about the invitation he once

had extended to me to join him in buying stock in a company he knew about through his work. I had refrained from doing so, of course, in the knowledge that it could only have led to significant problems in the analysis whether I made or lost money in the venture. The stock had gone on to be the leading gainer on the New York Stock Exchange for that year, and my patient made enough money to buy two horses and to cover the costs of their keep for several years to come. He now reflected on his reasons for having given me the stock tip and concluded that he had wanted us to be “in the same bed” together, either making money together (although he was afraid that I might make more than he) or sharing the pain of loss together.

When his sister’s stormy marriage finally dissolved and she entered the family business, he reacted with a series of dreams and fantasies either of being pursued and devoured or of being a predator chasing and devouring his prey. He wrestled with thinly disguised, murderous fantasies toward his father and siblings, aimed at eliminating the rivals who prevented him from being “king of the hill,” only to retreat from them to bitter envy of his sister for being “kept” and lovingly provided for by his father without working for what she got. He was outraged that she actually put in very little work for the enviable salary she received.

In the midst of all this, he let me know that he had become bold enough to set plans in motion to buy a new house that undoubtedly was a good deal more expensive than mine. He was obtaining this house for himself at the very same age—in fact, a year earlier—at which his father had bought his own “big house.” He gradually permitted me to discover the full range of details connected with his purchase. He did this with a subtle talent (that I had had no inkling he possessed) for deftly building the effect via small, understated, and therefore dramatically incisive, well-timed increments. He not only had raised his income far beyond the minimal subsistence level at which it had been when he first came to me for treatment; he was now so successful in the business I had helped him enter

and build that he was making much more money than I was, with every expectation of making a great deal more in years to come. The house he was buying at an excellent price (which was five times more than I had paid for mine) and at an excellent mortgage rate stood on the top of a mountain on several lush acres, with a swimming pool, a tennis court, and a barn for his horses. He told me little stories about the wildlife and the bird feeders he installed, since he believed (correctly) that I loved such things and he wanted to "share his pleasure" with me. He toyed excitedly with the idea of bringing me a striking aerial photograph of his house and had repeated fantasies of inviting me to share his enjoyment of his wonderful new house and to play tennis with him on his new tennis court. The last reminded him of previous fantasies of playing tennis with me, which had turned out to be quite ambivalent, and he wondered if he didn't also want to beat me. He was able to see that alongside his gratitude toward me for helping him obtain so many enjoyable things was also the transference wish to outdo and humiliate me as he had wanted to do to his father all the time he was growing up. He expected me to react, he realized, like a fire-breathing dragon, the way his father always seemed to react to any forward step he dared to take.

He became aware that behind his wishes to share his good fortune with me and even to "feed" and take care of me was the wish to get rid of me so that he could have the money he paid me to use toward the house and land he was buying. He reacted by pulling back cautiously. When his fear of getting close to me was called to his attention, he expressed the fantasy that if he let himself get too close to me, he would kill me. He associated his childhood wishes to get rid of his father and siblings in order to have everything—money, power, and his mother—to himself. A fantasy of murdering his father terrified him. He could not imagine how anyone could get close without envy, jealousy, and fighting. He feared becoming ruthless, vicious, and rapacious like his father, though he began to wonder to what extent he had projected his own tendencies into his

perceptions of his parents. He became increasingly teasing with me by continually hinting at being on the verge of sharing important, exciting things that never quite materialized. He would hint at wonderful money-making opportunities he could tell me about but never did and would sporadically mention that it probably was in order to consider raising the fee he paid me, only to quickly drop the idea and change the subject each time.

As I sat and listened to all this, I at first found it fascinating and felt pleased with all the signs of analytic progress and with the productive way my patient was working and we were working together. Gradually, however, I found myself growing irritable, impatient with the “repetitiveness” of the working through process I was observing, and tired of the “slow pace” into which my patient had settled after his initial flurry of rapidly productive hard work. I found it increasingly difficult to get up for our very early morning sessions and noticed that I was beginning, for one seemingly plausible reason or another, to keep him waiting for a few minutes before we started.

It did not take a great deal of self-scrutiny for me to realize that I resented my patient’s teasing me by dangling offers to reward me for my labors, which indeed had been of enormous assistance to him, but then pulling back short of fulfilling them. He had been teasing me by accelerating his progress toward a good analytic result and by hinting at using some of the greatly expanded income I had helped him obtain, via an analysis that had proceeded for a long time at a low fee, to pay me more money, only to put the brakes on each time I became interested.

I thought of my own childhood, with its extremely modest financial circumstances, and of all the years of near poverty and accumulating debts as I went through college, medical school, psychiatric residency, and psychoanalytic training. And I thought about having treated this wealthy young man at a reduced fee because he had preferred not to avail himself of the plentiful funds that always had been there for him. But I was far from starving, I thought. I was not rich, but I was earning a good income. And although the fee had been low for a long

time, it was quite acceptable now, though a little below my current minimal fee. I had not made all the money I would have made had I followed up on that stock tip, but after all, I knew about the rigors involved in being a psychoanalyst when I chose the profession, and I loved doing psychoanalytic work. Anyway, I was not interested in owning horses or even in riding them. Still, it was ironic that I had agreed to reduce my fee considerably for a long period of time to help someone overcome an inhibition against accepting from *his* father what I always had wished I had had an opportunity to receive from mine.

My thoughts led from here to a number of details involving my actual and fantasied relationship with my father, in the present as well as in the past. As a result of these self-analytic conversations with myself, which stretched over a number of weeks (and then, intermittently, over several more months), I realized that much more was involved than money and the provision of material things. My inability to deal quickly and easily with certain aspects of my emotional involvement with my father, which had been stirred by the analysis I was conducting, had been blocking me from sustaining the consistent, empathic, insightful attention to my patient's communications, of which I had been capable until then. It became clear to me that my patient's tantalizing provocations represented a seductive invitation for me to act out a negative oedipal fantasy with him by attacking him "from behind."

This was clearly discernible in the communications that were emanating from the analysand. For example, after several weeks of expressing obsessive fears of getting mud on my new couch, he finally managed to splatter it with mud. I interpreted this as a warning to me that he could play dirty. He admitted at first only to wanting to "make his mark" and projected his competitive, murderous rage onto me by perceiving me as a "butcher": I had replaced my benign desk with a "butcher block" table along the wall. He accused me the next day of eliminating the stains he had left on the couch in order to "oblit-

erate his individuality.” He was wheezing and coughing as our next session began. He said that he wished I could “surgically remove the organs” that made trouble for him. “I want you to make me a eunuch . . . masculine ambitions are dangerous.” He reported that he coveted the twenty acres of beautiful land available behind his new house and had said to his wife, “If my father died and I had his inheritance, I could buy all of this.” He recognized that this had not been his adult self speaking, but had been a residuum of something he had felt “way back” when, as a little boy, he had wanted his father out of the way so that he could “take over his business and his wife, control the babies, everything!” He went on: “He was an ogre. I was afraid of him, afraid if he knew what I thought and felt . . . he’d kill me. He was power hungry and didn’t want to share or make concessions. It’s better to surgically remove what gets you into trouble. Hmmm! The concession I have to make here is to share everything with you. It makes me mad. I don’t want to share with you! I want it all! Sharing is giving away, ending up with less.” He contemplated his rage at his father and his wish “to be the young Turk, the tough one, instead of the turkey my father wanted to pluck!” As I noted before he left, his wheezing had disappeared in the course of his emotional outburst.

He sold his old house (at a considerable profit) and closed on the new one, which cost him the same amount that his father’s house was valued at for tax purposes. He paid me promptly, as usual, and thought about paying me “month after month after month.” “Protection money,” I said. He vociferously agreed. He was terrified that his inclination to be ruthless and destructive would put him and others in danger, and he expressed a wish for me to keep him a “castrated, safe, controlled eunuch.” He expressed fear of his envy of his father, whom as a boy he had perceived as a cruel, tough lord and master over his mother and over everyone else. He was afraid of his voracious wish to have “unlimited power and all that goes with it.” He stated, “I’m afraid that buying that estate is setting in motion the vicious pursuit of the realization of all my dangerous fantasies!”

He continued to analyze and work through his oedipal conflicts, in the course of which he excitedly but anxiously perceived himself as moving toward symbolically “castrating” his father by taking over the business and drawing more money than he did (as his father had actually done with his own father), with fear of retaliation. He became excited when he saw a television show about whales and discovered that, so very different from humans, two males court one female and then it doesn’t seem to matter to them which one impregnates her. He ruminated unhappily about being (a bit) overweight and made a parapraxis in which he meant to say that killer whales pose a danger to whales but instead said that they were dangerous to humans. He became confused, thinking that he may have underpaid me the previous month, to which he associated having gone from paying me a reduced fee for a long time because his income had been so small to reaching a point, with my help, at which he earned more than I did and expected to earn more and more. He anxiously mentioned the possibility of raising the fee he paid me, but quickly recanted. He expressed highly conflicted attitudes, ranging from wanting to provide for and take care of me, with affection and gratitude for my having helped him become a much happier person, to wanting to outdo and humiliate me and leave me to starve. He was as fearful of exposing tender, affectionate feelings toward me as he was of revealing fantasies of robbing and killing me.

He realized that he fantasied having obtained what he had by “stealing” from me. He was flourishing as the result of an analysis that had begun with a low fee and in which he had tried to get results passively, as gifts, rather than working for them. He expressed gratitude to me for “standing firm” and “patiently” waiting for *him* to obtain results from the analysis through his own efforts. “I’m no longer inhibited and noncompetitive,” he said. “I’ve gotten balls, masculinity, from you. Or did I have them all the time? I watched you and tried to find out how *you* do things, and be like you. But you’re smarter than I am. You wouldn’t show me, and you wouldn’t fight with me. You decided you’d rather wait ten years if necessary for *me* to

find it in myself. I always used to fake it. I never believed I had the balls. I always thought I had to get them or imitate someone who did. I didn't really get my balls from you. I had them all the time. But I was afraid someone would take them from me, the way I wanted to take them from everyone who looked like a big man with big balls. . . . I don't *need* to sulk and act like a little boy—which always enraged my father—and I can use my balls with a woman. You're not jumping and screaming and angry. And I bet you don't feel I've taken anything away from you! And don't think I haven't wanted to! I wanted your balls! But I don't need your balls. Where would I be if I had *your* balls? Back where I was ten years ago: hiding my balls and wanting to get yours so I wouldn't lose my own. I'm nervous . . . I'm a bit scared."

After the patient closed on his new house, he became more and more aggressive and assertive in his daily life. But he still suffered from anxiety lest he become a "destructive monster," a "prick," like his image of his father. And he still envied his "masochistic" sister for being female, having a baby, and being "kept" by his father. He made effective use of free association, which permitted him to gain insight into his envy of women: their breasts, an enviable source of "supply," and their mouth-like vaginas give them the means, he felt, to get loved and to be given sexual pleasure and babies. He came to see that in a childish way he wanted to have "it all, to have what father gets and what mother gets, to be male and female both. I couldn't compete with my father as a boy, but I couldn't hold a candle to my mother!" To candle, he associated flame, passion, and penis. If he couldn't have his mother one way (sexually, as a man), he realized, he would have her another way (identify with her as a woman, an identification modeled in part on the observation that his father dominated her as well as the children). He recalled my periodically confronting him about his insistence upon feeling miserable and feeling that he did not have enough no matter how much he had. He said: "What am I so unhappy about? That I can't have a baby? That I can't measure

up to my mother? To my father? That I can't be a woman! So absurd!"

In the weeks that followed, this theme was worked through intensively, mainly within the setting of the transference. He gradually came to see that as frightening to him as it was to think of violent, bloody battles between us, it was just as frightening to find that he wanted me to love and protect him. He recalled that as a boy he had furtively stolen money from his father's pocket. He had done this not only out of competition and anger but also as a derivative of his wish for his father's love. He felt that he was repeating this by paying me less than he could. But he avoided any discussion of increasing the fee. It gradually became clear, via dreams and other forms of expression, that he was afraid I would not simply ask for more money, but would "gouge" him and "take away everything." I noted his dangling the money before me tantalizingly, *inviting* me to attack him and take it away. "It is a fear and also a wish," he replied. His next thought was that he had heard about a man who had gone into his son's room to investigate a noise, only to have his son shoot him in the belief that he was a burglar. When I connected this with his provoking me to go after him for his money, he recalled his resentment of his father's intrusions into his bedroom when he had been growing up and his repeated fantasy of blowing his father's head off with a shotgun.

At this point in the analysis the patient began to withhold not only money but his thoughts as well. His free associations dried up and were replaced by a dreary, repetitive, staccato recital of complaints about the slow progress of his treatment. He wheezed a bit as he related his difficulty in speaking freely to the fear that what he shared with me was lost to him. He challenged me to come after him and "dig" the thoughts and feelings out of him.

He continued to subtly encourage me to lose my patience and demand more money from him. He didn't like to see me incurring the expense of repairing the sidewalk in front of my

office, for example. The money he gave me should go for food only and nothing more, he said. He deftly contrasted this with his own ambitions. In business, he said guiltily, he presented himself as a plodding, soft-spoken, scrupulously fair and honest man who impressed everyone with what a good loser he could be as he trudged along unaggressively, yet he "somehow" landed most of the lucrative contracts he pursued in competition with rival companies. He was on the brink, in fact, of obtaining exclusive rights to a product that could give him an edge over his competitors, which would cut them out of the market altogether. And this was in a branch of the business that he had just developed into something very profitable, much to his father's surprise.

He connected all this with his feelings about the analytic fee. He probably should pay me more, he said, but he wasn't about to offer it himself. He couldn't understand why I didn't insist on a fee increase, though he expected that he would be very angry if I did. He fantasied my attacking him, "beating the shit out of him," and "dumping him, bleeding, on the doorstep," although somehow he would end up the victor rather than the vanquished. He was not sure how, but he felt this was connected in some way with his childhood wish to have his mother to himself. I called attention to his allusion to the idea of provoking me into raping him anally and making him bleed like a menstruating woman; although outwardly he was picturing himself as being treated like a woman, his plan was to come out of it a masculine winner rather than a loser. In subsequent sessions, he confirmed this, via multiple corroboratory fantasies and lines of thought, and he struggled to understand it.

He pondered over his conflicted attitudes about paying me, in the course of which I called attention not only to his wish for me to castrate him and take everything away from him but also to his wish to be freed of his neurotic anxieties "at no cost," i.e., without having to give up the infantile strivings that underlay them. Mindful of what he had teasingly attempted to provoke me to do, I interpreted his behavior with me in terms

of the attempt to buy me off; he wished to get me to accept money from him in lieu of analytic work through which he would lose not only his neurotic anxieties and inhibitions but his neurotic sources of infantile gratification as well. This led to very fruitful work, in which we came to understand the transference-countertransference transactions in terms of his wish to act out exciting but terrifying primal scene fantasies (with both positive and negative oedipal identifications) with me instead of analyzing them. It was only after we had accomplished this, nearly a year after he first mentioned the idea of a larger fee in accordance with his greatly improved financial circumstances, that we finally increased the fee. Had I been unable to recognize the countertransference traps into which I had been so cleverly led and had permitted myself to press him quickly for a fee increase rather than holding firm to the analytic goal of working with him first to understand what was involved, we would have acted out his neurotic conflicts together instead of analyzing them.

## CONCLUSION

I have attempted to explicate the impression that countertransference is an inevitable feature of every psychoanalysis. I see it as inevitable because of the very nature of the psychoanalytic process and because of the impossibility of any analyst's gaining so thorough an understanding of and control over his own unconscious inclinations from his training analysis that he will be completely impervious to the skillful efforts of his analysands to draw him into acting out their neurotic conflicts with them rather than analyzing them. Two clinical examples have been presented. In both, the very arrangements and "rules" of analysis were implicated in the transition from understanding to enacting the unconscious inclinations.

Annie Reich (1951, 1960, 1966) addressed herself cogently to this aspect of psychoanalysis. As she pointed out, countertransference always represents an interference with analytic

progress, just as the analysand's transference always represents a resistance to it. The analyst's ability to recognize, analyze, and learn from it, so that he can return to analytic empathy and cognitive understanding, is as necessary as is analysis of the patient's transference to the analyst of his neurotic inclinations. A psychoanalyst needs to be vigilant to the emergence of countertransference reactions so that he can become aware of them, without shame and without feelings of inadequacy or failure. He can then employ self-analysis (or a period of reanalysis with another analyst if necessary) to understand and overcome them. As Annie Reich put it at the end of her last paper (1966) on the subject, "The possibility of gliding from a controlled, aim-directed use of one's unconscious into being run by it, is always there. Who is so free of guilt that he may throw the first stone?" (p. 360).

The importance of self-analysis in the work of the psychoanalyst has been given increasing recognition (e.g., Baum, 1977 [and in Panel, 1974]; Beiser, 1984; Calder, 1980; Fleming, 1971; Gardner, 1983). It is only one avenue, however, of several that are available to help psychoanalysts remain alert to their countertransference inclinations so that they can maintain control over them. Another is an ongoing communication with their analytic colleagues, who also are struggling with this difficult dimension of psychoanalytic work, a communication that is afforded by involving themselves in study groups and by teaching, writing scientific papers, and participating in panels such as this one.

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## The Concept of Identification in the Work of Freud Ferenczi, and Abraham: A Review and Commentary

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## THE CONCEPT OF IDENTIFICATION IN THE WORK OF FREUD, FERENCZI, AND ABRAHAM: A REVIEW AND COMMENTARY

BY ALLAN COMPTON, M.D.

*The development of the concept of identification in the work of Freud, Ferenczi, and Abraham is reviewed and analyzed from the standpoint of the development of the psychoanalytic object concept in general. Problems in the theory are seen to be related to ambiguity of the terms, ego and object, especially as reflected in the idea of introjection. The concept of identification, on the other hand, is shown to have undergone consistent evolution and expansion.*

Psychoanalytic concepts have been changing and evolving now for almost a century. We are largely in agreement with one another that these concepts cannot be adequately understood without a knowledge of the context in which they arose, a historical perspective. Yet careful histories of the evolution of psychoanalytic concepts are not a common endeavor, despite some excellent models (e.g., Brenner, 1957; Stewart, 1967). For at least forty years thoughtful psychoanalysts have pointed to the necessity to clarify our concepts (e.g., Hartmann and Kris, 1945; Edelson, 1984). This has generally been recognized as an unpopular task.

This paper is one in a series of independent studies which will follow the development of the object concept in Freud's work. Its purpose is to clarify the psychoanalytic concept of identification as an aspect of the object concept by the method

of historical review and commentary. In this instance Freud's work has not stood alone as the basis for subsequent development—and confusion. Ferenczi and Abraham both contributed what have remained ongoing currents in our understanding of identification. Some attention is paid here to their work as well as to Freud's.

Especially in the work of Ferenczi and Abraham, the terms incorporation and introjection are prominent. In Freud's later work, "internalization" became a common term in the context of discussions relating to identification. In these terms, and in the disagreements about them, are housed what I see as some of the most fundamental problems of human psychology: mind/environment relations and what may be called, for want of a good term, "mentalization." Two books, widely read in recent years—by Schafer (1968) and by Meissner (1981)—have focused on these concepts, but neither has used the approach of historical scrutiny. This study will historically pursue the development of the congeners of identification, again limited to the work of Freud, Ferenczi, and Abraham. More recent psychoanalytic contributions will be considered in a subsequent communication.

Identification was not a term invented by Freud, but rather entered his writing, apparently, from general usage. His first use of the term was in a letter to Fliess in 1897; the context was a discussion of muscular rigidity in hysteria. "It is the imitation of death with *rigor mortis*, i.e., identification with someone who is dead" (Freud, 1897a, p. 192). In the same context he said, "An immense load of guilt . . . is made possible by identification with these people of low morals . . ." (1897b, p. 248), and, "The main context of her neurosis was identification with her mother" (p. 249). Freud also connected identification with "multiplicity of psychical personalities." Still in 1897 he related repressed death wishes toward parents, at the time of their death or illness, with hysterical self-reproachful or self-punitive trends, adding, "The identification which occurs here is, as we can see, nothing other than a mode of thinking and does not

relieve us of the necessity for looking for the motive" (1897c, p. 255).

In 1899, in the context of what he called "the problem of choice of neurosis," Freud asked why, for instance, does someone become hysterical rather than paranoiac. "The lowest sexual stratum is auto-erotism, which does without any psycho-sexual aim and demands only local feelings of satisfaction. It is succeeded by allo-erotism (homo- and hetero-erotism); but it certainly also continues to exist as a separate current. Hysteria . . . is allo-erotic: its main path is identification with the person loved. Paranoia dissolves the identification once more; it re-establishes all the figures loved in childhood which have been abandoned . . . and it dissolves the ego itself into extraneous figures" (1899, p. 280).

An extended discussion of "hysterical identification" appeared in 1900 in the section, "Distortion in Dreams" (pp. 149-151). Here Freud distinguished "hysterical imitation, the capacity of hysterics to imitate any symptoms in other people . . . sympathy, as it were, intensified to the point of reproduction . . . the path along which the psychical process . . . proceeds" from "the mental act itself which . . . consists in the unconscious drawing of an inference . . . Thus identification is not simple imitation but *assimilation* on the basis of a similar aetiological pretension; it expresses a resemblance and is derived from a common element which remains in the unconscious" (1900, pp. 149-150).

Dora's attacks of hoarseness and coughing represented, among other things, sexual relations with her father by identification with Frau K. (1905a, p. 83). Later in that analysis, Freud said to Dora, ". . . let me draw your attention to the repeated occasions upon which you have identified yourself with [the governess] both in your dream and in your conduct" (pp. 106-107).

Freud used the same term, identification, in his discussion of the dream work (1900, pp. 320-324, 326, 431, 458). In that discussion he presented examples of the representation in the

manifest dream of one person, or several persons, by another. He proposed that this occurs in accordance with the rules of the dream work:

Similarity, consonance, the possession of common attributes—all these are represented in dreams by unification, which may either be present already in the material of the dream-thoughts or may be freshly constructed. The first of these possibilities may be described as ‘identification’. . . . Identification is employed where *persons* are concerned. . . . In identification, only one of the persons who are linked by a common element succeeds in being represented in the manifest content of the dream . . . (1900, p. 320).

“Representation by means of identification” is approximately synonymous with, in terms of the dream work, “construction of a composite figure” (p. 321). The identification may be resolved, apparently, through analysis of the dream. Strachey (1953, p. 321, n.) called this a topic different from the one in Freud’s discussion of identification in hysteria.

Freud discussed hysterical identification and identification in the dream work within the framework of topographic (conscious/unconscious) dynamics. He then began to present elements of a developmental theory of identification in terms of his drive/object theory.

In *Totem and Taboo* Freud (1913) presented his fable of Darwin’s primal horde, including the murder and devouring of the tyrannical primal father: “. . . and in the act of devouring him they accomplished their identification with him . . .” (p. 142). This idea was a little later applied to ontogenetic development. In a section added to *Three Essays* in 1915, Freud said that in the oral cannibalistic pregenital organization, sexual activity had not been separated from the ingestion of food, and the aim and object are the same: “. . . incorporation of the object—the prototype of a process which, in the form of identification, is later to play such an important psychological part” (1905c, p. 198). Also in 1915 Freud noted that love in the oral-cannibalistic

phase "is consistent with abolishing the object's separate existence and . . . may therefore be described as ambivalent" (1915b, p. 138).

Altogether, the term identification was not often used by Freud before 1917. A theater spectator may "*identify himself*" with the hero of the play (1905b, p. 305). Masochists, while inflicting pain, may find enjoyment by identifying with the suffering object (1915b, p. 129). A paranoid woman was seen to have "freed herself from her homosexual dependence on her mother . . . by means of a small piece of regression: instead of choosing her mother as a love-object, she identified herself with her—she herself *became* her mother" (1915a, p. 269).

That is all. Freud used the term identification approximately eighteen times prior to 1917, seven of which were in unpublished work. In only two instances was there some discussion of what he meant. At least four of the times Freud used the term, Strachey assigned it to a different topic; this included one of the two discussions. The only unquestioned discussion is about hysterical identification.

What sort of concept was developing?

A number of related English words are derived from the Latin word *idem* (meaning "the same"); identical, identity, identify, identification. All have some relation to the idea of sameness. (The corresponding German words are: *derselbe* or *identisch*; *die Identität*; *identifizieren*; *die Identifizierung*.)

The verb form, to identify, may be used in transitive or intransitive senses. The transitive uses are: (1) to make to be the same, to unite or combine (for example, the administration tries to identify dissident elements with the enemy); (2) to establish the name, nature, or class of (for example, he identified a species thought to be extinct). In the intransitive uses, identify means to become the same, to coalesce in interest, purpose, use, etc. When the noun form is used, any of the several meanings may be carried over. The transitive uses tend to appear in the nominal phrase *identification of*; the intransitive, in the nominal phrase *identification with*. The latter is the more common usage,

both generally and in psychoanalysis. In at least fifteen of the eighteen instances cited, Freud used the term in this way, which the term *correlative* seems to describe. In the transitive use, identification of, the subject performs a mental action of an essentially cognitive or intellectual kind upon one or more (animate or inanimate) objects. In the correlative use, identification with, the subject performs a mental action of some different kind, the nature of which is unclear.

In Freud's earliest references (1897a, b, c; 1899) identification seemed to mean, most broadly, a being or becoming, mentally, the same as someone else in one or more respects. It is a way of thinking, Freud said, which is motivated. In the first example, an observable behavior, bodily stiffness (phenomenon) in a hysteric (clinical context) was interpreted to have a meaning, imitation of death, which is to be explained by some underlying mental process, identification with someone who is dead. In the 1900 discussion of hysterical identification, identification was distinguished from simple imitation as an unconscious mental act in which the becoming like someone else is an "assimilation" on the basis of a causal factor, as if an inference had been drawn; the expressed similarity is determined by the underlying assimilation. In these references, as well as in the Dora case, the clinical context was hysteria, and Freud apparently saw identification as a facet of the psychopathology of hysteria.

What about identification in the dream work? Is Strachey right that this is a different topic? Suppose that A is the dreamer and that a composite figure, B/C, appears in the manifest dream. B and C have a common attribute, x, which A wishes also to possess. The activity is mental and is being carried out by the dreamer. It involves a wished-for change in the person of the dreamer: A has now identified with B/C as a symbol of the attribute x. Is this identification in the same sense in which Freud used the term in the discussions of hysteria? It could well be, although not all condensations in the manifest dream would be produced according to this mechanism. The construction of

a composite figure in the dream work may be, but is not necessarily, a symbolic representation of resemblance in some respect and therefore may be a representation of identification.

I believe, therefore, that Strachey was incorrect in designating identification in dreams as a different topic from identification in general. What is different—and interesting—is that identification is used to designate the representation of the mental process in the form of the dream, rather than in a symptom or other overt behavior. The concept does not change. If this argument is accepted, then Freud had, in effect, established identification as a universal process. The factor of transience or longevity of the identification had not been addressed.

In 1913 Freud connected identification with eating the person whom one wishes to be like. He did this in the context of relating Western European religious practices to those of primitive societies, by the method of creating a mythical, pre-historic event of phylogenetic development. In 1915, in the context of proposing a pregenital sexual drive organization, Freud (1905c) presented a drive derivative wish or fantasy of early life, “incorporation of the object,” as a model for identification. Identification was then seen as a mental process of general importance *later* in development. Thus far, then, we have a nascent psychoanalytic theory of identification: a kind of thinking, a putting oneself mentally in the place of another, or unconsciously imitating another; motivated by an unconscious wish, or by guilt; important in the psychopathology of hysteria and in the dream work; but also a generally important psychological process based upon drive aims characteristic of the oral-cannibalistic phase of development, wishes to incorporate the *drive object*, but playing a major role later in development.

Besides the correlative/transitive terminological issue and the problem of what makes it last or not last, the following questions may be raised at this point in the review. By what criteria might a process of identification be recognized in general? Is a thought or a wish or even an inference enough to begin to

explain all such instances? Does the idea of assimilation imply some necessary duration? Is there necessarily some additional mental process not yet alluded to by Freud?

Another term that might—or might not—be a reference to a different mental process appeared in Freud's work in the context of a highly condensed, highly abstract first discussion of early ego development (1915b, pp. 134-140). This discussion was forced on Freud by his recognition of the problem that loving and hating cannot "be fitted into our scheme of the instincts" (p. 133). The primitive ego (still largely an undefined term), under the influence of the pleasure principle, does the following: "In so far as the objects which are presented to it are sources of pleasure, it takes them into itself, 'introjects them' (to use Ferenczi's . . . term); and, on the other hand, it expels whatever within itself becomes a source of unpleasure. (See below . . . the mechanism of projection.)" (p. 136).

It is important to notice here that the framework is different from that of drive, drive aim, drive object, no less theoretical but much less elaborated. We are not yet told what the ego concept consists of, or whether actual or mental "objects" are being referred to. These omissions permit the introduction of concretisms into the theory, concretisms that are today often attributed to Melanie Klein but which are, in fact, Freud's responsibility. Whatever the "ego" may be, if it is a psychological construct, it cannot take in any *thing* (object) or expel any thing (source). In the framework I have been developing, these statements by Freud may be seen as a primitive attitudinal object theory,<sup>1</sup> distinct from a theory of drive objects (Compton, 1983, 1985).

The term introjection, which Freud rather diffidently began to use, arose as a straddle of a philosophical dilemma about the

<sup>1</sup> A *mental attitude* is a state of readiness to respond in a particular way to a stimulus, such as an object, concept, or situation. Attitudinal refers to such personal attitudes. Someone or something toward whom a subject holds an attitude, the target of the readiness, is an *attitudinal object*. Examples of attitudes are loving, hating, lusting, envying, trusting, dependent, narcissistic.

relation of sense perceptions to objects perceived. It was invented by the philosopher, Richard Avenarius, to name the assumption that sense perceptions are mental counterparts of objects perceived—that is, representations. Avenarius, however, maintained an opposing position: that perceptions are in the nature of direct relations to objects, not images or representations (*Webster's New International Dictionary*, 1924 Edition).<sup>2</sup> The general issue here is “mentalization.” The specific issue is: How does the likeness on which the identification is based become mental and how does the mental alteration, which expresses the (wished-for) likeness in transient or not so transient form, occur?

As Freud noted, Ferenczi introduced the term introjection to psychoanalysis in 1909, as a neurotic mechanism which he ascribed to “the ego,” in contrast to the ego mechanism of projection in paranoia. “The neurotic is constantly seeking for objects with whom he can identify himself, to whom he can transfer feelings, whom he can draw into his circle of interest, *i.e.*, introject” (Ferenczi, 1909, pp. 40-41). Transference is “only a special case of the neurotic’s inclination to displacement . . .” (p. 33); but introjection is the general description for what is called transference in analysis with the physician as object (p. 53, n.). In 1912 Ferenczi made perhaps the clearest statement of what he had in mind: “I conceive the mechanism of *all transference on to an object*, that is to say *all kinds of object love*, as *introjection*, as *extension of the ego*” (pp. 316-317). In 1913 he again addressed ego development, now in terms of stages in the development of the sense of reality. “I once called the first of these stages the *Introjection Phase* of the psyche, since in it all experiences are still incorporated into the ego, and the later one the *Projection Phase*” (pp. 226-227). In 1914 he said that in infancy interest is displaced from organ sensations to the material causing the sensations. “The faeces are thus ‘introjected’ . . .”

<sup>2</sup> In Freud's German text, the word is *introjiziert* (*Gesammelte Schriften*, V, 1924 edition, p. 461).

(p. 322). In 1915: "I believe that the things we have once 'psychically assimilated', introjected, are even, as it were, 'ennobled' by this and participate in our narcissistic libido" (pp. 406-407).

In the earlier work Ferenczi, in his use of the term introjection, seemed to be struggling with the attitudinal object problem: How is psychoanalysis to conceptualize the way in which someone relates to someone else? Later, introjection seems to have come to mean a (or the) mechanism by which anything becomes mental.

