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CLINICAL PERSPECTIVES ON SELF PSYCHOLOGY

BY HOMER C. CURTIS, M.D.

With the help of several clinical vignettes from the literature, the clinical consequences of the theoretical system of self psychology are examined. In that system pathogenic primacy is given to failures in parental empathy, leading to the technical requirement of providing empathic responses which build a cohesive self through transmuting internalizations. Efforts to extend the application of self psychology to include the psychoneuroses lead to an interactional reparative therapy that compromises interpretation of transference and resistance. Therapeutic change resulting from this approach is seen as essentially different from the processes and transformations set in motion by classical analysis.

The history of psychoanalysis has been marked by the periodic emergence of new ideas introduced as supplements or extensions of existing theory and practice, or as new departures offering more elegant, parsimonious, and useful theoretical models of the mind. The latter appear regularly to emphasize one aspect of psychoanalytic theory, usually at the expense of a balanced consideration of the whole body of theory. Thus Jung took Freud's theory of dream symbols and expanded it into this central theory of the collective unconscious. Adler put the secondary gain of neurotic illness forward as the primary motivation for psychoneurotic symptoms and character, viewing these as devices to avoid real responsibility and to overcome inferiority feelings. Rank was impressed by the power of

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the transference to promote attachment and modify behavior and came to advocate treatment as training in human relationships. Others, like Horney, Sullivan, and Fromm, stressed the significance of social and interpersonal factors and advocated various forms of relationship therapy. More recently, Franz Alexander, influenced by the "active therapy" of Ferenczi, advocated a "corrective emotional experience" to undo the deprivation or mistreatment suffered by patients at the hands of their parents. Michael Balint, whose influence on Kohut may not have been sufficiently appreciated and acknowledged, wrote in 1958 of the "basic fault," a deficiency syndrome presumed to be based on the early mother-child relationship. His clinical descriptions seem similar to Kohut's, as does his prescription for reparative therapy. Thus we can see that with the exception of the schools of Jung and Melanie Klein the predominant trend in the various alternate theories is away from the centrality of the dynamic unconscious and toward the environment and interpersonal elements in the neurotic equation.

It has always been noted that Freud himself offered numerous revisions and additions, as warranted by his clinical experience, and at times as a response to the challenges posed by alternate theories. His interest in narcissism and the development of the structural point of view are examples of his continued re-examination of problem areas in psychoanalytic theory. Perhaps the most noteworthy and dramatic of such revisions was the "agonizing reappraisal" of his early seduction theory, as a result of which he put psychoanalysis on the path it has followed since that time. Under the impact of increasing clinical experience and his self-analysis, spurred on by his personal neurotic conflicts, he shifted the focus of neurogenesis from traumatization, mainly in the form of sexual seduction, to the inner life of drives and fantasies.

This reorientation from what was done to the child, to what the child did with what was done to him, had major repercussions on a number of different levels. It brought both bad news and good news. The bad news was that any hope of eradicating

neurosis by developing ideal child-rearing practices was doomed to failure because of the child's idiosyncratic and fantastic reactions to the inevitable traumata and conflicts of childhood. The good news, perhaps less appreciated, was that the child was endowed with an inner core of individuality, of uniqueness, that ensured him of a measure of autonomy from the demands and traumata of external reality. Thus he was not a *tabula rasa* or a lump of clay to be totally molded by the environment, whether in the form of an unempathic mother, a father such as Schreber's, or a Big Brother as in 1984. Rapaport (1958) stated this as follows: "Man's constitutionally given drive-equipment appears to be the ultimate (primary) guarantee of the ego's autonomy from the environment, that is, its safeguard against stimulus-response slavery" (p. 18).

From a clinical point of view Freud's new perspective offered better explanations for neurotic symptoms, dreams, and behavior as derivatives of unconscious fantasies constructed around intrapsychic conflict. It helped clarify the nature of the peculiar yet universal phenomenon of transference as a projection of repressed, but still dynamically active aspects of conflictual childhood object relationships. It broadened and enriched the conceptualization of man's mental life by adding the dimension of a dynamic unconscious. Many of the basic ideas have passed into the public domain, pervading and helping to shape many concepts and aspects of art, literature, and everyday life.

By its very nature the concept of unconscious motivation and conflict is hard to comprehend and maintain. The ever-present tendency to remove disturbing ideas and feelings by means of rationalization, compromise, and repression is known to us all, not only from our work with patients, but in our own moments of self-scrutiny. This self-protective need to maintain our personal, group, and species narcissism also affects our theory building and concepts of man and his mental functioning, as is evidenced especially by schools of thought which react against the uncomfortable concept of unconscious motivation by em-

phasizing logic, free will, the basic goodness of man, the transcendental, and so on. However, alternate theories that have the strongest claim on our interest might be called environmentalist, stressing the effect of experience in forming thought and behavior. We can take some solace from the fact that Freud himself was not immune from the tendency to fall back on environmentalist explanations at the expense of unconscious motivations. Even after his hard-won discovery of the inner life, he still utilized environmentalist explanations in the Dora case, and not until the Wolf Man case did he appear to have consolidated his victory. It can also be noted that he always maintained an interest in actual neurosis, conceived of as derived from current sexual frustration and tension, with symptoms thought to be without psychological meaning.

From this brief survey it is apparent that there is a universal resistance to maintaining a consistent view of the essential psychoanalytic concepts of unconscious motivation and conflict. This does not, however, mean that such resistance is the only or even the main reason for the emergence of new and controversial ideas. Those psychoanalysts who found an interest in special areas of analytic theory and technique that departed from the generally accepted emphases and limits at a given time in psychoanalytic history did so for a variety of scientific and personal reasons. Certainly, in a number of such excursions there was an attraction toward those aspects of psychoanalysis felt to be neglected or relatively unexplored. Such preoccupation has led in some cases to an eventual integration of new findings and concepts into the main body of theory, enriching and broadening psychoanalysis without sacrificing basic concepts. Examples of this would be in the expansion of conceptualizations of defense and adaptation in the works of Anna Freud, Hartmann, and Erikson. In other cases the shift in focus resulted in significant departures and formation of new schools of thought that sacrificed essential aspects of psychoanalysis. This can be seen in the divergences of Jung, Adler, Fromm, and others. In all such developments of either integration or

separation there can be seen benefits accruing to the evolution of psychoanalysis, even if only in the form of the challenge to rethink familiar concepts.

For the past fifteen years analysis has been stimulated and challenged primarily by the work of Heinz Kohut, who, starting from his work with narcissistic personality disorders, developed a theoretical system that has been the center of a major debate. Initially, in his efforts to understand the narcissistic problems of his patients he conceptualized the self as experiential content of the mind or, metapsychologically, the self-representation, in a manner already familiar in the work of Hartmann, Jacobson, Sandler, A. Reich, and others. This so-called narrow view of the self was eventually replaced by the postulate of the supraordinate self as the primary psychic constellation, the center of experience and initiative and the main motivating agency. This transition was not an easy one for Kohut, who was aware of the existential, phenomenal implications of such a concept, and the danger that it could lead "toward an abrogation of the importance of the unconscious" since it "is not derived from psychoanalytic material but from conscious experience" (Ornstein, 1978, Vol. II., p. 659).

In spite of this caveat his developing program based on attention to the self experiences of his patients eventuated in a commitment to the supraordinate self as the center of initiative, the primary mental agency, thus relegating the drives and the ego to a minor position. A number of other important conclusions and consequences are a part of this theoretical orientation, which can be sketched as follows. Unconscious processes, especially sexual, and object related fantasies become diminished in importance, and those derivatives of sexual conflict which appear in clinical material are seen as "disintegration products" of a self fragmenting as a result of an empathic failure on the part of the analyst. The significant aspect of the relationship with the analyst is the emergence of regressive feelings called "selfobject transferences," considered to be revivals of deficiency states of childhood resulting from empathic failures in

parenting, now seeking belated responsiveness in order to structuralize a cohesive self. Transferences of the object related oedipal and preoedipal type seem of minor importance. The technical consequences of this theory are the provision of a milieu conducive to the development of the selfobject transferences, which are to be accepted as valid expressions of a need for mirroring and idealizing. They are to be responded to with empathy, the successes and minimal failures of which will allow transmusing internalizations and a building up of a more cohesive self.

Obviously, this brief sketch cannot do justice to a complicated theory which is still in the process of development. It may, however, be a sufficient frame of reference for some evaluation of its heuristic and therapeutic value as well as its placement in the history of psychoanalysis up to this point. To help us further in this evaluation, I propose that we study several of the case presentations offered by workers utilizing the tenets of self psychology. Even though these reports are, of necessity, presented in summary form, I believe the central issues are clearly delineated and can with profit be analytically examined.

The first case is one in which the author (Schwaber, 1983) wished to demonstrate the value of immersing oneself empathically in the patient's subjective world. Of special importance in her approach is the principle that the patient's immediate experience may be profoundly influenced by his perception of the analyst and the surround. Since the significant material will be the analyst's shared subjective view of the patient's perceptions, the transference is not viewed primarily as a distortion to be analyzed and modified. Rather, it is a perception to be recognized and articulated, in the hope that it may offer a deeper entry into the patient's inner world.

Mrs. G. was a thirty-eight-year-old married mother of three who sought help for feelings of worthlessness, shyness, inability to study, and anxiety. She was described as articulate and intelligent, but her appearance and manner were not engaging. She was the only child of poor immigrant parents to whom she

did not feel close. She felt especially loved by her grandfather, who lived nearby, and saw him as an ally against her parents. Her marriage was described as stormy, but sexual relations were said to be the best part of the marriage.

The mother emerged as a frightening, alien figure. The patient said, "My mother envies me and would take from me or spoil what I have. She was riddled by anxiety and could never touch with any comfort." The patient described ways in which the mother continued to hurt her by comments which only responded to a part of her, rather than to the whole of her. The patient spoke of being "shattered" by such comments, which seemed to the analyst to be an excessive reaction to the described incident. The analyst considered the possibility that the patient may have had defensive reasons for insisting on a negative image of the mother, but decided that she was tempted to seek such an explanation precisely because there was a gap in her capacity to gain empathic attunement. This was felt to be meaningful in its own right, and the analyst concluded that she and the patient were engaged in a repetition of the mother's pathological and pathogenic lack of understanding and empathy. In considering the apparent mildness of the mother's hurtful comments which "shattered" the patient, the analyst felt that the injury must have been in the quality of the mother's being, rather than the words she chose. This then suggested that the original damage must have been very early, even pre-verbal.

The analyst found herself struggling to tune in to the patient's experiential world, partly because of a quality of affectlessness about Mrs. G., and the analyst would often become aware that she had been bored or withdrawn in a self-protective way. The patient was intensely sensitive to the analyst's responsiveness, indicating the need for "connectedness" which was also manifest in her seeking experiential similarity and reassuring direct dialogue with the analyst. On one occasion the patient asked with some urgency if the analyst had read a certain poem. When the analyst invited her to look at what her urgent ques-

tion might mean, the patient said, "I feel a strangeness now about myself—alone—different; not mutual makes me feel strange. It's like coming home from school and telling mother what happened; she'd just sit there and listen, like from another world. Something about asking you if you read that poem is like that. It would have been so nice growing up if mother had said, 'Yes, I had the same experience; I know about that.' When I ask you what you've read, what you've seen, it is really, 'Do you experience the same bodily feelings as I do?'"

This was felt to be a recreation of an early perception of mother, who did not communicate a sense of experiential sameness with her little girl. The mother was remembered as intensely anxious about the child's body and gave her many enemas until age seven, further adding to her uncertainty about the integrity of her bodily experiences and sensations. The patient recalled seemingly endless, lonely masturbation, saying, "It gave me a clearer sense of self—it was a way to really feel my own body, but it also made me feel shame and terror."

As the patient began to feel more socially outgoing, she began to talk of her fear of being successful. On one such occasion she experienced the walls of the room receding and objects becoming smaller, a symptom known by the patient to be called micropsia. This was familiar to her from around age five or six, along with the image of her mother standing in the doorway of her room, sometimes holding an enema bag, sometimes when the patient was masturbating—"a hovering, evil presence."

Some time after she had begun a new job, she told the analyst how successful she felt and compared her work to the analyst's, who asked if she was perhaps thinking about surpassing the analyst. The micropsia suddenly returned. When the analyst wondered how her interpretation might have led to the micropsia, Mrs. G. said, "Whenever I shared anything good with my mother she'd say something to take it away. What just happened with you happened with mother all the time. I was sharing with you my most adult self and you talked about a conflict, like suddenly in barges my mother and takes it away."

The micropsia thus was seen as a defensive choice, weaving the little girl's competitive and growth-oriented strivings with her perception of her mother's adverse responses by way of the enemas, the coldness, and the negation of her blossoming feminine strivings.

Mrs. G.'s feeling about herself as a woman and her relationships with men now became central. Her sense of her femaleness and fantasies of women vying for a man emerged as part of a hopeful feeling. Rich and romantic childhood memories of the grandfather emerged, and even the shadowy, frightening father appeared as a sometimes comforting figure. Other views of the mother arose which softened the harsh image usually presented.

In this context the patient reported a dream, following a change the analyst had made in the appointment time. "In the dream you made a mistake and I held your face closer and it was cute, and we both felt tolerant of your mistake. There was a moment in the dream when I had a realization of how much things were now making sense—how much I was able to change my view of reality from a confused unknown to one I understand—like the way I changed my view of you—from hostile, mysterious, to uncryptic and comfortable—even when you make a mistake." This dream was understood as evidence of her growth and was not analyzed further. We will return to this dream with some questions later.

In her last analytic hour, Mrs. G. said, "I'm feeling something now that I never did experience in this way—good about you and good about myself. I hope you know that I care and have a continuing sense of that—my caring, as something that I would give to you—being touched intimately within my mind. I'll keep that. However it was that my parents didn't know me, so I somehow didn't get to know me. I'll keep on working on it."

I regret that in summarizing the report I inevitably have detracted from some of the subtleties and beauty of the presentation, which conveyed with sensitivity the way the analyst tuned in empathically with the patient. This emphasis has become

Schwaber's main focus and, after some initial interest in self psychology as a developing theory and technique, she has primarily devoted herself to the explication of empathic attunement as the major mode of data-gathering (Schwaber, 1983, p. 275, n.). While not many of those who find aspects of the self psychological framework useful would or could work just this way, I believe this presentation demonstrates some of the advantages and disadvantages of this approach. The effort to enter into the patient's affectual world, well demonstrated in this case, obviously provides a rich source of experience and material. Throughout the report, however, one gets the feeling that too often things are left at the experiential level rather than examined carefully to broaden and deepen the understanding provided by the experience. For example, when the analyst felt that the patient's response to the mother's criticism and attacks was excessive, she wondered if this was a defensive effort to portray the mother negatively and win the analyst as an ally. Instead, she was moved by the experience of the gap in understanding to conclude that the patient was evoking a repetition of the state of isolation and lack of communication suffered with the mother. I believe the choice was the correct one at the time, although the ready assumption that this went back to pre-verbal times seems unwarranted. In addition, the analyst seemed satisfied to stay at that level of relative understanding rather than returning to her earlier hunch that there might be a defensive use to which the deficit of experience and communication was being put. It seems almost as if the openness to shared affective experiences might have acted as a diversion or a seduction away from an equal openness to additional dimensions that could be defensively obscured as in a screen memory.

In a similar vein, one might wonder if more might have been discovered in the patient's feeling of depersonalization at the time that the analyst was experienced as being like the uncommunicative mother when she asked the patient to look at the meaning of wanting to know if the analyst had read the poem.

The wish for sameness in experience and bodily feelings seems related not only to the mother's coldness and not touching, but also to those experiences where mother did touch and intrude, namely, the many years of enemas. The conflicts surrounding this sadistic overstimulation, likely related to the "seemingly endless" masturbation, were not considered as a latent force behind the protective experience of estrangement, isolation, and a search for the reassurance that others might have the same bodily feeling as she did.

An intervention of a different sort occurred when the patient had compared her work to that of the analyst, who suggested she was thinking of surpassing the analyst, whereupon the patient once again developed a micropsia. As described in the report, the interpretation seems to have been at least premature, lacking associations or evidence of conflict. However, as the micropsia was examined, competitive feelings surrounding the child's blossoming femininity and the mother's squelching of these began to emerge. Thus it appears that the analyst's hunch about the patient's thinking of surpassing her was correct but offered out of proper sequence. While some understanding was reached eventually, the episode does bear out the value of Kohut's emphasis on empathic awareness of the focus of the patient's feelings and her readiness for an interpretation.

The dream presented near the end of the report seemed to be a confirmation of her progress, her newfound tolerance for her mother. Following the analyst's change of an appointment, the patient dreamed: "You had made a mistake and I held your face closer and it was cute, and we both felt tolerant of your mistake. There was a moment in the dream when I had a realization of how much things were now making more sense . . . how much I was able to change my view of reality from a confused unknown, to one I understand—like the way I changed my view of you—from hostile, mysterious, to uncryptic and comfortable—even when you make a mistake." The dream is not analyzed further and seems to be offered by patient and analyst as an expression of the new, more cohesive self achieved

as the result of treatment. Nothing is said of possible latent meanings, and one wonders if this was considered to be a so-called "self state" dream directly depicting some state of the self and without significant latent meaning. Yet it seems likely that the dream is a disguised angry response to the change in the appointment time, the "mistake" in the dream. A clue to the reaction formation of the dream work is the phrase in the dream "like the way I changed my view of you from hostile, mysterious, to uncryptic and comfortable—even when you make a mistake." The anger is transformed into and concealed behind the tolerant love, which is reinforced by identifying with the analyst's empathic tolerance. Perhaps the latent anger comes through in the reversal of roles and the condescending observation in the dream that the analyst's face was "cute."

The analyst's dealing with the dream in this way epitomizes the problem resulting when emphasis is shifted from the inner unconscious dimension to the empathic experiences and interaction, from the latent to the manifest. It is not that the manifest is insignificant. In fact, one of the contributions of ego psychology was to stress the importance of manifest behavior, character, and interactions, since this phenomenology has to be recognized and clarified before deeper material, especially transference, can become available for analytic work. The danger lies in staying at the manifest level, where displacements, generalizations, and metaphor may supply an "inexact interpretation" that is both therapeutic and concealing. The tracing of family history, memories, and character patterns along more or less direct conscious lines may lead to useful material, but it cannot be assumed that this represents a true replication of a patient's childhood subjective and fantasy experience. As we know, behind the "personal myth" lies many a reaction formation, denial, and displacement, with elaborations very much like a dream.

An important influence on Schwaber's views of analytic methodology and modes of listening is the concept that behavior and experience are not the property of the individual

but rather the property of the more inclusive system of the individual and the surround. This means that we cannot depend on our powers of perception and objectivity to delineate a true picture of reality, which is ultimately unknowable, not only because of limits in our cognitive and observational capacities, but also because of our own needs and mental sets affecting our perceptions. This view is related to the relativistic perspective of modern physics and biology as articulated by Heisenberg (1934) and others who pointed out the impossibility of observation without some participation, and that the universe is not simply "out there" independent of us. As applied to psychoanalysis this means that the analyst as observer is also intrinsic in the observational field, contributing to and influencing the patient's perceptions which emerge in the transference. If under the guise of "neutrality" the analyst does not recognize his contribution and attributes the transference experience solely to the patient's projections, he is imposing his view of "objective reality" on the patient's psychic reality, thereby running the risk of obscuring some awareness of the patient's experience and motives, as well as influencing the patient through the suggestion of the analyst's authoritative view of reality.

This view of the analytic interaction has had an increasing influence in psychoanalysis and is also represented in those schools of thought that reject the so-called scientific, empiricist-positivist search for explanation in favor of a historical, relativist, hermeneutic approach looking for meaning. A related orientation advocates a narrative approach which hopes to construct a story of the patient's history, a perception of himself and his world that is a good-enough fit, without depending on extensive reconstruction, conflict resolution, and insight.

There appears to be increasing agreement among analysts with this view of the relativity of reality and the significance of the perception of the analyst in the analytic field of observation. Much attention has been paid in the past several decades to issues of countertransference and the interactions within the

analytic situation. Actually, psychoanalysis has always recognized the contribution of the perception of the analyst in the formation of the manifest dream and in transference (Freud, 1900; 1905, pp. 118-119). And, as Schwaber points out, Freud's shift from the seduction to the fantasy theory of neurogenesis put psychic reality in the center of the stage.

There remains the question of how this view of psychic reality and the role of the analyst as both observer and participant can be used to facilitate understanding and helping our patients. While we recognize that reality is ultimately unknowable and is apperceived and constructed individually, there remains significant consensus on what is "real," based on genetically transmitted capacities to comprehend time, space, and causality (Stent, 1975) as well as culturally inculcated concepts. It is this delimited frame of reference within which psychopathology arises when needs and wishes come into conflict with internal and external limits and barriers. Correspondingly, our therapeutic approach must be operational within that frame of reference. The child's view of this frame is restricted by such factors as perceptual immaturity, limited experience, and primary process thinking, leading to fantasy formations that may influence his view of certain aspects of reality. Yet the patients who come to analysis have also come to share most of the common assumptions of this delimited reality; otherwise they would not be moved by feelings of distress, conflict, etc., to seek help. It is on this common ground that analyst and patient work together to get in touch via the transference with unconscious motivations and defenses that have infantile aims and characteristics, opening up the possibility of modification and resolution.

Schwaber raises objections to the concept of distortion as characterizing transference. This is more than a semantic issue that changes the meaning of distortion from a dynamic to a pejorative term as has happened also to "perverse," "resistance," and "neurotic." She sees it as the imposition of the analyst's view of reality and theoretical bias upon the patient's

psychic reality, which is no less real than the analyst's reality. By so doing, the analyst may bring about conformity while foreclosing further exploration.

This appears to be a matter of technique, timing, and tact. If we consider that unconscious fantasy is built upon infantile motivations, defenses, and solutions, the emergence of these elements in the form of transference will alter the perception of the analyst. A glaring example of this came in a remark of a patient to his clean-shaven analyst, "My father had a beard like you." The analyst's response was not to correct the distortion but to explore the immediate experience and reason for this perception, moving progressively to less accessible dimensions of the link between father and analyst. Ultimately, the patient's perspective must depend, not on the analyst's view of reality, but on the patient's and on his capacity to integrate his psychic reality under the dominance of mature aims and judgments. The approach advocated by Schwaber avoids the danger of forcing the analyst's view of reality on the patient, but runs the risk of staying at the level of empathic attunement into the patient's psychic reality, without facilitating the patient's self-reflective discovery of the infantile aims and fantasies that are at odds with his mature interests and views.

The next vignette is taken from a case presentation offered as an example of the treatment of a selfobject disturbance (Basch, 1980). The patient, a social worker with prior psychotherapy, sought further treatment because of problems in her relationships with men. She approached the therapy in a challenging and critical way. The therapist was able to tolerate her attacks and over a period of time engaged her interest in examining her unhappy experiences with her previous therapist and her father, both of whom had seriously disappointed her. Considerable work on her feelings for her father made her realize that his anger with her covered anxious, insecure feelings about his role as father and physician. This helped her give up the childhood hope that she would be able to win his approval and through him become satisfied with herself. As she

worked through this insight into her relationship with her father, she became more trusting of the therapist, mobilizing a long-dormant wish for a trusted parent with whom she could share her ideas and hopes.

She was able to delineate her manner of dealing with men whom she would encourage and flatter, only to make deflating comments under the guise of frank discussion. The therapist states, "Once she could see clearly what she had been doing, the patient lost interest in men as suitors. Her work preoccupied her, and she was reluctant to invest the time and effort required to play the dating game; instead she signed up for extra evening courses in clinical psychology to supplement her training."

A likely explanation for such a shift in interest follows, when the author writes, "When for a brief time the patient sexualized the transference and became frightened by her thoughts, the therapist pointed out to her that she was mistakenly attributing genital motives to the love and affection she felt for him who was, through his work, giving her a chance to achieve satisfactions heretofore closed to her. She was helped to understand that her emotions were appropriate to the child who stands in awe of and wants to unite with the powerful, giving parent, and were not those of a sexually excited woman. The resolution of the transference was embodied in her going beyond the state of working for the therapist-parent's implicit or explicit approval and praise and, instead, forming her own concept of an ideal self that she then set out to fulfill."

The practical solution the patient reached was to decide to become a psychiatrist. She was able to enlist the support of her father who, after an initial concern that this would undermine their newfound closeness, was proud of her ambition and initiative. The therapist also supported this decision and agreed to her wish to terminate in order to devote herself single-mindedly to her premedical studies.

The therapist considered the possibility that the patient's wish to become a physician was an identification with both her father and the therapist and an attempt to resolve a conflict through

action rather than through psychological insight. He rejected this possibility on the grounds that the patient proceeded with her plans thoughtfully, with no awareness of being driven. He did not concern himself about whether genital sexuality would ever play a part in her life, and he likened her renunciation of sexuality to latency, wondering if there might be a later "pubertal" phase and a recapitulation or first awakening of an oedipal phase after she had consolidated her self.

In view of her major difficulty in her relationship with men and the significant conflict about her father, it is difficult to understand how the erotic transference can be so easily dismissed. To diagnose her as having a "selfobject disturbance" seems to be the basis for assuming that she had no important sexual conflicts needing exploration, yet the history, behavior, and transference indicated otherwise. The patient, who was frightened by her sexual feelings for the therapist, was apparently only too glad to accept his denial of her sexual experience and to turn her attention to nonsexual interests and achievement. His comparison of this development with that of a latency child is indeed apt, but this was a woman in her late twenties who not only did not have the luxury of time, but also was not given the opportunity of making an informed decision. This was denied her when the therapist told her that, contrary to her actual experience, her feelings were not those of a sexually excited woman, but of a child wishing to unite with a powerful parent. In so doing, he was indeed enacting the role of the powerful parent forcing her, in collusion with her own resistance to her sexual urges, to renounce sexuality and, like a good latency child, "single-mindedly" attend to her studies. This appears to have functioned as an inexact interpretation as described by Edward Glover (1931), in which a new displacement or compromise formation can relieve anxiety and symptoms, especially, as in this case, when supported by powerful suggestion and buttressed by a ready identification. The author's disclaimer of this as a possibility on the basis of an absence of awareness of conflict in her renunciation of sex and her choice

of medical school overlooks the fact that just such an outcome is the common experience with defensive identifications. A case can be made for the knowing and planful use of such inexact interpretations in selected cases of psychotherapy where further exploration and insight are judged to be impossible or undesirable. However, the decision in this case seems rather to have been based on a presumption that the patient had a "selfobject" disturbance and therefore could not have significant structural conflict of a sexual nature.

This case is one of several presented in a book on psychotherapy, and, indeed, it would appear to most analysts to fit in the category of psychotherapy with the limited goal of enabling the patient to attain a greater self-esteem and better adjustment, through transference support and identification, to a life of the intellect and professional achievement. However, the author specifically contrasts the technique used with classical psychoanalysis (p. 86) rather than with a self psychological form of psychoanalysis. The therapy is presented as aiming at and achieving a resolution of resistance and transference, presumably the aim of psychoanalysis whether classical or self psychological. In the absence of the author's distinguishing between psychotherapy and psychoanalysis as defined by self psychology, there is a sense of ambiguity, although the technique as presented seems compatible with Kohut's statements that the goal of analysis is cohesion of the self, without necessarily requiring a capacity for object love (Kohut, 1977). There are also many points of technical similarity between this case and several of those presented in the *Casebook* (Goldberg, 1978).

Aside from the issue of the form of therapy, and of more basic importance, there is a question about the diagnostic evaluation. Apparently, the narcissistic aspects of the patient's character were judged to be the direct-line effect of unempathic parenting, especially on the part of her father. The ambivalence and sexual conflict expressed by her vindictive teasing and rejection of men, as well as by the erotic transference, were bypassed in favor of the presumption of a selfobject disorder. The

possibility that the patient's imperiousness, antagonism, and self-centeredness were narcissistic defenses to conceal conflicts in relations with men does not appear to have been considered. This led to the choice of a reparative internalization approach, whether called psychotherapy or psychoanalysis of a self psychological type.

DISCUSSION

From an examination of these two clinical vignettes there emerges an impression of imbalance and reductionism. As a consequence of reducing the complexities of neurogenesis to the relative simplicity of failures in parental empathy, self psychology offers an appealing but misleading model. In one sense it is regressive in undoing the increasing complexity and range of psychoanalytic theory which, from its beginnings in Freud's early seduction theory, has steadily expanded its knowledge of every aspect of mental functioning. To the early focus on drive vicissitudes have been added empirical data and valuable theories on defense, transference, narcissism, superego and ego development and function, character, etc. The study of preoedipal issues, of increasing interest over the past fifty years, has been given added impetus by research in child observation and by clinical work with sicker patients. Valuable work in the areas of object relations and adaptation has illuminated the interface between the individual and his environment. Some aspects of Kohut's work have added perspectives to our view of narcissism and the self experience, although, paradoxically, his broad view of the self as supraordinate leads to a narrowing down of theoretical range and a widening gulf from psychoanalysis.

While current psychoanalytic theory is far from complete, it does provide for a more balanced view of past and present, trauma and fantasy, oedipal and preoedipal, and reality and unconscious motivation than any other psychological theory. For example, it has the conceptual means to take into account the contributions of both the traumatic reality experience and

the drive-motivated fantasy elaboration of such crucial events as the primal scene. Here the traumatic effects of surprise, confusion, and overstimulation are mixed with arousal of sexual and aggressive impulses and the child's need to explain and gain mastery. The resulting synthesis can lead to idiosyncratic fantasy views of the sexual act as sadistic attack, and to neurotic symptoms and character sequelae.

As pointed out in connection with the case of the social worker who renounced men in favor of medicine, current psychoanalytic theory can offer a more balanced, comprehensive explanation of the clinical data than self psychology. The claim that some narcissistic or self-disordered patients do not have significant oedipal conflict has been seriously questioned by many who work with patients of every type. To fail to find evidence of a crucial, normal developmental and organizing psychic constellation suggests the use of preconceptions that lead to overlooking or minimizing such material, or that encourage the material to develop along other lines. One place where this can occur is in the paradoxical effect of the effort to establish ideal empathic responses. While this is said to demonstrate respect and to build up a cohesive self through transmuting internalizations, the assumption that the patient is defective due to maternal failures in empathy not only can collude with a regressive defense, but also minimizes the patient's autonomy. It overvalues the mother-analyst and external experience at the expense of the patient's more mature needs and capacities, and it gives the analyst the responsibility for the patient's feelings. Thus the analyst's empathic successes or failures dictate the patient's self-esteem rather than granting him a sense of individuality. In addition this would encourage dependent regressive material at the expense of more advanced object related conflictual material which, when and if it emerged, would be treated as "disintegration products." What is thus validated is the patient's experiential deficit and dependent vulnerability to mother and analyst, while the genuineness of his drives and separateness are minimized.

What are we then to make of the challenge of self psychology? Certainly, that challenge has contributed to an increased evaluation of current theory, the results of which at this point are to doubt the usefulness of the concept of the supraordinate self as the primary psychic agency and motivator. This change in the conceptualization of the self has a number of significant ramifications. As usually defined, the self is seen not as an agency, but as content, the product of the functioning of the mental agencies. It is a subjective constellation of reflexive images and views of the body, memories and attributes that differentiate a person from others, containing elements of wishful fantasy and personal myth as well as objective self-observations. As such, its composition and genesis may be analyzed. To broaden this into a supraordinate self that is the seat of both experience and motivation equates the self with the total personality, Freud's *Gesamtich*. This brings with it certain conceptual problems such as the use of the concept of self before a self has been differentiated, and the self as motivator for the self.