Some contrasts between Freud's approach and Ferenczi's can readily be indicated. Freud was still careful to remain largely within the theory of instinctual drives and the topographic mental apparatus. He did not really begin to focus on "the other side of the conflict" until he saw a way to bring "the ego" into the libido theory via the concept of narcissism (1914). After that, he made use of the rather ill-defined ideas of "the ego" and "objects," which Ferenczi had already been doing for some years. It is not hard to see origins of some Kleinian and other "object relations" theories in Ferenczi's work. Freud used the term incorporation to refer to drive aspects of fantasies or wishful relations to an object. He used introjection, as Ferenczi did, to refer to some process of the undefined ego. Ferenczi, however, treated transference, displacement, object love, interest, incorporation, identification, and introjection as more or less synonymous, and all referred to "ego." Introjection seems, for Ferenczi, to have been an overall answer to the questions of how do people relate *and* how does anything become mental. Identification, as a term and as a discrete concept, is almost absent in his work. Introjection was a one-word "object relations theory."

By 1915, then, Freud was using the terms identification, incorporation, and introjection. A fourth term for this group—internalization, or at least the idea of it—also appeared in 1915. "Throughout an individual's life there is a constant replacement of external by internal compulsion. . . . Those who are born to-day bring with them as an inherited organization some degree

of tendency (disposition) towards the transformation of egoistic into social instincts . . ." (Freud, 1915c, p. 282).

The concept of identification began to acquire considerably more importance for Freud in 1917 in "Mourning and Melancholia."

In melancholia (the clinical context) inappropriate and obtrusive self-deprecation (the phenomenon) is to be explained by an identification of the "ego" with the "abandoned object." Freud reconstructed the process in melancholia in the following way. An object relationship was shattered, owing to a slight or a disappointment. The resulting free libido was not displaced to another object, but withdrawn into the ego where it "served to establish an *identification* of the ego with the abandoned object" (1917, p. 249). The conflict between the ego and the loved person is thus transformed "into a cleavage between the critical activity of the ego and the ego as altered by identification" (p. 249). The object choice must have been "effected on a narcissistic basis, so that the object-cathexis . . . can regress to narcissism. The narcissistic identification with the object then becomes a substitute for the erotic cathexis . . . . This substitution of identification for object-love is an important mechanism in the narcissistic affections. . . . It represents, of course, a *regression* from one type of object-choice to original narcissism" (p. 249).

Freud also said that "identification is a preliminary stage of object-choice . . . the first way—and one that is expressed in an ambivalent fashion—in which the ego picks out an object. The ego wants to incorporate this object into itself . . . in accordance with the oral or cannibalistic phase of libidinal development . . . by devouring it" (pp. 249-250). Narcissistic identification is to be distinguished, however, from hysterical identification: in narcissistic identification the object cathexis is abandoned; in hysterical identification the object cathexis "persists and manifests its influence" (p. 250). In both kinds of illness, melancholia and the transference neuroses, "identification is the expression of there being something in common, which may signify love.

Narcissistic identification is the older of the two and it paves the way to an understanding of hysterical identification, which has been less thoroughly studied" (p. 250). (This statement is rather surprising, since Freud had not previously mentioned narcissistic identification.)

Freud reanalyzed the whole issue at another level, using love and hate as primary terms. In a case of melancholia, an ambivalent love relationship was easily shattered by a slight or a disappointment. However, there was also a strong fixation to the loved object (p. 249). The ambivalent love is not given up, although the real object is devalued, but rather transferred to the "ego," where the struggle between love and hate continued (p. 251). One portion of the ego is identified with the object, while another portion is set over against the first portion (pp. 247, 257). What is gained in all this is that the attitude of love is preserved (p. 257). Ambivalence is seen as a conflict which occurs in the *Ucs.* in which love and hate "contend with each other; [hate] seeks to detach the libido from the object, [love] to maintain this position of the libido against the assault" (p. 256).

The last statement by Freud is, I believe, necessary to make his argument work. In a way, we "know what he means." As theory, however, the whole thing is becoming unduly cumbersome. Love and hate, which are attitudes of the "ego" as a whole are now unconscious forces. Love depends upon libido, though the two are not identical. Love and hate, on the one hand, and libido, on the other, are not at the same conceptual level, yet Freud has love and hate contending over libido. Libido seems to be distributed or allocated to various parts of the personality in the topographic systems, and the parts are in conflict with each other in no particular relation to their systemic position. It is also unclear in this framework why the love is so readily given up, yet cannot be given up. Freud made another statement which, while obscure in itself, may reveal something more about how he viewed these problems: "... 'the unconscious (thing-) presentation of the object has been abandoned by the

libido'. In reality, however, this presentation is made up of innumerable single impressions (or unconscious traces of them). . ." (p. 256).

A little later Freud reaffirmed the two types of identification (1916-1917, p. 428), and the role of identification in the formation of the "ideal ego" received passing mention (p. 429). In the Wolf Man report (1918), identification became a common term for Freud. The Wolf Man was said to have identified with his mother (p. 77), with his father (p. 78), and with Christ (p. 115). In connection with rebirth fantasies, he was "identifying himself with his own penis and using it to represent himself" (p. 102). He breathing-out symptom in the presence of beggars or cripples was intended to ward off any identification with the object of his pity.

Abraham was a third major contributor to the foundations of psychoanalytic theories of objects and identification. His ideas and usages resemble those of Ferenczi and, in some ways, those of Freud before 1921. He usually used the term identification in a transitive sense: "the identification of ceiling and sky" (1913, p. 190, n.2); "the identification of birth and the act of defecation" (p. 211); "his love object—whose identification with his mother became quite evident" (1924b, p. 443). In these examples, as in one usage in Freud's dream book, someone is creating a symbolic equivalence between A and B, or "identifying" them with one another in a metaphoric sense. Abraham rarely used the term identification in the correlative sense, and when he did so, he explained it with another term: for example, "an identification with the prostitutes (his mother). . . . the mechanism of introjection" (p. 463).

Abraham did take up Freud's term, incorporate, in the sense of an early infantile wish to devour the object (1916, p. 276; 1924a, p. 396), but he used it mostly to explain the basis of introjection, or he used it interchangeably with introjection: for example, "the process of introjection has the character of a physical incorporation by way of the mouth" (1924b, p. 435); and "the introjection of the love-object is an incorporation of

it, in keeping with the regression . . . to the cannibalistic level" (p. 420). Introjection is evidently his preferred term. When he referred to Freud's work, he substituted it for identification; for example, he said that Freud pointed out that character change can occur at any time in life "through the process of introjection" (1925, p. 412). (Freud had said "identification.")

While melancholia (manic-depressive psychosis) was Abraham's main clinical context, he formulated a full and elaborate scheme of development in drive/object terms, subdividing both oral and anal phases (1924b). He tended to see conflict between opposing drive-oriented attitudes toward an object and did not follow Freud into the ego-id-superego model in any meaningful way.

Abraham proposed that during an attack of melancholia, "the love-object goes through a process of psychological metabolism within the patient" (1924b, p. 464) in a sort of reverse order: object loss has the unconscious significance of expulsion through the anus, a form of sadistic destruction of the object prevailing over an anal-retentive trend (pp. 426-429). This is followed by an incorporation—really a reincorporation—of the object: "the act of introjecting and devouring it—an act which is a specifically melancholic form of narcissistic identification" (p. 464). The paranoiac, as opposed to the melancholic, incorporates or introjects only part of his object, and probably anally, not orally (p. 489). The obsessional has "given up" his tendency to incorporate an object or part object and is content to possess it (p. 491); the proprietorship is "*exteriorized*" (p. 492).

Abraham provided many striking clinical examples all through his theoretical work. To illustrate his idea that "introjection" occurs in normal mourning as well as in melancholia, he reported a dream of a man mourning his wife, which he convincingly interpreted as reflecting an idea of restoring her to life by eating parts of her dismembered body. He took this as an example of introjection: recalling the person to life equals setting up the object within the ego; and it announces the success of mourning (pp. 435-437).

This example shows Abraham differing from Freud in more than terminology. He seems to me to be discussing something other than “becoming like” someone else in one or more respects. This is a pathocentric object relations theory in which fantasies are taken as mental processes and structures—that is, without any step of abstraction—and conflict occurs between opposing instinctual tendencies. It is, again, not hard to see origins of Kleinian and other object relations theories in this work.

The concept of identification underwent significant change in Freud’s work in 1921 and thereafter. I would like to pause at this point to review the conceptual elements of identification and its congeners before taking up the changes. In the work of Freud, Ferenczi, and Abraham up to this point: What is identification? What is the evidence that identification has occurred? What motivates it? Does “motivates” apply? What is the explanation of the process and its result?

Identification, as used by Freud through 1919 (and thereafter, I believe), possessed at least two ambiguities. First, it referred to a process and also to the result of that process. Second, it appeared in descriptive contexts as well as in theoretical contexts. For clarity, it is necessary to distinguish process and product, description and theoretical construct.

Clinically, the process or processes that Freud referred to seem clear, on both direct descriptive and interpretative bases, and are unified by the common element of being or becoming like someone else in one or more specific ways: in dreams, the condensation of figures on the basis of their having a common (wished-for) attribute; in hysteria, unconscious imitation or reproduction of a symptom or other behavior, on the same basis; in depression, self-reproaches which apply, or better apply, to someone else; in paranoia, a delusional becoming someone else. While the common element seems clear in these various clinical contexts, we are not close to a formal statement of criteria for the process, and, in fact, rather different processes and results appear to be involved. To this point Freud had recognized these

differences only to the extent of differentiating two types of identification, hysterical and narcissistic.

Freud differentiated the two types on theoretical grounds: in narcissistic identification, the object cathexis is abandoned; in hysterical identification, it is retained. We cannot be sure whether the rest of his comments apply to one type or to the other or to both. Since he said that narcissistic identification is the older, better studied type upon which hysterical identification is based, it seems safest to assume that narcissistic identification is to be taken as approximately synonymous with identification, unless there is something additionally specified.

Identification and object choice are seen to be related in a number of ways. Identification is proposed to be a "preliminary phase of object-choice . . . the first way . . . in which the ego picks out an object" (Freud, 1917, p. 249). This form of object choice is characteristic of the oral-cannibalistic phase of libidinal development in which "the ego" wants to incorporate the object by devouring it. Identification as a preliminary phase of object choice may be described as ambivalent, since it is consistent with ending the independent existence of the object. Besides being a preliminary stage of object choice, identification may replace object choice via regression and may also coexist with object choice.

I have elsewhere shown that Freud's object concept is a compound (Compton, 1983) and have proposed that object choice is a second-level concept, based upon his drive object concept, but closer in use to an attitudinal object concept (Compton, 1985). From this viewpoint, to incorporate is the drive aim directed toward the drive object. Ambivalent refers to a mixture of loving and hating, that is, to personal attitudes, and is therefore in the conceptual sphere of attitudinal object. Difficulty about personal attitudes arises in Freud's theory, especially surrounding his use of the term ego. "The ego" loves, hates, picks, chooses, and wishes. "The ego" also sends out libidinal cathexes to "objects" and withdraws them back into itself. "The ego" may or may not be modified by these processes. Obviously, there

are very different concepts of ego involved, a fact which has repeatedly been recognized (e.g., Hartmann, 1964; Jacobson, 1964). For our present purposes I want only to note that difficulty with the ego concept is simultaneously difficulty with the concept of objects and of identification.

These shortcomings are compounded when personal attitudes become central issues. Attempted explanations in which Freud viewed love and hate as abstract forces existing somehow in the personality and contending with one another over the investment of libido in an "object" exemplify this.

What is the relation of the incorporative wish to identification? The wish is, Freud said, the basis of the process; perhaps a fantasy of a wish fulfilled might be the basis of the product—an "assimilation" of an attribute of someone else, though Freud did not say this. It does not seem hard to interpolate here, though again Freud did not do so, that the more primitive the psychical apparatus, the less it could discriminate attributes, and therefore the more global "attribute" becomes. But then one has to explain how a very global attribute could be expressed in recognizable form.

This still leaves other, very major problems. We generally understand the fulfillment of a wish to be a form of gratification. It is hard to see how gratification can result in the production of an abiding mental configuration—that is, mental structure. We have run into the difficulty of conceptualizing how the regular or abiding personal functioning of one person can be modified on the model of another, even if we consider that it might occur one small attribute perception at a time. How can mental structure be formed?

If a wish to be like someone else, a model, in respect to one or more perceived attributes results in a change in the subject's behavior, Freud said, then an identification has occurred. At the base of the identification there is a drive determined fantasy of devouring the (drive) object. But how does one explain how the incorporative fantasy results in the behavioral changes we ascribe to identification? What Freud did was to rather tenta-

tively take up Ferenczi's all-purpose term "introject." The ego introjects and projects, introjects sources of pleasure (objects) and projects or expels sources of unpleasure (also objects). For both Ferenczi and Abraham, the term introjection seemed to indicate the essence of the processes they visualized in this sphere. They created mental structure in chunks, as it were. The observable phenomena, the hypothetical underlying "ego" mechanism, and the drive determined fantasy hypothetically underlying that, are all condensed. It is not even possible, then, to ask questions about relations between these various hypothetical processes. An ambiguously concrete and theoretical ego interacts by fantasy with ambiguously concrete objects to change mental structure in more or less lasting ways.

Perhaps it is best to observe that, at this point, none of these questions are answerable, although we—psychoanalysts—shall have to answer them eventually. We are looking at the development of an evolving and changing theory and at the development of one of the concepts of that theory. Freud was allowing data to influence and alter his previous concepts. The form of systematization was obviously becoming strained in a number of ways, but especially in ways concerning mental groupings or configurations, and he would shortly acknowledge this and attempt to remedy it.

What else can be said about Freud's concept of identification prior to 1921? Identification is a universal mental process, a motivated form of thinking, and/or of that congener of thinking which is unconscious. It may serve as a defense, as in the report of the paranoid woman; or it may be defended against, as it was by the Wolf Man. It is something more than imitation—Freud called it "assimilation"—requiring the postulation of more complex and "deeper" mental processes for explanation. It may be involved in the formation of a special agency in the personality, the "ideal ego." Identification may occur not only with other people but also with a part of oneself, the penis; it is, however, always *with*, always requires a correlate, even if it is used in the transitive form. Identification has something to do

with relationships with other people: it may be a developmentally early form of love relationship or it may replace or partially replace a love relationship; it may, as in hysterical identification, only serve to express some wishful facet of a relationship. There is a “prototype” for identification: the act or fantasy of devouring someone else and thereby gaining the attributes of that person. This prototype is called cannibalism or incorporation, and it expresses hatred as well as love. When Freud discussed identification in more theoretical terms, the concept became less clear. This is, I believe, because “ego” remained an undefined and multiply ambiguous term, as did “object”—that is, the conceptual tools in the area of structure were inadequate.

In “Mourning and Melancholia” Freud made use of the idea of identification without much prior exploration of the concept. Beginning in 1921 with his most extensive discussion of identification, in “Group Psychology and the Analysis of the Ego,” Freud’s use of this and related concepts, and his attempts to explore and explain the processes, expanded rapidly. Identification became one of the most pervasive, if not fundamental, concepts of psychoanalysis. Certainly, identification was given a status co-equal with object choice in explaining emotional ties between human beings, and at least a co-equal status in the derivation of Freud’s revised model of the mind.

Because of the pervasive and copious use of the concept of identification, this review must be carried out topically rather than chronologically for the balance of Freud’s work.

### *The Relation between Identification and Object Love*

This is probably the most frequently recurring concern in Freud’s work in this area around 1921, somewhat less so thereafter. Both descriptive and conceptual distinctions are involved. The many subtypes of object love and of identification make the discussion complex. Freud repeatedly said that the essence of the distinction between identification and object love is the distinction between “to be” and “to have” (e.g., 1921, p. 106;

1933, p. 63). Both are forms of emotional ties to another human being, but one might say that in identification "the tie attaches to the subject" rather than "to the object of the ego" (1921, p. 106). Identification is always ambivalent toward an object (p. 105).

Although Freud used only one of these terms, his listing of the relations of identification to object love falls readily into two groups, partial identifications and broader ones. Where partial or narrow identification is concerned, there are three varieties. First, there may be an identification with a rival, which serves to express love for a third person; Freud's example is an oedipal phase girl identifying with her mother, thereby expressing love for her father. Second, identification with the loved object may occur, indicating a regression from object love to identification. Third, identification may occur without any object relation to the person who is being copied, based upon a desire to be in the same position as that person; his example is contagion of hysterical spells in a girls' school (1921, pp. 106-107). The identification that occurs as part of group formation is probably also of the partial kind (see below). These instances seem to resemble what Freud earlier called hysterical identification: although symptom formation may or may not be involved, "object-cathexis" is retained and a relatively structured personality is modified in a limited way.

Identifications occur on a broader scale in homosexuality, in small children who have lost a parent, and in melancholia. The genesis of a large class of cases of male homosexuality involves fixation to the mother, then identification with her at the time of puberty on a scale which "remoulds the ego . . . in its sexual character." This is similar to a process that occurs in small children, who often identify with an object that is renounced or lost, as a substitute for that object (1921, pp. 108-109). In these instances regression from object love to identification is the mechanism involved. It tends to occur in less well-structured personalities.

Identification must also be differentiated from extreme de-

velopments of being in love, known as fascination or bondage. In identification "the ego has enriched itself with the properties of the object, it has 'introjected' the object into itself, as Ferenczi . . . expresses it." In love bondage the ego "is impoverished [and has] surrendered itself to the object" (1921, p. 113). Freud found this explanation unsatisfactory: the latter might also be described as introjection. This problem led him to take several steps toward some central problems in the theory of identification as a form of tie to another person. "In . . . identification the object has been lost or given up; it is then set up again inside the ego, and the ego makes a partial alteration in itself after the model of the lost object." In love bondage, the object is retained and there is a "hypercathexis of it by the ego and at the ego's expense" (p. 114).

The issue here, a recurrent one, is: Does identification necessarily presuppose a giving up of relation to an object? Can the two forms of emotional tie exist simultaneously? If so, how is this to be explained? Freud took this up in structural terms (see below). Identification seems particularly prominent in situations of object loss (1921, pp. 108-109). Perhaps identification makes it easier to give up the object. "It may be that this identification is the sole condition under which the id can give up its objects" (1923, p. 29). Later, Freud said that identification is a form of attachment, but is not the same as object choice; it is possible to identify with someone taken as a sexual object. Identification also occurs as a compensation when an object is lost (1933, p. 63).

### *Developmental Aspects of Identification*

"Identification is known to psycho-analysis as the earliest expression of an emotional tie with another person" (1921, p. 105). Identification is possible before any object choice has been made (p. 106). One might also put it that in the oral phase object cathexis and identification are indistinguishable from one another (1923, p. 29).

Even later in development, identification "behaves like a de-

rivative of the first, *oral* phase of the organization of the libido, in which the object that we long for . . . is assimilated by eating and is in that way annihilated as such" (1921, p. 105). A parallel is "found in the belief of primitive peoples . . . that the attributes of animals which are incorporated as nourishment persist as part of the character of those who eat them" (1923, p. 29, n. 2). "Identification has been not unsuitably compared with the oral, cannibalistic incorporation of the other person" (1933, p. 63).

Before the oedipal phase a little boy takes a special interest in his father, wants to grow like him and be like him; he "takes his father as his ideal" (1921, p. 105). The effects of "the first identifications made in earliest childhood will be general and lasting. This leads us back to the origin of the ego ideal; for behind it there lies hidden an individual's first and most important identification, his identification with the father in his own personal prehistory. . . . a direct and immediate identification . . . earlier than any object-cathexis" (1923, p. 31).

The object cathexes of the oedipal period find their outcome in identifications which reinforce the "primary one" (p. 31). In a boy when the oedipus complex forms, his identification with his father "takes on a hostile colouring and becomes identical with the wish to replace his father in regard to his mother as well" (1921, p. 105). The outcome of the oedipus complex, in terms of identifications, is a compound of variable proportions. "Along with the demolition of the Oedipus complex," the object cathexis of the mother must be given up. "Its place may be filled by one of two things: either an identification with his mother or an intensification of his identification with his father." The latter is regarded as normal. "These identifications are not what we should have expected . . . since they do not introduce the abandoned object [mother] into the ego" (1923, p. 32). Whether the identification is with the mother or the father seems to be determined by the relative strength of the masculine and feminine dispositions. In fact, both always occur, in some degree (pp. 33-34).

For the boy there are many possible variations in this outcome. For example, Freud interpreted Dostoyevsky's seizures as a "hystero-epilepsy" determined by identification (as punishment) with his father whom he wished dead (1928, pp. 182-183).

In his earlier discussions of female sexuality (1925, 1931) Freud said little about the role of identification for little girls. Later (1933) he saw doll play as a preoedipal identification of the girl with her mother, representing a wish for a baby, not as an expression of femininity, but in the sense of substituting activity for passivity (p. 128). Active sexual aims may find expression as identification with her phallic mother or with her father (p. 138). "A woman's identification with her mother allows us to distinguish two strata: the pre-Oedipus one which rests on her affectionate attachment to her mother and takes her as a model, and the later one from the Oedipus complex which seeks to get rid of her mother and take her place with her father. . . . the phase of the affectionate pre-Oedipus attachment is the decisive one for a woman's future . . ." (p. 134). (See also, 1940, pp. 193-194).

In both boys and girls, preoedipal, oedipal, and posteoedipal identifications are thought to involve "a kind of regression to the oral phase" (1923, p. 29). Perhaps, though, posteoedipal identifications are fundamentally different: the influences of teachers, authorities, self-chosen models, and public heroes are linked to parental imagoes and "need no longer be introjected by an ego which has become more resistant" (1924b, p. 168).

In this material Freud supplemented what he had to say earlier by fitting in some developmental steps before and after the oedipal situation and by differentiating the kinds of identifications made by girls from those made by boys. He also, however, somewhat complicated his earlier proposals by the suggestion of "direct and immediate . . . primary [identification] . . . earlier than any object cathexis" with one's father. While we may still puzzle over the meaning of a direct and immediate primary identification, I think we would generally agree that, if such an event occurs, the father is *not* the other party.

*Effects of Identification*

Empathy is probably an aspect of identification. Identification results in limiting one's aggressiveness toward those with whom one has identified. In clan feeling, the possession of a common substance, perhaps created by a common meal, is acknowledged (1921, pp. 108, 110, n. 2). Identification plays a central role in group formation (1921, pp. 120-121) and in normal development (see above).

Identification is important in neurotic symptom formation (1921, p. 108). Many of Freud's examples show the expression of identification in symptomatic forms of self-punishment (e.g., 1928, pp. 182-183). Melancholia and many cases of male homosexuality also revolve around certain kinds of identification (1921, pp. 108-109). In the former, a setting of one part of the ego against another occurs; in the latter, there is an overall remodeling of the ego (see below).

If sublimation is understood as a desexualization of drive aims, the transformation of object libido into narcissistic libido via identification may be "the universal road to sublimation" (1923, p. 30).

*Structural and Other Theoretical Considerations*

It is important to keep in mind here that the terms ego and object continued to be used by Freud in a number of different and unspecified senses; that is, they are multiply ambiguous terms.

Freud entered structural aspects of the problems of identification via the attempt to differentiate it from object choice, and the idea of "to be" versus "to have." "It is much more difficult to give a clear metapsychological representation of the distinction. We can only see that identification endeavours to mould a person's own ego after the fashion of the one that has been taken as a model" (1921, p. 106). Evidence for being or becoming like someone else in one or another respect remained the unifying thread in Freud's discussions of identification. For

example (1933, p. 63): "The basis of the process [of the metamorphosis of the parental relationship into a superego] is what is called an 'identification'—that is to say, the assimilation of one ego to another one, as a result of which the first ego behaves like the second one in certain respects, imitates it and in a sense takes it up into itself."

The substitution of identification for object cathexis "has a great share in determining the form taken by the ego and . . . makes an essential contribution towards building up what is called its 'character'" (1923, p. 28). Freud also said that we would suppose that identification is frequent early in development and that "the character of the ego is a precipitate of abandoned object-cathexes [that is, identifications]" (p. 29).

Much of what Freud had to say about identification in structural terms had to do with depression, sadism, and superego formation. It seemed especially clear to him in relation to melancholia that there was an "introjection" of the object that had been lost or emotionally lost (1921, pp. 108-109). The ego is then "divided, fallen apart into two pieces, one of which rages against the second. This second piece is the one which has been altered by introjection and which contains the lost object" (p. 109). This is related to the conscience as a "critical agency within the ego" and to his concept of the ideal ego or ego ideal (pp. 109-110).

In fact, the structural position of an identification—with what part of the mental apparatus the outcome of the modeling-after and assimilating process is affiliated—also received considerable attention: whether the object is put in place of the ego or the ego ideal (1921, p. 114). In group formation, Freud felt, both processes occur: the members identify with one another in their egos and put the same object in place of the ego ideal (p. 116). In hypnosis the hypnotist is put in place of the ego ideal (p. 114).

After 1921 Freud's structural contrasts for identifications were in terms of ego versus superego. For example:

*The broad general outcome of the sexual phase dominated by the Oed-*

*ipus complex may, therefore, be taken to be the forming of a precipitate in the ego, consisting of these two identifications [with the mother and with the father] in some way united with each other. The modification of the ego retains its special position; it confronts the other contents of the ego as an ego ideal or super-ego (1923, p. 34).*

Freud tended to use the term introjection in discussions of superego in a variety of relations to "identification." For example, introjection may replace identification:

[The superego] came into being through the introjection into the ego of the . . . two parents. [It] retained essential features of the introjected persons—their strength, their severity. . . (1924b, p. 167).

Elsewhere, there seems to be a distinction made:

The object-cathexes are given up and replaced by identifications. The authority of the father or the parents is introjected into the ego, and there forms the nucleus or the super-ego. . . (1924a, p. 176).

### *How Does Identification Occur?*

In 1923 Freud said that when a person has to give up a sexual object, there often occurs

an alteration of his ego which can only be described as a setting up of the object inside the ego . . . the exact nature of this substitution is as yet unknown to us. . . . It may be that this identification is the sole condition under which the id can give up its objects (1923, p. 29).

He went on to add that another way to look at this substitution of identification for object cathexis is that the ego "is forcing itself, so to speak," on the id as a love object. This amounts to a transformation of object libido into narcissistic libido and implies a desexualization or sublimation. Perhaps this is "the universal road to sublimation"; perhaps it brings about a "defusion of the various instincts which are fused together" (p. 30).

Freud returned to these ideas several times, connecting identification with desexualization, instinct defusion, and release of aggression (e.g., 1923, pp. 54-55; 1924b, p. 167).

### *Internalization*

Freud made little or no use of this term prior to 1926, although he introduced the concept as early as 1915. From 1926 on, it became a relatively common term in his writings, especially when he was taking a very broad perspective on human development. Some examples are as follows: external danger must be internalized to become significant for the ego (1926, p. 168); external coercion is internalized, taken over by the superego (1927, p. 11); aggressiveness is internalized or reinternalized (1930, p. 123); authority is internalized through the establishment of a superego (1930, p. 125).

### *Formulation and Discussion*

In this paper I am considering only the work of Freud and of two other psychoanalytic pioneers, Ferenczi and Abraham, whose work was sometimes integrated into Freud's and formed, in this and other ways as well, some of the bases of subsequent psychoanalytic concepts of identification. The comments which follow are meant to apply to this work only and for the most part do not take into consideration subsequent contributions.

The concept of identification, as Freud left it in 1938 (Freud, 1940), was far different in scope from what it had been in his work before 1921. In Freud's viewing of the emotional relations between people, identification had changed from a mechanism responsible for certain kinds of psychopathology of such relations to a universal form of tie, in a position co-equal to that of object choice. In his viewing of the mind itself, identification became a pivotal concept in the theory of psychic structure and its formation, one of the bases of the 1923 ego-id-superego

model of the mind. In this respect identification had come to take precedence over object choice.

These changes were far more in Freud's recognition of the possible scope of identification than in the parameters of the concept or in its content. The notion of an evolving theory is particularly applicable here; in only one or two points does the later theory of identification appear to be incompatible with elements of the earlier ideas. It is also true, however, that the explanation of identification—How does it occur?—was not much advanced in Freud's later work.

Freud's concept of identification was always centered on the idea of being or becoming like another person, a model, in one or more respects. His use of the term remained ambiguous. Identification might refer to the being like (product) or the becoming like (process) and thus might appear as the basis of dynamics or as a dynamic in itself. Identification might refer to phenomena, that is, function as a descriptive term, or might indicate an explanation, a theoretical construct.

From 1913 onward, Freud always saw a special relationship between identification and the oral phase. But in this respect, he introduced some confusing ideas, both in the earlier and in the later work. His 1917 division of identification into two types, hysterical and narcissistic, appears to be related to his attempt to divide the domain of psychopathology into transference and narcissistic neuroses. Neither classification was much in evidence after 1917. In any event, it became evident that, where identification is concerned, the situation is far more complex, although the idea that earlier identifications differ from later ones was—and is—retained.

Upon careful consideration, the explanatory scheme behind the idea of narcissistic identification, put in terms of transpositions of libido from an "object" to "the ego," simply does not make sense. Libido was defined according to what it cathected, object libido or ego libido. A narcissistic object choice meant that the libido remained ego libido even when it cathected an object. Narcissistic identification meant that this same libido

somehow remained object libido (which it never was) even after it returned to the ego.

In psychoanalysis we sometimes tend to push difficulties in conceptualization back toward developmentally earlier periods, as if they could somehow be solved in that way. The general area of conceptual difficulty with which we are dealing here is that of mind/environment relations. Freud made a second effort, in his later work, to initiate a theory of identification in the earliest development of the mind, perhaps as a substitute for the idea of narcissistic identification. His term was "primary identification," a special form of identification that might occur before any other kind of object tie was possible. Beyond that, he did not much explain the idea, or its relation to later forms of identification. *When* it would occur, since identification generally is held to be characteristic of the oral phase, is also a problem.

Although the explanations did not make much progress, the idea of identification as important in normal development as well as in psychopathology became far more substantive. Identification was seen as a mode of defense and might also be defended against. Identifications were recognized as playing a major role in building the "character of the ego" and in the formation of the ego ideal or superego. In that way identification appeared as process involved in the formation of psychic structure. It was also true that psychic structure affected identification: what the position of the identification was—ego or ego ideal/superego—determined its effects. In addition, identifications that occurred after oedipal resolution and superego formation were held to be different from earlier ones.

Freud also recognized in his evolving concept that identifications have a variety of affective tones: for example, admiring in preoedipal identifications and hostile in oedipal ones. He observed that identification has a general effect of limiting aggressiveness toward those with whom one has identified; empathy and group formation are examples.

Freud particularly associated identification with object loss,

and at times he wrote as if he expected that connection always to be the case. He had, however, amply demonstrated a number of other relations between identification and object love. Identification was seen to coexist with object love, to replace object love, to be indistinguishable at times from object love, or even to occur with another person who is a rival or with whom no direct emotional tie exists.

Given the pervasive, multiple, and various appearances and roles of identification, some explanation was clearly needed that applied to later, if not to the earliest, forms. This was especially the case for the formation of the superego as the outcome of the dissolution of the oedipus complex.

With the possible exception of the early oral phase and primary identification, Freud always related identification to "the ego." He used the term incorporation relatively infrequently, and when he did so, he always referred to the oral phase "prototype" of identification (not necessarily to "primary identification"). Notably, Freud did not use the word fantasy in connection with cannibalism and incorporation. It is hard for me to imagine he meant anything else: delusion, perhaps, since fantasy and reality might well not be distinguished at that point. In any event, the context is always that of instinctual drives and drive objects.

We might say that Freud proposed that an instinctual urge to cannibalize the drive object may result in a belief that incorporation has occurred, and that this is the instinctual basis of the process and result, identification. This says little about how such a fantasy would lead to a lasting alteration of the identifying subject. That problem has to do with the concepts of ego and objects, that is, again, with mind/environment relations. If "incorporation" in Freud's work refers to the id aspects of identification, then there are two terms that refer to ego aspects: identification and introjection.

In Freud's usage, and in that of psychoanalysis generally, identification is usually a correlative term: *identification with*. This is in distinct contrast to the related term introjection, used

more than occasionally by Freud and preferentially by both Ferenczi and Abraham, which is always transitive: *introjection of*. Introjection also has a distinct spatial connotation, which identification does not.

Because of the qualities of transitivity and spatial connotation in connection with the theoretical construct "ego," introjection is the most conceptually problematical of these several terms. Freud made use of the term after 1921, especially in relation to the superego, usually calling it "Ferenczi's term."

Here Freud's reluctance to differentiate clearly between real other people and what mentally corresponds to them has caused continuing trouble, reflecting a fundamental difficulty. How does identification occur? How does lasting modification of the "ego" result? How does something "outside" become and remain "mentalized"? "Setting up the object inside the ego" is too ambiguous and at the same time too concretistic to serve well as a theoretical statement. However conceptualized, "ego" has no spatial dimensions.

The final conceptual device that Freud used, especially in the last decade of his life, was the idea of internalization. The context is always a broad, biologic one, and the referent is the organism, as Hartmann and Loewenstein (1962) have pointed out: external authority and external danger may be internalized in the sense that regulations formerly carried out between the organism and its environment are now carried out within the organism. Organism does have spatial dimensions.

What we have, after reviewing the work of Freud, Ferenczi, and Abraham, is the observation that the behavior of one person may come to resemble the behavior of another, the model, in any one of a variety of global to discrete ways, for a brief time or for a lifetime, and that this usually occurs without any conscious awareness. The psychoanalytic term for this process and its outcome is identification. It is often associated with or perhaps is based upon instinctual drive derived fantasies, wishes, or wish fulfillments. But how the abiding change comes about and what distinguishes pathological from normal or pos-

itive developmental outcomes is unknown. There seems to be an important connection between the loss of a love relationship and identification, but this is not always the case. There seem also to be very significant connections between identification and what we call the structure of the mind.

What is missing? The following, I believe, is a partial list: a psychology of personal attitudes, such as loving and hating, and especially the theory of an attitudinal object; a distinction of the roles of object and model in the development of the mind; clear theoretical recognition that perception in some form is an unavoidable first step in any form of these processes; a theory which can both relate and differentiate identification and learning. We are also in need of clear descriptive criteria for the parameters of the process of identification and of its outcome, such as intensity, breadth, transience, affective tone, and structural position.

## SUMMARY

The work of Freud, Ferenczi, and Abraham on identification and its congeners has been reviewed. The evolution of an aspect of psychoanalytic theory is apparent. Recognition of the role of identification, process and product, is seen to have expanded dramatically from the concept of a limited mechanism of psychopathology to that of a pervasive aspect of human development, emotional ties, and mental structure formation. Certain conceptual problems are viewed as having been solved in the process while others, especially surrounding the term introjection, have been retained.

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## Psychoanalysis, Psychoanalysis Appropriated, Psychoanalysis Applied

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## PSYCHOANALYSIS, PSYCHOANALYSIS APPROPRIATED, PSYCHOANALYSIS APPLIED

BY GAIL S. REED, PH.D.

*The assumptions which predominate in the reading of psychoanalytic theory differ from those involved in listening to the patient in the psychoanalytic process. A weakness of much applied psychoanalysis is that these two sets of assumptions are confused and theoretical certainty is substituted for clinical exploration. This difference in assumptions is illustrated by the different assumptions about the signifier in two poems. In Freud's work on Leonardo, both attitudes toward the signifier are present, but the clinical aspect is located in Freud's method, not in his historical construction. The problems of maintaining a similar clinical stance in applied psychoanalysis are explored, and Freud's tendency toward historical certainty is speculatively considered as an instance of the parallelism phenomenon.*

While psychoanalysts have been frequently accused of reduction in their attempts to interpret art, they have been slow to investigate a reverse phenomenon: the reduction of psychoanalysis. This second reduction often occurs when psychoanalytic interpretations are appropriated by other disciplines. In its most easily recognizable form, any sword may a phallus be and any woman a mother, but it may appear in other, less obvious guises as well. The fact of this reduction suggests that something central to psychoanalysis is easily lost in its application. It

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To the memory of Isabel Gamble MacCaffrey.

follows that to identify what is lost may make it possible to approach applications of psychoanalysis in a different way.

In what, then, might this reduction consist? I shall approach this question by describing an opposition which I shall exaggerate for the sake of clarity. The opposition I exaggerate is that between the different requirements in hearing and thinking about language expressing theory and language in the clinical process. I shall propose that in much applied psychoanalysis there is a tendency to interchange assumptions appropriate to reading and explaining psychoanalytic theory with those appropriate to listening to the patient in the clinical process. The chief element in the reduction of psychoanalysis when it is applied is the weight given to assumptions characteristic of theory specifically, and to a stance of theoretical certainty to the detriment of clinical exploration more generally.

Since my exploration of this issue will be somewhat unconventional, some clarification of my method of exposition is in order. Section I of this paper discusses the different assumptions about language in psychoanalysis itself and the different kinds of interpretation to which they can lead. Section II exemplifies these different assumptions through an analogy: a contrast in strategies of interpretation implied by two poems, one from the seventeenth century, the other from the nineteenth century. The poems are not studied as artistic objects. It is the kind of interpretation they illustrate which is important. Section III examines these different assumptions and tendencies to interpretation at work within one text by exploring the tension between method and statement in Freud's study of Leonardo da Vinci. Section IV addresses the problem of method and statement in applied psychoanalysis more generally. Section V makes a speculative leap to treat Freud's *Leonardo* as a text to be interpreted.

It will be characteristic of this exposition that the relationship between literary text and psychoanalysis is not constant. That is, psychoanalysis is not always applied to literature; instead, literature is sometimes used only to illuminate a contrast within

psychoanalysis so that the relationship between literature and psychoanalysis shifts from section to section, or even within one section. I hope that this approach will draw attention to the many ways the two subjects can intertwine and mutually illuminate each other without the reduction of either.

I

ASSUMPTIONS ABOUT LANGUAGE USED TO  
EXPLAIN THEORY AND LANGUAGE IN THE  
CLINICAL PROCESS

The processes involved in understanding theory, on the one hand, and in listening to clinical data, on the other, differ in nature. To some extent, that difference is reflected in the language (i.e., characteristic combinations of words and syntax) used about or in each activity. What I shall for shorthand call "the language of psychoanalytic theory" and "the language of the clinical process" come to represent the differences in process and quality of conceptualization required by each activity. While I emphasize the extremes of this difference for the sake of my argument about the appropriation of psychoanalysis, it is important to note that different uses of words always lie on a continuum. Not every theoretical concept in psychoanalysis is without ambiguity (*cf.*, Reed, 1984a), nor is every word in the clinical process heavily laden with multiple meanings. Nevertheless, at one end of the continuum, theoretical language in psychoanalysis reflects the fact that it is often an attempt to generalize and conceptualize clinical data and thus sometimes an attempt to represent, in secondary process language, elusive early wishes, fantasies, memories, and their psychic consequences (Skura, 1981). At the other end, the language of the clinical process involves a mutual search for words which can replace re-enactments and approach these conflict-laden fantasy-memory constellations which are the source of present suffering.

Thus, the role of the word in the clinical process tends to be different from that of the word used to elaborate theory. In the clinical process, the content of words, as it is subjectively perceived by both analyst and patient, changes. Words, groups of words, narratives, deepen with affect and changing perspective within the dyad. In this mutual effort to represent and consciously understand the patient's subjective experience, the patient's words are not presumed, *a priori*, by the analyst, to mean a specific thing: words are rather defined and redefined by mutual exploration. As a result, there is a specific assumption about the relation of manifest to latent content. The analyst refuses prematurely to assign a specific latent meaning to the individual patient's words; he consciously adopts a stance of uncertainty toward them. Their meaning, he knows, will change; it is mutable, overdetermined.

In the case of theoretical language, the relationship of observed data to its abstraction is extremely complex and merits a study in itself (*cf.*, Pontalis, 1977, pp. 104-111). If, instead, I rely upon a venerable and limited characterization, it is because this formulation appears, at least, sufficient for my present and limited purpose: to contrast the function of words in the clinical situation and in theoretical formulation as that contrast refers to misapplications of psychoanalysis. A fuller exploration of the relationship between clinical data and its organization into theoretical language must await a future study. While such a study may modify the formulations presented here, it will not significantly change what I have to say about the appropriation of psychoanalysis. According, then, to Waelder's (1962) formulation, no matter how close to or how far from the clinical situation, theoretical conclusions are verbal propositions which generalize phenomena originally discovered in psychoanalytic explorations of individual utterance. Theory turns the clinical discovery of unconscious content into generalized truth, and in so doing, tentatively identifies the latent content of many patients' words. Even if we make allowances for overgeneralization, it is possible to say that the purpose of some theory is to

fix latent content in a general way and that this endeavor is in contrast to the clinical openness which assumes fluidity of meaning. Of course, not all theory attempts to fix latent content in this way. Some theoretical utterances are concerned with describing the clinical process, for instance. Yet even when this is the case, the *form* of the theoretical language differs from the form of language in the clinical process: theoretical language retains its secondary-process, bound nature. Further, our listening or reading is determined by its function as theory. When we hear it, we assume it means what it says. By contrast, the words of each clinical session offer an occasion for the exploration and discovery of new relationships between their manifest and latent meanings. It is largely the difference in our attitudes occasioned by the various contextual functions of words—functions and attitudes which become somewhat formalized in styles of discourse—that I wish to stress.

When the analyst's neutral, exploratory attitude toward the patient's language is interfered with, for whatever reason, it is often replaced by an attitude more appropriate to the reading of theory. Deadlock then replaces the psychoanalytic process. Grossman and Stewart (1977) describe two women whose analyses ended in stalemate after the interpretation of penis envy. Second analyses revealed in each case that penis envy had become a metaphor delusionally organizing conflicts over rage and abandonment. Here, the first analysts' fixing the meaning of the patients' words precluded mutual exploration of further latent content and was paralleled by the patients' use of the inexact interpretation as an organizing, defensive metaphor. One might say that an attitude of certainty characteristic of theoretical language interfered with the analysts' listening. I wish to emphasize, however, that although the attitude is appropriate to the reading and writing of theory, it should not be equated with theory. Theory does not create clinical deadlocks, although analysts who cannot remain open to latent content but instead substitute theoretical certainty may. Thus my phrase, "the certainty characteristic of theoretical language" refers to

an attitude in the analyst, not to a contaminating quality of theory.

Nor do I wish to propose, as have some (e.g., Ornstein, 1979), that the clinician lay theory aside in the process of listening to the patient. For one thing, there are certain theoretical assumptions that cannot be put aside, for they are implicit in the act of listening to the patient and, indeed, of exploring latent content with him. For another, theoretical language, comprising as it does an aggregate of individual explorations, stands as a provisional, potential organizer. Objective principles of organizing are necessary whether these principles are held to be recovered in the objective understanding which follows free association (Arlow, 1963; Beres and Arlow, 1974), or whether these principles are deemed to provide the framework for the process of free association only. Indeed, the tension in psychoanalysis, here reflected in the differing degrees of certainty posited by the psychoanalytic language of theory and that of process, is another aspect of the general and characteristic tension in psychoanalysis between subjective and objective viewpoints (Grossman, 1982).

These differing assumptions about language are both necessary to psychoanalysis, for the body of theory grows from the practice, becoming more subtle and sophisticated, a better instrument for organizing patients' productions. There is thus a mutual interdependence between the relatively certain attitude required by the language of theory, and the relatively uncertain attitude toward the patient's meaning necessary to the clinical process. When each nourishes the other, a productive, dynamic balance exists. Stasis threatens when the attitude of uncertainty toward the patient's words is pre-empted too early by the certainty more characteristic of the attitude toward theory.

Although stalemates may happen if the reverse occurs, I emphasize the danger of too much certainty because I believe it particularly characteristic of unsatisfactory efforts to apply psychoanalysis. At their most disappointing, these efforts conceptualize psychoanalysis as a series of theoretical propositions to

be demonstrated by a text. The most extreme instances of this tendency occur when knowledge about psychoanalysis seems to have been acquired exclusively through the reading of theory and is devoid of an experiential dimension. For to approach a text and “apply” a knowledge of psychoanalysis which is purely theoretical, as many experts in other fields do of necessity, is to “listen” and organize with a language very different from the one used by the clinician. The language with which the latter organizes and listens incorporates—one hopes—not only the abstract representation of experience typical of and appropriate to theory, but also the experiential element represented by the theory as well. That is, to “listen” to a text with the benefit of the theoretical language of psychoanalysis alone is to listen to a text with the benefit of a very different analytic instrument—to use Isakower’s phrase—from that of the clinician trained not only by the reading of theory, but by supervised clinical work and a personal analysis as well.

To summarize some of the differences between the language of theory and that of the process: 1) Two different assumptions about the word are involved. In the former, the relationship between manifest and latent content tends to be generalized and fixed. Even when that is not the case, the language of theory is presumed to mean what it says. In the latter, the relationship between manifest and latent content is not assumed to be fixed; words are assumed to be multivalent and mutable. 2) Theory represents, relatively abstractly, aspects of affective experience. In the clinical process, affective experience is reactivated and joined to the words appropriate to it. 3) There is a mutually enriching interdependence between the language of theory and that of the clinical process. The product of that interdependence is part of the knowledge of psychoanalysis acquired by each analyst. 4) When the clinician listens, he listens with an instrument honed by both his knowledge of theory and his understanding of affective experience. When knowledge of psychoanalysis is acquired solely through the reading of theory, the listening instrument is a completely different one.

This last difference is particularly important. Two different kinds of interpretation follow from it. The first of these is the optimal clinical interpretation emerging from the form and content of the patient's utterance and organized around affectively understood theoretical concepts, a blend of personal experience, evidence, and the experience of others. Because it neglects the multivalent and mutable quality of language, the second of these applies a kind of listening appropriate to the reading of theory. It then attempts to confirm what dogma asserts by simple-minded equations, for example, between theory and the surface content of whatever text is under scrutiny.

## II

### THE ANALOGY OF LITERATURE: TWO IMPLIED METHODS OF INTERPRETATION IN POETRY

Since literature constitutes a different attempt to represent unconscious and conscious phenomena through language, it is instructive to turn to it for another perspective on two different attitudes toward words, one where meaning is thought of as certain and fixed, the other where it is considered mutable, uncertain, unfixed.

I begin with a seventeenth century poem by Andrew Marvell which implies an attitude toward its language—at least on a first reading—that I designate as theoretical or certain. While I shall treat this attitude as outside the psychoanalytic sphere, it has an important historical and aesthetic place. Ricoeur (1970) would undoubtedly classify it as representative of what was traditionally considered as the sacred. I shall contrast this poem with one by the French symbolist Stéphane Mallarmé, whose poetry defies a “certain” reading, exemplifying an attitude toward language in which we may recognize the absence of certainty. In describing these poems, I do not attempt to treat them as poems. Nor is the psychoanalytic understanding of either

assayed. My use of them will be restricted to what they exemplify about interpretation.<sup>1</sup>

*The Word as Certain: On a Drop of Dew*

Marvell's (1681) poem, "On a Drop of Dew," divides into two parts. In the first, the poem describes a drop of dew fallen from the heaven to earth. The drop of dew is an exile. Shunning the temporal world, its "Mansion new," it "round in itself incloses." It is "its own Tear." It trembles, fearful of becoming impure, until it is pitied and exhaled back again to the "clear Region" of its birth. In the second stanza, this drop of dew is likened to the soul which does, in its "pure and circling thoughts, express the greater Heaven in an Heaven less." The drop of dew, like the soul, remains a transient on earth, "but on a point below."

The poem is based on an analogy. Moreover, in its analogical structure, the poem contains clear referents to a larger fixed system of beliefs about the world, a system particularly hospitable to the proliferations of analogy. In this larger system, the drop of dew takes its place as a microcosm which embodies in shimmering crystalline perfection the macrocosm of the supralunary regions. The earth is thought to be surrounded by nine to eleven concentric spheres. Those above the sphere of the moon are full of light and made of ether, the matter of the soul and of spirit. They are eternal. Among them are found those incorporeal beings, the higher orders of angels. The spheres resound in the heavenly harmony of an angelic chorus, testimony of the symmetry and perfection of their creator.

Below the sphere of the moon are the non-ethereal spheres where the air becomes progressively dirtier and thicker until at the very center one finds the earth. These are the regions of matter and thus of decay and mortality. As the drop of dew takes on a body and becomes its own tear yet yearns to divest itself—to evaporate—so is Man a being similarly divided. In

<sup>1</sup> See Appendix (pp. 265-268) for text of poems.

part his nature is spiritual and ethereal, in part animal and thus corporeal. If he has a soul and therefore possesses the pure light of reason, he is also a physical presence with physical appetites. As such, he both bridges the animal and spiritual worlds and is continuously, by his very dual nature, in conflict. The physicality of man raises a further series of analogies. Man is in physical harmony when his humors—which correspond in the microcosm of the human body to the elements in the macrocosm of the universe—are in balance. Illness of the body or mind is thus a disorder, a break in the cosmic order. Illness is also corruption, of the flesh in death or of the soul in sin. But the system of analogies also moves outward here, from the microcosm of the human body in corruption to the macrocosms of the disorder, illness, or corruption of the political body, of nature, and finally of the cosmic order described earlier (Tillyard, 1943).

The point I wish to emphasize is that Marvell's poem *contains its own publicly available interpretation*. It draws on a conscious and preconscious system of shared beliefs, analogical in form and thus perfectly suited to intertwining, metaphorical exchanges and echoes. Its self-interpretation is based upon overt similarities between form and meaning. Consider, for instance, which physical properties of the drop of dew merit comparison with which metaphysical properties of the soul: the dew drop's translucence, its retention of its own form, its trembling, its capacity to change its outward form and become vapor. All these suggest a lack of corporeality, a reluctance to exist in the physical world, an imperviousness to contamination. These analogies are supported by an unquestioning belief in the sinful corruption of physical matter on the one hand, and by the innocence of that which is without matter on the other.

*The Word as Uncertain: L'Après-Midi d'un Faune*

To move from a poem such as this one to one of Mallarmé's is to move not only from the seventeenth century to the nine-

teenth century, but also from a text with a well-ordered, articulated system of beliefs to a text that, while poised, exquisitely crafted, and painfully beautiful, is also disturbingly obscure.

Perhaps because he consciously sought, as he writes in "*La Musique et les Lettres*" (Mallarmé, 1894, p. 648), "those motifs which compose a logic with our very fibre,"<sup>2</sup> Mallarmé's poetry evokes experience physically felt, experience in which the body re-emerges as the locus of metaphor, thought, and poetry itself.

This enterprise is easier to observe in his earlier, less obscure poetry than in his later work where a coherent surface narrative has entirely disappeared. "The Afternoon of a Faun," for instance, alludes to the myth of Pan and Syrinx (Mallarmé, 1865). In the myth, Pan the satyr pursues the nymph Syrinx who implores the Virgin Goddess Diana for help. Diana turns Syrinx and her sisters into reeds. Pan then takes possession of the reeds by making them into pipes and playing his music on them. Out of this rich material, Mallarmé fashions a poem in which three main levels of meaning simultaneously interweave like musical themes. Awakening, alone, from a deep sleep the faun speaks (1) of his sexual desire for two nymphs he has startled, pursued, and just failed to possess; and/or (2) of his wish to return to a dream of two nymphs desired and almost possessed; and/or (3) of his wish to create music which will (re)create and replace the vision dreamed or desired. Around this fictional representation is the presence of the poem and the reality of its creation, a frame which makes the subject matter of desire and creation immediate and multidimensional—a matter of reading experience. This is a poem which exemplifies the process of wish and various attempts at fulfillment, including the hallucinatory. In representing the sexual desire of the faun, the poet recreates a realm of experience where the seeking of satisfaction through the body, through fantasy, and through the creative act are all evoked at once.

<sup>2</sup> All translations of Mallarmé are attempts at the impossible. With the exception of Fowle's translation printed in the Appendix, the attempts in this article are mine, and are, of necessity, approximate.

As readers of Mallarmé's elusive language, we experience viscerally this desire, the faun's attempts to satisfy it, and its frustration. Referring to the noon landscape into which he has awakened, the faun notes

no water murmurs not poured from my flute  
onto the wood bathed with chords.

Since the lost vision (of the nymphs) is at best only memory, the nymphs and their landscape simultaneously represent the faun's desire *and* are its object. Similarly, liquid song fills a landscape otherwise parched. What Mallarmé's synesthetic language ineffably conveys is a sense of solitude in desire combined with the physical sensation of thirst. Later, the faun's notes will be an arid rain, "*une pluie aride*," and the creative enterprise will make of ordinary erotic dream "*une sonore, vaine, et monotone ligne*" (a sonorous, vain, and monotone/monotonous line). It is important to note, here as elsewhere, that the musical beauty of the line—lost in translation—belies the ambivalent attitude toward aesthetic transformation. Because it is born out of the frustration of a wish, artistic creation always signifies loss.

This continual contrast between form—the musical beauty of the language—and content—the impossibility of being other than alone in desire—is one of the most fundamental ingredients in the experience of reading Mallarmé. The opening line of the poem immediately announces the polyphonic nature of this reading to be required.

These nymphs, I want [them] to perpetuate them.  
[*Ces nymphes, je les veux perpétuer.*]

The position of the objective pronoun (*les-them*) is somewhat unusual. One would ordinarily write less poetically, *je veux les perpétuer*. Its position emphasizes the faun's desire—I want them (*je les veux*)—before one even reads the infinitive *perpétuer*. One must then read polyphonically, *je les veux/je les veux perpétuer* (I want them/I want to perpetuate them) so that the word "perpetuate" itself becomes multifaceted. Perpetuation will be ac-

complished at different levels within the poem with daydream, penis, and pipe; without, by pen. But Mallarmé defies reduction because there is a simultaneity of level of evocation. Another way of describing this characteristic quality is by saying that the signifier is not fixed, but moves regressively and progressively so that the water that murmurs simultaneously evokes the onanistic and the creative act.

In making us aware of the movement of the signifier from the body itself to the thing representation and back again, Mallarmé accomplishes two things. First, whereas Marvell's poetry refers us to the similarity between specific objects and an accompanying, externalized communal system of beliefs, Mallarmé's poetry asks us instead to re-experience something internal: *the gap between the physical experience of desire and the word which speaks about physical desire*. Second, as a result, Mallarmé changes the nature of manifest content in a radical way. He increases its opacity while decreasing the clarity of the representation of reality. He turns daydream into dream:

The contemplation of objects, the image on wing of reveries evoked by them are song. . . . To name something is to suppress three-quarters of the pleasure of the poem. . . . To suggest it, that is the dream (Mallarmé, 1891, p. 86g).

To translate into the theoretical language of psychoanalysis, Mallarmé exemplifies the fact that multiple meanings and compromise formation are at the heart of the secondary process. To suggest rather than to name is to disturb the polished surface and free its component parts for reverberation in its audience.

#### *Two Implied Interpretative Strategies: The Word as Certain and Uncertain*

These two poems offer two different attitudes toward the word and by doing so offer polar models of interpretation more generally. Marvell's poem is constructed on a certainty about

the divine world and the permanence of its referents; Mallarmé's poem is fashioned about an inner experience of a chasm between a wish for something and the representation of that wish, a chasm filled at different times, in different ways, by signifiers ultimately signifying only the original absence. In the first, there is a sense that the universe is permanent and that that permanence extends to the word; in the second, there is a sense of a gap and of an infinite variety of signifiers which fill and by filling at the same time represent that gap. The first system of interpretation asks us to identify and describe the network of references to the prevailing world-view; interpretation reaffirms the belief—here the eternal presence of God in the word. The second asks us to take note of the interplay of signifiers which bridge the gap between communication about desire and its physical presence in the body; interpretation acknowledges the role of substitution and, ultimately, the fact of frustration.

In its emphasis on the gap between a wish and its expression in words, the second system resembles the exploration of a clinical psychoanalysis, a process which may be described as an investigation of the interplay of substitutions which interpose themselves between a fundamental transference wish and its expression (Lacan, 1956). Mallarmé's poem both makes us conscious of this type of un verbalized longing and opens up consciousness to an interplay of references to that longing through the use of sometimes minute details of language itself—the unusual placement of the objective pronoun in the opening line of the "Faun," for instance: "*Je les veux perpétuer.*" Mallarmé, whether intentionally or not, focuses our concentration on the role which the contiguity and similarity of individual words within the poem plays in meaning rather than on the identity of large analogical patterns linking an object described in the poem and an abstract belief, as in Marvell.

It remained, of course, for a younger Viennese contemporary of Mallarmé to systematize in a work on dreams the kind of interpretative procedure Mallarmé's poetry suggests (Freud,

1900). Dream interpretation, however, seeks to make the individual aware of his private, otherwise unintelligible mode of representation; Mallarmé makes this process refer to collective modes of representation.<sup>3</sup>

One may characterize these two approaches to interpretation according to the role each assigns to the word: in the first, the signifier is fixed; in the second, it is always a substitute for something unattainable and a variable one at that. Moreover, these two approaches to the word, and therefore to interpretation, designate polarities which characterize the way psychoanalysis can be used. If the signifier is considered fixed, theory about the psychoanalytic process will be disregarded and theory about unconscious content will be used as dogma which establishes certainty by reiteration; if the signifier is considered mutable, then all psychoanalytic theory will be the basis of a process of investigation which requires uncertainty for a much longer period. That is, assumptions about language similar to the certainty characteristic of and appropriate to the language of theory can be applied, or assumptions about language similar to the uncertainty characteristic of language in the clinical process can be applied. While I am here primarily concerned with the way psychoanalysis is applied to literature and art, my remarks are also relevant to the way it is applied clinically, in less intense therapeutic modalities, for instance.

<sup>3</sup> Unlike the interpretative work of a clinical analysis, the literary interpretation to which I refer concerns surfaces. The radical change exemplified in Mallarmé's poem is a change in manifest meaning and form. We must not make the mistake of assuming that the change from the seventeenth century to the nineteenth century is also one from manifest to latent content. Rather, the surface of the poem ceases to represent aspects of everyday reality—even metaphysical aspects—and instead seeks to evoke and represent inner states.

If these are two different surfaces, the fact that these two poems imply different methods of interpretation does not exclude psychoanalytic insight from the first, nor suggest that the linking of penis to pen and pipe constitutes more than a description of manifest meaning in the second. It would be possible to approach a poem by Mallarmé by attempting to decipher his private means of representation as well.

The way Marvell interprets his own imagery may be (somewhat unfairly to Marvell) used to represent the way other disciplines sometimes appropriate psychoanalysis and misapply it. When psychoanalysis is appropriated, theory about content becomes dogma. Let us take a hypothetical, but by no means atypical, example: One might interpret Marvell's poem by saying that it is about "separation" from the mother (tear), ensuing feelings of helplessness or experiences of bodily instability (trembling), and a wish to return to a merged state. Such an interpretation is based on overt surface resemblances between psychoanalytic theory and poetic imagery. It is not the culmination of exploration; rather, it is an act of *substitution*, equivalent to the kind of interpretation Marvell's poem implies where the drop of dew is replaced by the soul.

In contrast, an approach to the text which uses psychoanalysis as a method of investigation might begin by noting the imagery in which the transformation of substance is combined with increasing eagerness of movement away from, upward, and finally toward. The drop of dew, "Trembling lest it grow impure," is exhaled back again by the sun, while the soul, "... loose and easie hence to go/ ... girt and ready to ascend/ Moving but on a point below/ ... all about does upwards bend," is compared to Manna's sacred Dew, "White, and intire, though congeal'd and chill/ ... [which] does, dissolving, run/Into the Glories of th' Almighty Sun." Such an approach would note the relationship of the warm sun to the trembling, evaporating, running substance. It would note the shift of action from the sun which exhales the dew, to the dew which dissolves and runs toward the sun. It would notice the form of the analogies in the poem, where the language makes less and less clear what is being compared to what, so that as the poem progresses the things compared seem to be running together and losing their substance in the same way as do the objects referred to in the poem. It would begin to ponder which clinical analogies might be relevant—what unconscious fantasies and other unconscious processes (for example, defensive ones) might begin to account

for the particular choice of figurative language, shifts in form, and shifts in affect. It could draw, however, no immediate conclusions but would prefer more evidence, particularly evidence which might give this material a context.

This latter method approaches the text as a very dense compromise formation (Reed, 1984b). Like the dream, each element is overdetermined and extends its referents in many directions. Unlike the dream, however, the text is an artifact consciously constructed for an audience. Although this collective aspect limits, for all practical purposes, the endless multiplicity of references to those relevant to communal experience, much as the current state of the transference in an analysis defines the territory for exploration, communal experience of the text is not unidimensional but multilayered. What reverberates in the reader are all the collective fantasies and relevant private associations and fantasies evoked by the surface and by the various components of which the surface is the compromise (Reed, 1982).

The way stations in this communication are words, but words understood as signifiers. If Mallarmé had but one lesson to recall for us, it would be that words constantly shift their function and meaning. A poem is a daydream, fantasy, melody; a note is semen, rain, sound, line, not alternately, but simultaneously.<sup>4</sup>

Because it is based on the mutability of the signifier, the second interpretative method does not seek to establish broad analogies on the basis of surface similarities. It recognizes instead the density of the surface and must be attuned to the interplay of references that density opens up in the reader-interpreter. It pays attention to the shifting *function* of signifiers and thus to tiny details—the misplaced pronoun in the opening line of the “Faun,” for instance, to contiguity, similarity, and

<sup>4</sup> It would be inaccurate, however, to contend that Mallarmé creates “primary process.” Although it is true that his style shares formal properties with those of primary process, we need to distinguish between the representation of the process and the process itself (Reed, 1983).

contradiction. If it is to proceed beyond the surface text to the creative processes of the artist or the latent fantasy material evoked in the reader, it will require additional evidence.

### III

#### METHOD AND STATEMENT IN FREUD'S LEONARDO<sup>5</sup>

The two strategies toward interpretation under discussion in their extreme forms involve, first, a tendency to fix the signifier by attributing one certain meaning to it (often, but not always close to the manifest content of theory) and, second, a tendency to approach the signifier as a condensation of (endless) multiple meanings. Obviously, these strategies are relative and in clinical practice appear in some combination. For example, certain unconscious meanings are involved in the neurotic structure to be analyzed, some are not, and the analyst only interprets those dynamically active in the given conflict. There are other times, during countertransference interference, for instance, when the tendency to fix meaning seems clearly to conflict with the psychoanalytic exploratory process, excluding and foreclosing important unconscious elements.

Freud's study of Leonardo da Vinci is instructive because of the presence of both strategies simultaneously and of the impact each has had on commentators. To be sure, in concentrating on the Mona Lisa's smile, we shall be concerned with a visual not a verbal signifier, but it is still illuminating to see how the impetus to explore meanings and open up the signifier to an interplay of references simultaneously coexists with a tendency to fix the meaning of the signifier in a more reductive way. Although this second tendency should not be taken as definitive, surprisingly often it is, so that Freud's contribution to the

<sup>5</sup> I am indebted to all the members of the Interdisciplinary Colloquium on Psychoanalysis and Literature at the New York Psychoanalytic Institute for the work on *Leonardo* and particularly to Drs. Arlene Heyman, Donald Kaplan, Francis Baudry, James Spencer, Jr., and Alan Bass for several of the ideas which follow.

methodology of applied psychoanalysis is often overlooked. It is the method I emphasize in the summary which follows.