The hypothesis of a separate line of development of narcissism or the self seems a minor issue, especially in the light of observational and clinical data pointing to the complex interweaving and interdependence of drive vicissitudes and transformations, and the development of self- and object representations. The same mother-child interactions that provide drive gratification also help structure the child's inner and outer reality, his differentiation of self and object and establishment of self- and object representations. In viewing the development of the self as separate from that of the drives, it is suggested that the former seeks regulation and control of tensions and ultimately structural cohesion, while the latter seeks drive gratification through relationships with objects. Yet, such a distinction between drive needs and regulatory needs seems artificial, since it is primarily from drive pressures that the need for control and regulatory structures arise. Thus defenses as they develop maturationally, in part out of drive vicissitudes, are im-

portant contributors to the building up of regulatory structures. The self experience is inevitably bound up with the object experience since these occur in the context of mother-child interactions. What is described as mirroring is one aspect of the mother's loving care of the child, who experiences this care as gratifying both the need for object love and self love leading eventually to regulatory structure. The child's feeling of being loved and admired is sustained by internalizing and structurizing the concomitants of drive satisfaction and optimal regulation. Clinically, it is quite likely that narcissistic problems do not occur unless there have been disturbances in the object relationships of childhood.

Of importance is Kohut's formulation of selfobject transferences, which, after starting as "narcissistic transferences" in rather apologetic quotation marks, has become a central fact of the whole life span. Kohut (1980) stated, "Man lives in a matrix of selfobjects from birth to death. He needs selfobjects for his psychological survival, just as he needs oxygen in his environment throughout his life for physiological survival" (p. 478). This claim seems to run counter to his concept of the need for selfobjects to build up a cohesive self which ideally has joyful independent initiative and creativity, at which time dependence on the gleam in the mother's eye must surely have diminished. More important, the concept of selfobjects seems too broad, having been extended beyond any reasonable connection with autistic and symbiotic states to include more advanced developmental phases where self and object are well delineated. Certainly, all attachments to and needs for the mother and other people do not have the aim of merger, or the use of an object as a part of function of an undifferentiated self. The selfobject concept tends to de-emphasize the whole range of needs served by the object, and the variety of ways these needs may be made manifest and satisfied. It also confuses the issues of the subject's need for the object on the one hand and the object's lack of separateness from the subject. Current psychoanalytic theory provides well for the existence of object needs derived from all

phases of development before, during, and after separation of self and object.

A major point of controversy centers on the reduction of neurogenesis to lack of parental empathy, which hardly seems able to carry the heavy load of the many complicated internal and external factors in a development spread out over many years. This overlooks biological factors of the child's equipment, differences in responsiveness, cognitive abilities, drive endowment, resilience, and tolerance for anxiety. Gross traumatization, physical and sexual abuse, accidents, and illnesses are not sufficiently considered. More important, it does not adequately account for the child's contributions to the parent-child relationship and ignores the child's drive-motivated fantasies and distortions of the parents' behavior. The child is seen as reactive to environmental failures and traumata, and any hostility is regarded as reactive rather than drive-motivated. In his last book, Kohut (1984) attempts to correct this simplistic view by allowing for the possibility that a child may have a distorted perception of parental behavior. While this acts to modify the reductionistic environmentalism of stressing empathic failures, it does not explain the nature of the distortion of perception adequately. It is attributed by Kohut (p. 25) to fragmentation of the self following traumatization by empathic failures, leading to a kind of perceptual immaturity. Distortion due to projection of hostile and sexual wishes and elaboration of fantasy is not considered.

The emphasis on the importance of empathy, which has become the central shibboleth of self psychology, derives from its dual function in that system as mode of observation and curative agent. Kohut saw introspection and empathy as defining the essence of psychoanalysis and was willing to consider discarding Freud's definition of the essence of psychoanalysis as transference and resistance (1977, p. 308). Empathy as the provision of a selfobject use, a restorer of the self and the means for structure-building represents a discarding of the centrality of the analysis of transference and resistance, in which empathy is a mode of data gathering to be used in connection with, and

subjected to, the scrutiny of logic and cognition. The recommendation for "empathic immersion" can lead to a constraint on or, at the least, to a delay in objective evaluation of empathically perceived data. The high value given to empathy may subtly change the aim of understanding to that of nurturing and encouraging a perception of the analyst as a better parent than the originals. This fosters a nonconflictual growth model, with the analyst becoming, through his validating, confirming responsiveness, a kind of judge. The goal of promoting the "fulfilling of the self's basic design" implies a form of "maturational morality" which Kohut had once objected to in a comment about the fallacy of regarding maturational sequences as a movement toward an ideal maturity (see Ornstein, 1978, Vol. I, p. 374).

In trying to assess the relationship between psychoanalysis and self psychology, the dialectic of conflict versus deficit is often stressed. I believe this deserves closer scrutiny since these two qualities are not on the same level of conceptualization. Conflict, as used in psychoanalysis, is primarily an intrapsychic concept, although as a result of projection, it may be experienced as interpersonal and external. Deficit, on the other hand, is properly external, manifest, and behavioral. It describes a judgment, based on an external standard, that an experience presumed to be optimal (maternal empathy) has been lacking, leading to an absence of structure. However, the adage, nature abhors a vacuum, seems true in a psychological and developmental sense. Thus, while there may be certain attitudes and actions missing in the mother's behavior toward the child, this does not necessarily mean that a gap or deficit is produced in the child's psychic structure. Rather, a malformation or developmental arrest occurs, with the child falling back on primitive defenses or qualities, perhaps then to be elaborated by further compensatory structures and fantasy formations. Thus the deficit is in the interpersonal experience and ultimately may result in some form of behavioral "deficit," again on the interpersonal, descriptive level. Even when the mother is not supplying certain

specific functions or satisfactions, she is still doing "something," which the child will internalize; he will form a mental representation of the cold or unempathic mother, elaborated and distorted by his own drives and projections.

Such a "deficit" in the mother's behavior is not a "nothing" but a "something" which may produce a different kind of reaction in the child than might have been the case with more empathic behavior by the mother. Nevertheless, the child deals with the mother's behavior with his available resources, defenses, and identifications to form, not an "absence," but a "presence," not a lack of structure, but a structure that may be distorted, by ideal standards. The patient's experience and verbalization of a sense of deficit thus can be conceptualized as an expression of a fantasy (which is itself a structure) of something missing, of needs not adequately met, or of limitations. Clinically, such self-evaluations may prove to be reaction formations to disclaim and control dangerous impulses, or they may be more direct expressions of a sense of being crippled by personality malformations and fixations. The clinical consequence of a theory of deficits is thus the recommendation for supplying the experiences thought to have been lacking, so as to fill in the postulated gap by new structure.

Developmental arrests may indeed lead to impairment of certain functions, but this descriptive deficiency will coexist with malformations and compensatory structures derived from the same etiologic factors causing the developmental arrest. Such deflections or tangents from expectable and potentially more efficient lines, from a broader perspective, can result not only in serious psychopathology but also in unique and valuable characteristics, and can help account for the wide variation in human personality. Related to this seemingly limitless variety of end products of the interaction of experience and the psyche's wide range of capacities to adapt to trauma by forming different compensatory structures is the question of the extent to which these structures can be given up or modified. It is not simply a matter of "permitting patients to establish in the trans-

ference a facilitating context in which the arrested development can resume," as described by Stolorow (1984). The fixity of such structures, especially if they have been based on or have acquired an imperative defensive or adaptive function, may preclude any resumption of a line of development that at an earlier time may have been more adaptive. In the case of ego-dystonic, dynamically active conflict there is a greater possibility of a remobilization of the elements of a pathological compromise, with more adaptive solutions becoming possible, although even here we know from analysis how difficult this can be. In the case of fixed, developmental character malformations, such remobilization is much more difficult, and therapeutic success may depend more on formation of new and more adaptive compensatory structures and identifications than on resumption of an ideal development through a reparative experience in the transference.

Such an approach accepts the manifest at the expense of exploring additional dimensions and meanings in those patients capable of utilizing analysis. In those whose major psychopathology is based on developmental arrests, malformations, and primitive defenses, the therapeutic effect of empathic interactions may be conceptualized as changing the existing equilibrium by promoting identifications and by enhancing available resources and adaptive structure while diminishing the need for the pathological, maladaptive personality structure. It is obvious that from a practical, clinical standpoint, many patients exhibit both aspects of structural conflict and structural deformity, thus requiring decisions as to how best to accommodate the treatment to the needs of both areas of psychopathology. It is difficult to imagine how the analysis of the conflictual aspects could escape compromise when empathic interactions are employed to provide transmuting experiences.

While Kohut has stated, "It is not the interpretation that cures the patient," and "The essential curative process in cases of self pathology is structure building via transmuting internalizations" (Ornstein, 1978, Vol. II, p. 928), other self psychologists

advocate going beyond the supportive or "holding environment" meaning of the empathic interaction by means of interpretation. There appears to be a wide range of opinion among self psychologists concerning the curative effect of internalization of the empathic interaction as compared to interpretation and insight, as is evidenced in the *Casebook* (Goldberg, 1978). However, one gains the impression that even when "interpretation" is referred to, it is often in a broad sense of intervening, explaining, and identifying feelings and behavior, rather than in the classical sense of communicating ward-off elements of unconscious fantasy. Perhaps a more fitting term for many of the interventions responding to empathic interactions would be clarification, defined by Bibring (1954) as describing, connecting, and identifying perceptions, feelings, actions, attitudes, and repetitive behavior which have been vague, unverbilized, and unacknowledged, although, unlike repressed material, capable of being brought into coherent awareness without encountering unconscious resistances. This form of insight can help objectify what may have been subjectively vague and incoherent and can be a significant means of mastery and of consolidation of diffuse self-representations and more effective repression of disruptive conflict, especially when integrated by newly formed identifications with the analyst. (Parenthetically, the term identification appears infrequently in the literature of self psychology, perhaps because certain of its meanings have been pre-empted by "transmuting internalizations." Apparently, Kohut preferred to limit the term identification to the more gross consequences of internalizing qualities of significant objects while reserving the small, multiple, and gradual modifications for the term transmuting internalizations. In addition, since it is so closely linked to drive and object theory, it may not have been found useful in self theory.)

As an example of the use of the term interpretation in referring to clarification of consciously held character attitudes and repetitive patterns, a vignette offered in a recent paper to illustrate the formulation of interpretations from the self psy-

chological viewpoint may be instructive (Ornstein and Ornstein, 1980, pp. 208-210). A single woman who had lost her mother during latency came into analysis complaining of an inability to feel deeply, as if she had a "gaping hole" in her psyche. To fill the gap she had been "searching for her dead mother," whom she had never mourned adequately. In the analysis she complained that the analyst missed the indications of the presence of strong affects on several occasions, which was of significance to her since she felt that the analyst was unable to tolerate strong affects. She remembered this also to be true of her father, who, as she recalled the time of her mother's death, had not helped her mourn this loss.

While she was on a business trip, someone brutally destroyed one of her pets. She was unable to cry, but was sad and agitated for days. She hoped to be able to cry and break down in the analytic sessions, but could not feel or cry about her loss in the analyst's presence. The analyst recalled that the patient had been devoted to pets and "could feel more for them than for people," being quite upset when she lost one of her favorite pets as a young child. Regarding this as a screen memory, most likely connected to her mother's death, he made some effort to establish this connection. The patient responded by saying that she could not react to the recent loss of her pet because the analyst probably did not like animals and must be ridiculing her pain. The analyst reconsidered his focus and said that trying to connect the reaction to the loss of the pet and the childhood loss of her mother rightly created the feeling in her that he was bypassing or minimizing her current reactions (thus being like the unempathic father and justifying the patient's conviction that the analyst could not understand her pain and was ridiculing her). In the following sessions the analyst gave a "reconstructive-interpretation" expressing a more complete genetic-dynamic understanding, not only about the meaning of the loss of her pet but also about the patient's transference conviction that the analyst could not appreciate her feelings. The analyst was able now to say that this time it was important that someone

should understand exactly how she felt in order to validate her feelings and make them acceptable and real to her. In a subsequent session, when the analyst recognized and acknowledged that she was now feeling her sadness deeply, the patient burst into crying and sobbing. She spoke once more of the loss of the pet in childhood and added a new recollection: an aunt knew how the little girl felt and, instead of ignoring her pain and ridiculing her, comforted her affectionately. Thus, in spite of her insistence that no one had understood her loss and grief, someone had in fact understood.

The authors conclude by making several points. The patient's conviction that the analyst could not appreciate her feelings of loss was considered to be a transference repetition of the traumatizing failure of the father to tolerate and be responsive to the daughter's reaction at the mother's death. In line with Kohut's dictum that all transferences are repetitions, but not all repetitions are transference, the assumption that this was transference in the specific, rather than the broad, sense must be questioned. The patient, said to have had an intensely ambivalent relationship with her father since the death of her mother during latency, had the persistent conscious image of her father as being unable to tolerate strong affects or to help her mourn the mother's death. This persistent view of her father, related to her intense ambivalence, appears to be a structuralized aspect of her characteristic way of relating, likely present with any important male, including the analyst. As such, it would better be conceptualized as a repetitive character defense (possibly serving a screen function) rather than a transference arising in the regression-fostering analytic situation as a result of the projection of dynamically active infantile object strivings across a weakened repressive barrier (Kohut, 1959, p. 472).

At issue here is more than a semantic or definitional nicety, since it not only confirms the observation that many interventions described by self psychologists are clarifications of pre-conscious attitudes, repetitive patterns, memories, character de-

fenses, and historical data rather than interpretations of warded-off elements of still active infantile fantasy, but it also points to the danger that the self psychological approach may focus on the conscious, the manifest, the character defense, at the expense of the unconscious, the latent, and the dynamically active infantile object strivings. It is, of course, necessary that current feelings, character defenses, etc., be dealt with empathically and clarified in order to heighten self-awareness, to single out those ego-syntonic character defenses that have become resistances to the orderly analytic regression, and thus to mobilize new derivatives, especially in the form of transference. The danger is staying at the level of clarification which forecloses further explorations of warded off material and reiterates the descriptive at the expense of the explanatory.

By contrast, an interpretation is a communication to the patient of the analyst's empathic and cognitive awareness of what the patient has been warding off by repression, denial, displacement, etc. The intent is to help the patient become sharply aware of affective and ideational elements that have been defensively avoided, rationalized, generalized, and displaced. The use of "broad reconstructions of total feeling states of childhood" (Ornstein, 1978, Vol. II, p. 883), as advocated by Kohut, is a related manifestation of a tendency to stay with the global, generalized, vague, and rationalized rather than proceeding to the specific, affect-laden details of warded-off motivations and fantasies. Such broad generalizations seem to follow naturally on the reduction of pathogenesis to empathic deprivation, rather than the more complex etiologic possibilities usually considered, which demand interpretive attention to details of defensive derivatives and compromise. Obviously, analysis must proceed from the general to the specific, from the known to the unknown, from the descriptive to the explanatory; to remain at a manifest or intermediate level of experience and clarification may indeed be therapeutic, but puts at risk the greater structural change possible with analysis and resolution of conflict.

As a way of sharpening up this distinction, let me approach the same material in a somewhat different way, to carry the analysis into dimensions not considered in the report. In so doing, I will make connections and draw conclusions from evidence in the report, but in the absence of more material and confirmatory responses this must of necessity remain somewhat speculative. However, for our purposes, my constructions need not be demonstrably valid to show what might be overlooked or underemphasized in the case report as presented.

The patient, while complaining of an inability to have deeply felt emotional responses, is paradoxically described as having an intensely ambivalent relationship with her father. At one pole of this ambivalent relationship with him, she had always seen him as unable to tolerate feelings and therefore unable to understand and to help her mourn her mother's death. She apparently felt in general that no one had understood and appreciated her feelings, and in the analysis included the analyst in this conviction of inevitable lack of understanding and even ridicule of her pain and loss. Without minimizing the validity of her feeling, such a powerful conviction might arouse a suspicion of other sources of this persistent and insistent attitude. Is this solely a straight-line developmental effect of the father's failure to appreciate her pain and loss, or were there other feelings and wishes for the father that had to be abolished by the common device of a reaction formation supported by focusing exclusively on his failure to understand and help her mourn? I am suggesting the possibility that the latent pole of her intense ambivalence derives from her love for her father, possibly heightened by the loss of the mother but likely overwhelmed by the guilt at the fantasied fulfillment of such wishes. In this construction her insistence on the painful conviction of not being understood or comforted would be at once her penance and guarantee against the re-experiencing of dangerous sexual feelings for the father, and in the transference, for the analyst. A possible clue to the too absolute nature of her conviction is the revelation, after the analyst's clarifications and her

abreactive crying, that someone (the aunt) had indeed understood and comforted her affectionately. This raises the distinct possibility that the father, too, might have offered more love and comfort than the patient could bear to remember. Thus her image of the cold, unfeeling father and the associated conviction that she could not be understood would have the structure of a screen memory. Her reproach that the analyst, like the father, could not tolerate the expression of her feelings served as a projection of her guilt over her hostile fantasies, and was a declaration that she was unworthy of love and understanding, deserving instead to be treated with coldness and rejection. And the "gaping hole" in her psyche, the inability to love or to feel deeply would be her conscious metaphor to express the deserved loss through repression of her forbidden love for her father, as well as the loss of her mother.