### *Method*

Freud does not seek to fathom Leonardo's artistic creations *per se*. Rather, he locates a set of puzzling contradictions in Leonardo's behavior and examines the art as one part of his search for a solution. How, he asks, can one explain the fact that Leonardo's passion for scientific research overtook his artistic endeavors? How explain the increasing slowness and hesitation with which Leonardo worked, his tendency to leave his paintings unfinished, and his indifference to their future fate? How further reconcile the contradictions in his character signaled by his "quiet peaceableness," his refusal to eat meat, and his freeing of birds sold at market for food, on the one hand, and his inventions of war and his sketching the final agonies of convicted criminals, on the other? Again, how explain his surrounding himself for apprentices with youths of ideal beauty and uncertain talent? And what does one make of Leonardo's apparent repudiation of sexuality, the lack of passion in personal relations?

Clearly, the instinct for research reinforced by other sexual currents takes over as sublimatory activity. Everything—including painting—comes to be regarded as a puzzle to be investigated: hence Leonardo's slowness and hesitancy before a canvas. But why should the drive to know be so strong in him? Freud's solution, including as it does his well-known error, is to call our attention to a childhood memory of Leonardo's in which a vulture beats its tail inside the child's mouth, to identify the memory as an adult homosexual fellatio fantasy transposed to infancy, and to identify the vulture with the phallic mother of infantile sexual theory. Freud proposes that Leonardo lived alone with his peasant mother for the first three and one half years of his life and then joined his stepmother and father. The young child who broods on the mystery of where babies come

from in a home with no father to inhibit his researches or to be taken into account in the process is the precursor of the adult researcher especially preoccupied with the flight of birds. Freud himself takes a long flight into archaeology and mythology to suggest that the androgynous mother goddess Mut, represented in Egyptian hieroglyphs by a vulture, is the prototype of the phallic mother represented in Leonardo's vulture memory. Freud next applies himself to the problem of why the experience of being alone with the mother leads to a homosexual orientation and suggests from clinical experience an unconscious fixation to the mnemonic image of the mother and a narcissistic identification. A homosexual of this type loves boys the way his mother loved him. Turning to biographical evidence, Freud points to Leonardo's tender care of his apprentices and adduces from entries in Leonardo's notebooks traces of distorted affect in the detailed accounts of expenditures on these apprentices and on a funeral assumed to be for Leonardo's mother. Next Freud returns to the vulture fantasy and suggests that this also refers to the memory of the mother's kisses on his mouth. This leads Freud to the Mona Lisa's smile. Seeing this smile on the lips of the model awoke in Leonardo the memory of his mother's smile. Once this memory was aroused, Leonardo could not free himself from it. It reappears, less uncannily, in all later paintings, particularly in the St. Anne painting with its two women of almost identical ages. Only Leonardo, Freud tells us, could have painted this painting. With its two mothers, it contains the synthesis of the history of his childhood. Finally, Freud notices a perseveration in Leonardo's notebook entry about his father's death, evidence of a distorted expression of mourning. This hidden emotion allows Freud to conclude that Leonardo, identified with his father, abandons his works just as his father left him in infancy. Further, this early absence of the father made Leonardo able to do away with the need for authority, strengthened the instinct for research, and made him skeptical of the divine authority he was in the vanguard of his age in overturning.

Unlike those who are “dogmatic” in their applications of psychoanalysis to biography, Freud does not try to substitute one large pattern for another, nor does he attempt to replace the narrative of Leonardo’s life with a “secret” depth-psychological narrative. He does not treat Leonardo’s art as a symptom, or say that he painted these pictures because his father abandoned him and his mother overstimulated him. Instead, Freud *defines a problem pieced together from smaller facts and contradictions*. Why does the artist devote hours to scientific research and abandon his art? Why does a man free birds so that they will not be slain for food, yet design cruel engines of war? Why does this man leave detailed records of a few isolated expenditures, yet lead a life removed from passion? When no obvious encompassing solution to these contradictions presents itself, the lack of an answer leads Freud to consider unconscious motivations. Always, the driving force is that there is a contradiction to resolve: “. . . what calls for an explanation is not Leonardo’s behaviour [in giving clothes to his apprentices], but the fact that he left these pieces of evidence [the notations in the notebook of his expenditures] behind him” (Freud, 1910, p. 103). That is, Freud does not use an applied psychoanalytic interpretation as a gratuitous reinterpretation of a life or a work or an act: he would not say that the drop of dew *is* the soul; rather, he might hypothesize that the drop of dew and the soul both stand in for some other, unnamed desire, and wonder why, for instance, the element of wetness was part of the comparison. Psychoanalytic explanations attempt to resolve otherwise incomprehensible contradictions *between* acts or words.

### *Statement*

In the Leonardo paper, Freud sets himself the problem of explaining the artist’s contradictory behavior. To do so, he introduces biographical evidence and identifies a fantasy. If the contradictory behavior, culminating in the inability to finish a painting, brings Leonardo into the consulting room, the fantasy

becomes the key which, when analyzed, will unlock the mystery. This fantasy then offers us a signifier to interpret: the memory of the "vulture." And the vulture signifier is quickly associated with a second one which appears in the artist's painting: the Gioconda's haunting smile.

The opportunity thus exists to treat this signifier in the manner of theoretical language—to assign it *a* meaning, or to free its overdetermined meanings to reverberate within it, in the manner of the clinical process. What Freud apparently does is to construct a historical reality: the small Leonardo living alone with his peasant mother for the first three and one half years without the presence of his father; the subsequent nostalgia for the smile of the mother. Freud appears to attribute a fixed, certain meaning to the signifier: this smile means that this series of historical events occurred.

This apparent attribution of a fixed meaning to the signifier is made the focal point of a well-known criticism of Freud's paper by the art critic Meyer Schapiro (1956). Schapiro assumes that the real history constructed by Freud is a necessary ingredient in the interpretation of the fantasy as a fellatio fantasy involving the phallic mother. When he therefore offers evidence which calls in question the validity of the historical construction, he throws out the interpretation of the fantasy as well.

In taking literally Freud's reconstruction of history, Schapiro ends up misunderstanding Freud's *method*. For example, he points out Freud's error of translation: the Italian word *nibbio* denotes the kite, not the vulture, as the German translation from which Freud partly worked had it, and Schapiro argues that Freud's error invalidates some of the collateral evidence he introduces to support the fantasy of the phallic mother, especially the vulture symbol, the Egyptian hieroglyph for the word, mother. While Schapiro's contention of fact is correct, it does not necessarily follow that the error invalidates the psychoanalytic interpretation of the fantasy.

Further, the fact that the bird is a kite leads Schapiro to challenge every element in the interpretation of the "vulture"

memory. According to Schapiro, the kite, with its forked, flexible tail is the bird from which Leonardo could best study flight. In fact, Leonardo mentions it several times on the opposite side of the sheet where the memory is recorded. "If, in Leonardo's fantasy," writes Schapiro, "the kite beat his tail in the child's mouth, one may see there an allusion to the characteristic movement of the tail against the wind and the currents of air of which the breath is a counterpart." Moreover, Schapiro explains the fact that the tail is in the child's mouth on the basis of an established literary convention. According to Cicero, ants filled the infant Midas' mouth with grains of wheat as he slept, a fact which led to the prediction of Midas' adult wealth. Bees were said to have settled on young Plato's lips as well, a sign that as an adult he would be gifted with sweetness of speech. Leonardo's fantasy can thus be classed as an "omen of future achievement" and, Schapiro continues, that achievement probably refers to his wish to fly—literally.

In ascribing one certain significance to each detail of the fantasy, Schapiro, more so than Freud, illustrates the danger of certainty in the service of foreclosing interpretation, for despite Schapiro's contentions, cultural and historical conventions do not necessarily constitute *alternative* explanations to conscious choices. That tales of bees in children's mouths existed does not exclude the possibility that these tales—or Leonardo's fantasy—represent sexual fantasies. As is well known, the ego will make use of indifferent material to further the aims of the id, even as the ego uses the same material adaptively. Yet Schapiro proceeds as if the concept of multiple function (Waelder, 1930) did not exist, offering alternative explanations for individual elements in the puzzle *without offering an alternative explanation that takes into account the series of contradictions Freud delineates* and that solves the whole. In fact, he seems strikingly unaware of the relationship between the series of contradictions and Freud's explanatory hypothesis.

Unwittingly, Schapiro takes to an extreme Freud's apparent reduction of the signifier to one certain meaning and in doing

so demonstrates that when the mutability and multiplicity of the signifier are lost sight of, psychoanalytic understanding itself is misunderstood.

Freud's construction is almost certainly not historically correct, but historical error, while undesirable, does not invalidate the presence of the phallic mother fantasies which are also part of Freud's interpretation. Taken in this sense, Freud's method of investigation could culminate in an opening up of the *Gioconda's* smile to the unconscious reverberations behind its creation which echo within us as we look at it. As Paul Ricoeur (1970) has beautifully written:

. . . this memory only exists as a symbolizable absence that lies deep beneath *Mona Lisa's* smile. Lost like a memory, the mother's smile is an empty place within reality; it is the point where all traces become lost, where the abolished confines one to fantasy. It is not therefore a thing that is better known and that would explain the riddle of the work of art; it is an intended absence which, far from dissipating the riddle, increases it (p. 173).

Most important of all, the method accounts for unconscious content without seeing the surface as camouflage or disguise. It sees the surface, instead, as a compromise formation (Brenner, 1982).

#### IV

##### METHOD: THE PROBLEM OF MAINTAINING UNCERTAINTY IN APPLIED PSYCHOANALYSIS

While Freud sets up his investigation of Leonardo in terms which resemble a clinical analysis, the problem only *resembles* a clinical investigation. The paradoxical uncertainty I have described as a necessary part of the clinician's stance—that necessity of waiting while the psychoanalytic dialogue unfolds and the latent meaning of words emerges with the transference intensification of drive derivatives—will not lead to the un-

folding of the clinical process because in applied psychoanalysis there is no clinical process.

The mutually interdependent relationship between theory and clinical investigation tends also to be fundamentally altered. The temptation is to find appropriate theoretical explanations to fit the facts, rather than to foster discovery of more data which may or may not incidentally also modify theoretical explanation.

Because a stance of uncertainty does not lead to an unfolding process and a stance of certainty does not preclude one, the temptation to make clever, sure-sounding pronouncements is intensified. The more this temptation to certainty motivates interpretation, the more psychoanalytic theory is treated as if it were a dogma, assumptions about language appropriate to theory are applied to the text, and the more interpretation consists of wholes substituted for other wholes: the drop of dew is the soul. Thus one sees interpretations in which theoretical formulations are substituted for manifest literary patterns, or in which theoretical formulations replace biographical narratives which have replaced manifest literary patterns, or in which a secret biography replaces a fictional narrative. To offer one biographical example, it is commonplace to find an assertion such as this: in having Mr. Murdstone send David Copperfield to London to work in a factory, Dickens is repeating a trauma of late childhood caused for him by his father's debts. But what does it mean psychodynamically that an author reproduces a childhood experience in a narrative? If a patient reported that he had depicted a painful childhood experience in a novel, the analyst would not immediately assume an explanation of the repetition of trauma, not even of an earlier trauma represented by a later one. The more careful approach would be to recognize that the hypothetical novelist/patient uses experience from his life to represent several unknown drive derivatives and defenses against them (etc.). The latter alternative, however, confronts the interpreter with considerably more ignorance than certain knowledge. It does not assign one signifier, "this

trauma," to the latent content of one manifest event. Instead, it raises innumerable questions. It is possible, for instance, that the biographical experience functions at the time the work is written to ward off some other painful affect or wish.

It is largely by means of method that a clinical attitude in applied psychoanalysis can be preserved, and it is here that we need to rely on that aspect of psychoanalytic theory which holds that the signifier is multivalent in order to maintain a clinical stance of uncertainty toward language in a nonclinical setting. If we lend a typical clinical skepticism toward the manifest content of words or toward the scrutiny of the manifest content of whatever evidence we deem suitable, whether it be historical (*cf.*, Reed, 1976), artistic, or other, we will be forced to ask questions of other questions before we jump in with answers. And when we do, finally, draw speculative conclusions, the nature of our clinical skepticism will ensure that those conclusions are based on a clinical level of inference.

There is, however, a preliminary step necessary to foster the exercise of clinical uncertainty, and that is to set up the investigation as an analogue to a clinical investigation. I do not mean to imply that the artist *cum* patient is the sole subject qualified for scrutiny. On the contrary, the artist is only a figure; he does not, *per se*, present us with contradictions or other signs of psychic conflict inexplicable except in terms of unconscious motivation. *And contradictions which require unconscious motivation for resolution*, following Freud's approach to Leonardo da Vinci, *are precisely what we require* to set up an investigation analogous to a clinical one. To be sure, evidence of conflict is easier to delineate when the subject of our scrutiny is the artist directly and we may call on biographical, historical, and autobiographical material. From this point of view, however, artistic productions are merely another source of evidence.

Since they constitute the motive for our interest, however, would it be possible to begin an applied psychoanalytic investigation with the work itself? In observing the literary text out of the context of biography and history, how might one locate

the required contradictions? One answer resides in considering the relationship of content to form. Indeed, it seems to me that a psychoanalytic interpretation which focuses on a text should account for and reconcile manifest content and manifest form.

In this endeavor, it is well to remember that form may be the manifest content of a latent organizing fantasy in the author which structures a whole series of references within the work. I have attempted such a reconciliation of form and content in Diderot's *Jacques le Fataliste* where I have shown that the formal pattern of interruption is connected via a primal scene fantasy to an entire series of seemingly unrelated stories within the novel (Reed, 1982).

The reconciliation of form and content requires an explanation which accounts for both the manifest formal elements in the text and the manifest content of the text. To account for both, one needs to move beneath the surface to a statement about the author's unconscious fantasy. To move beneath the surface, judicious recourse to known clinical data used as analogy is necessary. Thus the manifest formal pattern of interruption observable in the novel I investigated was reported as a manifest form in certain relevant clinical situations concerning the primal scene (Arlow, 1980). Other formal aspects of the novel, as well as the contents of the apparently indifferent stories, resembled well-known primal scene derivatives. But it was the fact of conjunction—that manifest form and content both resembled manifest clinical data concerning identical latent content—that allowed me to consider the clinical analogy useful. I do not contend that such a conclusion is specific enough to be psychoanalytically very satisfactory. I think, rather, it is not. I do suggest that the attempt to maintain a clinical method points us in the right direction. It enables us to maintain a stance of uncertainty for longer.

In the same article, I also suggested that valuable evidence may be gleaned from observing the shape and character of the general critical response to a given text. To locate the points at which critics are least content to allow contradictions to develop

and most impetuous in jumping in with "certain" or foreclosing interpretations may indicate, at the very least, where the contradictions reside which may fruitfully offer themselves to analytic scrutiny. Moreover, the form of the critical response, what is avoided and what insistently emphasized, may conceivably furnish additional evidence of derivatives of and defenses against unconscious fantasies which organize the text.

This method extends the concept of parallelism (Arlow, 1963; Ekstein and Wallerstein, 1958; Gediman and Wolkenfeld, 1980; Sachs and Shapiro, 1976). In it, uncertainty subsumes certainty, for by extending the concept of parallelism, I make use of both interpretative methods here investigated. The interpretation of the first type, that which is certain and forecloses, becomes evidence which leads toward an interpretation of the second type.

But form not only involves large units, a novel rather than a drama, or a consistent pattern of interruption rather than a more fluid construction, it also comprises small details, the placement of a pronoun or the choice of a metaphor. Following the lesson of Mallarmé and Freud, I would now add that contradictions fruitful for psychoanalytic exploration may perhaps be most consistently identified through a careful study of the language of a text, most particularly through the study of the multiple and occasionally contradictory surface meanings of specific words. What I am proposing is, in the first instance, a *description* of the range of meanings and connotations with which certain nodal words reverberate within a text. Such a description would constitute a map detailing manifest "outcroppings" of latent fantasies similar to, but conceivably more extensive than the outcroppings which Arlow (1979) mentions in connection with metaphor. The map would delineate a network of contradictions to resolve: why does this signifier signify x here but y here? The more detailed that map, the more material for judicious clinical analogy would be available and the more possible it would be for method to approximate the clinical process.

## V

A SPECULATION ABOUT FREUD'S EMPHASIS  
ON HISTORY

As an example of one direction in which a clinical approach might take us, I propose to consider briefly and speculatively a different but equally intriguing contradiction which has emerged from the examination of Freud's *Leonardo*: why does Freud assign a history to the signifier? Freud, after all, is the man who, in the depths of despair over the discovery that his patients' stories of seduction were not true historical events, realized that they were no less true as psychological events. Why then claim that the vulture fantasy conceals the historical reality of the child's experience rather than a fantasy-wish constellation?<sup>6</sup>

A recent study by Bass (1985) provides us with a good deal of evidence as well as a possible answer. The paper is also noteworthy because of its applied psychoanalytic method. Bass treats Freud's vulture/kite error as a symptomatic act. In other words, Freud's substitution of the word vulture for kite is viewed as the formal element to be reconciled with the manifest content of Freud's study. Thorough scholarship into Freud's correspondence with Fliess, Jung, and Abraham allows Bass to demonstrate that Freud was working on the *Leonardo* study at the same time that he was discovering the structure of fetishism in his clinical work. Freud's error is a parapraxis intimately connected with this discovery, Bass suggests. For the discovery of the secret of fetishism is the discovery of the importance of phallic mother fantasies. The continuation of the mistranslation of *nibbio* enabled Freud to present all the phallic mother material from Egyptian mythology which otherwise would not have been admissible collateral evidence. That evidence sub-

<sup>6</sup> Freud (1918) discusses the fantasy/memory controversy at length in his case history of the Wolf Man, but the type of memory he there defends, the memory of the primal scene, is very different from the global reconstruction of three and a half years in the *Leonardo* study.

stantiated *Freud's* clinical discovery, not the interpretation of Leonardo's fantasy.

Throughout Freud's *Leonardo* study, there is ample additional evidence of Freud's identification with the Renaissance artist, primarily as with one who is an intrepid investigator struggling against a society with a superstitious view of the universe. Sensitized as he was by his identification with Leonardo, it is not unreasonable to hypothesize a re-enactment: the mysterious smile of the Gioconda, that "empty place within reality" (Ricoeur, 1970), may have evoked in Freud the same phallic mother fantasies he attributed, through history, to the artist. If so, then the vulture/kite error may be seen as an instance of the parallelism phenomenon—a substitution of the vulture representing the Egyptian goddess Mut and her phallic associations for the kite. Moreover, the emphasis on history at the expense of fantasy may then be a second instance of parallelism—an insistence on the reality of that which is not, the mother's phallus. Needless to say, I offer this speculation tentatively, for further investigation.

## CONCLUSION

I have examined two sets of assumptions toward language, both of which have value for psychoanalysis. In one set the signifier is fixed and easily identified; it is a set of assumptions appropriate to and characteristic of the language of theory. In the other, the signifier is multivalent. This set of assumptions is characteristic of the language of the clinical process. Further, I have noted two polarities of interpretation each corresponding to one set of assumptions toward language.

The difference between an interpretation which identifies one certain meaning for the signifier—whether that meaning be historical, theoretical, or other—and one which understands the signifier as multivalent has profound implications. One might describe the difference metaphorically in terms of a dichotomy between History and Fantasy. Those who advocate

History (and I am not including Freud, who always ascribes a fantasy to important historical events, so much as his commentator) understandably desire a certainty about the world: this has occurred, this means *x* and not *y*. Those who entertain Fantasy understand the signifier as part of a long chain of signifiers substituting for, but never replacing, an original, unrequited wish. It is a choice that accepts the fact of frustration.

Because we are human, complete acceptance of frustration is fortunately impossible; otherwise there would be no activity of substitution at all. Psychoanalytic theory, whether it advocates more reified concepts or more dynamic ones, whether or not it holds for the multivalence of the signifier, is, after all, our mythology (Grossman, 1982). Both tendencies toward interpretation appear in Freud's text because it is not possible for psychoanalysis to resolve the tension between certainty and uncertainty in any absolute way. Nevertheless, it is easy to see why the second interpretative procedure, involving as it does more delay and frustration, would always be imperiled by the desire for the security of the first, especially when, in applied psychoanalysis, there is no patient to remind us to listen to him. With the absence of the process and thus of the promise of a gradual unfolding, applied psychoanalysis is, if anything, more frustrating than clinical work, not less. Properly attempted, it should neither constitute a glib reaffirmation of dogma nor be the occasion for a holiday from a clinical stance. In order to avoid the reduction of psychoanalysis, we need first to remind ourselves of the importance of the psychoanalytic process to the act of interpretation.

## APPENDIX

## ON A DROP OF DEW

See how the Orient Dew,  
Shed from the Bosom of the Morn  
    Into the blowing Roses,  
Yet careless of its Mansion new;  
For the clear Region where 'twas born  
    Round in its self incloses:  
And in its little Globes Extent,  
Frames as it can its native Element.  
How it the purple flow'r does slight,  
    Scarce touching where it lyes,  
But gazing back upon the Skies,  
    Shines with a mournful Light;  
    Like its own Tear,  
Because so long divided from the Sphear.  
Restless it rouses and unsecure,  
    Trembling lest it grow impure;  
Till the warm Sun pitties its Pain,  
And to the Skies exhale it back again.  
    So the Soul, that Drop, that Ray  
Of the clear Fountain of Eternal Day,  
Could it within the humane flow'r be seen,  
    Remembring still its former height,  
Shuns the sweat leaves and blossoms green;  
And, recollecting its own Light,  
Does, in its pure and circling thoughts, express  
The greater Heaven in an Heaven less.  
In how coy a Figure wound,  
Every way it turns away:  
So the World excluding round,  
Yet receiving in the Day.  
Dark beneath, but bright above:  
Here disdaining, there in Love,  
How loose and easie hence to go:  
How girt and ready to ascend.  
Moving but on a point below,

It all about does upwards bend.  
 Such did the Manna's sacred Dew bestil;  
 White, and intire, though congeal'd and chill.  
 Congeal'd on Earth: but does, dissolving, run  
 Into the Glories of th' Almighty Sun.

## EXCERPT FROM L'APRÈS-MIDI D'UN FAUNE

### *Églogue*

#### LE FAUNE

Ces nymphes, je les veux perpétuer.

Si clair,

Leur incarnat léger, qu'il voltige dans l'air  
 Assoupi de sommeils touffus.

Aimai-je un rêve?

Mon doute, amas de nuit ancienne, s'achève  
 En maint rameau subtil, qui, demeuré les vrais  
 Bois mêmes, prouve, hélas! que bien seul je m'offrais  
 Pour triomphe la faute idéale de roses.  
 Réfléchissons . . .

ou si les femmes dont tu gloses

Figurent un souhait de tes sens fabuleux!  
 Faune, l'illusion s'échappe des yeux bleus  
 Et froids, comme une source en pleurs, de la plus  
 chaste:

Mais, l'autre tout soupirs, dis-tu qu'elle contraste  
 Comme brise du jour chaude dans ta toison?  
 Que non! par l'immobile et lasse pâmoison  
 Suffoquant de chaleurs le matin frais s'il lutte,  
 Ne murmure point d'eau que ne verse ma flûte  
 Au bosquet arrosé d'accords; et le seul vent  
 Hors des deux tuyaux prompt à s'exhaler avant  
 Qu'il disperse le son dans une pluie aride,  
 C'est, a l'horizon pas remué d'une ride,  
 Le visible et serein souffle artificiel  
 De l'inspiration, qui regagne le ciel.

O bords siciliens d'un calme marécage  
 Qu'à l'envi de soleils ma vanité saccage,  
 Tacite sous les fleurs d'étincelles, CONTEZ

*"Que je coupais ici les creux roseaux domptés  
 • Par le talent; quand, sur l'or glauque de lointaines  
 • Verdures dédiant leur vigne à des fontaines,  
 • Ondoie une blancheur animale au repos:  
 • Et qu'au prélude lent où naissent les pipeaux  
 • Ce vol de cygnes, non! de naïades se sauve  
 • Ou plonge . . ."*

### TRANSLATION OF THE EXCERPT<sup>7</sup>

I want to perpetuate these nymphs.

So clear,

Their light rose color, that it floats into the air

Heavy with the sleep of the woods.

Do I love a dream?

My doubt, accretion of the aging night, ends

On their branches, which, remaining the real

Woods prove, alas, that alone I offered to myself

As a triumph the ideal fault of roses.

Let me reflect . . .

or whether the women whom you

explain

Figure a desire of your fabulous senses:

Faun, the illusion escapes from the blue cold

Eyes, like a spring weeping, of the more chaste girl;

But, the other one all sighs, would you say that she con-  
trasts

Like the warm breath of day in your fleece?

But no! in the motionless and tired faint

Suffocating with heat, the cool morning, if it struggles,

Does not murmur with any water which my flute doesn't  
pour

Over the wood sprinkled with chords; and only the wind

Out of the two pipes to exhale before

Dispersing the sound in an arid rain,

<sup>7</sup> This translation, by Walter Fowlie, is reprinted, with the permission of the publisher, from Mr. Fowlie's book, *Mallarmé* (Chicago: University of Chicago Press, 1953).

It is, on the horizon, not disturbed by a line,  
The visible and serene artificial breath  
Of inspiration returning to the sky.

O Sicilian edges of a calm swamp  
Which to the envy of suns my vanity destroys,  
Tacit under flowers of sparks, TELL  
'That here I cut empty reeds conquered  
'By talent; when, on the green gold of distant  
'Verdure dedicating its vines to fountains,  
'Floats an animal whiteness at rest:  
'And that at the slow prelude where the pipes are born  
'That flight of swans, no! of nymphs escapes  
'Or plunges . . .'

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**Borderline Patients: Psychoanalytic Perspectives.  
(The Kris Study Group of the New York  
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Melvin Sincer

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## BOOK REVIEWS

**BORDERLINE PATIENTS: PSYCHOANALYTIC PERSPECTIVES.** (The Kris Study Group of the New York Psychoanalytic Institute, Monograph VII.) By Sander M. Abend, M.D., Michael S. Porder, M.D., and Martin S. Willick, M.D. New York: International Universities Press, Inc., 1983. 255 pp.

This book is an important addition to the literature on borderline disorders, not so much in the problems it solves, for that is not really its purpose, but in the well-written, precise, rigorous manner in which it demarcates the authors' position—the classical, structural, ego-psychological psychoanalytic approach. The authors accomplish this by reporting on four well-analyzed patients who are on the healthier end of the borderline continuum, which enables them to use the power of analytic tools to reach their conclusions.

They unequivocally state that borderline is not a clear diagnostic entity, but is instead a broad category with a range of widely differing symptom constellations and etiologies. Thus, no single, specific prescription for treatment of all borderlines is justified. Unfortunately, by choosing healthier cases to salvage an analytic data base, the authors have sacrificed the opportunity to directly address the major conceptual and treatment dilemmas. They acknowledge this skewing, but they feel that a unique contribution resides in the rich analytic perspective they have been able to obtain. To justify their case selection, they choose a sampling of descriptive borderline features from the classic literature to serve as a guide. They feel that analysis of patients on the less severe end of the borderline spectrum reveals more about it than psychotherapy with more severely ill borderlines, since the difference between patients on the two ends impresses them as more of degree than of kind. Thus, although the analyzed patients they present appear to have severe neurotic character disorders, they extrapolate from their experiences with these healthier patients to the "core" and even the psychotic end of the continuum.

After "Introductory" and "Literature Review" chapters, they present their case material in Chapter III. It is written in a very

clear and concise manner. The first two cases read as severe neurotic characters. The transference is stable, a paternal transference prevails, and the interpretations are focused primarily along triadic oedipal lines. Case I is a woman who regressively reactivates pre-genital conflicts that are primarily sadomasochistic in nature. Oral conflicts take a secondary position. Interpretations are focused along oedipal lines. The question here, as in the other case write-ups, is whether the analyst focuses on oedipal material because the power of the analytic tools eventually uncovers triadic oedipal conflicts or whether the patient is not disturbed enough for internalized object relationships, drive vicissitudes, and associated fantasies to be organized predominantly along "primitive dyadic lines."

Case II reads as an example of a severe obsessional-narcissistic character disorder requiring a long analysis. His defenses are described as projection, isolation, reaction formation, and denial. The transference is stable, strongly defending against enormous oedipal rivalry and homosexual fantasies involving the father and against a deeper, intense erotic-dependent attachment to the mother. Because of the patient's faulty reality testing, the authors feel that he is not neurotic. For example, he persists in the belief that his mother wants to seduce him. There is rigid denial of feelings about the analyst, and there are strong narcissistic features, but no fragmentation or severe regression.

Case III reveals more typical borderline acting out behavior within the transference. Splitting is prominent, as are frequent phone calls, sitting up, demandingness, rage reactions, mistrust, etc. There is even a temporary severe disturbance of reality testing, with restitutional auditory hallucinations. Of special import to the authors' point of view is the occurrence of a maternal transference which could be effectively interpreted as reflecting either negative oedipal conflicts or conflicted positive oedipal rivalry. Preenatal dyadic material, surprisingly, never emerges to any sufficient degree; nor do we read of severe anxieties reflecting fantasies of merging, blurring of boundaries, or loss of distinction between self and others. We do read of sexual gender confusion, but it reads more like the stuff of neuroses, i.e., of higher order fantasy formation.

Case IV is similar to the other three in that loss and abandonment are described as occurring developmentally later than is usu-

ally reported for borderline cases in the general literature. Abandonment themes here are linked to the loss of the oedipal father as well as to guilt-induced retribution for forbidden oedipal wishes, in contrast to the dyadic themes of maternal abandonment which abound in the literature on borderlines. Severe sadomasochistic and suffocation themes evolve not into psychotic annihilation anxieties but into oedipal pregnancy fantasies. Although the patient appears to have had severe pregenital pathology, a father transference persists and a maternal transference never emerges.

Thus, these more neurotic borderline patients appear to have suffered loss and abandonment much later than have the more disturbed ones. They have better integrated personalities in which a crystallized oedipus complex appears to have formed within triadic object relations, into which a good deal of pregenital pathology has been subsumed. Experiences of feeling unreal, inanimate, non-human, empty, dissolving away, etc., which occur in a clear sensorium and without a formal thought disorder, are not part of the clinical picture in these four patients. Whether or not one views such experiences as potential identifications with the inanimate or non-human world or as reflecting developmental arrest, they are usually associated with desperate clinging, intolerance of being alone, and agonizing loneliness which, without relief, can bring on suicide attempts, self-mutilation, and addictive behavior. These are problems which are not addressed directly, but perhaps they are inferred as discussed below. Yet, this is the catastrophic stuff of many borderlines, and our lack of understanding in this area has created a gap in theory and divergent points of view. These experiences need to be addressed, as should the problem of faulty mothering, which is also not addressed in this book.

The fourth chapter, "Object Relations," is very well done. The authors compare and contrast Jacobson's and Kernberg's ideas. They also review the development of Freud's contributions to object relations theory. We are reminded that Freud originally introduced the concept of introjection in connection with superego formation as well as with regard to melancholia and that he described sequential development from autoerotism to object love. The authors feel that their patients' pathology can be most clearly understood using Freud's concepts. They are very convincing as they

challenge the lack of appreciation of the "genetic fallacy." Most of the borderline literature (to my reading, this is exclusive of Kernberg) seems to assume that regression literally reanimates earlier mental states, as though later structures, object relations, and life experiences do not alter the earlier picture that emerges when regressive retreat sets in.

Chapter V, "Reality Testing," reveals a refined use of metapsychological theory. But again, the authors' cases for the most part are patients who are not sick enough to exhibit one of the cardinal features of borderline pathology, a seriously disturbed sense of reality. They do discuss this briefly, stating that severe disturbances of the sense of self, e.g., depersonalization and identity disorders, must be viewed, along with other symptoms, as manifest content rather than as a direct reflection of a primary developmental defect. The same holds true, they indicate, for disturbances of reality testing and of self-object differentiation. To them, these can represent a defensive retreat from castration anxiety, to be corrected once the latter is alleviated. They report continually being "confronted with quantitative differences rather than specific defect with a specific origin and etiology" (p. 133). Likewise, they see no distinction between the severe pregenital stamp upon oedipal conflicts that is seen in their borderlines and that which is commonly accepted as typical of severe character pathology. This reviewer sees no such distinction either, but primarily because the patients they describe seem to me to have severe character pathology at the healthier end of the borderline spectrum.

Whether the manifest content is an expression in consciousness of a fantasy or of structural disturbance, defective structure, as John Frosch has suggested, can be regressively reactivated for defensive purposes. Its expression then carries symbolic meaning as well as direct sensing. For example, is the common borderline fear of dissolving away or of undergoing emotional death a fantasy to be carefully unraveled and worked through or is it as well a direct sensing of impending internal psychotic collapse?

Chapter VI, "Defenses," is probably the most important and impressive. Much of the authors' counterarguments I found convincing, especially since I could verify them in my clinical practice with sicker patients as well as with healthier ones. The first and most obvious is that repression, far from being absent, is widely

observable in borderlines. The argument proceeds that if repression is in use, then the theory for its absence, i.e., insufficient counter-cathetic energy, is false. The concept of a necessity for primitive defenses that rely on less counter-cathetic energy, then, is also in question. In question, too, is the assumption that similarity of psychopathology and defenses in adults and in children implies a correspondingly similar etiology and the idea that these defenses are instituted to deal with a specific developmental conflict. Such ideas create conceptual as well as clinical problems which can automatically prejudice an analyst early on to assume the presence of serious psychopathology and to institute nonanalytic treatment.

The authors feel it is conceptually clearer to assume that it is not the defenses per se that are either mature or primitive, but the context in which they are played out. Thus, they would rather conclude that a patient suffers from poor ego integration or organization, or generally poor ego functioning, than from "primitive" defenses. For them, it is not the presence of a particular defense, such as projection or denial, that is indicative of serious pathology, but "an evaluation of the total ego organization" (p. 154). In accordance with this point of view, they prefer classical psychoanalytic terminology to terminology derived from object relations theory. For example, they prefer projection and identification with the aggressor to projective identification. Rather than referring to splitting of internalized object representations, they would use the concept of anal ambivalence, in which the maternal nurturing object is spared fantasied annihilation via displacement of aggressive drive derivatives onto another object or onto the self. They feel that the newer concepts are analytically difficult to demonstrate and that so-called primitive defenses are actually complex derivatives of unconscious fantasies which must be analyzed for their specific content.

I have no argument with this, although I do not believe that it necessarily precludes the possibility that the drives and fantasies involved are linked to primitive structures as well, especially to part object representations. It is my impression that advances in object relations theory have helped to give us a clearer view of the microstages in the development of self and object. This has provided a theoretical basis for differentiating so-called primitive defenses or, if you prefer, defenses played out on a primitive terrain. Al-

though I do not fully agree with the authors, their points are well taken and their clear expression of them should help to set the stage for a valuable further debate in the evolution and refinement of theory.

On a number of points, the authors feel more congenial with Jacobson's view than with Kernberg's. For example, they support her emphasis on the "potential" fluidity rather than absolute rigidity of early defensive states, i.e., of splitting and fusion; her views on the importance of the child's interaction with real parents as well as with introjects; her belief that all conflicts, not only aggressive ones, can weaken ego boundaries; and her opinion that the wish for fusion, rather than splitting, may be the primary disturbance in borderline patients. Except for the first point, I can concur with these views.

The authors' cases indicate that repression is the central defense and that the defenses seen first (which Kernberg also describes) are merely the "tip of the iceberg." This holds true for my own more neurotic cases as well, but not necessarily for the more severely disturbed borderline patients. The lower level cases, I find, cannot progress unless splitting becomes reduced and ambivalence better tolerated (which frequently is not possible). Only then does repression become accessible as a resistance. Strict proponents of the classical psychoanalytic position must explain why these more disturbed borderlines cannot tolerate the couch and are able to provide few, if any, associations, even of derivative material, so that their conflicts appear "contentless" for years. The latter leads workers to speak of them as decathected and preverbal, not just as hidden by massive countertransference or repression. Face to face therapy precludes associations to the anxiety states that are experienced as psychic death. Lying on the couch can push such patients into a psychosis. Waiting until their egos are strengthened before introducing the couch puts them on the couch with a changed ego organization. So where are we? How are we to investigate these issues with borderline patients in the whole borderline range?

Chapter VII, "Transference and Technique," finds the authors in essential agreement with the literature on transference and countertransference in work with severe borderlines. The transference need is immediate, intense, and insatiable. Its imagery is

continuously shifting or double; the narcissistic elements are grandiose or idealizing; and the attachment is tyrannizing and controlling. The occurrence of countertransference reactions, in the broader sense, is accepted as particularly important and its understanding as crucial. They concur that the experience of the analyst should be viewed as an analogue to the analysand's childhood feelings.

An impasse impeded two of the four cases, necessitating the use of parameters, which were well thought out and planned: the threat of termination in one case and threatening a consultation in the other. This is not uncommon in my experience when severe sadomasochistic elements emerge within the transference of severe neurotic character disorders. Within the core borderline group, the transference-countertransference reactions and impasses occur so quickly that there often is little time for ordered or planned action, and reflection and understanding must follow afterward.

Although the authors can agree with Kernberg on a descriptive level, they cannot concur with his technical recommendations. They do not find Kernberg's structural approach to borderlines useful. Nor do they feel it wise to make an early attempt to unite ambivalent parts, since they feel that they are ultimately linked on deeper levels to libidinal and aggressive fantasies. As with neuroses, they would not interfere with the elaboration of each side of the ambivalence. These disagreements may be unnecessary, however, since the "sicker cases" cannot tolerate too rapid a confrontation with splitting anyway, and delving too deeply too soon can lead to the eruption of overwhelmingly intense pressure of impulses, leading to "disorganizing anxiety." My clinical experience with the sicker patients has repeatedly confirmed the cogency of Kernberg's admonition to address the negative transference or face the hazards of a psychotic or delusional regression.

The authors are surely correct that in Kernberg's approach the process is so structured that it undermines free association. But that is exactly his purpose with the sicker patients—to contain the intensity of the aggressive impulses and corresponding fantasies. The authors remind us correctly that the negative transference may defensively cover intense libidinal feelings. In the sicker cases, however, the unbridled intensity of the aggression must be controlled before it is possible to get to the libidinal side. They quote

Leo Stone's and Rudolph Loewenstein's apt comments about providing an optimal level of frustration that keeps the patient in therapy but does not interrupt it. This seems to me to be a good axiom upon which to decide which form a therapy should assume.

"Etiology," Chapter VIII, stresses conclusions that are based on the authors' own cases, yet the authors cannot resist challenging basic tenets that rely on the concept of developmental arrest. They insist upon the central importance of severe oedipal trauma, leading to regression to serious preoedipal fixation. A major point they make, which has been made in the past but deserves reiteration, is that other factors besides deficiency and neglect, such as overstimulation and inconsistency, can account for certain borderline symptoms. I agree with this, but I do not feel that it precludes the possibility of developmental arrests as well.

Further, they suggest, and I too have seen this, that fantasies may express remnants of archaic experience without necessarily implying severe ego regression that necessitates major alterations in theory and treatment. This is consistent with their line of reasoning that borderline experiences primarily represent fantasy expressions as manifest content whose meaning is to be understood. Of course, the problem remains of getting free associations from a patient who cannot tolerate regressive loss of control so that this hypothesis can be tested.

The authors are correct that there has been general neglect of superego pathology in the literature on borderlines. They state that superego disturbance either is expressed as internalized guilt or is externalized as fear of abandonment, punishment, or torture from without. It is not clear whether they are referring to defensive neurotic externalizations or to superego precursors. Kernberg would stress superego precursors and, in object relations language, refer to conflict between part self and part object prior to internalization, integration, abstraction, depersonalization, and differentiation of superego precursors into a separate system.

I find this book an extremely important addition to the evolving dialogue on borderline disorders. It is a masterful exposition in approaching borderline pathology from a classical psychoanalytic point of view. It sharpens the focus and raises the level of discourse as it questions the until now seemingly unassailable notions that need an open atmosphere for investigation. I congratulate the au-

thors on their most welcome and courageous work, and I recommend a close reading of it. I hope that other works will follow to resolve the questions they raise so well.

MELVIN SINGER (PHILADELPHIA)

HIDDEN SELVES. BETWEEN THEORY AND PRACTICE IN PSYCHO-ANALYSIS. By M. Masud R. Khan. New York: International Universities Press, Inc., 1983. 204 pp.

M. Masud R. Khan's third volume is a collection of ten papers, five theoretical and five clinical, originally published between 1975 and 1982. The first of the theoretical papers is a discussion of the continuity of thinking from Montaigne through Descartes and Rousseau to Freud, viewed as representing the evolution of Modernism in European culture. Khan argues that Freud "launched the twentieth century with a new humanistic vision, where man's inner reality was as much the concern of the other as his social experience" (p. 40).

Another paper discusses the psychodynamics of the hysteric:

... the hysteric in early childhood deals with the failures of good-enough mothering and care by precocious sexual development. The primitive anxieties and affects generated by the failure of a phase-adequate holding-environment, and the resultant threat to the coherence of the emergent ego, are coped with by intensification, as well as exploitation, of the sexual apparatuses of the body-ego. Hence, from the beginning, a dissociation is established between sexual experience and a creative use of ego-capacities. It is this dissociation and specific technique of coping with excitement and anxiety that gives the hysteric's personality in adult life its peculiar and bizarre sexual character, both in behaviour and symptomatology (p. 52).

Three briefer papers explore specific psychic states, a notion of great importance to Khan's thinking. One is on the "dreaming experience," which for Khan is quite distinct from the content or text of the dream (a concept that seems at least in part to be based upon a misunderstanding of neurophysiologic research on dreaming). The other two are on "lying fallow" (an alert, wakeful, receptive, nonverbal state) and on "infancy, aloneness and madness." Madness for Khan is quite distinct from psychosis and does not seem to be altogether undesirable.

The other five papers revolve around clinical data. The two

longest were previously published only in French. They are written in a dramatic style. Khan terms them "clinical encounters" rather than "case histories" and describes them as "an attempt at sharing the discourse between me and the *other* . . . by metaphor and anecdote" (p. 9). His patients are intelligent, affluent, intense, and anguished. They often have late night consultations, long periods of silence, conscious withholding of secrets, and dramatic lives. The other persons in their lives are not villains, but come across as pallid, two-dimensional, minor characters in the drama. The patients may be psychotic, depressed, schizophrenic, or institutionalized from time to time. Khan makes clear that these are medical matters and that, although he is sympathetic, he is not primarily interested in the patients' diseases. His concern is rather with their "madness," their private authentic experience of self, and their ability (or inability) to communicate it with him. He believes that he can be helpful to them in their lives, but his interest is in "holding" the patient and receiving (and participating in) the communication, not in changing their lives. At the same time he places considerable emphasis on ensuring that their lives during treatment are ordered, structured, and reasonable, usually by insisting that someone else accept the responsibility that this be done. His patients and their families arrive desperately eager for him to accept them in treatment, so he has considerable leverage in making these arrangements (an advantage of which he is quite aware).

Khan himself is "cool," serene, wise, unflappable, never intrusive, and always "with" his patients. He believes that many "mad" communications are inherently meaningless, that others are appropriately private, and that it is critical that the therapist respect the patient's "space," privacy, and, particularly, rhythm or tempo. He waits, always available, avoiding what others might see as an appropriate interpretation of resistance but he would consider an intrusion into the patient's private space: "To squeeze information from a person who is not ready to share is not only useless but also damages the possibility of working together in the future" (p. 140). "I . . . *accommodate* to the quirks and needs of a patient before true interpretative analytic work begins" (p. 88). This stance is linked to his theoretical interest in psychic states: ". . . a patient can give very significant material to us, but in the wrong mood, and often it stays as inert information, and we, the patient and analyst, fail to transmute it into new affective psychic experience" (p. 68).

Khan's behavior with patients has a unique flavor. "I waited, with my face in my hands, as is my style when listening, facing a patient. . . . I can peep through the chinks of my fingers when I *need to look*" (p. 80). "I gave him a reprint of the paper [Winnicott on transitional objects] as a goodwill gesture" (p. 164). "I started to squeeze her hand, harder and harder. Within a minute, she was crumbled on the floor, shouting: 'Let go! Let go! You are hurting me!'" (p. 110). Of course patients respond to this flavor: (Patient) "Is it true what they say about you: that you have read all psychoanalysis and remember everything?" (Khan) "Not at all. . . . But most of what there is of it is in English" (p. 132). Of the five patients described, one treatment ends with Khan arranging for the patient to enter a seven-year apprenticeship in an Indian Ashram that was financed by Khan's friends, another with his promise to sponsor the patient's analytic training.

Khan mentions his training analysis with John Rickman and his supervision with Anna Freud and Donald Winnicott. His thinking, and his own understanding of his clinical style, owe more to Winnicott than to anyone else, although there is a strong admixture of French influence, particularly Pontalis (and, although unmentioned, perhaps the existentialists). He traces his work to Winnicott's consultations with children, and he often discusses his patients as immature, unfinished, or arrested in psychic development rather than sick, pathologic, or even conflicted. One has the impression that he sees himself as providing a setting or an opportunity for a person with some kind of developmental arrest to complete the maturation of his self, with psychopathology or early trauma being possible causes of developmental arrest but not the direct targets of treatment. In discussing a patient who had had a paranoid schizophrenic psychosis, he says that "ailments of Judy's type . . . are really growing pains of the self and soul. . . . Judy, in my opinion, had never been psychiatrically ill *herself*" (p. 78). About another, who had been hospitalized for nearly a year, he states, "I never considered her *sick* at the root, so much as *immature*" (p. 123).

Khan tells fascinating stories. His writing is consistent with his view of psychoanalysis as part of the humanistic tradition; it is beautiful prose, at times even poetic. His clinical insights and sensitivities are intriguing and his theoretical speculations enriching. I would not recommend that others copy his technique or accept

his theories and neither, I suspect, would he. However, the book is fascinating reading, particularly for those who work psychoanalytically with more disturbed patients and want to share the experiences and insights of a master.

ROBERT MICHELS (NEW YORK)

A DEVELOPMENTAL VIEW OF THE PSYCHOANALYTIC PROCESS.

Follow-Up Studies and Their Consequences. (Emotions and Behavior Monograph 1.) By Nathan Schlessinger, M.D., and Fred P. Robbins, M.D. New York: International Universities Press, Inc., 1983. 228 pp.

This stimulating, provocative book is a rarity in the psychoanalytic literature: a report of an extended follow-up study on the results of psychoanalytic treatment. Its stated purpose is "to contribute to the evolution of a new view of psychoanalysis by exploring and documenting a particular approach to the study of the analytic process based on follow-up research and clinical investigation" (p. 1).

The book is divided into six chapters on Clinical Studies and three chapters on Theoretical Implications. Actually, the division between clinical and theoretical is not very sharp. The reader wrestles, in a satisfying way, with the theoretical implications of the clinical findings from beginning to end.

After a decade of studying cases from the clinic of the Institute for Psychoanalysis in Chicago, Schlessinger and Robbins came up with findings which significantly altered their view and practice of psychoanalysis. The first task facing them was the elaboration of a valid, reliable procedure for assessing the results of analysis at termination and in follow-up. It is to their credit that they decided to evaluate the case material "firmly on a clinical basis" (p. 19). They examined records of the first few hours, the point in analysis when termination was decided upon, the last few hours, and four to six follow-up sessions conducted two to five years after termination. The clinical material was examined in a research workshop involving the authors and advanced clinical associates at the Chicago Institute. The analyst who conducted the follow-up interviews took part in the discussions.

To measure the changes resulting from analysis, the investiga-

tors focused on two groups of ego functions as they enter the analytic process at certain critical points. Six complex ego functions are seen as prerequisites for the establishment of a therapeutic alliance: basic trust; object constancy; self constancy; dyadic object relationships; dyadic reality processing; and basic tolerance of frustration, anxiety, and depression. Eight others, which become elaborated later on in development, are viewed as central to maintaining an analytic alliance: triadic object relationships; triadic reality processing; the potential for mastery of frustration, anxiety, and depression; regression in the service of the ego; the therapeutic split; the self-analytic function; the self-soothing function; and transformations of narcissism.

Schlessinger and Robbins are to be commended for having devised a thorough, rigorous research model that rests firmly on clinical data as the wellspring of psychoanalytic thinking. To attempt to squeeze the data into a highly complex statistical framework that produces scientific results but cannot capture the essence of the emotional relationship between analyst and patient is just as unsatisfying as the results derived from a superficial clinical study. The authors have seized a solid middle ground between the two extremes. Of particular interest and value is the "re-experience" of analysis itself in the follow-up interviews: "In the most general perspective, follow-up research may constitute the closest approximation to an experimental model we have developed in psychoanalysis. The entire analysis may be regarded as an experiment. Its repetition in the follow-up interviews is an extraordinary opportunity for a second look" (p. 28).

Detailed case studies nicely illustrate the authors' research methods and conclusions. The last include some general observations on the results of successful psychoanalyses, more focused ideas about the fate of the transference neurosis and the analytic alliance, and a comprehensive discussion of the defense transference.

A major finding about the outcome of *successful* analyses has to do with conflict. Schlessinger and Robbins state rather categorically that "psychic conflicts were not eliminated in the analytic process." Indeed, the follow-up material demonstrates "a repetitive pattern of conflicts" (p. 9). Although this is not a new idea, as presented it amounts to a rather sweeping conclusion that is some-

what confusing. I feel that the authors have done themselves a disservice by not defining further the kinds of conflict to which they are referring and by not elaborating upon their views. The suggestion that conflict is not eliminated in the course of psychoanalysis contradicts my own clinical experience that classical neurotic symptoms and neurotic character traits, the results of internal conflict, appear to change or disappear as analytic work progresses.

Conversely, I would agree with the notion that conflict is an inevitable part of the developmental process at all phases of the life cycle, including that of having undergone analysis. In this sense, it can be stated that conflict is never eliminated.

If the "elimination" of conflict does not occur as a result of psychoanalysis, what does? According to Schlessinger and Robbins, the most significant outcome appears to be "identification with the analyzing function of the analyst, as a learned mode of coping with conflicts" (p. 9). This hard-won ability is of great value to the analyzed individual, since he or she is always in a state of dynamic flux, repeatedly buffeted by environmental and internal stimulation that continually exposes the basic configurations of his or her conflicts. Self-analytic activity can move the individual in the direction of resolution and developmental progression and away from fixation and stagnation.

By seeing an analysis as "an important developmental episode in the life of the individual; its termination . . . but a transitional phase in a continuing developmental history" (p. 7), Schlessinger and Robbins place the analytic experience squarely in the midst of a lifelong continuum of inevitable change and conflict. The notion that development and conflict are lifelong and inescapable is not a new one, but the authors have made a valuable contribution to our understanding of the relationship between analytic experience and development. Analysis cannot shield the individual from the stresses of developmental processes, but it provides her or him with a critically important tool with which to interpret and deal with them.

A second group of observations involves the emphasis placed on early developmental derivatives in the course of psychoanalytic work. Schlessinger and Robbins feel that the appearance of such material should not be understood simply as manifestations of re-

gressive defense against oedipal conflict, "but as a significant focus of analytic interest in its own right and a critical determinant of the outcome of the process" (p. 10). Viewing early developmental derivatives in terms of problems involving early object relations, narcissism, and separation-individuation experiences provides the psychoanalyst with a vantage point from which psychological material is not merely "either oedipal or pre-oedipal and regression is not either defensively motivated or a sign of early pathology. It is a matter of appropriate emphasis and analytic attention to the derivatives of the developmental experiences as they enter into the analytic situation, oedipal and pre-oedipal, defensively motivated regression and regression to early pathology" (p. 12).

Throughout their discussion of preoedipal themes and issues, the authors use Mahler's observations as a conceptual framework and Kohut's clinically determined techniques as an approach to dyadic issues. (Kernberg is mentioned only briefly.) I find their attempt to effect a theoretical marriage between Mahler and Kohut, although it is very much in vogue today, to be unsatisfying. The two theories differ very much in their understanding of development during the first three years of life and of the manner in which such understanding is to be translated into analytic technique. Because of this incompatibility, I find the authors' suggestions about how to technically approach early developmental derivatives much less satisfying than their eloquent call for a greater emphasis upon developmental considerations in psychoanalytic work.

In their further consideration of preoedipal issues in analysis, the investigators focus on tension regulation in the development of a self-analytic function, in symptom formation, and in the defense transference.

Their research has convinced them of the need for increased attention to basic tension regulation functions as they are experienced within the dyadic context of the analytic process. Conflicts involving them tend to emerge in the termination phase because the matrix of the analytic process is threatened then by the prospect of separation. Inadequate analytic attention to tension regulation may interfere with the analysis of oedipal issues as well, because of the interrelationship between preoedipal and oedipal experience.

Schlessinger and Robbins suggest that nonverbal experiences of individuation are repeated in analysis and may be recognized by the analyst if he is willing to utilize other frameworks along with the structural model. "Actual neurotic anxiety" may constitute such a conceptual bridge, as throughout development and in the analytic process as well, it can represent a dramatic distress signal lacking symbolic meaning and expressing nonverbal experience.

The authors' most extensive exposition in this area is reserved for the defense transference. In their lectures and discussion around the country, they have found that this concept, a contribution of Gitelson, is not generally known outside of Chicago. An expression of the characterological defensive organization evident at the outset of an analysis, it is described as "an outcome of separation-individuation, as a solution to conflicts in object relations, confirmed in the crisis of the rapprochement subphase and subsequently employed in the management of oedipal conflicts and later developmental phases" (p. 193). Further, it serves as 1) a shield against the transference neurosis, 2) an important coping mechanism of the ego in the face of conflict, 3) a manifestation of a central mode of behavior in relating to objects, and 4) an anchor for the defensive resources of the patient in encounters with reality.

Greater attention to the defense transference, according to the authors, can permit systematic access to and influence over pathological aspects of the analytic alliance and over preoedipal neurosogenic elements. As a logical consequence of their research conclusion that early derivative material is neglected in analytic work, Schlessinger and Robbins explore the relationship between preoedipal experience and the formation of neurotic symptoms. They suggest technical approaches to redress the deficiency they see. In so doing, they alter the theoretical position that views the oedipus complex as the only significant source of neurotic symptoms and the principal focus of analytic intervention. They express the view that analysts need to explore sources of neurosogenesis in both pre- and postoeidpal experiences as well, although they do not abandon the notion of the central importance of oedipal conflicts and infantile neurosis.

The authors' call for increase in attention to the analysis of dyadic issues appears to me warranted and overdue, even though

it is not completely compatible with the theoretical mix they present to support their proposed interventions.

In summary, this is a very thoughtful, well-written book that deals with a relatively neglected area of psychoanalytic research. It will provoke its readers to reconsider many basic tenets of analysis. Whether they agree or not, they will likely enjoy reading Schlessinger and Robbin's account of their views of psychoanalysis.

CALVIN COLARUSSO (LA JOLLA, CALIF.)

THE FUTURE OF PSYCHOANALYSIS. ESSAYS IN HONOR OF HEINZ KOHUT. Edited by Arnold Goldberg. New York: International Universities Press, Inc., 1983. 514 pp.

Originally intended as a *Festschrift* in honor of Heinz Kohut's seventieth birthday, this volume of twenty-three essays was published as a memorial, following his death in 1981. Memorial volumes are not rare, but had Kohut lived to see this book published, he would have seen one of only a handful of *Festschriften* in the psychoanalytic literature. This in itself may be a commentary on his charismatic impact on psychoanalysis.

Arnold Goldberg's thoughtful editing and wise choice of contributors is evident throughout the book. After stating that self psychology has "made psychoanalysis exciting once again," he asserts that "no brief is made for self psychology as *the* future of psychoanalysis. Rather, self psychology *demonstrates* the future of psychoanalysis" (p. xiv). Perhaps he means that the excitement generated by self psychology demonstrates that there *is* a future for psychoanalysis. Even so, to label a book entirely devoted to self psychology concepts and their applications as *The Future of Psychoanalysis* does seem to imply precisely what Goldberg disclaims—and from the tenor of the contents, most of the contributors would endorse such a claim.

In Part I, "Clinical Critique of Self Psychology," Arnold Cooper observes that self psychology is unique in the history of psychoanalytic ideas, in that its clear alternatives to standard theory "have been debated within the analytic movement rather than relegated to a non-analytic purgatory" (p. 3). He trenchantly delineates six areas of dispute between standard psychoanalysis and self psy-

chology and asserts that the clear-cut differences between them characterize self psychology as an alternative to classical psychoanalysis. To the question of whether self psychology may be considered complementary to classical analysis or a choice must be made between the two, he states that he "will not attempt a verdict." It seems, however, that, in his characterization of self psychology as an *alternative* depth psychology, he has already implicitly delivered his verdict.

On the other hand, Robert Wallerstein takes a clear stand, arguing for complementarity of the two positions. In his view, self psychology does not represent a new paradigm but rather a substantial addition to clinical insights. Such false dichotomies as deficit versus conflict and interpretation versus empathic acceptance belie the claim that the clinical findings require a new metapsychology. Moreover, they tend to obscure appreciation of the clinical value of self psychology.

Two essays explore phenomenological approaches. W. W. Meissner sorts out aspects of the self-organization that manifest themselves in clinical terms, particularly in the psychoanalytic situation. He comes to the not surprising conclusion that "the operation of the self seems to pervade every aspect of the psychoanalytic situation" (p. 93). On the grounds of his phenomenological description, he asserts that the forms and issues of narcissism by themselves provide an inadequate frame of reference for the self and for self psychology. Robert Stolorow and George Atwood report on their efforts to construct a new psychoanalytic theory of personality on the basis of what they call a "psychoanalytic phenomenology." For them, personality structure is the "structure of a person's experiencing." Representational structures are conceptualized as comprising systems of ordering or organizing principles, following Piaget, similar to the cognitive-affective schemata of George Klein.

In the final essay in Section I, Arnold Modell offers some conjectures regarding the presumed increase in narcissistic personality types in our society. He points to an accelerating disillusionment during the past twenty years with our social institutions and an increasing acceptance of lying on the part of public officials, provoking increasing narcissism as an adaptive response. This speculation seems to founder on the unfortunate fact that official hy-

pocrisy, venality, and lying, as well as public knowledge of them, are not phenomena confined to the past twenty years—witness the Borgias of Renaissance times, certain English monarchs, the American Teapot Dome scandal, etc.

In section II, on theory, Robert Michels carefully explores the functions of psychoanalytic theory. He contends that psychoanalytic theories, in addition to providing structures with which to organize clinical experience, may be appreciated and evaluated aesthetically, much as are works of art. In this view, there is little concern about contradiction in truth value among theories, but only about “how does the theory enrich the experience of the analyst with the patient?” The heuristic value of theory then becomes the primary criterion for judgment.

The use of models and metaphors in the construction of theories is the subject of Lawrence Friedman’s essay. What gives Kohut’s psychoanalytic theory its particular power, according to Friedman, is that it supplements abstract theory with “a performable model of metaphor,” a model that is enacted and that prescribes for the analyst a way of reacting to pressure so as to make “new categories appear.” Since all psychoanalytic theories of pathology are linked explicitly or implicitly to respective theories of technique and therapeutic action, it is not clear why Kohut’s contribution is in this way considered unique.

An attempt by James Grotstein to develop what he calls “a dual-track model for psychoanalysis,” although stimulating, suffers from a lack of conceptual clarity. For example, he appears to confuse empathy with the act of communicating it in his insistence that empathy itself involves an interaction that changes the object.

Joseph Lichtenberg asks the question, “Is there a *Weltanschauung* to be developed from psychoanalysis?” He argues for a “relativistic” psychoanalytic *Weltanschauung*, founded on the properties of “balance,” “comprehensiveness,” and “flexibility.” Reason should be tempered with empathy, he indicates, to illuminate the analysand’s subjective reality, and theory should be selected to order such data “on a moment to moment basis, as it fits the needs of the analyst to organize the uncertainty he experiences” (p. 227). In the application of theory to practice, such pragmatic eclecticism is indeed a useful stance. However, it is unlikely that theoretical advance in our field will be generated by uncritical acceptance of

internal contradictions and inconsistencies, even under the banner of such appealing virtues as balance, comprehensiveness, and flexibility.

Part III is devoted to dreams, techniques, and clinical theory. It leads off with an essay by Mark Kanzer, again reanalyzing Freud's "specimen dream." Kanzer refers to Kohut's point that the reanalysis of Freud through this dream by each generation of analysts carries Freud's own self-analysis further, subjecting the idealized Freud to further reality testing and thus contributing to the science of applying psychoanalysis to history. Pursuing the subject of dream interpretation, Paul Tolpin then expands Kohut's conception of the "self-state dream" to include dreams in which a significant threat to the integrity of the core-self is not an issue but the dreamer is nonetheless observing and commenting about the state of his self.

With the aid of two clinical examples, Evelyne Schwaber considers the concepts of construction and reconstruction from the perspective of "clinical attunement." By attunement she means the analyst's perception of the patient's psychic reality via perceptual cues and nonverbal phenomena, so that the past is reconstructed not as objectively held reality but as subjective experience. Similarly, transference, "rather than a distortion to be modified, is understood as a perception to be recognized and articulated" (p. 290).

Arnold Goldberg, with a clinical example, delineates a particular form of character—the misfit. The misfit is described from a developmental perspective as "a person in transition from one developmental state to another, unable to either forge ahead or adapt successfully through retreat" (p. 293).

The concept of empathy, used so freely and somewhat inconsistently in some of the previous essays, is examined in depth by Ernest Wolf in connection with countertransference. He considers empathy to be a mode of perception, subjective and introspective, as distinguished from objective perception by the sensory apparatus, which organizes such perceptions into extrospective schemata. Empathically collected data can be used for the patient's good or harm. Countertransference, in contrast, is conceptualized as representing the psychological needs mobilized in the analyst's subjective experience by virtue of participating in the analytic process. The mobilization of these needs can increase empathic per-

ceptiveness; in turn, empathic awareness can evoke intense countertransference responses.

Bernard Brandchaft, in his essay on the negative therapeutic reaction, expands the term and concept to include "cases in which a nodal symptom or functional impairment remains terminally resistant or recurrent despite the analytic process and the analyst's insight" (p. 328)—in short, all analytic failures. He maintains that at the root of such failures lies "the need of the patient with a vulnerable self to maintain a tie with an analyst experienced as a relentlessly failing archaic selfobject" (p. 336). From Brandchaft's clinical examples and discussion, he seems to be implying, in his sweeping assertion, that all analytic failures are the result of the analyst's failure of empathy and, conversely, that all analyses would be successful were the analyst only sufficiently empathic.

In Part IV, on development, Marian Tolpin attempts to distinguish between Alexander's corrective emotional experience and the "corrective developmental dialogue" occurring in childhood with selfobjects that is presumably recapitulated in analysis from a self psychology point of view. In doing so, she makes a startling claim that "classical psychoanalytic theory does not account for the fact that certain parents cannot constitute an expectable psychological environment" (p. 368)—as though parental neglect, intimidation, rejection, over-protection, etc., as pathogenic factors were unheard of prior to Kohut's writings. The distinction between Alexander and Kohut appears to be that Alexander actively tried to play a role, whereas self psychology analysts are placed in the role of selfobject by the patient's needs and transferences of these needs.