Conceptualized in this speculative way for purposes of contrast, it could be said that while the analyst demonstrated empathy and skill in clarifying with sensitivity the validity and meanings of the patient's current feelings as they related to her character resistances and memories, the defensive function of her conviction and the unconscious fantasies were not considered or explored in turn. The assumption of a traumatic empathic failure on the part of the father thus acts as a reinforcement of the resistance against the emergence and analysis of the central transference and the underlying unconscious fantasies.

If, as seems evident from Kohut's last book (1984), self psychology is now to be expanded beyond application to narcissistic disorders to include neurotically structured psychopathology, it becomes important to question the effect of prolonged empathic immersion even if such supportive interactions are then to be analyzed (or clarified). The emphasis on empathic responses and confirmation of the patient's needs and grievances, even if this interaction is later clarified, can provide difficult resistances, and, in its concentrated attention on what *is* experienced, interfere with looking for what is *not* experienced be-

cause of repression and resistances. Thus the focus on empathic interactions may delay and de-emphasize the analysis of resistance and object-related transference.

Efforts to extend the application of self theory and technique to psychoneurosis seem unfortunate in beclouding its potential contribution to the range of therapeutic approaches to "the widening scope." Clinical experience confirms the value of assessing qualitative and quantitative factors in psychopathology, personality organizations, and resources. Self theory implicitly accepts certain limits, for example, in advocating termination when "cohesion of the self" is considered to be achieved, without, however, requiring a capacity for object love. Self psychology does itself a disservice when it neglects its limits and obscures the difference in capacity and potential between the neurotic patient who needs analysis of transference and resistance in structural conflict, and the vulnerable narcissistic patient who needs internalization of empathic and supportive interactions, with varying degrees of insight from analysis of those interactions, in order to develop a more stable personality organization.

CONCLUSION

The question of the place of self psychology within psychoanalysis or, alternatively, its relationship to psychoanalysis is still moot (Curtis, 1983). The last several years have seen efforts by Kohut (1984) and others to establish that self psychology goes beyond psychoanalysis, or that within "twenty years or so" it "will be synonymous with psychoanalysis" (Basch, 1984). At this time it may be wisest to attempt an assessment of those aspects of self psychology that may contribute to an enrichment of psychoanalysis as well as those that may lead to increasing separation. Foremost among the contributions are the clinical descriptions of that group of patients with narcissistic or "selfobject" disorders. Related to this is the emphasis on an empathic stance that facilitates the emergence of affective experience as

part of free association without imposing premature interpretations or the analyst's views of reality. A corollary to this is the importance of alertness to countertransference reactions elicited by the narcissistic demands of the patient. These technical reminders apply to all patients, but are of special significance with the more vulnerable narcissistic patients.

From the genetic standpoint, Kohut's hypothesis of the need for mirroring and idealizing experiences with responsive caretakers may be a useful refinement. It describes a special aspect of the significance of the quality of early object relationships for personality development. It also can be seen as an effort to redefine the role of trauma and external reality in the causation of psychopathology. This continues the trend begun by Freud (1923; 1926), A. Freud (1936), Waelder (1930), Hartmann (1958), Erikson (1950), Rapaport (1958), and Mahler (1968) to redress the balance from a too exclusive attention to drive motivation. I have previously noted my belief that in Kohut's constructions the pendulum has swung too far back in the direction of a largely traumatic pathogenesis. It is of interest, now mostly retrospective and historical, that a significant aspect of Kohut's early work has not been sufficiently remarked, partly because of his turning to other theoretical preferences. I refer here to his preoccupation with psychoeconomics, tension regulation, and traumatic vulnerability. This appeared early in his papers on music (Kohut and Levarie, 1950; Kohut, 1957), in which he noted the rise in tension with musical dissonance, and a fall with a return to musical consonance. In 1959 his discussion of narcissistic neurosis and addiction stressed the lack of adequate structure to regulate tensions arising from inner and outer stimulation. His views on actual neurosis as due to failures in tension regulation requiring soothing adumbrated the later theoretical and technical conceptualizations of narcissistic disorders (Gediman, 1984, p. 199; Ornstein, 1978, Vol. I, pp. 15-17). It is possible that Kohut might have contributed significantly more to the renewed interest in traumatic and actual neurosis had his interest not been pre-empted by the development of self psychology.

While the notion of an independent line of development of narcissism has obvious theoretical and clinical shortcomings, it has been useful in counteracting a pejorative attitude toward narcissism when misconceived as always primitive and pathological. It may also be helpful in teasing out certain developmental phenomena, although running the risk of taking them out of the context of object relationships. For example, such concepts as the idealized parent imago can be understood as a transitional stage in the transformation of aspects of early object relations into the ego ideal.

There are a number of aspects of self psychology that are unlikely to find a place in psychoanalysis, therefore separating it off as an alternate theory. A simplistic view of child development neglects the complexities of the parent-child interactions, not only the child's primary process misperception of these experiences but also the effort to compensate for actual or perceived parental failings or abuses. The emphasis is on what is lacking, with less attention on grosser trauma, illness, and accidents. This is related to a rather bland and sanitized view of the child's world where greed, lust, sadism, and sexual curiosity are neglected. Aggression is considered to be due to frustration or empathic failures, rather than being a primary motivation. Triadic sexual rivalry is mitigated by proper selfobject experiences, changing conflict into a joyful growth experience. In general, development is seen as a kind of linear molding rather than a multidetermined, conflictual and transformational process with regressions and advances. The appearance of drive-related phenomena in the child and patient are seen as "disintegration products" caused by failures of empathy. In the case of the child the importance of the body and physical experience is played down, and in the case of the patient the sexual and hostile elements are not considered as meaningful and deserving of analysis in their own right. If sexual drive phenomena are dealt with, they may be put in such terms as "affiliative tendencies" (Basch, 1984).

As previously mentioned, the value of empathy in tuning in to the patient's experience may be vitiated if it is valued for its

reparative function in fostering internalizations, rather than for its data gathering purpose, toward the end of enlarging the patient's self-awareness, not only of what is experientially accessible in the preconscious sense but also of what has been repressed. This requires interpretations of the warded-off aspects of unconscious fantasy in a timely and empathic manner that depends on the patient's readiness.

It is not likely that the concept of the supraordinate self can find a place in the main body of psychoanalytic theory. In fact, it is a central part of the "new paradigm" that more likely leads to a new "depth psychology." The notion of a self that fulfills itself, makes up for its deficits, motivates behavior while experiencing it, seems cumbersome and circular. The concept of self has always resisted definition. It is an intuitive, "Kantian transcendental concept" (Stent, 1975) that is neither explainable nor explanatory.

While the selfobject concept has certain developmental and clinical referents, these have been extended broadly to include developmental phases and clinical conditions better understood by more familiar concepts. While the term may usefully refer to those states where self and object are not distinct, the concept has been broadened to include the whole life span, thus ignoring the transformations and structuralizations leading to a relative autonomy and self-sufficiency. While not everyone who reaches such a state is joyfully creative, at least one's self-esteem will depend significantly on structuralized superego and ego ideal, along with mature object relationships, rather than on selfobjects. The selfobject concept seems a necessary accompaniment to Kohut's program of expanding the sphere of self psychology beyond its original application to narcissistic disorders to now include psychoneurotic conditions. Further, it is now to be the primary explanatory framework for human development throughout life.

From a clinical point of view these theoretical concepts, if applied literally and exclusively, lead to a technical approach that departs in certain important ways from essential elements

of the psychoanalytic situation and process. While such an approach may achieve demonstrable therapeutic change, it may be questioned whether such change can be considered as derived from the same psychological processes and transformations as are set in motion in psychoanalytic treatment conducted along classical lines. Kohut has emphasized that it "is not the interpretation that cures the patient" (1977, p. 31). Instead, the "essential curative process in cases of self pathology is structure-building via transmuting internalizations," this to be accomplished when the "analyst tries to be in empathic touch with the patient's inner life at all times, with the result that his failures are sufficiently small and of sufficiently short duration to allow the patient to respond to them via structure-building—just as should have happened in childhood. Friendliness is not curative in this sense—persistently pursued and, on the whole, successful empathic responses, however, are" (Ornstein, 1978, Vol. II, pp. 928-929).

This summary of an essentially reparative process of multiple small identifications whose success depends not on interpretation and insight but on empathic responses undoubtedly is of significant psychotherapeutic help to patients with narcissistic disorders. It would not be acceptable as a definition of an analytic process of cure. Even when Kohut and other self psychologists speak of interpreting empathic interactions in selfobject transference terms, such an intervention is presented as a necessary *preliminary* to "make possible the new selfobject experiences with the analyst," or, "to establish in the transference a facilitating context in which the arrested development can resume" (Stolorow, 1984). This is indeed a different concept of the analytic process and aim, since analysis in these terms seems to be the means to the end of selfobject experiences with the analyst, presumably to foster transmuting internalizations.

In commenting on Freud's (1914, p. 16) definition of the essence of psychoanalysis as contained in the concepts of transference and resistance, Kohut (1977) states: "... while ... I am not able to imagine how analysis could at this time do away with

the two concepts—transference and resistance— . . . I would still insist that some future generation of psychoanalysts might discover psychological areas that require a novel conceptual approach—areas where even in the therapeutic realm these two now universally applicable concepts have become irrelevant” (p. 308). This statement was made in the context of his explicating his view that introspection and empathy defined the field of psychoanalysis, leading to the new paradigm of self psychology. As is made explicit in his last book (1984), sexual and aggressive phenomena, the oedipus complex, and the analysis of conflict are considered secondary (p. 12) to “the essential task of therapeutic analysis: the exploration, in its dynamic and genetic dimensions, of the flaws in the structure of the self via the analysis of the selfobject transferences” (p. 41). This clearly relegates the defenses and resistances to a minor position. They are “less important today than they once were and should no longer be construed as centrally important to theory and practice” (p. 115). In fact, resistances are to be considered as “healthy, psychic activities, because they safeguard the analysand’s self for future growth” (p. 148).

Thus the implied prophecy in which transference and resistance might become irrelevant appears on its way to fulfillment in self psychology which now is to provide the theory and technique not only “to the analysis of analyzable self disorders but to the analysis of *all* analyzable disorders” (p. 110). Not only are resistances considered of secondary importance, but transference itself, in the object-related sense meant by Freud, must yield its place of primary importance to the “selfobject transferences.” Self psychology as presented by Kohut thus appears to be moving toward its destiny, not just as a new paradigm, but as a new school of “depth psychology” with its own metapsychology and technique.

As highlighted in this concluding section I have drawn largely on Kohut’s writings as my source for the theory and technique of self psychology. Many who consider themselves self psychologists do not agree in all details with him. As mentioned before, some of his followers emphasize the analysis of the em-

pathic interaction as well as the reparative effect (Ornstein and Ornstein, 1980). Others are working to reconcile self theory and conflict theory (Stolorow, 1984; Stolorow and Lachmann, 1980). Basch (1984) is of the opinion that Hartmann led psychoanalysis away from its intrapsychic focus, while Kohut's concept of the selfobject promises to restore it. While it is difficult to see how a concept depending on the experiencing of an interaction with a parent or analyst can be expected to accomplish this, the effort implies an intent to maintain a tie with psychoanalysis.

It is likely that any integration of self psychological concepts into psychoanalysis will come about as a result of such efforts, interacting with the critiques of those working within the mainstream of analysis. In the meantime, for the analyst interested in theory and the history of psychoanalysis, self psychology offers a sharp challenge to his familiar and all too often unexamined assumptions, and will remind him of the importance of assessing the value of new ideas from a historical perspective, as well as from the technical consequences of their application.

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Potentiality Shrouded: How the Newer Theories Work

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POTENTIALITY SHROUDED: HOW THE NEWER THEORIES WORK

BY LAWRENCE FRIEDMAN, M.D.

An analyst often needs to feel that the integration he anticipates and provokes was already observed, fully present, in the patient. He can feel that way by cultivating an empathic sense that the patient's aspects and movements are inevitable and not chosen. A full theory of the mind, however, describes other possibilities. For that reason, it is sometimes useful to work with incomplete theories that omit descriptions of potentiality. These holistic revisions of psychoanalysis increase the variety of passively perceived treatment-relevant configurations and lessen the analyst's descriptive authority.

A vigorous discipline constantly criticizes itself. It usually does that in many ways. But during the past two decades, a group of otherwise diverse theorists have singled out one particular fault in psychoanalysis.

Most of the writers I will discuss identify the fault as a methodological error: Freud's effort to copy misunderstood methods of contemporary science. I have elsewhere argued (as will be cited below) that these philosophical objections to Freud's method are weak. But if that is so, we must wonder why the revisions have burgeoned. Of course, fashions change. But practice is arduous, and it is unlikely that teachings will converge to one focus unless drawn there by a demand of treatment. So this trend may provide information about the nature of practice.

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I will suggest that the new theories try to make more treatment-relevant configurations available in clinical data while reducing the analyst's authority to define them. They do this by refusing to explicitly describe mental potential. I will try to say specifically how practitioners can find it useful to omit the very descriptions of mental potential which usually constitute a theory of the mind.

On the face of it, this disdain for hypothetical substrates seems to be part of an effort to get closer to the patient's actual experience. We are therefore forced to examine the nature of empathy, to see if it is empathy that theory of potentiality interferes with. I suggest that empathy, in its ordinary sense, is universal; that there is no special, private datum that it picks up; that the mind, in its most private recesses, is a mixture of public and private meanings; and that ordinary empathy is by no means always favorable to the subject. I conclude that the older theories of potentiality were not rejected because they interfere with ordinary empathy; it is not that empathy which the holists are seeking.

I argue that the special empathy used by analysts is not principally an accurate perception of human meaning, or access to purely private experience, but a view of some aspect of experience as necessary because of its integration with the rest of the patient's experience.

I propose that the integration established by a therapeutic empathic focus is especially designed to make the analyst feel as though he is viewing something already arranged, while in fact he is actually seeing an integrative movement that he has induced. Intense therapeutic empathy thus allows the therapist a naïve freedom in his desire to produce integration. I suggest that this is a necessary part of the therapist's psychology, accompanying whatever more complete theoretical apparatus he may bring to bear.

The need to feel that one is seeing and not doing is interfered with by a full theory of the mind, with its outline of other ways that the patient could see himself and other ways that the ther-

apist could see him. Because diagrams of potentiality interfere in this way, the newer truncated theories omit reference to potentiality (and therefore do not constitute full theories of the mind).

Readers may wish first to follow the argument briefly by skipping the two citation passages below, labeled "Illustrations of the Trend."

HOLISM LEADS TO MORE PHENOMENOLOGICAL FORMS AND LESS ANALYST AUTHORITY

What is the practical outcome of these revisions? Here are two conspicuous results: (1) Theorists grant psychoanalytic significance to more meanings, to a wide variety of human situations, and in some cases, to an open-ended range of forms (Friedman, 1980a, 1982). (2) Impressed with more types of meaning, the analyst's own familiar patterns lose their authority, and the patient's descriptions become more definitive.

These results are produced by a shift in theory. What type of theory moves in this direction? The predominant feature of these revisions is holism—the doctrine that the mind has no real divisions. Holism permits innumerable defined situations to be affiliated to theory. A holistic theory offers the least resistance to any proposed meaning, because it has no status to give or to deny to any partial meaning.

Illustrations of the Trend

Most of the proposed holisms are organic, that is, they treat the mind as a unique, completely integrated, growing thing. Eugene Gendlin (1964, 1969) offered an early organic theory akin to Bergson's vitalism. He objected to characterizing the mind by abstractions and refused to divide it into parts. He urged the therapist to stop telling the patient what he is like and to act more as a coach for a process of meaning development. His holism was directed against the therapist's intellectual

constructs. He described mind as a flow of experience in a necessary progression. According to this theory, the therapist's interventions can be useful only as a foil for that inexorable process (see also, Ferenczi and Rank, 1924).

Edgar Levenson, in his book, *The Fallacy of Understanding* (1972), also campaigned against the analyst's authority to define the patient's situation. His holism was different from Gendlin's. He studied a social organism composed of patient and family, or patient and therapist. Focused on such a self-preserving social organism, Levenson was able to deal with personal inertia and with subtle difficulties in treatment, which Gendlin had trouble describing. Levenson showed how the patient made his descriptions of the therapist actually come true. Gendlin, in contrast, could not really say what was happening when, in conversation with the therapist, the patient's vision did not change, because for him meaning was the continuous alteration of feeling as it is symbolized. (Structuralist holisms best explain conservancy [Friedman, 1972b; for an example, see Lévi-Strauss, 1966], while organic or process holisms are especially designed to explain movement [Friedman, 1971; for an example, see also Bergson, 1911].) But the aim of both theories is roughly the same, and that is to shake the analyst's confidence in his prearranged classifications and in his authority to say what is going on.

George Klein (1976) proposed a holism of the constructivist sort elaborated by Piaget. Klein wanted the analyst to acknowledge more distinct motives in his patient (see Friedman in Symposium, 1980). Unlike some other revisionists, he did not want to give up all of the analyst's special defining power. In particular he did not want the significance of sexuality to be regarded simply as a parochial psychoanalytic perspective. And, even though there are more vital pleasures on his list than there are instincts on Freud's (mature) list, the vital pleasures remain, like Freud's instincts, a small, nameable group. They are not pleasures just when seen in this or that light: they are *vital* pleasures, which means that they help to *define* a person's state. Yet, with

these qualifications, Klein, like the other revisionists, was reluctant to allow the analyst to impose a standard interpretation on his patient's state. According to Klein, the ultimate definer is not, for example, a basic complement of instincts, but rather whatever state of equilibrium is required by the self, and equilibrium is an indefinite term for a desirable state (Symposium, 1980, p. 208).

Roy Schafer (1973a, 1973b) is also a holist. He is not a vitalist, process holist like Levenson or a semi-constructivist holist like George Klein. Schafer is a nominalist holist who believes that it is a misuse of speech to refer to mental abstractions and parts. For him, the mind is just its movements or its manifestations. His emphasis on the patient's responsibility is an emblem of his holism, since holism allows no submotives to carry responsibility away. Although Schafer is more concerned with responsibility than other holists are, he joins them in freeing the analyst's sensibility to respond to an abundance of forms and meanings. Schafer opens up the analytic scene to an infinity of readings. With his narrational theory of the mind and of therapy, he literally reduces both the self and psychotherapy to readings, for which there is no authority except a traditional point of view and an inexplicable usefulness. Schafer allows innumerable pictures. He, too, undermines the analyst's authority to define what is going on. He retains a preference for Freudian categories, but he regards that as a *decision* (Schafer, 1980, p. 39): it is not argued from the nature of the mind, as the more conservative George Klein would have done.

Emanuel Peterfreund's (1971) sketch of an information processing theory seems at first to be quite different from these holist theories, inasmuch as it emphasizes separate, distinct programs. All these programs, however, are direct or indirect servants of a master program. That master program, for which all others modify themselves, is the representative of a whole organism and is therefore the exact counterpart of "equilibrium" in organicist theory. Peterfreund describes the mind as an undefined, self-governing whole, and he is justified in comparing

his theory to Piaget's. But, as I see it (Friedman, 1972a), Peterfreund is more of a holist than Piaget. Piaget's schemas have a kind of restless, emergent independence, with some individuality of their own. But Peterfreund has petrified them into fixed but replaceable programs, subservient to the organism's overall holistic purpose. That is not just a stylistic difference. Peterfreund's presentation is consciously designed to keep subprograms free of the taint of anthropomorphism. He wishes to eliminate any appearance of autonomy in these subprograms, which are therefore made strictly answerable to the rule of the whole as embodied in the master program. In constructing this system, Peterfreund did not pay much attention to the overall program that decides which smaller programs survive. His *practical* interest was engaged by the multiplicity of motives represented by the various lower-level programs (Friedman, 1972a, 1975; Peterfreund, 1973, 1975). He wanted analysts to be sensitive to many different configurations and not reduce them to a few large motivational forces.

Theorists of the representational world school are harder to classify. In many respects they are the most atheoretical members of a largely antitheoretical movement. These writers try to make the variety of experience account for itself (Friedman, 1980a; Boesky, 1983). Their animus is directed against abstractions, so one might suppose that they wish to dilute the therapist's authority to diagnose situations. But, in fact, they do presume certain regularities in the mind that are not, as in Schaffer's scheme, relative to the style of narration, or, as in Gendlin's, discovered by the patient alone. And furthermore, the "representations" that are embedded in their theory, because they form part of the theory, are attributions made by the theorist and therefore less open to the patient's meaning than are abstract Freudian structures which can be filled in by the patient's own phenomenology. A very phenomenological theory competes with the patient's private definition of his experience because it describes more specifically, whereas abstract theory is content to define experience in general terms and leaves the

phenomenology to the patient. (For example, Stolorow and Atwood [1979] endeavor to show that rival theories of the mind were not just *influenced* by the theorists' personalities, but are actually pictures *of* their experienced worlds. The theorists themselves would doubtless have protested that their theories were explanations and that Stolorow and Atwood do not know what life felt like to them.)

But though the representational world school may make the therapist more rather than less authoritative in defining the patient's experience, it succeeds in greatly increasing the number of meanings that command the therapist's attention, since in this theory the mind is equivalent to all the meanings it makes. Along with Schafer, the representational world school emphasizes the number and variety of situations the patient finds himself in. (It presents these situations as constituent items of the mind, while Schafer considers them to be readings of experience, though he, too, vacillates on whether mental action is an event or a reading of an event [Friedman, 1976b].)

Kohut's (1971, 1977, 1978) theory is fundamentally different from the others, in that he attempts to join an organic process theory to a part-whole theory. (The bipolar self is an organic whole, but it is horizontally and vertically divided [Friedman, 1980b].) According to Kohut, the parts of the self have a separate, persisting identity and are more independent than, for example, Peterfreund's displaceable subprograms. But, like Peterfreund, Kohut invokes an equilibrating principle as an explanation. Whether or not theoretically consistent, Kohut succeeds in freeing an aspect of the patient (which he originally called the zone of progressive neutralization) from the analyst's defining authority, allowing that area to take on a great many forms, while nevertheless ensuring that *certain* officially delineated forms of aspiration and inhibition are included in the description. (Kohut provides a detailed description of unsuccessful growth. In contrast, when Gendlin [1964] is confronted by stunted growth, he can say only that the mental process has stopped or is "frozen," since Gendlin more consistently refuses

to allow *any* of the therapist's favorite descriptions [see Friedman, 1971].)

Kohut deliberately set out to free the therapist from certain prefabricated anticipations (Kohut, 1979). His recourse to new specific anticipations (for instance, new metaphors for integration and dis-integration) does not detract from his effort to free the therapist from old, standard visions. The profusion of new situations which Kohut provided and made meaningful to the therapist and their clinical fruitfulness account for much of his popularity.

HOLISM WORKS BY SHUNNING POTENTIALITY

A full theory of the mind, such as Freud's, identifies an entity with multiple potentialities that are described as parts (Friedman, 1976a, 1977). Structural theory describes the invisible but present source of what only happens later, or could have happened under other conditions. That is what potentiality means, and that is what theory of the mind describes. The new revisions all propose a greater number of visible situational forms for the therapist to work with—actual forms that can be spotted as they appear. In doing this, these theories neglect to characterize potentiality, that is, the unseen, enduring core of the person that has the power to make him different in different circumstances. The new theories try to connect the therapist with what is concretely experienced, and, to the extent that they succeed, they are powerless to describe what *can* happen, or what *has not* happened, or what one *wishes* would happen. (Incidentally, a refusal to describe potentiality is the essence of object relations theory, which therefore has every right to boast that it is what we are seeing in current trends.)

Needless to say, all theorists use a full theory of the mind when they treat people. They have to have a sense of people's dispositions and proclivities. And that means that all theorists have at least a tacit belief about the nature of potentiality. These

beliefs about potentiality can be gleaned from the therapists' expectations, revealed in their clinical attitudes and interventions. Their implicit theories of the mind are often different from their written theoretical accounts. All the more remarkable and demanding of our respect is the effort of theorists to purge their thoughts of detailed reflections about specific potentiality, i.e., the persistent characteristics which determine a person's choices. These theorists are moving away from blunt statements of potentiality, such as "A conflict between these two wishes has been enshrined in such-and-such a defense, and thus prevents a discharge of aggression in response to such-and-such a provocation and such-and-such a fear." A statement like that names wishes, defenses, and aggression, none of which can be directly experienced. Depending on the outcome of the conflict, the same wishes and defenses and fears could be expressed in many *different* experiences. By means of such a description, a later, different experience can be related to a present core constitution. And what might have made possible a change that never took place can be described in terms of present dispositions. In contrast, the newer theories try to liberate perception from the prejudice of explicit expectations about potentiality and change, and potentiality therefore has been swept under the theoretical rug (often with the excuse that it is a metaphysical matter).

Illustrations of the Trend

Gendlin's theory is the best example of this enforced muteness on the subject of potentiality. In his account, there are no standing powers and mechanisms; only actual experience is described (Friedman, 1971). Edgar Levenson is also enigmatic on the score of potentiality. *The Fallacy of Understanding* (1972) presents a structuralist theory, and so it does not dismiss potentiality as an indescribable process of "development" of meaning, as process theorists do. (However, Levenson has finally opted for a process theory in his later book, *The Ambiguity of Change*

[1983].) But that refusal leaves potentiality even more problematic: in Levenson's account, actuality would seem to be all there is, and the reader is given little reason to hope that treatment can change anyone (Friedman, 1974, pp. 137-138). George Klein does not diagram potentiality. He does not show us an anatomy of the mind which could work this way or that. Potentiality is just alluded to. It is just whatever is at stake for the organism (that being the principle of equilibrium [Symposium, 1980, p. 209]). On an explicit level, Schafer simply avoids the issue. (He distinguishes between a mind with the potential to change and one without, but he has nothing further to say about the distinction [1973b, p. 283].) Theoretical commitments concerning potentiality are implicated in his practice, but they are not sayable in terms of his theory (Friedman, 1984).

Within Peterfreund's information-processing theory, the sum total of the individual programs would seem to provide an explicit account of potentiality, but in fact what gives his model its "hard science" sheen is precisely his insistence on dealing only with actualities and leaving the real questions of potentiality undiscussed. The real locus of potentiality—what *can* happen, whether or not it *does* happen—is represented in his theory by the range of flexibility of the highest order program that determines the fate of the subprograms. He does not discuss that further. The representational world school is almost a deliberate effort to reduce all that is real to what is actual (Friedman, 1980a, p. 223). Kohut alone, because his theory is an amalgam, does provide an account of potentiality, and it is probably for that reason that his new forms (conjoined as they are with specific *possible developments*) have turned out to be so extremely useful (Friedman, 1983).

WHAT IS THE ADVANTAGE IN BEING INEXPLICIT ABOUT POTENTIALITY?

My purpose here is not to criticize theories but to learn what treatment difficulties they answer to. If it is true that theorists

have been trying to raise more configurations to analytic respectability, and if they have been trying to diminish the analyst's defining authority, we would want to know what in the treatment task has demanded that movement. But we have an even harder question when we notice that these theories have neglected to describe potentiality. It is intuitively understandable that a therapist wants to recognize many relationships and forms of feeling. And it is intuitively obvious that a therapist is better off exercising modest self-restraint in labeling what happens in the consulting room. It is not, however, so obvious why a therapist would be better off without a theory of specific potentiality. Why give up reference to underlying reasons for what happens and for what could but does not happen? It is hard to see what advantage it brings to drop such theory, especially since it was an elaboration of such a theory (by Freud) that originally gave therapists their subtle perceptiveness. When psychoanalysis was born, behavior seemed to attain more significance by revealing *sources*—sources of *other* behavior, actual or potential. While it may be hard to see what advantage there is in dropping such theory, there is probably some advantage or it would not be happening.

DO IMAGES OF POTENTIAL INTERFERE WITH EMPATHY?

On the face of it, this collection of revisions seems to be a rebellion against the analyst's overconfidence in his own definitions—definitions which reduce his perceptual forms to a monotonous few and estrange him from the patient's subjective reality. Is that the reason for getting rid of descriptions of potential? Is the analyst less sensitive to personal nuances if he carries around pictures of defined potentiality, which are "seen" by him but not immediately experienced by the patient (for example, a dynamic formulation or a metapsychological explanation)? But it is not evident that conceptions of how the mind works get in the way of the analyst's perception. After all, these

theoretical “prejudices” about the mind call attention to what might otherwise be ignored—and they are eagerly sought by all practitioners for that purpose. Even when preconceptions are used “reductively” in speculating about a patient, it is not clear how they interfere with the analyst’s *perception*. One can worry that an analyst’s *imagination* is limited by a theory that tells him how to sort his perceptions. But since he has got to have his perceptions before he can sort them, his awareness cannot be all that limited by his pictures of potential structure. (Nobody pretends to *see* egos, ids, etc.)

One simply cannot converse without apprehending his partner’s situation and without getting close to his meaning. *A fortiori*, no analyst could suffer from such an estrangement. I conclude that we cannot explain the recent aversion to schemas of potentiality by supposing that these schemas had forced analysts to see their patients as mere two-dimensional, animated, theoretical phantasms.

EMPATHY THAT IS UNIVERSAL CANNOT BE THE GOAL OF THE NEW THEORIES

Even a grotesque, mythically rigid analyst, pledged to a narrow, Procrustean stereotype, would have had to be able to take in an infinite variety of human situations in order to reduce them to his doctrinaire formula. And *just to take them in* requires ample elastic empathy. Why would such an analyst ultimately find himself in need of radical means to enlarge his perceptive capacities? This is the complaint continually put to the self psychologists, and I am not convinced that the self psychologists have made the most of the challenge.

Ordinary listening requires a much more empathic sense of the speaker’s situation than we are prepared for by the stark contrast of conceptual understanding and empathy. A hearer has to empathize with the speaker’s intent, social role, psychological frame, immediate history, etc. The speaker has to do the same for his listener (Rommetveit, 1983). Even more interesting

is the possibility that meaning is constructed *in the course of* this mutual adjustment (*cf.*, Lichtenberg [1983, p. 238] in psychoanalysis; Bakhtin [see Morson, 1983] in criticism; and Dore [1981] in speech theory.)¹

Kohut and his students have usefully excited a spirited debate about empathy. The question of how little deliberate theory we can get by with in grasping a person's state is an important one (Shapiro, 1981). Self psychologists have rightly demanded that we attend to the contrast between those moments when we seem to be viewing our patient from inside himself and the very different and more ordinary times when we see him as someone in *our* world of objects (Ornstein, 1984; Schwaber, 1981).

In general, however, Kohut's concept implies that empathy is something that *gives* more specific form *to* an experience that is reaching for definition—not a replica of a developed state. The question of empathy thus provides an opportunity to scrutinize the fluctuant quality of experience in general—an opportunity that is not always sufficiently appreciated. Theorists of empathy sometimes seem to regard experience as a finished datum: there, it would seem, sits private experience, and the only questions are how accurately and by what means it can be captured, and whether and how it is transmitted.