Anna Ornstein, in her paper on reconstruction, suggests that periodic comprehensive reconstruction of unconscious fantasies are much less frequently offered by current analysts because of the increased frequency of preoedipal pathology and "a greater appreciation of the pathogenic influences of the environment" (p. 384). Instead of reconstructing a single pathogenic event and the unconscious drive-related fantasies associated with it, she states, analysts must reconstruct the cumulative traumatic effects of parental failures in empathy. Such reconstruction should not be feared as "parent-blaming," she indicates, because the essential reconstruction is that of the childhood self state rather than the parental behavior.

To round out the section on development, Bonnie Litowitz and Norman Litowitz apply developmental psycholinguistics to self development, exploring the use of self words by children. They thus provide an example of interdisciplinary collaboration to be followed by future researchers.

Part V, on applied psychoanalysis, begins with a short essay by Michael Franz Basch, in which he reviews the false postulates of the standard psychoanalytic view of development and claims that the clinical discoveries of Kohut and his concept of self development have "set psychoanalytic theory back on the track that it left some many years ago" (p. 440). While his critique of standard psychoanalytic metapsychology and developmental theory is cogent and incontestable, it does not necessarily follow that simply because Kohut's theories avoid certain errors, they are the only ones to be followed.

Peter Knapp examines the process of free association and concludes that in its communicative aspects, it entails both a semantic and a pragmatic paradox in its effort to "translate what is untranslatable" and to "express what is unexpressible." It is the adherence to an associative alliance, the surrendering of control and knowledge to the analyst in the face of such dilemmas, that promotes self growth.

Nathaniel London examines the archaic selfobject needs and relationships of two Russian poets, Ossip Mandelstam and Ana Akhmatova, as revealed in the book *Hope Abandoned*, written by Mandelstam's wife, Nadezhda Mandelstam. The psychohistory of cults is explored by Charles Strozier, who finds that the "classical psychoanalytic emphasis on drives and its understanding of fantasy leads only to blind alleys," while "self psychology maps a more evocative terrain" (p. 491).

A concluding statement by Ernest Wolf asserts that the concept of empathic resonance should be applied to the exploration of art and creativity. The future of psychoanalysis for him lies in "establishing an empathic resonance between psychoanalysis and all the sciences of humanity" (p. 505). Unfortunately, his statement is marred by a polemic tone and such extravagant assertions as "he [Kohut] was the first to recognize that the child, like the adult, is not the victim of sexual impulses or aggressive drives only, whether those of the child or of others" (p. 499). Ignored are Horney, Rado, and Sullivan, among others.

The papers in this volume are generally lucid and illuminating. They provide the reader with a broad picture of the current scope of self psychology. Discounting the occasional partisan sallies with straw men, they offer useful insights into new ways of engaging old issues. And, after all, isn't that what the future of psychoanalysis is all about?

ALLAN D. ROSENBLATT (LA JOLLA, CALIF.)

FEAR OF BEING FAT. THE TREATMENT OF ANOREXIA NERVOSA AND BULIMIA. Edited by C. Philip Wilson, M.D. (with the assistance of Charles C. Hogan, M.D., and Ira L. Mintz, M.D.) New York/London: Jason Aronson, 1983. 366 pp.

Anorexia nervosa is a metabolic rendition of madness. The anorexic fights a battle between catabolic and anabolic forces upon his or her flesh and its supporting systems. The struggle derives from the opposition of love and hate, the affective registry of the drives. To grow up requires accepting responsibility for the ownership of desires both to create and to destroy. Attainment of some order of harmony between these conflicting goals is the major developmental task of adolescence.

For reasons still poorly understood, some people, usually but not always female, have a particular form of difficulty that predisposes them to enact this conflict upon the substance of their bodies. In the phrase of A. H. Crisp, they attempt to gain a "biological solution to an existential problem." The patient substitutes the commitment of her body into surrogate battle. Thereby she spares the problem-solving functions of her mind from the rigors of intrapsychic conflict. When anabolic forces prevail, the clinical picture is one of bulimia; when catabolic factors predominate, the condition of anorexia nervosa results. Neither outcome addresses the underlying causes for the developmental impasse.

This substitution of physical conflict for a mental one requires a denial of reality, i.e., that the patient view "thin" as "fat". Her distortion of personal body image is the delusion from which behavior is derived. Her belief and behavior rest upon denial in a mental exercise that is baffling and distressing for those concerned with the patient's welfare.

The editor of this book, C. Philip Wilson, and his six contributors have collaborated to propound psychoanalysis as the treatment of choice for patients suffering from anorexia nervosa and bulimia. The authors are members of the Psychosomatic Study Group of the Psychoanalytic Association of New York, which has operated under the aegis of the editor since the death in 1973 of Melitta Sperling. In a way, this volume is a celebration of Sperling, whose work and ideas permeate much of the material presented.

The text is divided into five sections that follow an introduction. Predisposing factors, psychodynamic structure, the analytic relationship, treatment, and special issues are considered in detail by the authors, each of whom has written at least one chapter. They bring a wealth of clinical experience, gathered over at least twenty years of dealing with psychoanalytic concepts. The chapters flow smoothly in succession, and they detail the many facets of the symptom complex and the various elements that contribute to the psychopathology.

The editor expands upon the choice of the title for the book by suggesting that the term anorexia nervosa be replaced by the diagnosis of "fat phobia" as more appropriate. Certainly, anorexia nervosa is a misnomer. Yet the term retains the value of tradition in usage. Nor do I agree that the concept of "fat phobia" is more accurate. The fear of being fat is a concern that is common among adolescent females. It represents a continuing struggle with several appetites and the craving for their satisfaction. Under favorable circumstances this apprehension can lead to a range of counterphobic activities that contribute to ego maturation and that further growth. To implicate this common concern does not in itself add to the understanding of anorexia nervosa. The anorexic patient suffers less from a phobia than from a delusion, i.e., that she is fat. Fooled by her senses about her body, the patient proceeds to act to stop time and to stop her maturation. Unable to progress, she must regress in search of other ways of relating to her objects that will permit her to maintain her sanity.

In drawing a psychological profile of the families of patients with anorexia nervosa, the editor describes a cluster of features that characterize a cohort of fifty cases. These items correspond with the findings of other investigators, as cited. I agree with their significance. Nor does the fact that they appear as well in the back-

ground of others who do not develop anorexia nervosa detract from their relevance. Why some people can integrate these factors into their lives without developing a delusion about being fat remains a mystery.

A chapter by Melitta Sperling provides a review of her thinking about psychosomatic disease in general and some consideration of the particulars of anorexia nervosa. She observes: "My material indicates that the anorexic's strongest fear is of losing control altogether, i.e., gratifying impulses without restraint" (p. 75).

It is this threat, in my opinion, that leads the anorexic to embrace the delusion that she is, in fact, fat. By submitting to the power of a delusion her anxiety about what she might become is attenuated. Armed with the fiction of being fat, she is able to lessen her fear of imminent loss of control. Energy can be mobilized to *do something*, through all the dietary shenanigans with which the anorexic acts, to support her denial of reality. Early in the condition the patient with anorexia can appear free of signs of suffering. She is calmed by the conviction that she has conquered the danger inherent to loss of control. She pursues weight loss with an unbending devotion while those around her less competent to regulate their desires must struggle with their appetites and the instinctual drive forces that fuel their cravings.

Concealed within this intrapsychic "sleight-of-hand" is the emplacement of delusion to supplant a malfunction in the patient's superego. The failure of her superego to provide guidance appropriate to the satisfaction of her appetites burdens the anorexic with more anxiety than she can tolerate. She gains temporary respite through the embrace of a belief that excuses her from the conscious recognition of conflict. She subordinates ego functioning to a conviction that obviates the need to think, to feel, or to think about feelings. This tendency renders conversations with patients afflicted with anorexia nervosa uninteresting to others. Fat, calories, and not eating become a metaphor for all of life's experience. Their personal version of the human condition, devoid of richness, is reduced to a few simple declarations such as "I am fine!"

Ira L. Mintz emphasizes the role of the domineering mother as contributory to the defect in self-control, although he notes the reservations of S. Kramer on this issue. The problem in assessing the role of parental dominance stems from the fact that when self-

control is threatened, someone else has to take charge if all is not to be lost. Parents who bring their child for psychiatric care often do so because they have been forced to intervene over something for which they cannot and do not wish to accept responsibility. The role of earlier parental interference is difficult to assess in retrospect.

Charles C. Hogan singles out oedipal conflicts as the provocation proximal to regression in flight. He emphasizes the patient's difficulty in contending with her own aggression. He describes the superficial compliance that conceals secret sadism made manifest only through fantasies and psychosomatic symptoms. With this I concur. Consider the feeding behavior of an anorexic at table. Slowly she cuts up the food into tiny pieces and sorts and arranges them in decreasing size. Each piece is dissected into slivers and shredded. She presses, squeezes, mouths, chews, spits out, rechews, and finally swallows with a grimace of disgust. A meal can take an hour, during which each morsel is mutilated. The aggression is rooted in orality with nowhere to go but inside. The anorexic has not developed a superego that is willing and able to provide guidance about how to transform oral aggression into the equitable service of the heart's desires.

Hogan observes that with the ambivalence and projective identification that anorexic patients use to describe their object relations, they approach the delusional but escape that definition because their acts are "readily interpretable" (p. 135). My own experience does not support this nicety of distinction. That the analyst may make an interpretation does not of itself alter the delusional dimension of the patient's conviction. In his summary Hogan notes that "like all patients with pregenital regression, anorexic patients have a low tolerance for frustration. They demand immediate gratification and, when it is not forthcoming, they become enraged and feel the impulse to act aggressively. Such patients attempt to deny and repress wishes that lead to such frustration and conflict" (p. 149). This is not my understanding. On the contrary, it seems to me that patients with significant pregenital regression are addicted to frustration; they arrange their lives so that frustration is their chronic lot. What they cannot tolerate is satisfaction at the hands of another. They provoke their circumstances to afford repeated frustration to create a semblance of

current logic to account for the recurring rages for which they lack a superego adequate to the task of guidance through the vicissitudes of experience.

Hogan's concise treatment of transference is useful in addressing a number of practical and theoretical items. He recommends that all that goes on between patient and analyst be regarded as transference, either actual or potential. He finds little use in the concept of the working alliance as extratransferential. I agree.

The inclination to reify transference, to speak of a "piece of transference," tends to obscure the fact that it is the patient who creates transference or not. Only the analytic comprehension of what is being transferred to whom and from where can afford elucidation of the intrapsychic forces that compel the patient to act as she does.

A case discussion by Mintz deserves special mention. The attention to clinical issues in his analysis of an eighteen-year-old with severe anorexia affords the reader a clear illustration of the problems encountered and of their technical management.

In considering the role of dream interpretation, Wilson emphasizes the authors' disagreement with John C. Nemiah's concept of alexithymia, a supposedly constitutional defect in the capacity to formulate fantasy observed among patients with psychosomatic disease. I agree that the defect is more apparent than real. Sustained analytic attention will reveal evidence of a powerful fantasy life. It is not obvious, not because it is not there, but because the patients have not developed the facility in transitional thought that is required for the ready formulation of fantasy life in symbolic representations. Confidence at verbal self-expression is not an attribute commonly found among patients with anorexia nervosa. It takes time and attention before the analyst is allowed to share what goes on in the patient's mind.

In a concluding chapter on the relationship between self-starvation and amenorrhea, Mintz offers some interesting ideas that are useful in understanding the developmental vicissitudes of female adolescence.

The advantages of a book written by a group whose members study a problem together is reflected in the harmony of style and the uniformity of opinion demonstrated throughout the text. The very unanimity of conclusion carries with it a certain tendency to

redundancy. One begins to look, if not for some disagreement, at least for some questioning or speculation about the unknown that still remains in the treatment of this condition.

The general impression conveyed is of success gained by the psychoanalytic treatment of this syndrome. My own experience is that this is not uniformly so. Perhaps this is due to a difference in the cases treated. My impression is that the younger adolescents who develop anorexia nervosa are more difficult to engage in analytic treatment than are those patients who had been living longer before they stopped eating.

I agree with the authors that psychoanalysis is the treatment of choice for anorexia nervosa under optimal circumstances. But often the circumstances are less than optimal. The recommendation of psychoanalysis might have gained strength if some description were given about the application of analytic principles to the care of those patients who cannot receive psychoanalysis because of the constraints of their circumstances.

I also agree with the authors' contention that theirs is truly a psychoanalytic approach based upon the fundamental concept of attending to the pregenital sources of conflict as these become manifest in transference. However, I can easily imagine that there might be analysts who would hold that their approach is less than classical because of the technical flexibility they demonstrate in the treatment they offer.

The book is somewhat discursive, in that several authors go to considerable length in reviewing the broader ramifications of psychoanalytic thought. These digressions are of interest, but they take the reader away from the issue of anorexia nervosa. The book could have profited from some editorial pruning to focus upon the treatment of anorexia nervosa. Or it could have been expanded to address the broader issues of regression to pregenital conflicts and the resultant consequences in ego functioning.

In conclusion, the book can be recommended to readers interested in learning about the value of psychoanalysis in the treatment of anorexia nervosa. It comes from a group of clinicians whose efforts have brought a fruitful summation to their considerable experience.

BULIMIA. THE BINGE-PURGE COMPULSION. By Janice M. Cauwels. Garden City, N.Y.: Doubleday & Co., Inc., 1983. 249 pp.

Janice Cauwels, a professional medical writer and former English professor, has written a book on bulimia that attempts to clarify the many problems associated with this increasingly common eating disorder. The book is for people with bulimia and their families. It is based on conversations with patients and interviews with a spectrum of professionals working in the field. The clinical vignettes are accurate and convincing. Bulimia is correctly described as an addiction, and the fact that many bulimics are also addicted to alcohol and/or drugs is emphasized.

Particularly important for the lay public is the emphasis on the dangers of gorging, vomiting, and purging, which can lead to an abnormally low blood potassium that can cause neuromuscular problems ranging from weakness to paralysis, gastrointestinal disorders, kidney disease, an irregular heartbeat, heart failure, and death. Irreversible tooth damage can also be produced by the self-induced vomiting that washes acid over the teeth. The emphasis of the book is upon psychological causes and psychotherapeutic treatments, but possible chemical, genetic, and neurogenic factors are also briefly reviewed. For example, John H. Rau and Richard S. Green have hypothesized a neurogenic cause of binge eating, comparable to epilepsy and treatable with Dilantin. Medical doubts about and criticisms of this hypothesis are detailed.

It is emphasized that many anorexics develop amenorrhea *before* they lose weight, which casts doubt on the idea that it is simply a result of starvation. The brief descriptions of the psychological and emotional problems of bulimics are accurate. These include perfectionism, traceable to family attitudes, depression, anger, stormy mood shifts, disturbed interpersonal relationships, narcissism, and a disturbed sense of identity.

The section on treatment is eclectic. The resistances of the bulimic, and their manipulateness, withholding, lying, and impatience are underscored. A broad range of therapies is briefly described, but an important flaw is that there is no mention either of the psychoanalytic literature on anorexia and bulimia or of psychoanalysis as a method of treatment and research.

Analytic work with restrictor and bulimic anorexic patients indicates that the body-image disturbance reflected in the fear of

being fat is greatly overdetermined. Important determinants are fears of loss of impulse control, regression, and undoing of defenses against dangerous oral, anal, and oedipal urges. The predisposition to develop bulimic and restrictor anorexia is established in the mother and/or father-infant relationship. Parents of anorexics tend to have an intense fear of being fat and to use food to control their children. There is a continuum of anorexic cases. However, the abstainers (food restrictors) should be differentiated from the bulimics because of their different ego structures.

A number of psychoanalysts view bulimia as a variant of anorexia nervosa. In this reviewer's experience, the most difficult and refractory anorexic patients are the chronic bulimics. Of course, the prognosis depends upon the psychodynamics and the presenting situation. If the bulimic/anorexic process can be analyzed when it first begins in adolescence, the prognosis is most favorable.

Psychoanalytic research by this reviewer shows that the differences between restrictor and bulimic anorexics do not involve the underlying conflicts as much as they do the ego structure of rigid impulse control in the restrictor anorexic and deficient impulse control in the bulimic. Bulimics have an intense fear of fatness and often try to starve themselves, but they are periodically overwhelmed by impulses to gorge and by other impulses as well.

Psychoanalysis, with parameters similar to those used with other patients with severe preoedipal conflicts, is the treatment of choice where it can be utilized. Conjoint therapy of the family is also important in adolescent cases.

In her lucid and graphic presentation of the clinical syndrome, the life threatening dangers, the research in the field, and the spectrum of therapies (except for her omission of analysis), Cauwel's book on bulimia is the best volume for the layman that is available.

C. PHILIP WILSON (NEW YORK)

TREATING SCHIZOPHRENIC PATIENTS. A CLINICO-ANALYTICAL APPROACH. By Michael H. Stone, M.D., Harry D. Albert, M.D., David V. Forrest, M.D. and Silvano Arieti, M.D. New York: McGraw Hill Book Co., 1983. 376 pp.

This volume grew out of a series of three seminar sessions at successive annual meetings of the American Psychiatric Association.

It is a welcome, timely addition to the literature on the psychotherapy of schizophrenia. Like most, if not all, multi-authored books, it varies in style and level of sophistication. The latter is rather intentional, however, as stated in the preface. On the whole, the authors' aim is to help the beginner, though without ignoring technical and psychodynamic points of interest to the more experienced therapist. Overall, it is successful in that it covers most of the salient issues involved in therapy with schizophrenics and seriously borderline patients, in readable, although sometimes a bit dogmatic, language. The most successful chapters are those by Stone, especially his first three (Chapters 2 to 4).

The first chapter, by the late Silvano Arieti, is possibly the weakest in the volume. It contains nothing different from the contents of his earlier publications. He repeats his assertion that he found only 25% of the mothers of schizophrenics to conform to the picture of the "schizophrenogenic mother," a "picture" which is now only of historical interest. It is generally recognized now that the mother and the child do not live in isolation, not even when there is a single mother. The mothers we studied had spouses, most of whom were disturbed or at least were compliant with their wives' bizarre domination of the family atmosphere. The reverse was often true as well, with wives submitting to very disturbed husbands.<sup>1</sup> Arieti's advice to meet with parents to prepare them for their child's return to live with them is sound, but it cannot be accomplished in a single interview. Nevertheless, Arieti has been a prophet in this regard. He may well have stimulated the family education programs and family treatments that are current in the post-hospital care of schizophrenic patients.<sup>2</sup>

I find Arieti's claim that there are "untreatable patients" somewhat arrogant. It is true that there is a significant number of patients who do not improve with the best treatment we offer, but we know that even our best treatment is chancy. There are many factors beyond the therapist's or the hospital's capacity to control that can impede effective therapeutic contact with the patient, but

<sup>1</sup> Lidz, T., Fleck, S. & Cornelison, A. R. (1965). *Schizophrenia and the Family*. New York: Int. Univ. Press.

<sup>2</sup> Anderson, C. M. (1977). Family intervention with severely disturbed inpatients. *Arch. Gen. Psychiat.*, 34:697-702.

we should not label a patient "untreatable" because of this. Our knowledge is not perfect, and our energy and resources are limited. Many patients in the public sector, probably the majority, have become "untreatable" because they have not experienced treatment adequate to their needs. They, their families, and the overburdened hospital staffs have become demoralized and discouraged because the staffs have been able to offer so little when so much has been required.

Stone offers a good resumé (including tables of life cycle tasks) of the factors involved in treatment failure with schizophrenics and of the treatment modes that are needed. It includes a commentary on the sensitivity, flexibility, and "unconscious" responsiveness that are required of the therapists of these patients. Stone emphasizes that schizophrenics as a group differ more from one another than do neurotic patients. Stone's discussion of treatment approaches I find less impressive, at times tedious. His cogent discussion of the need for a patient/therapist fit might have included a note about the work of Whitehorn and Betz.<sup>3</sup> A nod to Adolf Meyer would also have been in order during his discussion of schizophrenics' lifelong deficiencies in their personal habits and social skills.

Stone's discussion of theory and his historical overview are somewhat weak and not particularly germane to the title of the book. To mention just one facet, Sullivan's emphasis on the role of the mother is underemphasized, in that until then all psychodynamic formulations had focused on the father's role, leaning on Freud's perspicacious deductions in the Schreber Case. Few analysts of the 1930's and 1940's seemed to be able to examine Sullivan's ideas objectively. This reviewer (while still a candidate) incurred the disdain and wrath of a senior analyst when I pointed out in discussing the Schreber Case that one ought to wonder what his mother might have been like. Dogmatism elevates theory to alleged "fact" instead of treating it as something requiring ongoing testing. An emphasis on critically examining clinical findings and leads to see how they fit or fail to fit with a particular theory would be a useful assertion of scientific process, whether the theory concerns psychodynamics, genetics, or neurotransmitter "causes."

<sup>3</sup> Whitehorn, J. C. & Betz, B. J. (1954). A study of psychotherapeutic relationships between physicians and schizophrenic patients. *Amer. J. Psychiat.*, 111:321-331.

Stone's observation that there may be long silences in the treatment of schizophrenics should be amended. Long silences should be avoided in such treatment and they can be if the therapist knows the patient's history and particularly if he has knowledge of his or her family. The phase of "ambivalent symbiosis" promulgated by Searles (the author's supervisor) can also be ameliorated in intensity by knowledge and understanding of the family in which the patient grew up.

Stone's assertion that becoming a parent oneself is helpful in understanding some of the deficiencies in the patient's experiences as a child is well taken, as is his emphasis on re-education. But why do we need to call this "behavioral technique"? Another point he makes is that we experience difficulty in promptly recognizing when patients are ready for more activity or social interchange. The problem is similar to that which most parents have with their children. It would have been worthwhile to remind the readers that children and patients tend to advance in saltatory fashion and usually exhibit irritability and often some regression before they make a developmental step that enables them to reach a higher plateau of function. A patient's symptomatic "preparation" for making such a step can raise undue concern that the patient is worse again.

The statement, "... sometimes parents really did an inadequate job . . .," ignores the fact that the integration of one's personality depends not only on parents but also on other adult figures. Some children find substitute parents and teachers who can help turn the tide toward wholesome personality development, despite a disturbed or chaotic family picture. Schizophrenics find such substitutes when they connect with therapists. That parents have done an inadequate job is obvious, though they may have been able to do no better with children whose own innate hypersensitivities or vulnerabilities have predisposed them to difficulty. The personality problems of parents are rooted in their formative experiences with their own parents, of course, further mitigating their own blame-worthiness. But blamelessness should not lead to distorting or ignoring the clinical evidence that the parents of schizophrenics have failed in many basic family tasks.<sup>4</sup>

<sup>4</sup> Fleck, S. (1976). A general systems view of families of schizophrenics. In *Schizophrenia 75: Psychotherapy, Family Studies, Research*, ed. J. Jorstad & E. Ugelstad. Oslo: Universitetsforlaget.

The chapter on suitability for treatment applies mostly to patients to be treated as outpatients. The criteria utilized would exclude many, if not the majority of, schizophrenic patients. On the whole, the chapter does not succeed well in delineating stages and criteria, and introducing Kety's "schizophrenia spectrum" does not help in achieving greater clinical precision.

Subsequent chapters are devoted to various aspects of treatment. There is an excellent description of the early phases of treatment by Harry D. Albert. David V. Forrest's chapter on therapeutic adaptations to the cognitive features of schizophrenia can serve as a very good guide through the maze of aberrations and interactional vagaries shown by schizophrenic patients.

One disagreement. One does not make "contracts" with patients, since a contract implies a mutual commitment by two or more people who understand what they are contracting for. Even if one or the other contractor does not know or understand the procedure that the other might use in carrying out the contract, at least they should have a joint understanding that the contract can be implemented by both of them. With psychotic patients we are often dealing with people who seek help or who are coerced to seek help from helpers who cannot know in advance whether they can deliver it. They can only promise an effort to bring forth their best understanding of the patient's problems and to use it in the patient's behalf. Many schizophrenic patients, at least at the beginning, do not even agree to be treated and do not keep regular appointments unless we seek them out (in the hospital).

Forrest's chapter on affective features is overdrawn because of his effort to be systematic. The concept of proto-affects is useful, but I doubt that interpretation can succeed "in turning proto-affects into affects." As I understand it, proto-affects are pervasive infantile or chaotic feeling states, often states of despair and hopelessness. One can imagine a baby crying indefinitely without being attended to, with no verbal capacity to understand what he or she is crying about. Schizophrenics seem to re-experience these early chaotic states of forsakenness. I, for one, have been able only to acknowledge and empathize with such states. I believe them to be beyond words and, therefore, beyond interpretation.

Albert emphasizes the collaborative nature of treatment, especially with regard to habit change, where a particular small step may be "contracted" for. His chapter on threatening situations and

behaviors is cogent, and he provides some useful illustrations, although he does not examine the total and often sudden neuropsychological disorganization that characterizes panic states.

The difficulties schizophrenics have with humor is addressed by Stone. I believe he misunderstands it, however, when he views it as a byproduct of "innate neurointegrative disturbances." It is my impression that it derives from a deficiency in double entendre stemming from cognitive and symbolic incapacitation and the fear of boundary diffusion, which is a constant danger for many schizophrenics. On the whole, I would agree with Kubie that humor has no place in treatment unless the patient displays a capacity for humor, which is not so with the usual schizophrenic patient.

The chapter on management by Albert is on the whole sensitive and useful. I believe his statement about therapists' fearing the numbing effect of psychoactive medication, however, refers less to a fear than to a fact. Patients' complaints about this should be respected, even if it is not appropriate to change the dosage or type of drug. Self-regulation of dosage, as suggested by Albert, is indeed useful with many patients, once they can acknowledge that the drug has useful effects. His warning against overmedication following stormy sessions related to transference and countertransference is also very much in order.

The last chapter, on language, by Forrest, seems rather speculative, especially with regard to his attempt to distinguish between schizophrenic thought and language. The two really are not separable. Wynne and Singer's finding<sup>5</sup> that the parents' linguistic pathology is as common as, and sometimes even more severe than, the patients' is a finding which ought not be ignored in favor of conjectures about neurochemically based aberrations in cognition and symbol learning. Despite the awareness of the book's authors of the many deficits in cognitive and social areas from which these patients suffer, they tend not to appreciate that the deficiencies derive from inadequate and often distorting and confusing inputs rather than from neurochemical defects. No matter what may go

<sup>5</sup> Singer, M. T., Wynne, L. C. & Toohey, M. L. (1978). Communication disorders and the families of schizophrenics. In *The Nature of Schizophrenia: New Approaches to Research and Treatment*, ed. L. C. Wynne, R. L. Cromwell & S. Matthysse. New York: Wiley & Sons, pp. 499-511.

on chemically, ordering and categorizing our thoughts and acquiring the symbolic modes of a culture depend upon learning from one's surroundings. This task is carried out within the family, well before children reach school. Furthermore, we now have elegant evidence of the way in which neurochemical learning, i.e., transmitter changes, eventuates through external stimulation.<sup>6</sup>

This is a useful and important book. It could have been better, however, if it had contained a more developmental orientation and an emphasis that such development occurs in the context of family interaction in the formative years.

STEPHEN FLECK (NEW HAVEN)

SCHIZOPHRENIA. THE EPIGENETIC PUZZLE. By Irving I. Gottesman and James Shields, with the assistance of Daniel R. Hanson. Cambridge/London/New York: Cambridge University Press, 1982. 258 pp.

This volume contains a succinct, rational statement of what is known and not known about the genetics of schizophrenia. Arguing from the perspective of population studies, the authors conclude that genes play an etiologically vital part in the disorder. Although the molecular biology involved remains to be convincingly demonstrated, the authors believe that the available evidence strongly suggests that *specific* genetic factors contribute more to the susceptibility to schizophrenia than any other of the elements involved. They also feel that genetic factors may modify the course of the illness.

Their view is neither surprising nor lacking in historical precedent. As the authors themselves note, "the establishment of genetic factors as one of the major causes of disorders in the absence of, or long before, biochemical confirmation has an honorable history and includes hemophilia, Huntington's disease, cardiovascular disease and color blindness." The advantage of the book resides in the authors' scholarly review of the pertinent literature in support of their views, their success in presenting genetic concepts in an

<sup>6</sup> Kandel, E. R. (1983). From metapsychology to molecular biology: explorations into the nature of anxiety. *Amer. J. Psychiat.*, 140:1277-1293.

understandable way, and their consistent attention to the central themes without needless digression.

The authors begin with a relatively brief examination of the diagnosis and classification of schizophrenia. They follow this with a discussion of the epidemiology of the disease, during which they refer to studies of schizophrenia in a variety of countries. They provide information concerning psychiatric studies of the possible role of genetic factors in schizophrenia and a brief course on concepts and methods in genetics to enable the reader with little or no background in this area to follow the argument they put forth.

The core of the authors' argument consists in three genetic puzzle pieces: family studies, twin studies, and adoption studies. Taken together, they indicate to the authors that the risk of schizophrenia to the relatives of index cases varies directly with the degree of genetic relatedness, even in the absence of a shared environment, with the severity of illness of the index case, and with the number of other relatives who are affected.

Monozygotic twin concordance rates for schizophrenia, while not as high as Kallmann originally reported, are, in the studies cited, at least three times higher than for dizygotic twins and from thirty-five to sixty times that of the general population. As the authors note, "the case for a necessary and important genetic basis for developing schizophrenia rests on the compatibility of the patterns of increased risks to various degrees of relatives with plausible genetic models." Evidence is adduced for a genetic model that is multifactorial.

The authors' purpose is to assure that the vital role of genetics is appreciated. They have certainly accomplished their goal. The reader at times becomes aware that they are proceeding with a bias, but at the same time it is welcome to see that the importance of social and psychological factors is also emphasized. There is a tendency to simplify the multidimensional illness that we call schizophrenia. This book provides a good review of one important dimension of it. It is a welcome addition for those who puzzle over schizophrenia.

GEORGE L. GINSBERG (NEW YORK)

ROBERT CANCRO (NEW YORK)

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HANDBOOK OF DEVELOPMENTAL PSYCHOLOGY. Edited by Benjamin B. Wolman. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1982. 960 pp.

Benjamin Wolman approaches psychological ideas with boundless energy and a Gargantuan editorial appetite. He is the author of a considerable number of books in his own right, but his true calling has been that of Chief Editor, gathering, organizing, and amalgamating articles by workers in various psychological fields to create reference works of impressive magnitude. His crowning achievement is the truly Brobdingnagian *International Encyclopedia of Psychiatry, Psychology, Psychoanalysis and Neurology*, originally published in 1977. It consists of 12 large volumes containing 1500 articles resulting from the collaborative efforts of 2000 people. Rather than retiring for a well-deserved rest after his Herculean labors, however, he has continued to construct psychological "handbooks" of such proportions that the hand of a Liszt, a Rachmaninoff, or an All-Star NBA center must be what he has had in mind for them.

The *Handbook of Developmental Psychology* is no exception. It is nearly a thousand pages in length, each one 8½ by 11 inches with two columns. It contains 50 chapters by 77 authors (almost all academic psychologists), on multiple aspects of human development, primarily from the viewpoint of cognitive theory. It is dedicated, in fact, to the memory of Jean Piaget.

The book is divided into six sections: Research Methods and Theories, Infancy, Childhood, Adolescence, Adulthood, and Aging. The first is addressed to various dimensions of research design and methodology. The second covers prenatal factors, biopsychosocial aspects of early development and infant-mother interaction, and the beginnings of cognition and language.

The section on childhood is almost exclusively cognitive in orientation. It is addressed largely to memory, language, and learning. The chapter on sex differentiation and the development of sex roles, although interesting, ignores psychodynamic issues, and the one on moral development concentrates on Piaget and Kohlberg (Freud is given brief mention in connection with "identification theory").

Adolescence is approached primarily in terms of its biological,

cognitive, and social dimensions. The article on adolescent sexuality is organized around questionnaire and interview-derived information, with an expressly anti-analytic bias. Ozzie Siegel's examination of adolescent personality development, on the other hand, draws heavily on the work of Peter Blos, Helene Deutsch, Anna Freud, Erik Erikson, Irene Josselyn, and other psychoanalytic investigators.

The sections on adulthood and aging are of interest, in that they focus, in a way that for the most part has not drawn a great deal of psychoanalytic attention, on postadolescent phenomena as dimensions of a *developmental process that extends throughout the life cycle*. The developmental effects of marriage, parenthood, divorce, work, intergenerational relations, biological and emotional involution, and the deterioration of physical and cognitive powers all are examined, although too often superficially and phenomenologically.

It is impossible to review a work like this in a way that does adequate justice to its contents or overall scope. Like all collections of its kind, it is far from uniform in the quality and significance of its various chapters. Many are written in a relatively superficial manner, apparently aimed at providing a scanning survey to give the reader a bird's eye view of some of the studies and ideas that are in the literature so that he or she can know where to look to explore them in greater depth. Of course, the particular interests and predilections of the authors determine the selection.

Some of the chapters are more detailed, inclusive, and meaty, however. Most, but not all, relate heavily to cognitive development. There is an interesting article on the biological and social solutions which have emerged to deal with the problems involved in mother-infant interactions during primate infancy. Another chapter thoroughly describes statistical methods of longitudinal study. The articles on infant development tend to be richly detailed and well worth perusing. Those on childhood and adolescence primarily will be of interest to those interested in cognitive and linguistic development. In the last two sections, the chapters on parenthood (which are quite analytically informed), divorce, and the effects of aging on intellectual and other abilities are worth looking at.

This is not the kind of book psychoanalysts are likely to run out and buy. Its existence is worth knowing about, however, both for

reference purposes and in terms of certain chapters that are well worth reading.

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

WORKING WITH DISADVANTAGED PARENTS AND THEIR CHILDREN. SCIENTIFIC AND PRACTICE ISSUES. By Sally Provence and Audrey Naylor. New Haven/London: Yale University Press, 1983. 215 pp.

This highly readable book derived from an in-depth study, with a follow-up five years later. Its authors are well known and respected in their field. A lucid, thought-provoking foreword by Albert J. Solnit introduces the book.

In its compactness, the book succeeds in vividly presenting a service-centered research project, based on a mainly psychoanalytic framework, that is of considerable interest. Guidelines for its replication are provided.

As participants in the Yale Child Welfare Research Program, the authors have set out to help disadvantaged young parents to facilitate the optimal development of their children and to improve the quality of their family life. They have also aspired to improve their methods of intervention and to generate new hypotheses for further investigation.

Provence and Naylor give a detailed narrative description of their procedures and their rationales. They have translated theoretical developmental concepts into practice, and they provide illustrative examples. They believe that direct intervention with parents can reduce the stress on them, so they can be enabled to cope more easily with their children. They use a combination of psychological interpretation and direct advice. Their conceptual framework is derived from the empirical findings of pediatrics, psychiatry, psychoanalysis, developmental psychology, clinical social work, and early childhood education. They point out that their approach is complex rather than simplistic. They take into consideration the multiplicity of factors that in interaction influence development. They express awareness of the ways in which action research can contaminate the field.

The subjects of the study were seventeen low-income families who participated in the project from the child's birth (contact was

initiated during pregnancy) until age thirty months. The families were served by a highly trained team of pediatricians, psychiatrists, developmental psychologists, nurses, teachers, and social workers. Developmental tests were used at frequent intervals and day care and toddler school were provided. Help was given for psychological as well as for a variety of reality problems.

The authors categorize the conceptual basis of their intervention program according to nine headings: endowment; maturation and development; environment and experience; phase or stage concept; parenthood as a developmental process; the central role of human relationships; physical care of the child; play and the young child's development; and learning, coping, and adaptation.

Five cases are presented which were chosen to illustrate the range of health and pathology and the variety of problems. Vignettes from other cases are also provided. The authors describe in detail their interaction with a seventeen-year-old, single, black, inner city mother and her son who developed a respiratory infection, necessitating a tracheostomy. Another case involved a twenty-year-old white woman with a deprived background and a history of severe psychiatric illness, living in a common law relationship with an equally deprived man. Their well-endowed daughter began to show emotional disturbance at six months. The authors describe the ways in which their intervention was successful and the ways in which it was not.

The third case involved a twenty-one-year-old black woman with limited education, separated from her husband and supported mainly by welfare. Her son is described as physiologically unstable at birth and exceedingly difficult to care for. The fourth involved an emotionally severely restricted, single black woman, who was extremely concerned about her own health. Her son was unusually compliant and passive. In the fifth case described at length, a twenty-one-year-old, highly intelligent, but emotionally disturbed white woman of middle-class background, who was living in poverty with a violent, paranoid husband, had been unable to protect her daughter adequately.

The authors discuss a range of responses to intervention among the entire group. Data on the children are presented, based on observations at ages twenty-four to thirty months and again at ages seven and a half to eight years. They compare their group with

eighteen other thirty-month-old children, selected out of the same hospital clinic and matched in a conventional way. The intervention group ended up with higher language and developmental quotients. The five-year follow-up showed that the intervention group functioned above the norms for inner city, disadvantaged children. The intervention families also showed upward mobility in respect to advances in their education, economic self-sufficiency, and quality of life.

Provence and Naylor feel that the essential factors responsible for the success of their program were competent staff, individualization of services to the parents and children, a team approach, coordination of services, and staff support. They emphasize that it helped for the assumptions and constructs that guided the program to be spelled out to the staff and to the subjects. They also stress that knowledge from the mental health field is as indispensable to the population involved as health care, guidance and counseling of parents, child care, and education. They emphasize the value of continuity of a competent staff providing those services. It is the authors' impression that not all, but most disadvantaged families can be substantially helped and that even those who can be helped only in a limited way benefit from ongoing support.

The knowledge gleaned from this study is of value well beyond its usefulness as a source of guidelines for replication of the services involved. The insight gained into the conflicts and problems of parents and children are applicable to other socioeconomic groups as well. The book should be of interest to psychoanalysts, psychiatrists, pediatricians, social workers, and teachers.

HELEN SCHUR (NEW YORK)

MICHELANGELO. A PSYCHOANALYTIC STUDY OF HIS LIFE AND IMAGES. By Robert S. Liebert, M.D. New Haven/London: Yale University Press, 1983. 447 pp.

Successful interdisciplinary work demands enormous erudition and the power to integrate it. Robert S. Liebert obviously has both. This beautifully illustrated, referenced, and indexed volume fulfills its stated promise: it adds a psychoanalytic (unconscious, personal) dimension to the art historical (cultural-stylistic) understanding of Michelangelo's artistic images. The result is art histor-

ical pathography, or pathographically oriented art history. By either name it makes for absorbing reading.

The facts available about Michelangelo's early life are few. The second of five sons, he was boarded out with a wet nurse, the daughter and wife of stonecutters, to whom Michelangelo later attributed his love of the stone chisel. After he was returned to his biological parents at about age two, his mother was pregnant for half of the next four years and died when he was six. His father remarried when Michelangelo was ten. He appears to have been an ineffectual man who opposed his son's desire to become a sculptor. On his part, Michelangelo always resented that he never was appreciated, even though he supported the whole family. He felt dependent, deprived, bitter, and envious, and he carried this over into feelings of intolerance for all upcoming artists. His sense of ambivalent bondage to his father was carried over to all his patrons, successive popes included.

The inferences of psychoanalytic interest stem from the fundamental importance to Michelangelo of the early maternal deprivation he experienced. It led to a splitting and lack of integration among self- and object representations and their associated affects of love and hate: idealized images of Madonnas, victim-son Jesus, and powerful father figures are juxtaposed with images of murderous mothers and sons and denigrated fathers. Also, as a result of the maternal deprivation, he was left with a deep uncertainty concerning the integrity of his own body image and turned from women toward men.

According to the author, this lifelong homoerotic inclination probably never reached overt fulfillment. He did have a thirty-two-year-old soul friendship, beginning at age fifty-seven, with the gifted, noble, and beautiful Tommaso de' Cavaliere, age twenty-three. The drawings Michelangelo presented to him, *Ganymede*, *The Punishment of Titus*, and *The Fall of Phaeton*, as well as his sonnets—some of the finest lyric verse of the sixteenth century—are highly suggestive of homosexual passion, guilt, and attempt at renunciation.

As Liebert makes clear, the sublimated homosexual merging with the youth and beauty of Tommaso is consistent with the Neoplatonism Michelangelo absorbed during his teens, namely, the belief that the soul strives for higher degrees of knowledge and

love, culminating in communion with God. The two types of union, idealized homosexuality and Neoplatonic idealism, share a common aim: triumph over aging and death, with the aim perhaps best achieved through great art.

Michelangelo's sole intense relationship with a woman began when he was sixty-one, with Vittoria Colonna, aged forty-six. It lasted eleven years. A dedicated Catholic, intellectual, childless, and not sexually attractive, she provided distance and intimacy, and she helped lead him to the Passion of Christ which increasingly absorbed him. After her death, the last fifteen years of his life were concentrated on one theme: the union of Son and Mother, as expressed in his *Pietàs*.

Since maternal deprivation is so central to the psychodynamics that Liebert postulates, what are some of the artistic images he finds to indicate it? In the *Madonna of the Stairs*, Mary is cold and unresponsive. Likewise, in the *Taddei Tondo* and the *Medici Madonna* her expression is not the traditionally sad and averted one but instead she is detached and emotionally unavailable. In *The Creation of Adam*, Jesus is precipitously balanced (as in the *Doni Tondo*), and he looks bewildered as he clutches his Mother's leg to keep from slipping.

As for pictorial evidence of homoerotic inclinations, in addition to sketches of his own head moving sequentially from a position close to the breast of the Madonna toward the undersized penis of a nude youth, there are images in the distal plane of the *Doni Tondo* suggestive of homoerotic interplay. There are also thinly veiled references to anal erotic submission to Zeus in *The Rape of Ganymede* and to yielding to Zeus through fellatio in *Leda and the Swan*. Both a yearning for and the cost of union with a powerful Father are suggested in *The Deluge*.

Also suggestive of maternal fixation is Michelangelo's relationship to stone itself. His long stays in the quarries of the Carrara Mountains seem to go beyond what was necessary to choose material for his work. If, as others have suggested, stone represents the early mother, or a transitional object, it would help explain why two thirds of Michelangelo's statues were never completed, since completing them would sever the relationship with the mother imago. It would also give added understanding to images, such as the *Boboli Slaves*, who appear to be engaged in a monu-

mental struggle to free themselves from the marble blocks which contain them.

One of the most remarkable things about Michelangelo's long life was that in his sixties he made a stylistic leap from the very canons of the Renaissance which he, along with Leonardo and Raphael, had brought to their peak. In *The Last Judgment*, the figures lack conventional beauty and are poorly proportioned. Space is no longer organized according to perspective and realistic considerations. In *The Conversion of St. Paul*, the emphasis has moved from narrative urgency to inner crisis. Space is treated as unreal, and there is a new subtlety of color. In stark contradiction to tradition, Peter is portrayed as protesting death.

In his seventies, after the death of Vittoria Colonna, there seems to have been an increasing desire for identification with Christ and His Mother. That rage and aggression toward his own mother always remained active, however, is suggested by the fact that at eighty he tried to destroy his Florence *Pietà*. In his statue, Christ's left lower extremity had been slung over the virgin's thigh. Was it technically imperfect, or too erotic?

In any event, shortly after his mutilation of the Florence *Pietà*, he began the Rondanini *Pietà*, a final image of the fusion of Son and Mother in which the very boundaries between them are obliterated. His first *Madonna of the Stairs* at age sixteen began with a rejecting Mother, and the last one ended with the fusion of the Mother and dead Son. To Liebert, this reflects "his unconscious belief that the only condition for comforting union with a woman was death" (p. 415).

An important aspect of Liebert's methodology is to trace the classical myth that seems to underlie Michelangelo's choice of artistic image and then to examine those aspects which were likely to have resonated unconsciously with what was in Michelangelo's mind. For example, there is an art historical basis for supposing that the model for the Madonna in the *Doni Tondo* was the *Satyr with the Infant Dionysus*, which was done by a follower of Donatello. Liebert argues that Michelangelo drew on this model not only for formal aesthetic reasons but also because of elements of the *Dionysus narrative* that struck an unconscious chord in himself: bisexuality, maternal abandonment, and longing for support by masculine figures.

Likewise, if the story of Laocoön underlay *The Dying Slave* and *The Rebellious Slave* and if the classical myth of Apollo and the artist Marsyas lay behind the image of the self-portrait on the flayed skin held by St. Bartholomew in *The Last Judgment*, the myths are treated by Liebert as though they were Michelangelo's free associations. He points to the same elements in the narrative of the myth which have been postulated as existing in Michelangelo's unconscious and takes them as confirming the presence of these themes in Michelangelo—themes which Michelangelo transposes from pagan to Christian imagery, mastering anxiety en route. For example, death becomes sensual sleep and bodily destruction turns into idealized physique.

It would seem to this reviewer that the Greek myths reflect universal human experience, including the early ubiquitous matricidal impulses and bisexuality. Suppose certain myths did underlie Michelangelo's images. Is attributing such importance to those particular narrative elements not an unwarranted stretching of the principles by which psychoanalytic meaning is obtained in the clinical setting? Instead of adding support to Liebert's argument, does it not have the effect of undermining credulity?

Aside from this questionable aspect of methodology, the book succeeds well in accomplishing what it sets out to do—complementing art history with psychoanalytic pathography. It is a measure of its success, however, that in demonstrating the scope of the method it also shows the limitations of pathography and art history in contributing either to the aesthetic experience or to its understanding.

When it comes to pathography and the drive theory on which it is based, it is impossible to avoid reductionism. Among other things, they cannot tell us what makes aesthetic experience different from other derivatives of the wish to merge, i.e., how one replaces ego-alien symptoms with valuable sublimations. Perhaps that is why the author has scarcely anything to say about aesthetic experience, except that it probably has to do with a controlled tension between contrasting impulses, such as action and restraint in the *Moses* or the *St. Matthew*. Nor does he attempt to contribute to the psychoanalytic theory of creativity. Kris's "regression in the service of the ego" was a 1952 effort to go beyond drive theory toward ego structure. But Liebert seems content to let it remain

there (p. 7), stranding his book on an unsatisfactory theoretical underpinning.

As for art history, it is an old question as to how or even if the kind of illumination its scholarship provides bears upon the visual aesthetic experience of art, which, if it is anything, is emotional. Take the Ramayana epic, for example. Knowledge of it may or may not intensify the religious experience of believers in the Hindu god, Vishnu. But that is a little beside the point. Knowledge of it may enhance the *understanding* of certain aspects of Balinese dancing. Will it, however, affect the aesthetic experience of observing that dancing? If so, how?

In the opinion of some, including this reviewer, when it comes to the aesthetic experience, art history and pathography probably have the same relationship to aesthetic experience as syntax has to literature. It is of vast interest to the intellectual—to the critic, teacher, scholar, or analyst. But it is beside the point for those most intimately concerned—the artist and the audience.

GILBERT J. ROSE (ROWAYTON, CONN.)

KIERKEGAARD'S TRUTH: THE DISCLOSURE OF THE SELF. Psychiatry and the Humanities, Vol. 5. Edited by Joseph H. Smith, M.D. New Haven/London: Yale University Press, 1981. 438 pp.

The *Psychiatry and the Humanities* volumes are published under the auspices of the Forum on Psychiatry and the Humanities, the Washington School of Psychiatry. As its name indicates, the Forum's purpose is to promote active interchange between psychiatrists and psychologists on the one hand and scholars in the humanities on the other. A principal medium for this has been a series of year-long interdisciplinary seminars devoted to specific topics of mutual interest to the two groups. Each one culminates in a lecture and a workshop given by an expert on the year's topic. A book is then assembled that comprises the lecture as well as contributions from the participants in the seminar and from other experts.

This volume on Kierkegaard has as its stated goal a "confrontation between the thought of the Christian Kierkegaard and the atheist Freud" (p. xvii). It is not clear, however, to what degree the individual contributors share this goal with the editor. Since the

author list includes an all-star array of Kierkegaard scholars but only one psychoanalyst, the under-representation of one side precludes an adequate encounter. In addition, as with many all-star exhibitions, the emphasis is more on individual virtuosity than on a coherent team effort. Perhaps this is not unrelated to Kierkegaard's own stress on individuality and exceptionality. For him, conformity to any man-made system was anathema and abandonment of self.

Another difficulty is that the vocabularies and perspectives of many of the contributors make for heavy going for a reader who is not knowledgeable about philosophy and religion in general and about Kierkegaard in particular. Average psychoanalysts, of which I count myself as one, are likely to wonder whether they play with the same shaped ball or even in the same arena as some of the all-star performers.

Paul Holmer, in a somewhat preachy lead article, inveighs against theory, speaks of letting go and allowing God to make of us what we cannot, and states that a science of selfhood is a chimera and that knowledge of oneself and others is dependent on moral development rather than on cognitive skill. It is difficult to know how much is Kierkegaard and how much is Holmer. Whichever, it would be hard to attempt a comparison of this with psychoanalytic conceptions of mental development.

A few of the authors do make an effort to compare psychoanalytic ideas with those of Kierkegaard. Not surprisingly, W. W. Meissner, the lone psychoanalyst contributor, is one of them. To a fellow analyst, his is one of the more accessible pieces. It is couched in familiar terminology, clearly written, and sprinkled with aptly chosen quotations from Kierkegaard. Meissner's conclusion is that "the phenomena addressed by a structural, conflict-related, drive-defense model are not the same as those addressed in a self perspective" (p. 308). This is debatable. Consider, for example, Edward Bibring's correlation of vicissitudes of self-esteem with the ebb and flow of libidinal conflicts and Erik Erikson's exposition of the way personal identity is shaped by both psychosexual conflicts and psychosocial development.

William Kerrigan makes a valiant essay at explicating what he considers to be the challenge of the Kierkegaardian tradition to Freudian thought, though he draws heavily upon sources which

are at the periphery of psychoanalytic theory, e.g., Heidegger, Boss, Ricoeur, Husserl, and Lacan. He points to a theme which appears to constitute a significant element of Kierkegaard's appeal to anti-establishment, anti-authority, anti-system sentiments in those who would be singular and free. This is the theme of self-determination or what Freud once termed the project of giving birth to oneself. It is reminiscent of William Blake's assertion that he must create his own system lest he become the prisoner of another man's. One suspects that an undercurrent in so-called self psychology is a refusal to accept Freud's strict emphasis on determinism and his conviction that man is not as free an agent as he would like to believe. The same may apply to the process which Kerrigan terms the "obliteration of the superego in the ego," a form of self-determination in which reason realizes that it itself is the author of the law.

Several other contributors also touch on Kierkegaard's striving for truth to oneself. For example, Michael Theunissen surveys several of the attempts which psychiatrists have made to link Kierkegaard's concept of despair with psychic illnesses and to equate despair with not being oneself. Karen Horney and her student, F. A. Weiss, were among such thinkers. The latter spoke of "self-alienation," "self-anesthesia," and "self-elimination." Others include writers who were especially interested in schizophrenia and schizophrenic phenomena. The split between the "true" and the "false" self is a salient feature in R. D. Laing's clinical writings, as it is in L. Binswanger's "The Case of Ellen West." Theunissen also usefully reminds the reader that for Kierkegaard sickness and health were not necessarily antithetical since despair could be the impetus and forerunner to coming into possession of one's true self. Surely, this is close to what psychoanalysts would look for in judging a person's motivation for entering treatment, namely, an awareness of dissatisfaction with one's self and a desire for change.

Similarly, Vincent McCarthy, in a lucid and intelligent view of the anatomy of mental and spiritual crisis as depicted by Kierkegaard, points to the double significance of crisis as both disaster and opportunity. According to Kierkegaard, one adopts an ironic perspective when the world has lost its validity and broken its implicit promise to fulfill one's higher needs. At the same time, irony is an incitement to subjectivity. In Kierkegaard's credo, helplessness

ness is not a passive mood of weakness but a crisis moment attained after an arduous effort—a moment to be suffered through and a prologue to change.

A practicing psychoanalyst who ponders the interpretative process and the ingredients that go into making an interpretation effective is likely to find illuminating parallels in Paul Armstrong's subtle and penetrating discussion of Kierkegaard's style of argument and its effects upon his readers. Armstrong suggests that Kierkegaard disorients his readers in order to reorient them. Kierkegaard's pseudonymous spokesmen, as they advance varying perspectives, challenge the readers to take notice of inadequacies in their unexamined habits of understanding and to recognize the provisional nature of understanding. The aesthetic and ethical positions are regarded not only as stages of existence but as interpretative perspectives in a field of conflicting interpretations. Kierkegaard uses analogy as a means of making the unfamiliar familiar and the familiar unfamiliar. Anyone concerned with what has been termed psychoanalytic tact and timing cannot help but resonate to this sort of comment on Kierkegaard's style:

Kierkegaard's practice of communicating indirectly, through pseudonyms, shows a liberating rather than dominating solicitude for the reader's welfare. By withdrawing behind the pseudonyms, Kierkegaard claims, "The communicator disappears, as it were, makes himself serve only to help the other become." This withdrawal is necessary, he believes, because "it is impossible for me to compel a person to accept an opinion, a conviction, a belief. But one thing I can do: I can compel him to take notice. In one sense this is the first thing; for it is the condition antecedent to the next thing, i.e. the acceptance of an opinion, a conviction, a belief. In another sense it is the last—if, that is, he will not take the next step" (pp. 48-49).

This communicative stance is reminiscent of what Lewis Hill in his terminology used to call the offering of ideas in an intransitive mode, wherein the patient is left free to pick up or to disregard the idea and any personal significance it might have for him.

In similar vein, Mark Taylor remarks on Kierkegaard's pedagogical strategy in which each of the pseudonymous characters represents a particular shape of consciousness, form of life, type of selfhood, and in which Kierkegaard withdraws and allows each persona to speak for itself. Taylor also usefully calls attention to Hegel's recognition of the therapeutic value of recollection and suggests intriguing parallels to Freud's method of treatment.

Another paper of substantial interest is one by James Collins in which he discusses Kierkegaard's imagery of the self. He provides illuminating ideas about how such mythological figures as Faust, Don Juan, the Wandering Jew, and Til Eulenspiegel may constitute patterns or templates for shaping the self. Equally valuable is his discussion of Kierkegaard's striking image of the self as a master thief and of his fascination with Socrates' method as a model for the attainment of selfhood.

Bruce Kirmmse takes up Kierkegaard's animadversion to pressures for social conformity which prevent a person from daring to be his individual and singularly responsible self. This is the theme of the true versus the false self. Kierkegaard regarded the "public" as a leveling master to be shunned in a struggle to define one's self, alone and with faith in God rather than in public opinion. In his emphasis on individuality, it does appear that Kierkegaard tended to underestimate the importance of social interaction in shaping the self, a process central to the formulations of Freud and social psychologists in the tradition of George Herbert Mead. In some ways this is surprising, given Kierkegaard's superb mastery of language and of story-telling, which, after all, are socially acquired abilities.

This book has rather little to say about Kierkegaard's life or how it and his writings intertwine. One presumes that this was the intention of the editor and authors. Perhaps they assumed that the reader who is attracted to this book would already possess that knowledge. Doubtless, knowing the contexts, occasions, and special audiences for Kierkegaard's specific writings would enormously enhance one's appreciation of the viewpoints and arguments he advances. Here again, Kierkegaard must have been more enmeshed in the doings of his time and of his fellow-beings than he perhaps liked to think. The fact that so many thoughtful persons continue to find contemporary and personal resonances in Kierkegaard's writings is another argument to that effect. Certainly, his ideal of finding and adhering to one's true self has relevance for our times. Another enduring basis for his appeal would appear to be that he exemplifies the struggle to express something inexpressible, yet profoundly felt.

DONALD L. BURNHAM (BETHESDA, MD.)

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FREUD ON FEMININITY AND FAITH. By Judith Van Herik. Berkeley: University of California Press, 1982. 216 pp.

In the final paragraph of this book, Judith Van Herik explains why a person interested in feminist questions has reason for encountering Freud's writings: first, to "delineate and criticize the misogyny in Freud's psychology of women"; second, to "see how he accounts for gender asymmetry analytically"; and third, to see how "gender asymmetry is central to Freudian criticism in general and criticism of religion in particular."

"Gender asymmetry" is, stated simply, the way in which men in a patriarchal society view women, i.e., expecting that they should be fulfilled by being passive, submissive, and compliant to the men. The author's purpose in establishing and describing the gender asymmetry of patriarchal societies is not to explain the inadequacy of Freud's psychology of women so that she can develop a more useful and more accurate understanding of women, but rather to invalidate Freud's critique of religion. For Van Herik, Freud's attempts at understanding the complex questions about the basis of religious faith and the nature of religious experience are invalid because his incomplete and faulty theories about the development of the female are at the basis of his critique of religion. She also argues that Freud's acceptance of the nineteenth century rationalist position that religion is the product of the human mind and condition (i.e., the need to deal with fears engendered by the knowledge of one's mortality, the acknowledgment of one's insignificance in the face of the universe and the unknown, and the narcissistic hurt contained in the idea that each person's existence is due only to chance) is merely the result of his own theory of projection. She ignores the historical context in which Freud wrote, particularly the influence of the philosopher Feuerbach.

One difficulty for this reader was the tedious repetition of her thesis, especially after the careful, scholarly build-up of her arguments concerning gender asymmetry. Simply quoted, it is that "Freud has in mind primarily the 'moral level' of men . . . the psychical situation that he describes, obedience to external paternal authority who is at the same time loving and loved, in the *feminine* position vis-à-vis the father, whether it is found in a man or a woman. The superego remains weak in such a relationship because

postoedipal internalization and depersonalization of paternal precepts have not been completed" (pp. 154-155, italics added). She states further that "renunciation of illusion will mean renunciation of the feminine attitude to the divine father as well as renunciation of the normal masculine attitude to him, in favor of scientific resignation to a postpaternal universe" (p. 193). The implication that a weak superego (based on wish fulfillment) leads to inferior mental (i.e., intellectual and moral) functioning is guaranteed to infuriate an intelligent woman *if* the condition is equated with being female. Since Van Herik is attacking Freud's writings, and apparently viewing them as "writ in stone," I hesitate to point out that both dominance of the pleasure principle and compliance to authority (to avoid punishment and enjoy passive pleasure) are to be equated not with femininity but with regression to an infantile posture. Certain questionable kinds of religious experience and behavior are human, not feminine. They reflect a regression to the pleasure principle, a need for comfort and consolation, and a need to depend on authority for protection.

Van Herik objects to Freud's critique of religion on still other grounds: "Belief in Christian ideas is seen [by Freud] as functioning to fulfill wishes for protection and as resulting in restriction of intellect. . . . the psychical and cultural results of the Mosaic tradition [involve] the stringent instinctual renunciations that began and were continued within the Jewish tradition [and] have . . . strengthened spiritual and intellectual faculties" (p. 143). She chooses not to discuss Freud's use of central European Catholicism as representative of Christianity and his lack of recognition of the results of the Reformation as beyond the "requirement of her present work." She does take issue with Freud's advocacy of renunciation as the human ideal and attributes it to his adherence to the Mosaic tradition. Van Herik asserts that Freud equates Christianity with fulfillment and femininity and that he equates the Mosaic tradition with renunciation and masculinity. But this adds nothing to our appreciation of Freud's quest for understanding of the need for religious belief and faith.

Van Herik has written the book she intended: an attempt to invalidate Freud's non-adherence to religious observance and non-belief in God on the grounds that he devalued women and femininity. Her position is reductionistic and, more than that, disap-

pointing. This reviewer persisted in reading Van Herik's arguments in the hope that she would eventually discuss the varieties and psychological nature of religious experience and its functions in human life, and even present her own struggles in making the leap of faith or accepting an agnostic or atheistic position. This hope was repeatedly nurtured and dashed, as Van Herik raised a series of issues, only to assert her thesis or to state that discussion of the issue was beyond the scope of her thesis. For example, when confronted with the arguments of the theologian Hans Küng, who justifies Freud's critique of religion despite his reservations about Freud's ideas on the importance of sexuality in the development of the human personality, she summarily dismisses him in a footnote. Instead of presenting arguments to counter his views, she simply states that she disagrees with Küng's assertion that "Freud's atheism was not grounded in his psychoanalysis, but preceded it" (p. 169).

The work does not address any of the really compelling questions about religion and Freud (e.g., the usefulness of psychoanalytic concepts about the development of personality as it relates to the understanding of religious experience in the nondefensive aspects of ego functioning), nor does it attempt to investigate Freud's obvious fascination with religion, his attempts to grapple with his own religious impulses and needs, and his use of myth in the understanding of human experience. Van Herik's critique of Freud's work enhances our understanding neither of femininity nor of faith.

MURIEL LASKIN (NEW YORK)

## Revue Française de Psychanalyse, XLIV.1980.

Emmett Wilson

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## ABSTRACTS

**Revue Française de Psychanalyse**, XLIV.1980.

*Abstracted by Emmett Wilson, Jr.*

**The End of Psychoanalysis and Its Modes of Termination.** Serge Lebovici. Pp. 234-263.

Despite an abundant bibliography on the theory and technique of termination, the transmission to younger colleagues of analytic experience on this problem is not assured. In France, in order not to prolong an already lengthy training period, supervised analyses are usually not even followed through to termination. In contrast, affiliation to the American Psychoanalytic Association may not take place until the candidate has terminated several supervised cases. Lebovici examines: (1) those analyses which turn out as one had hoped; (2) those which become longer and difficult to terminate, and the reasons for this; and (3) certain clinical and technical aspects which might account for the increase in the length of treatment to the point of rendering an analysis interminable. He then goes on to metapsychological reflections and to a review of the literature, beginning with the proto-history of analysis when treatment lasted only a few weeks. He notes the readiness of Anna Freud, of American psychoanalysis, and of the International Psycho-Analytical Association (which he considers an expression of American analysis) to talk about adaptation to society. French analysts, he feels, are more hesitant to discuss this theme. An honest examination of the bibliography shows, however, that all analysts are preoccupied with the therapeutic value of their treatment at a time when more and more requests for treatment come from those with character neuroses and borderline disorders. Lebovici reviews some of the criteria for termination proposed by such writers as Balint, Bouvet, Nacht, and Rangell. He criticizes authors who suggest that termination is recognized in the patient's acknowledgment of the reality of the analyst. But he also criticizes those who believe that the analyst should no longer be anyone meaningful for the patient. On the contrary, Lebovici feels that the time for termination is indicated when an authentic relationship has developed between patient and analyst, charged as little as possible with transference and countertransference displacements. The increased length of analyses today is due in part to the restricted group of individuals presenting themselves for analysis at a time when there is much more sophistication in general medicine and among psychiatrists, with chemotherapy and brief therapies available. The psychopathological organization of many patients accepted into analysis diminishes their analyzability, as analysts now treat patients who have a much wider range of disorders. Other factors, such as life situations, the need for certain crutches which cannot be given up, etc., affect the length of analysis. Although preliminary interviews should help estimate these factors, unfortunately there is still a sort of discrimination which occurs out of reasons of sympathy and reciprocal seduction. Lebovici considers various factors which might provoke intense transference reactions, such as the introduction of parameters, countertransference, etc. Nacht, Bion, and Winnicott have discussed the "politics of the presence of the analyst." Such factors sometimes lead to difficulty in distinguishing between analysis and psycho-

therapy. Regarding interminable analyses, Lebovici emphasizes the cultural conditions of analysis. In France, which was for a long time refractory to the penetration of Freudian ideas, there is now an eager application of analysis in medicine, psychiatry, the humanities, and especially in epistemology. The situation is aggravated by an insistence upon psychoanalysis as a tool of scientific investigation, although Freud never stopped regarding it as also a therapeutic tool. Another aspect of the problem involves the failure to maintain a clear demarcation between training analysis and therapeutic analysis, which has led to an unanalyzed confrontation with the institutional cadre. The institute is sometimes a source of difficulty for the candidate in the same way that the environment, especially the family, may be the source of difficulties for the patient. This has led to an interest in a family approach to therapy or to other modifications which are characteristic of a psychotherapeutic rather than a psychoanalytic approach. The end result has been to erode the distinction between psychoanalysis and psychotherapy. In summary, the extensions of the indications for analysis now threaten analysis in terms of its own identity and usefulness.