But reflection suggests that empathy is a *quality* of experiencing, not a reproduction of an already experienced datum. Empathy cannot be defined in terms of its datum. It cannot be a perception of an inner world as opposed to an outer world. It cannot be an accurate image of subjectivity in contrast to a distortion by an objective prism. It cannot be any of these things, because the mind is reflexive: absolutely *all* ways of thinking about someone are also ways that he thinks about himself, and therefore all ways of thinking about someone match up to some part of his experience.

¹This whole question of the relationship between language as a free-standing, propositional code and language as an expressive sign of individual, personal intention has given rise to a rich, ill-tempered literature in philosophy: think of Wittgenstein, Derrida, Gadamer, Ricoeur, Searles, Austin, and many others.

Questions about empathy are not primarily questions about communication or understanding, but about the anatomy of experience itself, whether isolated or communicated. The human mind is a (self-) perceiver, so the distinction of outsider and insider is often beside the point (which is one of the reasons for invoking a concept such as a selfobject). Of course, the *act* of trying to share someone's world has enormous consequences. But there is no special perceptual vocabulary that such an act must use. What we ordinarily consider "distant" and "abstract" categories color a person's intimate experience as influentially as his pleasures and pains. (Consider the category of "heretic" in the old days, and of "narcissistic" in recent ones.) Philosophers have observed that a person's sense of himself is partly made up of how he is experienced by others. People imagine themselves as viewed from another's perspective (Mead, 1934). Along with everything else, the empathizer will therefore partly pick up an "outsider's" view of his subject, since that is already part of the insider's view of himself. Incorporating the outside view of oneself is an act of empathy with the outsiders, while on the other hand, we are often far less "empathic" with ourselves than are the outsiders who love us.

Many theorists have noted that empathy is a style of perception rather than a simple "tuning in." For instance, Shapiro (1981) describes empathy as a gestalt type of experience, and Lichtenberg (1981) refers to empathy as picking out general aspects of experience rather than partial aspects. Loewald (1960) has the longest record of mining this feature of empathy for its psychoanalytic significance. As we look for the incentive that inspired theorists to purge potentiality from their writings, it is important not to make the mistake of supposing that the potentiality described by a theory of the mind is, by virtue of its objective pretensions, a veil hiding the mind's subjective state from direct imagery.

If we suspect that the theory of the mind, with its elaborate tracery of mental potential, is an impediment to empathy, it is not because theory of the mind makes it harder to see some

special, private universe. Rather, theory must make it harder to think about that universe in some special, useful way, and that is the incentive for avoiding detailed reference to mental potentiality.

THE EMPATHY WORRY IS ABOUT HOW THE
ANALYST EXPERIENCES THE
PATIENT'S INTEGRATING

Every ordinary communication *is* (among other things) the creation of an empathic understanding of oneself in another. People *make* others feel toward them what they want felt. I need no special therapeutic expertise to respond the way someone is trying to make me respond. I suggest that what feels like special therapeutic empathy is not simply experiencing, through vicarious introspection, what the patient experiences through direct introspection: it is experiencing what the patient *might*—and, one hopes, *then does*—experience through introspection. I ask the readers to test this assertion by very close attention in their own practices.

Ordinarily, we would expect a state of mind to make itself known in its expressions. An actual state of mind as it is experienced by the subject is close to a publicly available fact (unless dissembled). One of the reasons that empathy seems to be non-conceptual, and “from the inside,” is because, in a peculiar sense, it is *not* a reproduction of the subject's actual state of mind, but is what *could* be discovered by him *from* his actual state of mind, given a different attitude (*cf.*, Lichtenberg's [1981] concept of an “observation platform”). It is not simply what the patient experiences, and so it is not transmitted in his words. And since it is not transmitted in words, it does not seem to be a public view. The reason that empathy touches on a private, insider fact is precisely that it is ultimately all that a patient *would* experience *if* he were “empathic” with himself: the more empathic with himself he is, the more he sees his total experience as a whole. And *that*, carried to its impossible ex-

treme, would be something that only he could attain. Empathy is extremely private, but only asymptotically. As the name for an imaginary, polar extreme, empathy is a sense of all experience together, past and present. Any particular "empathizing" gets its name from some *degree* of connecting or integrating one aspect of a person's experience with another.

The various meanings of "empathy" have this in common: they refer to the gathering together of aspects of experience as interrelated. Empathy moves from an awareness of a part of a state of mind toward an awareness of the rest of the state with which it blends. In the process, what at first seemed isolated, and to that extent arbitrary, becomes an inseparable aspect of a whole experience, current and past, about which it would make no sense to say that one part could be different. We have all felt this interlocking effect of empathy. (A philosopher would say that empathizing is finding the internal relations that one aspect has with the rest of experience.) To empathize with an aspect of someone's experience is to sense it as inevitable because of its linkage with the rest of that person's experience. Sensing a patient's experience empathically is *sensing it in the mode of inevitability*. That is why empathy comes across as exculpatory, exonerating, and permissive.

Therapeutic empathy therefore confronts us with the difficult fact that experience is partly actual (in its fragmented phenomena) and partly potential (in its unlimited connectedness). It makes us want to say that we understand how a person feels, when it is perfectly clear from what happens next that he did not feel that way at all until we felt it for him, but yet that he feels *different* because we knew he felt that way already!

WHAT'S WRONG WITH UNEMPATHIC VIEWS IF THEY DO NOT SUFFER FROM INACCURACY?

What then shall we say about the outside/inside contrast, the concept/percept contrast, and the extraspection/introspection contrast which have been used to characterize empathy? What,

after all, is the polar opposite of empathy? If empathy just designates the accurate grasping of human meaning, only tissue pathology would be unempathic. But we have just decided that this ordinary empathy is not the empathy that is at issue in the new theories. Nobody could have worried that psychoanalysts have been too conceptual and cold-blooded to understand what is said to them. But if there has been a worry about empathy that has contributed to the new theories, what danger was envisioned? What is the opposite pole of the kind of empathy that therapists are currently concerned about?

If, as I have argued, empathy is holistic perception of human meaning, then an unempathic attitude (when it does not simply mean a nasty or inattentive attitude) would be one that perceives things mainly in terms of choice or decision. An unempathic person is simply one who takes the position that the subject's state of mind could easily be other than it is. And how easy it is to imagine it being immediately different is a measure of how unempathic is the viewer (who may well be the introspecting subject). Notice that, according to this definition, not every view of an act or attitude as flowing from a person's nature is an empathic one, since, like an angry jury condemning a psychopath, the viewer might see the whole person as choosing his life *en bloc*. In such an apparently holistic image, the life experiences that make a person what he is are not reckoned into the whole, and the whole life is considered an option, rather than a product of mutually implicating, interlocking, determining, causative experience and reactive feelings. But this is already a special case, and "unempathic" usually means not realizing that something about a person is inevitable by reason of his specific experiences.

My viewing someone's state as inseparable from his coherent self need not blind me to his feelings of internal conflict and incoherence. Conflict theory differs from holistic theory, and Freudian attitudes differ from those of our revisionists, according to *how* they account for conflicted feelings. Freudian theory sees conflict partly as evidence of an uncompleted

choice. Holism sees conflict as a defective mental state. Freudian theory allows one to imagine a cathectic shift that could reverse the outcome. (In other words, the theory outlines a specific potential for a different direction.) In contrast, a concerted empathic focus of attention stares at the inevitability of the stalemate (and may backhandedly resolve it in the process).

THERAPEUTIC EMPATHY AS A SENSE OF IMMINENT MOVEMENT

Empathy should be neither dismissed as a fad, nor raised to numinous dignity. In a general sense, it is a ubiquitous feature of human relationships. It is also a name for a concentrated focus of attention attuned to inevitability. When a psychotherapist is intensely empathic, though he has an endless vista of implications and ramifications, he is responding to a *narrow range of options* in the patient's experience and among the roles immediately available to him. Empathy should not be talked away, for instance, by calling it "merely" trial identification, because that makes something which is general and ordinary seem special and technical, as though we explain things by saying them psychoanalytically. Analysts should try to look at their world as much as they can in an ordinary light, adding theoretical concepts only when required. Progress will not come from encapsulating every phenomenon in a safe, old term as soon as it poses a riddle. Analysts should go out of their way to try to make a question show an aspect of theory that has been glossed over or left undeveloped. If psychoanalysis is to be a growing discipline, then, empathy will be used to explain trial identification rather than the reverse, *so that* empathy itself can continue to clamor for clarification.

Nobody would claim that Freudian theory is unempathic in the sense of failing to deal with how a person feels to himself. What the elaborate Freudian hypotheses do is to show paths to other feelings he might have about himself. Freudian theory describes latency and potentiality, not just inevitability and ac-

tuality. Potentiality is the roundhouse from which various end points can be reached by an individual. Tracks that are not used are experience-distant insofar as they are not used. But the mind is continually turning back on itself. What is experience-distant can trade places very quickly with what is experience-near. As we have seen, it is a peculiarity of experience that its "actuality" contains various levels of potentiality, such that someone can say, "That is exactly how I feel, and it wasn't apparent to me until you said it." Psychoanalysis originally claimed its domain by exploiting this odd feature of experience. It has not finished its work. (For example, theories of the preconscious do not abound.)

Arguing about empathy brings into sharp relief questions about the nature of experience that are exciting and disturbing to all psychotherapists. What interconnection and implication can feelings have an instant from now that they do not already have? Does this integration that is immediately available have a single or a foremost pattern? If, instead, an infinity of patterns can be found, do those meanings have an order of priority, as Freudian theory suggests when it refers to "closeness to consciousness"? (See also, the onion-skin analogy in Freud's [1893-1895, p. 289] model of concentric stratification and Gendlin's [1964] proposal of an implicit order of meaning formation in the experiencing process.) In what sense can we say a form of wish is paramount when it is not what is closest to consciousness? Interest in empathy inspires us to ask how specified potentiality, in the form of theoretical constructs, can help the analyst to find actualities to empathize with. Do pictures of potentiality help only by providing forms for recognition? Or do they free the analyst from enslavement to the patient's current experience so as to allow other levels of meaning to crystallize?

Since there is a sense in which empathy is ubiquitous while the practical difficulty that inspired new theory must involve some variable, our inquiry requires us to consider relative empathic ability. How should this capacity be described in the terms I have used to describe empathy? What has empathic

ability to do with regarding experience as inevitable, whole, and integrated? Of course, people vary in their *wish* to empathize. Anyone may *decide* to be “non-empathic,” for good reason (e.g., in quest of revenge). And people can “decide” to be empathic for self-serving reasons; empathic attitudes can serve masochistic, exhibitionism-modulating, trauma-controlling, and aggression-inhibiting purposes (Schafer, 1959). But we have evidence that, apart from their intent, people vary in their *aptitude* for sensing another person’s experience. Daily life shows that non-empathic views are frequently default views: he who cannot form an empathic picture forms a non-empathic one as though he prefers it. We must be able to describe empathic ability by itself, disregarding its purposes and its genetic preconditions. Our question is not what facilitates empathy, but what it means to be able to empathize intensely.

It is a tricky question because, unlike other forms of apperception, empathy seems to have a component of action, and empathic capacity seems to refer not just to astuteness but to an inclination toward the subject. Empathy may operate at or below the level of consciousness, and the selection of level of response may be itself a form of empathy, as when we avoid hearing what someone does not want us to hear. (One investigator has found that, on this level, women are more empathic than men [Rosenthal, 1981].) It is a matter of vital concern to psychotherapy whether, seeing it as inevitable and indivisible, we can fully grasp somebody’s thoroughly committed experience without reacting in such depth that it alters our behavior toward him. (Kohut often seemed to be uncertain on that point.) Or, to put it another way, if empathy pertains not just to the patient’s perceptions, but to his consequent unconflicted, organically necessary strivings, is it *possible* to recognize his pull on us without at least slightly responding to it?

We have noted that *ordinary* empathy—the grasp of someone else’s meaning—can be part of any attitude whatsoever, from concerned to hostile to indifferent. But now consider empathy as a sense of the inner necessity of a person’s feelings, and add

to that that his feelings include his strivings which reach out to the therapist. Is there a sense in which one's response *constitutes* the recognition of such an appeal? (That would mean that complete self-restraint in all reactions would impose a form of blindness.) This is a slippery walk. "Trial identification" is much more safely quiet and tentative. There are also other ways to describe the situation with terms that carry with them the implication that the analyst retains his valuable neutrality. But using such terms may simply be a way of not asking whether the analyst's attitude has to actually *change* in the process of experiencing integrative empathy. The question is, when integrative empathy is experienced, does that by itself make it *impossible* for the analyst to act toward the patient in certain discordant ways? (In regard to this general question, see Tower [1956].) How is the analyst's empathy different from that of the clever psychopath?

Partly to avoid the heresy of the corrective emotional experience, self psychologists have had to talk as though analysts (but not parents!) exercise empathy *descriptively*, though non-conceptually. (Gedo [1979] has seen this paradox.) In other words, in exercising empathy, analysts are supposed to be seeking a kind of description, but with a minimum of abstract explanation. That leaves the self psychologists open to the criticism that abstract concepts enter into all descriptions. But there are other sorts of responses than descriptions. Most responses are not descriptions, but heedings. No formed concepts would seem to be needed for the way people heed each other all the time. Abstractions and concepts are inevitably involved in heeding, but they do not function in the systematically structured way that concepts—and even secretly articulated theories—covertly set up intuitive psychoanalytic *pictures* or experience-near *descriptions*.

If empathy is both reflection and response, empathic ability may mean being sensitive to an appeal that while least active is also closest to actuality. In other words, empathic sensitivity might be more a function of knowing how a person is likely to

change in the next split second than of knowing how he is at this split second. There has always been a place in psychoanalytic theory for this sort of supposition, from the old image of ideas marching through the “‘defile’ of consciousness” (Freud, 1893-1895, p. 291) up to the current doctrines on the correct order of interpretations. (As I will emphasize below, even if empathy is a sense of how things may move, it does not follow that it is felt by the therapist or the patient as such.)

This is an extraordinarily murky area, combining the phenomenology of experience as it moves over time with issues of standing motivation and defense. Most frequently, therapists find themselves empathizing privately and “statically.” But even those quiet images involve implicit expectations about how they would be elaborated. And as a result of these “disinterested” empathic reveries, the analyst acts with expectations about how his actions will be received, and this suggests that his reveries are partly anticipations of movement.

And insofar as empathy is guided by a sense of what somebody is *trying* for, it is more a peering forward than a looking at.

In his important essay on this subject, Schafer (1959, p. 346) sharply distinguishes the will-less, contemplative act of empathy from its communicative therapeutic expression. But even while it is silent and devoid of apparent aim, empathy is, according to Schafer, “a form of experimental internal action” (p. 346). And Schafer goes on to say that in the analyst’s own, apparently inactive empathizing “the boundaries of awareness are enlarged through discovery of new forms of experience as well as recovery and clarification of past experience. . . . By new forms of experience I refer to new differentiations and syntheses, new distributions of intensities, and new criteria of relevance” (p. 346). If all these fluctuations are a part of empathy even in its quiet, contemplative aesthetic aspect, is that not evidence that empathy is a sense of how experience can move? Surely empathy must have as many moods and rhythms as any other category of experience. But we may find that it always has an

element of anticipation of development, even when that is not immediately apparent. In ways that can be overlooked, a person's empathic capacity may have to do with a sense of how things move and what can be felt only if it is looked at or is responded to in a particular fashion.

It is useful to superimpose Schafer's earlier views of generative empathy onto his more recent holistic account, for the latter is one of our revisionist theories. In the earlier paper, he wrote that "what is to be shared and comprehended [by generative empathy] is a hierarchic organization of desires, feelings, thoughts, defenses, controls, superego pressures, capacities, self-representations and representations of real and fantasied personal relationships" (1959, p. 345). Nowadays Schafer no longer appeals to hierarchic organization. What takes its place as the analyst's representation of the patient's structure? What is the way personal potential can be envisioned? Since his philosophy eschews potentiality, we must extrapolate an answer. It seems to me that Schafer now believes that the empathizing analyst shares (1) a view of the world as the patient chooses to see it, together with (2) a sense of other, accessible vantage points from which the world would look different (e.g., Schafer, 1973b). In other words, empathy is the vision of the patient's present experience against the sliding backdrop of just-around-the-corner shifts in perspective. The collection of these possible changes in viewpoint takes the place of Schafer's previous diagram of psychic organization. Now more than ever before, it seems to me, Schafer would be inclined to see generative empathy as a sense of what can *develop* out of the patient's momentary state.

If it still seems a little far-fetched to regard empathy as a sense of how a state can change, a therapist should recall how different a given psychic constellation *feels* to him when he sees it as leading out into a different elaboration. How did Kohut help the analyst to understand narcissism? Certainly not by admonishing him to be more empathic. What he did was to show new developments available in its recognition (Friedman, 1983).

Narcissism seems different to Kohut's students because of its new possibilities, though they think they are just being more empathic about the old phenomena than they used to be. Although Kohut's is only an equivocal example of it, our revisionist theories have, in effect, been saying that therapists should be more openly expectant ahead of time about what can develop and more convinced afterward that nothing else could have developed. They have done this straightforwardly by writing accounts that leave possibilities relatively blank.

Why would anyone feel a need to be more open-minded about possibilities than Freudian theory permits? As far as ordinary empathy goes, a psychoanalyst who followed the rule to stay as close as possible to what is about to become conscious, could maintain a large number of intimately shared forms with his patient and also a large number of theoretical possibilities, since Freudian theory specifies potentiality in categories general enough to be filled by many individual meanings. Metapsychology certainly leaves room for local color. Freudian life dramas, such as the oedipus complex, are individualizable. Even supposing that Freudian theory was misused to allow analysts to be overly schematic, the theory certainly does not *demand* its misuse, and anyone who cares can call it back to its proper role.

After all, potentiality—the hidden dispositions to which events are a clue—acts as a lure for perception. The analyst notices what seems fruitful to notice, and an anatomy of dispositions makes many superficial bumps portentous. Theory inspires attention. Admittedly, by the same token, a given theory has to make light of some configurations, or else it has no shape at all. In other words, if one had little theory, one might fail to notice opportunities for lack of a template, while if one relied too much on theory, one might fail to notice opportunities because they do not seem relevant to cure; that is, they are not mentioned in one's theory as significant figures, pregnant with development. ("Resistance" is often used as the null class of potentiality for a given theory. The theory says, "Here I can find no promising latent developments.") That is

one reason that new theories come into being. But why should one want to get rid of theory altogether and leave ideas about mental potential as unformulated as possible?

EMPATHY AS COVERT ACTION

The empathy debate has provided one clue to our persistent question: What seems real to the analyst may depend on both his impressionability *and* his momentary, intuitive sense of what he can elicit. If empathy were just a matter of his impressionability, theory of potentiality, like all theory, would both help and hinder it. But if empathy involves a sense of momentarily inevitable movement, that is something that is mostly interfered with by theoretical diagrams.

I am suggesting that empathy is not a simple experience, but is a real or imagined action taken by the empathizer upon his subject. Does that seem too strong a statement? It is clearly *not* how empathizing feels to the therapist. Therapeutic empathy feels like following, not leading. It feels self-denying. That is because it makes everything secondary to visualizing the patient's experience as an integrated whole. It goes without saying that empathy shoulders aside the therapist's personal wishes (including those that are masked as therapeutic requirements). But that is not all that is suspended. Among distractions which intense therapeutic empathy subordinates are those sidelong glances at complex possibilities, both within the patient and between him and the therapist, that a theory of the mind fosters. Quite unlike the marshaling of a field of rearrangeable structures and forces, it is this feeling of being at the service of a single, beckoning phantom that gives empathy its special flavor of authenticity.

As with so many other aspects of the current discussion of empathy, Schafer (1959) anticipated this problem. He elaborated the defensive use of altruistic surrender in the exercise of empathy. He wrote, "We must, however, distinguish the altruistic component of generative empathy from altruistic sur-

render. . . . As a dominant and inflexible basis for empathy, altruistic surrender soon proves unsatisfactory. It manifests itself in the rigid requirement that the patient continue to remain in one psychological position in order to continue to be a source of vicarious unconscious gratification for the therapist" (1959, p. 355). (In general, Schafer's work deals convincingly with empathy as a central issue in treatment, about which the patient has more deeply conflicting attitudes than simply fear of disappointment.) But why would "the altruistic component of empathy" not have the same restricting effects as the analyst's personal altruistic surrender? It is a mistake to suppose that, once it is purged of personal pathology, a therapeutic approach no longer has expressive, interpersonal, prejudicing, and role-defining impact. Nowadays, when there are so many examples of the influence of school and tradition on empathic focus, Schafer might be less inclined to regard the therapist's characterologic defenses as the only investment in empathy that can be rigid enough to press the patient into a confined psychological position.

THE ANALYST'S HOPE THAT UNDERLIES EMPATHY

An intent, empathic stance avoids the distraction of reacting in several ways at once to a patient; it avoids perceiving him as having various different potentialities at the moment (which would be a stance inspired by a conflict theory).

It should not be imagined, on that account, that an extremely empathic attitude is an easy one to adopt. Hanging onto a consistent empathic viewpoint can be stressful and demanding. It is certainly not a lazy impressionability, or an obedient acceptance of what the patient tries to convey.

In ordinary life, we grant just that much empathy to our partner as he asks or presumes in order, first of all, to give contextual meaning to his utterances, and secondly, to think of him the way he wants to be thought of. Any further imaginative intrusion into his situation depends on our personal *interest* in him or his situation; in other words, it depends on our wishes.

If, as therapists, we go further than the patient has asked and enlarge on his situation, we may well be countering a motive of his with one of our own. We are bent on satisfying a professional wish condoned by our theory, a wish to induce an integration of the patient's experience by our effort to experience it in an integrated way. This wish will have many intimate, personal meanings to both of us.

How does that wish compare with the kind of demand that is characteristic of the conflict investigator (e.g., Gray, 1982), who, in effect, asks the patient why he is managing himself the way he does in the analyst's presence?

In essence, the "empathizer" asks the same questions, though for reasons suggested below, he is not as likely to put the question to the patient. As mentioned earlier, he may actually be empathizing with a conflict in his patient. And, for his part, the conflict investigator is empathizing with the various aspects of the patient that he contemplates, since there is no other way to capture a human meaning than through empathy in its broad sense.

The difference is, as I have suggested, that the "empathizer" sees things under the sign of inevitability and unity. His attention is concentrated on singleness. He searches the patient's momentary state (including any feeling of conflict) for its (one) meaning. He looks for global, unused potentiality, rather than a pattern of multiple potentials. The global potential is a potential for articulation, maturation, and integration. The analyst's subjective feeling in pursuing this is similar to that of a photographer developing a film, rather than a fluoroscopist observing a barium swallow. The kind of theory which assists in this posture is a process theory rather than a structural theory. And the kind of attitude that it fosters is a justifying one because it stresses holistic inevitability. Schafer (1973a) has struggled to combine this empathic view with assignment of responsibility and distribution of multiple potentials, but fault lines in his theory show that these are incompatible demands (Friedman, 1976b).

The fundamental polarity between an empathic vantage

point and a conflict vantage point has to do with the degree of freedom that the analyst attributes to the patient at the moment. The empathizer sees limited plasticity both in articulation of experience and in the relationship to the therapist. The conflict analyzer sees a great number of possibilities. He sees different ways that the patient's motives are shaping his covert experience right at the moment; he does not pick up just congruent echoing amplifications. He imagines different relationships the patient could right now have with him, given a shift in the field of forces, which would enable the patient to regard himself and his motives in different lights. He asks the patient why he is doing what he is doing, because he presumes that the patient could take an ironic view of his presentation, suspend his heart-felt experience in favor of another heart-felt experience, and play around with his role. (The patient has to stop *doing* to the analyst in order to look at his role, so he must have some other sort of doing available to him, some other role to occupy.)

What about the steadily empathic analyst? He is no more willing than the analyst of conflict to "let be." Both analysts want and expect—and have whetted their appetites for—something more. They differ in how much more the more is. Without this "wanting" by the analyst, patients would just convey what they choose and awaken what they want in the analyst.

Because the devotedly empathic analyst senses the next development to be the one avenue possible, the patient is not asked why he is behaving as he does. That would suppose him to have access to an alternate vantage point. Instead, the patient is simply treated as the more integrated person he could momentarily become, with the hope that he will be able to establish a similar integrative conversation with himself.

Naturally, these approaches are both parts of all therapy, representing the feelings of inevitability, on the one hand, and multiple possibility for the patient to reposition himself, on the other hand: human freedom and necessity. But insofar as they name a style, the conflict and empathy approaches *feel* like separate routes, because they are alternative postures for the analyst, each with its own type of strain. The analyst's attention is

focused differently when it is concentrated in a narrow, empathic channel than when it flutters over many regions of possibility. These ways of perceiving represent different actions on the patient, different types of hope and expectation, different therapeutic wishes and intrusions, different types of relationship.

THE EMPATHIC TRANSACTION

People who profit from empathic matching not only see themselves more clearly as a result but experience the matching as a way of being dealt with. They see the therapist's empathy as a view of themselves. They see it as a way they can be regarded by someone *other* than themselves. And they see it as a way that someone wants to be with them. The in-between status of selfobject in Kohut's theory pays homage to this fact. Besides suggesting a pattern for self-observation, empathy is an assimilable way of being regarded from the outside, and that defines a *relationship* which has, as Kohut showed, a whole history of association to other empathizers.

For the analyst, empathizing feels as roleless and accepting as any fixed role can possibly feel. It is, in actual fact, the most flexible fixed role a person can adopt. It lets the analyst forget he is playing a role. By putting theoretical terms of potentiality out of his mind, the empathizer frees himself from the difficult obligation of monitoring his professional ambiguity. These reassurances go hand in hand: the reassurance that the perceived state of the patient is inevitable (and thus faithfully followed) and the reassurance that the analyst has not chosen a particular, personal relationship with his patients.

CONCLUSION: WHAT NEED OF THE THERAPIST IS SERVED BY THE REVISIONS?

We have been trying to understand how it is practically useful to blur pictures of potential. It has not been easy to see how

the analyst's perceptions or knowledge are enriched by avoiding theory, especially since theory does not really go away. Any particular empathic registration or description can be translated into as much theory and as much conceptual knowledge as you please. One can extract plenty of theoretical preconceptions about potentiality from what seems at first to be an intuitive perception. That may be why many analysts complain that self psychologists are taking proprietary credit for simple sensitivity.

If, however, we think of the *therapist's wishes and strivings*, the revisions become less mysterious. Is it legitimate to portray analysts as wishing, striving, intruding, expecting? Of course, these must all be hedged about with qualifications and professional specifications. But no realistic picture of an analyst's activity can omit this dimension. There is no way for an analyst's attention to be directed—or suspended—if he is not wishing, striving, and expecting.

Once we acknowledge the analyst's working psychology, we can understand how much difference it makes whether the analyst operates with a view of delineated potentiality, as in Freudian theory, or a sense of holistic necessity.

If an analyst has a wish for a change that seems so inevitable that it looks not like a change but like an elucidation of what is already present, he will not want to see himself as entering a field of various potential responses. A theory of the mind will actually interfere—though not so much with his vision as with his liberty. He wants to see potential as already actual so that he can surreptitiously foster integration and imagine that what he accomplishes has been thrust on him.

In that kind of empathic act where an analyst tries hard to bring about a development so unavoidable that it appears to be simply what is already there, his frame of mind will be a holistic one: he senses himself groping for the patient's nuance rather than his own categories, and he regards his expectant intrusions on the patient as acts of perception.

This whole situation can be translated into theory of the mind (as Loewald [1960] has done so skillfully). But that does not

make theory of the mind any more welcome to the therapist who is momentarily devoted to the act of empathy.

Of course, self psychologists know that empathic attitudes and their failures act as interpersonal influences. Indeed, Kohut felt that the experience of being empathized with is a fundamental lifegiver and structure builder. But those who universalize empathy show that they do not consider it as a particular intrusion or intervention. If the analyst thought of empathic effort as an intrusion or action or intervention, he would also have to consider it an invitation to respond in a certain way and therefore a point of choice for the patient in his relationship with the therapist. Kohut *did* take that view when he dealt with defensive compensations, and, as we might have predicted, along with that view of empathy as an action on the patient, went a bit of old-fashioned theory and defined potentiality (and even some diagrams!) (Kohut, 1971, p. 185). But after layers of defense are peeled off, the empathist no longer views himself as acting within a field of possible responses; he thinks of his empathy not as an intrusion, but as a *match*: the shape of the *interaction* takes on the same aura of inevitability as the *perception* it seems to capture.

Why have theorists recently taken such pains to bolster this relatively unself-conscious wishing of the therapist, this wishing to be witness rather than agent?

First of all, it may be that these days patients need this approach more consistently than they used to. More patients may have less choice than they used to have, so analysts may not feel they can challenge the best relationship that can be arranged. Pathology has probably dictated theory. But it is hard to know to what extent, because there are other forces at work.

Secondly, there may be a cognitive dialectic involved in treatment. Therapists may need a heterogeneous mix of choice and necessity in their sense of themselves, in order to organize their data. Perhaps they need a feeling of freedom from perceptual appearances, provided by the leeway that theory of the mind grants, while at the same time therapists may need to feel un-

willingly chained to things, as though the way things seem is just the way they are and the only way they can be.

While having to empathize in the everyday way just in order to converse, the analyst does not always have to want to empathize in the exclusive, intent way that is currently advocated. In fact, the analyst cannot always want to adhere to this mode. Other considerations are bound to intervene. The exclusive dedication that defines the empathic focus of attention sacrifices a lot of other useful states of mind, such as detachment, mobility, self-interest, playfulness, skeptical attitudes, and an ironic view (Havens, 1982; Schafer, 1970). It seems likely that there is a natural cognitive rivalry between the need for immediately experienced integration and the need for mobility among potential integrations. The balance that needs to be maintained is not a balance between an intuitive process and a conceptual process, or between compassion and objectivity. It is a balance between the therapist's wish to force an immediate integration (not by impatience but by unself-conscious intention), on the one hand, and the therapist's wish to allow more uncertainty (not by tolerance, but by tentativeness), on the other hand.

How much leeway the patient actually has at each moment and in the nature of his personality will affect this balance. But probably no therapy is without some element of each (Lichtenberg, 1981).

Thirdly, there may be a dialectic in which encouragement of the therapist's wishes alternates with their discipline. Operating with a wish that feels like a perception may quite simply permit the analyst to give freer reign to at least that one kind of wish. In other words, a holistic, multimeaning, nonlabeling doctrine may legitimize an analyst's appetite. And reading back from that, we might conclude that some analysts may have felt estranged not just from their patients' subjectivity but from their own enthusiasm. There is some reason to think that theories emphasizing the analyst's defining authority also require him to be more restrained, while more therapist freedom is per-

mitted by theories that depict patients as developing their own meanings out of autochthonous processes (Friedman, 1981). We must all judge for ourselves whether different schools are noted for different sorts and degrees of enthusiasm. But if we decide that one reason for revising theory was to unwrap the analyst's strivings, we would be led to a more complicated picture of the stresses the therapist has to negotiate in his work.

SUMMARY

1. A group of psychoanalytic revisionists, including Gendlin, Levenson, George Klein, Schafer, Peterfreund, Kohut, and members of the representational world school, share a holistic approach that increases the variety of configurations relevant to psychoanalysis and lessens the analyst's authority to describe the field.

2. These theories are noteworthy for avoiding the description of specific potentiality, which is what theory of the mind consists of.

3. In an effort to see what practical need of the therapist is served by avoiding potentiality, the author examines the nature of extreme empathic focus.

4. Ordinary empathy is just reception of human meaning. But extremely dedicated therapeutic empathy is visualization of a person in the mode of inevitability. In action, a dedicated empathizer wishes to induce an immediate integration that feels so inevitable that it seems to be a perception of a state rather than induced movement.

5. It seems likely that therapists need to perceive themselves partly as responding to inevitabilities as well as fostering changes. Theory of the mind with its description of potentiality is anathema to the feeling of being entrained to inevitability.