**The Request for a Second Analysis.** Denise Braunschweig. Pp. 265-274.

One type of interminable analysis can be seen in those analysands who present for a second analysis even though the first was terminated more or less satisfactorily. Braunschweig cites Freud's well-known recommendation for a re-analysis every five years. The interminability which characterizes every analysis, at least theoretically if not in the practical sense, is at issue in the question of a second analysis. Braunschweig cites the theories of Michel Neyraut and of Conrad Stein and develops the thesis that there is a traumatic seduction involved in the first analysis, with masochistic elements in the subjection of the patient to the superego, identified as the dead father. Repression of the sexual and sadistic father has the psychic reality of a murder. Analysis thus involves an element of unconscious guilt liberated in the patients by the analysis and the interpretation of oedipal strivings. When the first analysis is terminated, this guilt is desexualized along with the oedipal objects. The end of the first analysis is the unconscious equivalent of the cessation of the analyst's desire for the patient and the death of the psychoanalyst as the object of desire. After a latency period, the "five years" specified by Freud, a second analysis may involve an attempt to resexualize the relationship with the analyst. The protective presence of the parents during latency finds a parallel in the presence of the analyst who provides protection in mastering fantasies of seduction. The second time around in analysis is sometimes even more successful because of the facilitation of the acceptance in consciousness of the disagreeable aspects of human desire.

**Readings of the "Schreber Case."** J.-F. Rabain. Pp. 329-347.

The translations of the principal English studies of the Schreber case were reviewed by P. C. Racamier and J. Chasseguet-Smirgel at the time of their publication in France in 1966. Now several new studies have aroused new interest in the case. It is striking that the author of *Gradiva* has not attracted as much interest or such abundant publications as has Schreber. This must be due to the intrinsic interest of Schreber's *Memoirs* themselves and their textual richness. Rabain reviews the

work on the father complex, as discussed by Niederland, Baymeyer, and Katan, and the variant hypotheses presented by MacAlpine and Hunter, Fairbairn, and R. White. He raises the question of whether the history of psychoanalytic theory which developed in the course of considerations of Schreber's work might not have sometimes resulted in a sort of "interpretative delirium." He cites the historiographer's contrast between "real history" and "imaginary history," between rigorous deduction and the creation or fabrication of a meaning which is always elusive. He sees the latter approach as characteristic of Katan's reconstruction of a homosexual seduction during childhood between Schreber and his brother. Katan forgets that there is only the field of construction that Schreber made of whatever happened in his childhood. We have only the text; we do not have Schreber here to remember, to construct, or to elaborate for us. Analysts are sometimes prone to do this for Schreber, and Rabain notes how analysts always seem to discover their own pet theories in their reading of the Schreber case. Rabain makes some final remarks on the euphemistic *Grundsprache*, the basic language as elaborated in the *Memoirs*. He thinks this might be linked to Freud's theory of negation and the unconscious characteristic of reversibility as shown in dream processes.

**Review of Several Psychoanalytic Works on Adolescence.** André Brousselle; Alain Gibeault; Michel Vincent. Pp. 445-479.

The authors consider several recent works which they feel best illustrate the psychoanalytic approach to adolescence. They focus on three areas: the major theoretical axioms of adolescence; the psychoanalytic process as seen in the technical variants and difficulties created by adolescence; and, finally, the importance of the recollection and elaboration of adolescence in the analyses of adults. They review the work of Peter Blos, aware that this may be provocative for a French analytic audience that is more familiar with a different approach. Blos's work is presented as the most representative synthesis of contemporary American tendencies. The authors note with approval more recent work in which Blos treats adolescence as a second individuation process, correlating his stages with Mahler's work. Their major criticism of Blos is the small place he assigns to fantasy organization (except in his chapter on masturbation) and his neglect of the concept of trauma. Other authors discussed from the psychoanalytic literature in English include Melanie Klein, Fraiberg, K. Eissler, Erikson, Shapiro, Laufer, Isay, and Jacobson. The authors then review various discussions by French analytic authors, including the writings of R. Henny, E. Kestenberg, Jacqueline Rousseau and Paul Israel, P. Mâle, S. Lebovici, R. Diatkine, and J. Simon. They also note the work of B. Grunberger and compare it with that of Kohut on narcissism. The review is excellent, careful, and detailed. It provides the reader with a very good overview of French psychoanalytic contributions to the theory of adolescence, as well as an idea of the French response to English and American contributions to the topic. There is an extensive bibliography.

**External and Internal Reality; the Importance and Specificity of Their Articulation at Adolescence.** Philippe Jeammet. Pp. 481-521.

Psychoanalysts have written much on adolescence in the last two decades so that it can now be said to have its specific place in psychoanalytic literature. This change

has come about through the development of clinical work with adolescents in psychoanalytic treatment. Work with adolescents and young adults places us at a crossroads between psychoanalysis and psychotherapeutic treatment, on the one hand, and crisis intervention, work with families, and institutional work, on the other. We are thus forced to move from a focus on the internal world of our patients to a consideration of external realities which affect them. Still, adolescence is best understood within a psychoanalytic framework, which provides a more global view of the structural and economic import of these factors and at the same time limits the seduction of which adolescents are so readily capable. The problems of adolescence are well known: the urgent choices adolescents are called upon to make, their search for identity and the mirror that the peer group provides, the tendency to express conflict in conduct, and the use of the body as a means of expression of conflict. This relative importance of experience over thought leaves the therapist with the impression that the adolescent has a total lack of insight, although one is really dealing with the adolescent's active defensive counterinvestment of thought, linked with global sexualization of thought and representation at this stage of development. A second consequence of this ascendancy of experience over thought is the involvement of the adolescent's milieu, especially the family, in his or her conflicts. There is a defensive character element here, too, in that one of the members of the environment may become a support for the projections of the adolescent. Adolescents use such an object to protect their internal world by means of a vehement focus on such external reality as the object provides. This is a sort of fetishistic use of the object, as described by E. Kestenberg. Loss or invalidation of this object may amount to a massive amputation. If such external objects are lacking, there is a disorganizing effect on the adolescent's psyche. Sometimes in therapy, defensive measures may be seen against the development of an object relationship, such as indifference, affective retreat, boredom. The therapist must then resort to a sort of "acting in" in the therapy, with direct expressions of elements of the countertransference, reassertion of conventions or other requirements. These expressions make clear to the adolescent the interest the therapist has and his wish to continue with treatment whatever the difficulties may be. An attitude of retreat on the part of the therapist might have a catastrophic effect on the adolescent so much in need of an object. One must be wary about accepting interruptions suggested by the adolescent, for these can readily be seen as a rejection. The external object also helps the adolescent differentiate his internal imagoes and in times of turmoil may help guarantee the internal object. This is why the question of the sex of the therapist is not a negligible one in the treatment of adolescents: it may be the determining factor in getting therapy started. Parents are the primary recipients of this external investment of adolescents. They themselves may need support when they have an adolescent in crisis because it generally occurs at a time of conflict in their own lives, as many writers have noted. Upon their response a great deal depends. If an attempted alliance with external adult objects ends in disappointment, it is pardoned less at this age than at any other.

**A Little Note on the Crisis of Adolescence. From Disappointment to Conquest.**  
Evelyn Kestenberg. Pp. 522-530.

If latency is a time of waiting, adolescence is the event that crowns this period of waiting. Some of the problems of adolescence may arise from a dissatisfaction with

the changes which occur with the move into adolescence, resulting in a fundamental disappointment with the outcome of the latency period and in a failure to reorganize psychic elements in a healthy way. Time is an important factor also for an adolescent to become aware of. Much of the symptomatology of adolescence comes from the demand for the immediacy of achievement of all his interests and idealizations and an inability to experience a project as a project. The adolescent needs the time of conflict, taming, and integration to move from disappointment to conquest.

**On Some Vicissitudes of Transitional Space in Adolescence.** Raymond Cahn. Pp. 531-542.

Several clinical vignettes are examined to illustrate Cahn's thesis that the movement from childhood into adolescence involves a space carved out by separation between the adolescent and his mother, between the adolescent and childhood. In his view, this space is offered by the socius through the body of rituals and myths. These constitute a transitional illusion, shared by the group, the adolescent's family, and the adolescent himself, symbolizing and guaranteeing the self and its identity. The cultural complex of initiation myths provides a transitional space and anticipates and eases the difficulties of the transition, giving a sense to life for the adolescent. The adolescent in our society, however, is forced to forge his own illusory space, his own personal myth, and his own religion, in order to give sense and living reality to the encounter between his desires, his fears, his fantasies, and the things and persons surrounding him. This transitional space depends at the same time on internal and external objects, and the history of these objects and their functioning may determine the characteristics of the transitional space available to the adolescent. The contemporary adolescent, lacking the complex of myths and initiation rites, has a difficult choice between adherence to contemporary myths and the self-creation of his personal myth, with all the difficulties and cultural isolation this would bring.

**First Love.** Simone Daymas-Lugassy. Pp. 543-555.

This article is a clear and perceptive study of the organizing effect that first love has on the adolescent's psychological development and its influence on the adolescent's future object relations. The author sees first love as a sort of ritual initiation into adolescence, and, whatever its manifest expression, it can be considered an organizer of the psyche that marks the temporal entry into adolescence. Adolescents in the throes of first love are still enmeshed in an infantile libidinal organization to which they strongly adhere, without the protection of experience. First love involves a brutal narcissistic assault, with a violence done to the ego by an exterior object, which is all the more real because its qualities are, by projection, those of the mother in an unremembered past time of primary narcissism. First love is fragile and is likely to fade into despair at the slightest doubt which insipid reality foists on the suddenly sober adolescent. The hallucinatory wish fulfillment of first love is always close to the pain of an irretrievable loss. In this day of the telephone, it is interesting to see how the adolescent ego still finds indispensable the writing of poems or the keeping of intimate journals, as in times past. The adolescent also recognizes, much more than an adult, how this desire flourishes by not being

fulfilled, and is more like a child in his need for the illusion of satisfaction. The contemporary climate of sexual liberation may not be psychologically helpful to adolescent development. The traditional family structure, in which each generation benefits from the experience of the older, has broken down. Today there is complicity between parents and adolescents; parents seem to be engaged in a rejection of their own parents by idealizing the adolescent and his or her experiences. The complicity involves urging the youngster on to sexual experience, in sharing confidences about adolescent experiences, even in providing contraceptives to the adolescents to set them on their way toward sexual realization, forgetting the importance of dream and illusion to the adolescent. This lack of a creative lapse of time before experience is unfortunate for the adolescent.

How different it is from the days of the analyst's own adolescence! Yet, upon reflection, perhaps there have been few real changes. The discourse is perhaps essentially the same, only the language is different. The analyst with an adolescent in treatment must speak to the child in the adolescent and at the same time speak to the adolescent's ego-ideal in a language which may even be slightly lofty. All this must be done without infantilization and without complicity. The adolescent cannot tolerate being identified with, and needs an ideal reference point, with a sort of magical comprehension of all that ought to befall him or her. There is usually a defiance in the adolescent's attitude toward therapy, and it would be a mistake to respond to this with a sort of seductiveness. Rarely are very young adolescents taken into analysis, leaving to the first love the privileged place over analytic treatment. It may very well be true that adults in analysis talk little about their adolescence, but it is not at all uncommon for an adolescent whom one has previously treated to return in late adolescence for an analysis, and such individuals focus a great deal on the adolescent experiences, including the important first love.

**The Adolescent in Psychoanalysis: Interior and Exterior Resistances.** F. G. Ladame. Pp. 571-579.

The author's practice is mostly with borderline adolescents, and he questions whether the neurotic adolescent suffers sufficiently or is lacking sufficiently in external gratifications ever to come to analysis during adolescence. The patients who constitute the basis for his clinical experience have usually not been able to achieve satisfactions in their lives. Three types of activities may bring an adolescent and analyst together: a classical analysis, psychotherapy in which the analyst makes use of psychoanalytic insights for understanding, or work with the adolescent's family or those in charge of him or her in the community. In analytic treatment of an adolescent, one must be on guard against applying to troubled adolescents the developmental schemata which are valid only for the normal adolescent. These latter, in spite of vicissitudes, relentlessly follow the usual process of evolution, while the troubled adolescent is troubled precisely because the normal developmental process is in danger of failing. Ladame insists on this distinction between the two groups because of the multiple warnings in the literature against analytic treatment of adolescents. These do not distinguish between the group which requires treatment, often urgently, and a more normal group which should not enter analysis. The former have usually encountered difficulties between the phases of preadolescence and adolescence proper, even if they come to treatment only later. Ladame

discusses several transference phenomena observed frequently in the treatment of adolescents. Most of the focus is on the problem of the negative therapeutic reactions; he relies on the views of Fairbairn concerning this phenomenon and sees it as closely linked to masochism. It is an ego defense with respect to the conflict between the need to be loved at the level of oral or cutaneous eroticism, and the experience of hostility which took its place. This defense preserves the link to the original object, a link which could not be abandoned. Such a view requires us to take into account the historical reality of the patient. Thus the external resistance provided by the family must also be dealt with in the treatment of an adolescent. An assessment is made of the family dynamics at the initiation of treatment. In happy cases this assessment is merely kept in reserve, but in others it may provide the basis for a family therapy which is preliminary to the therapeutic engagement of the adolescent, and perhaps even for other family members.

**Actual Elements in the Relations between the Adolescent and Psychoanalysis.**  
Jean-Pierre Pinel. Pp. 617-622.

Pinel feels that the massive psychoanalytic bibliographies on adolescence reveal the limits of the countertransference space of analysts toward adolescence and indicate the urgency they feel to master this chaotic countertransference. The "discoveries" of the literature depend on the author's school of thought—Kleinian, Freudian, or whatever—and show the rigid application of a preconceived framework to something which is difficult to conceptualize. Pinel thus emphasizes the heterogeneity of theoretical and technical approaches to adolescence. He compares the society of adolescents with that of analysts and finds certain parallels, especially the precarious feeling about their social utility, their relative exclusion from and unfamiliarity with productive channels, a certain taste for truth, and an interest in ritual. In the course of his inquiry he is led to question whether the manifestations of the adolescent crisis fall within the framework of analytic competence, that is, transference neuroses. He sees adolescence more as an actual neurosis, in the original medical sense of the term, meaning an intoxication of sexual origin. It is important to recognize the actuality, in this sense of the term, of puberty and the physical transformations by which puberty is manifest. The author denies that he means puberty is to be placed on the same level as a physical intoxication, however. He suggests that we recognize that the idea of a confrontation between the fantasy life of the adolescent (of which we know little) and his pubertal transformations is merely a hypothesis; certainly, it is secondary to the brutal reality of these transformations. With Freud we are accustomed to think of adolescence as the time of the setting of genital primacy. But we must recognize that before this occurs, puberty is a transitory period during which psychic and physical processes occur without a link between them. The psychic processes leading to the establishment of genital primacy remain an enigma to us. Though it serves as a point of departure for theoretical discussion about adolescent development, genital primacy really marks the end of adolescence rather than its inauguration.

**Revista de Psicoanálisis, XL. 1983.**

*Abstracted by H. Gunther Perdigão.*

**Beyond Freudian Metapsychology: The Metapsychological Points of View of the Kleinian School.** Elizabeth Tabak de Bianchedi, et al. Pp. 353-367.

The authors, who are interested in the Kleinian School, seek to clarify the term metapsychology and to formulate Kleinian metapsychological points of view. They divide metapsychology into two areas, which are, from a logical point of view, clearly differentiated. The first area encompasses the basic hypothesis of a theoretical psychoanalytic system. In it are stated problems of definition, validation, refutation, etc. Several items are discussed: 1) the theory of primitive mental functioning which postulates the existence of an ego from birth, capable of perceiving anxiety, developing primary defense mechanisms, and establishing object relations; 2) the theory of the structuring function of projective identification and introjection; 3) a theory of object relations, which includes the hypothesis of an unconscious fantasy from which derives in part the concept of an inner world; 4) the theory of the positions which establish a hierarchy of mental functioning in the concepts of psychotic anxieties (paranoid and depressive); and 5) a different conceptualization of the death instinct and its vicissitudes from which derives the concept of primary envy, among others. The second area designates the implicit or explicit conceptual framework which an author uses in his investigative work, such as the "points of view" of Rappaport and Gill. In this area the Kleinian metapsychological points of view are: 1) the positional; 2) the political economic; 3) the spatial; and 4) the dramatic. Each of these is discussed. The epistemological value of these points of view is that this delineation allows one to know and to understand how certain Freudian psychoanalytic theories have undergone modification that results in a different set of conceptualizations. The authors conclude by saying that neither their point of view nor Freud's should be deemed to explain mental phenomena. The points of view only describe the broadest concepts, implicit or explicit, used by an investigator in his work.

**The Relationship between the Concepts of Superego and Ego Ideal.** Ben Zion Winograd. Pp. 505-512.

Winograd proposes to clarify certain problems concerning the delimitation of the superego as a structure and the relationship of its content to other structures of the psychic apparatus. He starts with what Freud at first called the ego ideal and the conceptual position assigned to this structure when he formulated the structural theory in 1923. Winograd proposes to call the ego ideal that structure of the mind which includes functions of comparison or of balance, and which results genetically from the loss of the infant's self-sufficiency because of the discovery that others exist outside oneself. He next attempts to clarify the concept of the ego ideal as a superego function and discusses its integration into the theory of narcissism. The ego ideal of the 1914 papers is conceptualized on a genetic and structural level different from that of the superego of 1923. The ego ideal results from internalization of the structure that results from the conflict at the appearance of the dyad;

it implies a partial recovery of narcissism. The superego is formed as the heir of the triangular oedipal conflict. Triangular conflicts are satisfactorily or neurotically resolved in the field of object libido. Matters are different, however, in the pathology of narcissism and in the other situations where dyadic problems predominate. In these structures the ego ideal has greater autonomy in a deterministic or causal sense. In conclusion, Winograd suggests that a semantic stipulation be made when using the term superego. Its links with the ego ideal as function, nucleus, or content should be specified. When the term superego is used in a general sense it is valid to consider the ideal an included function. However, when narcissistic structures are examined, the term superego should not be used to indicate a predominance of triangular conflict or of areas of object libido. The dominant structure in such cases is ego ideal as binary structure.

**The Oedipus Complex. The Vicissitudes of the Ideals of Justice.** Edmundo Saimovici. Pp. 539-550.

This paper deals with variations of the psychic structure in relation to the vicissitudes of the oedipal period. The author describes how the ideals of justice are predicated on the degree of resolution of the oedipus complex. His clinical material illustrates various defensive configurations of the oedipal conflict. Little Hans exemplifies the child's fantasy of father and son married to the child's mother. The refusal to give up the incestuous fantasy leads to the first ideal of justice: what is just and conciliatory is that all of us should be able to have mother. In the next case cited by Saimovici, the child has fantasies that father and son both can possess the mother and have children by her. In this case there is a split. Privately, the individual maintains the fantasy of oedipal transgression. Publicly, he upholds the prohibition and accepts the oedipal renunciation, which gives rise to the second ideal of justice: that none should possess the mother. In the third case an adolescent shows ambivalence between the acceptance of oedipal renunciation and the denial of it. The related ideal of justice is that nobody should incestuously possess the mother and that each should have an exogamous wife. Along the path to the acceptance of the oedipal renunciation expressed by "each one has his own," the transgressions may come from the father's side. Such transgression is not straightforward as in the first two cases but is full of trickery and cheating. This leads to fantasies of how to evade the law and re-establish the state of affairs prior to the oedipal renunciation. The author correlates the level of justice with the degree of oedipal renunciation. He discusses the spectrum starting from a level where there is denial of the oedipal conflict, and its consequent castration and anxiety, to the more advanced configuration where there is acknowledgment of the father-mother couple. The vicissitudes of each stage are described and elaborated.

**Roots of the Superego.** Hugo Mayer. Pp. 573-582.

The author attempts to reconcile two statements made by Freud regarding the origins of the superego: (a) that the superego is the heir of the oedipus complex; and (b) that the superego of the child is structured according to the parents' superego. Mayer suggests that the answer lies in investigation of the genesis of the superego. The superego has a preoedipal root, the ego ideal. This structure,

formed by primary narcissistic identification, is the most primitive nucleus of the superego. This root will depend on primary narcissistic identification before object cathexis; in other words the ideal of the child is an echo of the narcissistic ideal of the parents without intervening object cathexis. Besides this preoedipal root, the superego has an oedipal root made up of reaction-formations and secondary identifications. Mayer suggests that the cruelty of the superego derives primarily from parental narcissism. The ego ideal is the sediment of the narcissistic tie that the parents establish with the child. It will be compelled to organize its aspirations and instinctual representations to be or to have what the parents wish they had had in order to be happy. When the ego does not fulfill its function or betrays in any way the demands of the ego ideal, it is invaded by intense feelings of guilt, persecution, and the necessity of self-destruction. This is clearly seen in melancholias, masochism, paranoia, and such paradoxical reactions as the negative therapeutic reaction. These phenomena were considered by Freud as powerful resistances, the result of a cruel superego full of the death instinct. This cruelty of the superego toward the ego is not due to a mysterious liberation of the death instinct but is the result of the internalization of filicidal urges of narcissistic parents who were experienced as potential annihilators. Self-destructive behavior is not only a powerful resistance but also a direct expression of a narcissistic structure which in this manner offers a route of access to it.

## Meeting of the New York Psychoanalytic Society

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## NOTES

### MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

September 27, 1983. IRONY IN PSYCHOANALYSIS. Martin H. Stein, M.D.

Irony is a more important element in psychoanalysis than we generally recognize. First, verbal irony characterizes the discourse of certain patients who employ it as a defense, both adaptively and as a resistance, especially against the expression of intense affect associated with the transference. The frequent employment of irony reflects a significant character trait, a habitual mode of dealing with conflict. It is also a frequent manifestation of a particularly active self-critical faculty. Ironic employment of a "double audience" is also relevant to analytic technique.

Second, situational irony is inherent in many aspects of psychoanalysis, as a process and as a point of view. It implies the acceptance of the inevitability of conflict, ambiguity, and paradox, which are never quite capable of perfect resolution. It emphasizes critical examination of mixtures of motives, of both analysand and analyst; and it requires persistent questioning of what might otherwise be taken as accepted doctrine, including the principles of psychoanalysis per se. An ironic stance requires some degree of detachment in conjunction with deep commitment, itself an ironic circumstance.

Third, the capacity to understand and employ irony can be traced to childhood relatively early in the course of development of speech and sphincter control. Some of its early determinants are to be found in the anal phase of psychosexual development. It reflects as well the capacity to use certain early defenses and those mechanisms originally described as characteristic of the dream work. Its later fate as a prominent feature of character is very much a matter of ego and superego development, including such components as intelligence, verbal skills, the capacity for joking and for play, i.e., controlled regression. Sources of identification in the family and the culture are of obvious importance.

Finally, an understanding of irony has an important place in the theory of technique, especially with regard to transference and resistance. An ironic stance and understanding on the part of the analyst are valuable, at times even essential; but irony may also become a questionable defense for the analyst as well as for the patient.

DISCUSSION: Dr. Sander M. Abend expressed his appreciation of Dr. Stein's paper and said that he felt that the section on verbal irony, rooted as it was in the analytic situation and drawn from analytic data, was the most convincing part. In discussing this section, Dr. Abend cited some clinical experiences of his own which illuminate a variety of transference meanings and countertransference pitfalls connected with ironic interchanges. He had also noted the use of irony by patients to defend against painful affects associated with profound disappointments; the painful feelings themselves, the angry responses to which they sometimes lead, or both may be modulated by irony. Dr. Abend suggested that a common element in

those aspects of psychoanalysis linked by Dr. Stein to situational irony might also be connected with the theme of disappointment. Dr. Stein had emphasized the inherent contradictions associated with the inevitability of conflict in the human being. Dr. Abend felt that these contradictions must also have a special quality, described in one definition as "mocking," and he proposed that this might come from "profound but unstated disappointment, and the consequent need to master its associated affects." These disappointments are those of unfulfillable wishes for perfection, omnipotence, and infantile sexual gratification, especially as repeated in the transference. Finally, in respect to the developmental aspects of irony, Dr. Abend wondered whether his sense of dissatisfaction with this section of Dr. Stein's paper might be based upon something analogous to the familiar problem of the choice of neurosis. That is, analysts seem to fall short of being able to say definitively, even in well-analyzed cases, why one particular outcome and no other was inevitable, and the same is true with many aspects of normal development. This dissatisfaction itself might be one example of situational irony, Dr. Abend suggested. Dr. Manuel Furer agreed with Dr. Stein that in terms of psychic functioning irony can be one of many forms of "controlled regression" that are essential in the analyst as in the patient. In general, irony as a literary device and as a form of thought reveals much about the human condition. Dr. Furer did not agree that intrapsychic conflict, although necessary to a definition of psychoanalysis, is, by its nature, ironic. For practical, operational purposes conflict is resolvable in regard to change in the patient. He emphasized, as Dr. Stein did, the derivation from sadism, the seduction of the superego, and the creative work of the ego in regard to irony.

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#### MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

May 16, 1983. THE ETERNAL STRUGGLE WITH REALITY. (Freud Anniversary Lecture.)  
Alan J. Eisnitz, M.D.

Dr. Eisnitz stated that our view of reality is distorted if we do not have an accurate view of our strengths and limitations. To attain this realistic view, we must in part give up and in part integrate our illusions of omnipotence and the underlying illusions of union with, or control over, an omnipotent parental object. These fantasies must be replaced by internalized structures both for self-evaluation and for reality evaluation. As reliance upon illusions of omnipotence is relinquished, both mankind and the individual increase their capacity to deal with reality effectively.

Following Freud's interest in Moses, Dr. Eisnitz developed his thesis largely through a psychoanalytic scrutiny of Moses' special and changing relationship with the God of the Hebrews in the Exodus. An earlier Biblical separation, the expulsion from the Garden of Eden, was also examined by Dr. Eisnitz for its contribution to his thesis. He approached these Biblical events as metaphors paralleling the emotional development of the human race and the individual. Dr. Eisnitz stressed the importance in individual development of the capacity to recognize that all experience and perception is not encompassed by the self, that there are others and an

outside, i.e., that the self is limited. The wish to recapture the lost fantasy of merger and omnipotence is never completely abandoned and must be successfully integrated for psychological growth to continue.

Dr. Eisnitz summarized the relevant conclusions of Freud's extensive study of religion in general and of Moses in particular. When faced with his sense of helplessness and insignificance in the universe, man created the fantasy, the illusion, of religion. This illusion gave him the feeling of a special relationship with the powers of the universe, the gods, modeled on the overestimation of the powers of the father. The story of Moses is the story of the emergence of monotheism and a step in the humanization of religion, according to Freud. Freud implied that this step was of supreme importance to mankind in that it presaged the establishment of the superego as a result of the internalization of the values of the god-father. Dr. Eisnitz showed how Freud had extracted several other aspects of superego functioning from the details of the Exodus. These other functions, which aid in the perception of reality, include a mechanism for the maintenance of self-esteem, the internalization of guilt, and the renunciation of instinctual gratification in favor of thought, abstraction, delay, and, eventually, sublimation.

Dr. Eisnitz turned to the expulsion from the Garden of Eden to build on Freud's conclusions: "The Garden of Eden can be seen to represent a very early state of development wherein God is an omnipotent parental object who anticipates man's needs before they arise and omnipotently provides for them." Only after the child (Adam/Eve) initiates independent action (eating from the Tree of Knowledge) can the child "begin to acquire an independent capacity for perception of reality, for his own sexuality and capacity to work." A primitive superego based on shame and fear was also acquired as a result of these events which prominently included God's punishments. In the expulsion God precluded the possibility of omniscience and omnipotence, but he offered the capacity to perceive and to adapt to the world beyond the Garden of Eden, i.e., reality. In the Garden of Eden and after the expulsion, Adam was engaged in the process of separation from God (an omnipotent parent) but he retained a necessary partial union which aided further development.

Dr. Eisnitz viewed the Moses story as a continuation of the life of the individual represented by Adam in the Garden of Eden. The Moses story represents another major developmental step in the life of the individual which helped him to understand reality. Dr. Eisnitz re-emphasized the requirement that the individual must relinquish the wish to be united with an omnipotent object and must achieve a relatively stable self-representation with equally stable internalized systems for its maintenance. The Moses story demonstrates a connection between the superego and reality function. Dr. Eisnitz conceptualized Moses as an individual in a different, later, and more complex phase of personality development than that of Adam and Eve, who were far more passive in their relationship with God even after the expulsion. Moses, even at the beginning of his story, had a sense of justice and reality and a capacity for empathy. He gave indications of appreciating his separateness from God (e.g., arguing with God about his mission) and was capable of speech, thought, marriage, and fatherhood. Examining the mission to Pharaoh which God gave Moses, Dr. Eisnitz detailed Moses' psychological configuration. He is portrayed as being in a late preoedipal phase shading into an early oedipal phase

with an emphasis on passive phallic wishes. God temporarily gave Moses magical (phallic) powers with which to convince his enemies that he is God's emissary and to free the Hebrews. Dr. Eisnitz compared these powers to the childhood fantasies of the magic companion who protects the child and from whom the child borrows strength to fulfill his wishes. The fantasies counteract the child's growing awareness of his limitations, his parents' limitations, and the wish to remain united with his mother. To escape from an engulfing preoedipal mother (Egypt) the child is aided by a powerful, available father (God) who titrates the child's disillusionments in him (Pharaoh is not *instantly* convinced) in manageable doses. God (the father) thereby helps the child to emerge with a greater capacity for reality functioning (the development, after the Exodus, of the Hebrews as a nation and of Moses as a strong leader). Dr. Eisnitz stressed several other features of the story that served as reminders to Moses (the child) that God's (the father's) willingness to protect and tolerate him is not unlimited and can be withdrawn. The implication is that Moses was not exempt from the possibility of castration at the hands of his angry God and ultimately that the child has the father's magical, phallic powers only on loan, not through union. He must develop his separate internal sources of strength and confidence for effective action. God's strict prohibition against being seen by man is interpreted as an absolute requirement that man renounce the wish to incorporate God, in this case by taking him in visually. Man must be separate.

The episode of the golden calf and the gift of the ten commandments give further confirmation of the Biblical pattern in which man acquires internal structures for evaluating himself and reality at the expense of giving up the illusion of union with God. The tablets fashioned by Moses, which the Hebrews received after Moses' second descent from Mt. Sinai, replaced both the original tablets wrought by God and the golden calf. In acquiring the man-made tablets and the law, the Israelites replaced the more primitive, concrete identification and union with their God, symbolized by the first set of tablets and by the graven image, with a more mature and enduring form of identification. Once Moses and the Israelites accepted this momentous and wrenching renunciation of union, they became more effective in the larger, real world: Moses as a leader and Israel as a cohesive nation. Dr. Eisnitz sees this sequence and its consequences as parallel with the development of an internalized superego which occurs with the resolution of the oedipal conflict and results in permanent structural change. Each individual in the course of development or in the course of a therapeutic analysis must accept the reality of his own relative smallness and helplessness in the world and his need to have an internalized superego which helps him modify his omnipotent wishes as well as to deal more appropriately with the real world.

In the final section of his paper, Dr. Eisnitz described the ubiquitous manifestations in all people, including healthy individuals, of partial and reversible states of regression in which wishes for union with omnipotent objects are symbolically gratified. He then proceeded to examine the implications of his thesis as related to the functioning of world leaders and to the individual citizen's involvement in politics.