6. Therefore, in order to help the working therapist, a full theory of the mind has to be supplemented from time to time with writings that are, in a strict sense, theoretically deficient. In that sense, these revisions operate as aesthetic or inspi-

rational aids. That treatment requires such aids is a testimonial to how complicated the therapeutic interchange is.

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Isakower-Like Experience on the Couch: A Contribution to the Psychoanalytic Understanding of Regressive Ego Phenomena

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ISAKOWER-LIKE EXPERIENCE ON THE COUCH: A CONTRIBUTION TO THE PSYCHOANALYTIC UNDERSTANDING OF REGRESSIVE EGO PHENOMENA

BY ARNOLD D. RICHARDS, M.D.

Since Isakower's original contribution of 1938, Isakower phenomena have been viewed as primitive experiences involving maternal breast, womb, and face imagery. This clinical report harks back to the less well-known hypothesis with which Isakower concluded his paper: he suggested that these perceptual experiences are related to childhood oedipal masturbatory fantasies at the time of going to sleep. In this paper four Isakower-like phenomena experienced by a patient on the couch are reported in the dynamic context in which they occurred. It is argued that these phenomena constitute a type of regressive ego experience that defends against oedipal conflict.

Since Isakower's classic paper of 1938, the "Isakower phenomenon," along with related hypnagogic, dream, and hypnopompic experiences, has been subject to continuing scrutiny in the psychoanalytic literature. Isakower, it will be recalled, described a hypnagogic phenomenon with visual, sensory, and auditory components. On falling asleep, individuals beheld a shadowy, undifferentiated, and usually round object, which got nearer and nearer, and then smaller and farther off. This hallucination included vague sensations of something crumpled and dry in the mouth and on the skin, along with feelings of floating, sinking, or giddiness. Some individuals undergoing these visual and sensory experiences heard vague noises (see Fink [1967] for a more comprehensive summary of the features of the Isakower phenomenon).

Virtually without exception, literature on the Isakower phenomenon has presented the experience as a type of primitive perceptual memory. For Isakower (1938), the phenomenon suggested a "hypercathexis of the oral zone" that took the form of "mental images of sucking at the mother's breast and of falling asleep there when satisfied" (p. 341). Lewin (1946, 1948, 1953) and Rycroft (1951), in extending Isakower's phenomenological description to the "dream screen" and a category of "blank dreams," retained his belief that such phenomena have the significance of early memories. As Lewin (1953) observed, "Genetically, Isakower phenomena, dream screen, and blank dreams are in essence the same thing; they reproduce some of the impressions that the smallest baby has at the breast" (p. 198). Following these pioneering contributions, several theorists sought to expand the range of early experience implicated in the Isakower phenomenon. Spitz (1955) believed that the visualized mass approaching the subject was not only the breast but, perhaps more primarily, the mother's face. Sperling (1957) connected such "hypnagogic hallucinations" to toddler-age experiences of thumb sucking, whereas Almansi (1958), citing Spitz, again traced them to the mother's face and voice as well as to her breast. These conjectures, be it noted, were based on extra-analytic data, especially the hypnagogic reports of persons in treatment.

Isakower (1938) concluded his original presentation with a speculative hypothesis about the onset and meaning of the reported phenomena. He submitted that the phenomena were not normally associated with the act of falling asleep, but instead "indicate[d] a *disturbance* in the process, occurring at a stage when it [i.e., the process of falling asleep] has already been at work for some time" (p. 343). This disturbance, he believed, emanated from "infantile masturbation, practised while the child is going to sleep, [which] is accompanied by incestuous phantasies which the super-ego repudiates" (p. 344). Isakower phenomena occurred by way of preventing the mobilization of a conflict which would interfere with the process of falling asleep. As a substitute for a "disturbing genital and instinctual

wish directed towards the incestuous subject . . . there appears the situation of the infant at the breast or in the womb, either situation innocent and not subject to any prohibition" (p. 344). In this way, the incipient conflict is mastered, "so that the process of going to sleep may be carried through" (p. 345). Lewin (1948) and Rycroft (1951) posited a comparable dynamic to account for the "rolling away" of the dream screen and the experience of the "blank dream," respectively, but they departed from Isakower in construing these phenomena as successful defenses against early *oral* conflicts and frustrations (see Stern, 1961).

Neither Isakower nor Lewin nor Rycroft offered analytic data to support their dynamic formulations. Nor, for that matter, have more recent contributors who, following Isakower's lead, have stressed the analytic recovery of primal scene memories and attendant anxiety as catalysts for the *defensive* mobilization of Isakower-like breast and face imagery (Little, 1970; Pacella, 1975; Stern, 1961).

In the clinical material to follow, I will offer analytic data that shed new light on these dynamic considerations. Specifically, I will present a case in which Isakower-like phenomena occurred on the couch, rather than in bed on falling asleep or awakening. I believe this report represents one of the only accounts of such phenomena actually occurring in analysis, a possibility mentioned by Stern (1961) but, to date, borne out only in the clinical data of Fink (1967) and Glenn (1970).¹

CASE REPORT

Mr. C., now in his fourth year of analysis, is forty-two years old, three times married and three times divorced. He currently

¹ Easson (1973) described an Isakower-like experience in a psychotherapy patient who was sitting up. Finn (1955) also reported on a recurrent, waking Isakower-like phenomenon in a psychotherapy patient without making clear whether or not the phenomenon was actually experienced during a therapy session. Isakower, in his original paper (1938), referred to one patient who "fell into the state in question one day during an analytic hour, just as she was speaking of having masturbated during the previous night" (p. 332).

lives alone and works as a middle-level executive for a large corporation. His presenting symptoms, which prompted treatment when he was assigned to an overseas branch of his company and his second wife was preparing to leave him, included intermittent severe anxiety attacks with shortness of breath and palpitations, depression, severe insomnia, and intrusive sexual (primarily homosexual), aggressive, and suicidal thoughts. He received psychotherapy, tranquilizers, and a brief period of analysis before being transferred back to the United States and referred to me.

Mr. C. is the third child of a European immigrant couple; his father was fifty-three years old and his mother thirty-six at the time of his birth. The father, a pastry chef, worked long hours six days a week and was inaccessible to the children on his day off. Taciturn and aloof in bearing, but authoritarian in his expectations, he demanded and received absolute obedience from his wife and children. The mother, for her part, was similarly strict and unyielding, although she did spend considerable time with the patient. Mr. C. described her as disapproving and unaffectionate, as "never giving in." From childhood, he had felt much anger and resentment toward both parents, but had always been too fearful to express these feelings.

Mr. C.'s inability to establish satisfying, long-term relationships with women became the main focus of analytic work, particularly during the past two years as his presenting symptoms abated. We initially focused on his choice of attractive but dependent women whose need to be taken care of paralleled his own neediness vis-à-vis his mother and, now, his analyst. More recent work has dealt with the role of oedipal fear and guilt in his continuing inability to achieve a mutually satisfying relationship with a woman.

Mr. C. is my first patient each day, and we occasionally ride up together in the elevator. Over the course of the several months preceding the sessions to be reported, he admitted with great reluctance and embarrassment that he had been having intrusive sexual thoughts during these elevator rides to the of-

fice. Specifically, he found himself wanting to stare at my back and buttocks, to reach out and touch me and kiss me. These thoughts often continued after he lay down on the couch, when he wanted to reach back, touch me, and hold on to my penis. In the analysis these intrusive thoughts were traced back to childhood wishes toward his father, re-experienced transferentially and in his present maladaptive behavior as well. The latter included intrusive sexual and aggressive thoughts at work, anxiety at meetings with his superiors, and the pattern of finding all the women with whom he established relationships, with the notable exception of his second wife, ultimately disappointing.

The onrush of oedipal material in recent months, particularly as it pertains to the devaluation of his father, has been accompanied by a series of primitive perceptual sensations on the couch. On one occasion, he reported feeling very small, as if he were scrunched up toward his chest and head; this was accompanied by a sense of floating, which was followed by a feeling of weight, of heaviness on his chest. Following this experience, he associated to a dream that revolved around his perception of his father as "a lot less noble" than he would have liked to picture him, i.e., as physically unimpressive, self-centered, and even effeminate. He recalled his wearing an apron to prepare his chocolate sauce. On another occasion, the patient's disparaging remarks about entering the parental bedroom—"it was no great shakes, so what?"—led him to feel blank and giddy; he felt as if a large hole were opening up in front of him, a whirlpool that was expanding in his mouth and into which he was subsequently falling. In a later session, his adoption of a position of authority with respect to his older sister, who had appealed to him for financial guidance earlier in the day, led me to remark that her request had put him "in his father's shoes." With this interpretation, he began to feel dizzy: "The room is spinning, tipping like a ship does in water, like a rocking cradle. I feel very unstable. All of a sudden my supports are falling. I am out of balance." In all these instances, we see

perceptual distortion as a regressive defense against revived oedipal fantasies and conflicts.

I now wish to report four sessions in which Mr. C.'s regressive perceptual experiences had a distinctly Isakower-like cast.

Session 1

In this session, Mr. C. announced his feeling that he had entered the final stage of treatment. After ruminating about how this wish corresponded to his wish to stop discussing the homosexual fantasies with which we had recently been preoccupied, he associated to S., the wife of M., one of his best friends. S. had come up several times in the past, in dreams and associations, and invariably represented his mother, another married woman who had been inaccessible to him. Mr. C. reported that he had had sexual fantasies about S. while getting dressed that morning. From his thoughts about S., he went on to recall that as he had taken off his jacket in the waiting room prior to his session, he had seen me in the doorway and experienced an impulse to kiss me. He surmised that he had perhaps been thinking about S. in order to push his homosexual thoughts out of his mind. I replied that this might be the case, but added that perhaps his homosexual thoughts were being used to deny his heterosexual designs on inaccessible women. I added that in the past S. had stood both for his mother and for my own wife.

Mr. C. immediately indicated how very difficult it was for him to talk about my wife; it was a subject that was "off limits." He experienced the fear that, if he related his fantasies about my wife, I would throw him out of the office. When I reminded him that his greatest childhood fear had been making his father angry and being thrown out of the house, he became aware of a wish to avoid the entire topic. At this moment he had an image of large bubbles or balloons, perhaps three feet wide, coming toward him from the left at about the level of his mid-section. The bubbles or balloons pressed in on him. He said:

Your wife's office is next door. That is the direction the bulges are coming from. The bulge is pushing the wall as if the wall is made of some soft material. Then there is a different bulge which is coming more from the right. The first bulge is round and spherical; the other one is longer and cylindrical. It is further away; it is like a giant penis. It feels threatening, destructive, as if it is saying, "Here I am, all this is mine, don't get any ideas."

Mr. C. proceeded to associate to his father's penis, which was "large and noticeable; it made its presence known." When I injected that "it's as if Daddy's penis is saying, 'Mommy is mine,'" the patient became anxious and said:

I wish we could talk about something else. I would rather talk about homosexuality than this. I feel like kissing you. I don't want to talk about your wife. It still seems off limits to me; it feels off limits, and it's even hard to accept rationally that it is something you want to talk about. I know you tell me that I can talk about it but I feel you're only doing it because you have to, because that's the way it is in the rules, but you're doing it in a half-hearted way. I don't want to pursue it. It's hard for me even to think about it. You're telling me I should talk about it because of all your training, something you would do because you had to but nevertheless you don't want to.

I believe Mr. C.'s imagic experience during this hour involved a vivid Isakower-like phenomenon, although it probably had a perceptual referent beyond that of the mother's breast. To be sure, the round balloon or bulge may well have represented the breast, but it may also have represented a protuberant abdomen. His sense of smallness in relation to the large approaching object certainly suggests that the experience was linked to memories from infancy or early childhood. Sensations of something pressing down on him, which he experienced during this and several sessions, may point to the experience of an adult pressing down on a small child.

This analytic event is relevant to the meaning of Isakower-like phenomena by virtue of the dynamic context in which it

occurred. It will be recalled that it followed my attempt to point out a resistance and overcome a defense via an interpretation. Mr. C. had been discussing homosexual fantasies directed toward his father and, in the transference, toward the analyst. Although he had already overcome considerable resistance to confronting this anxiety-provoking issue, I decided to explore the possibility that he had overcome one type of resistance in order to defend against a still more threatening topic. My intervention, based on various associations, the material of preceding sessions, and my overall knowledge of the patient, pointed to the possibility that the homosexual fantasies with which we had been wrestling defended against an oedipal fantasy. In effect, Mr. C. had been saying, "Don't worry about me, I'm not a rival for your wife, I am a homosexual. I'm not going to steal mommy-wife; I'm only going to kiss you." This defensive posture had helped him ward off the potentially threatening, powerful analyst.

Session 2

Following oedipal associations to his older sister and, via displacement, to a younger niece, Mr. C. reported a meeting of the preceding day with his supervisor at work. The supervisor, an older man with whom Mr. C. had good rapport, had confided in him about his own marital problems, recounting his first divorce, subsequent remarriage, and preparations for a second divorce. He revealed his loneliness and concerns about meeting people. Mr. C. had felt great anxiety during this conversation; he was shocked that his respected superior could confide in him about his personal life. As he recounted the incident in analysis, the anxiety returned. He experienced a tightness in the center of his chest and reported this Isakower-like phenomenon:

I have an image of something moving away from me; it is a large white cloud. It has a stem and a ball at the end. It is like a mushroom cloud. Now it looks like something else.

The “something else” in question was the logo for the Ladd Company that Mr. C. had noticed at the beginning of a movie he had recently seen. The logo was a computer representation which changes into a green tree that then fades into the distance. In his associations to the logo, Mr. C. observed that the Ladd Company is owned by David Ladd, the extremely successful son of the actor, Alan Ladd. He expressed his admiration for the logo, which he saw as an attractive emblem of the outdoors; the tree was green, growing and alive. Then, overcoming considerable resistance, he associated from the logo to the idea of a son surpassing his father, proving himself more talented and successful than his father. This led him to recall again how shocked he had been when his supervisor had turned to him for support and advice. He then associated to a dream in which the manifest content was the large house of his aunt and uncle in which he had spent many happy summers in his youth; the house was a comforting place in which he had always felt safe and protected. He recalled his childhood feelings in that house, contrasting his smallness and dependency with the “adult” role forced on him by his supervisor the previous day.

This Isakower-like phenomenon again assumes a regressive significance in the context of a prospective oedipal victory. The image of the mushroom cloud conveys danger and also has a more regressive, presumably oral significance (see Almansi, 1961).² In this way the Isakower-like phenomenon gratifies a preoedipal wish in the context of defending against an oedipal wish. The visual image of the Ladd tree which followed the Isakower-like mushroom cloud seems to represent a step up the developmental ladder. It is transparently related to the over-

² Note that I am only imputing oral significance to the image of the mushroom cloud; I am not suggesting that this manifest image connotes oral conflict. To the contrary, I am arguing that an *oedipal* conflict can assume the guise of manifestly *oral* imagery, be it the “mushroom cloud” reported in this session, or the images of the “cow’s udder” and the “white stretcher with the dark center” that emerged in the session described below. To this extent, the clinical data reported here exemplify Arlow’s (1955) caveat that oral imagery cannot invariably be correlated with oral conflict.

coming of oedipal anxieties; Mr. C. perceived David Ladd as a son who had surpassed his father and achieved prominence in his own right.

I should point out that the oedipal theme of sons surpassing fathers was very active in the transference at this juncture. At the beginning of the session Mr. C. had complained to me that the door to my office had not been fixed very well, implying that he could do a better job himself. The preoccupation with being stronger, healthier, and more successful than the father continued into the next session. Mr. C. began by telling me how "thin and frail" I looked, then associated to the fact that his supervisor, who had recently appealed to him for support and understanding, was not only saddled with personal problems, but had recently undergone by-pass surgery. He could no longer be counted strong on that score either.

Session 3

Two sessions after the one in which Mr. C. experienced the image of the mushroom cloud, he experienced a different Isakower-like phenomenon. He continued to be preoccupied with "strong" and "weak" fathers, partially displaced onto M., the close friend, to whose wife, S., he was strongly attracted. In this session he reported a dream set in his childhood home. In the dream M. and S. were going out somewhere while Mr. C. was "getting ready" in the bedroom. He was making elaborate preparations, trying to keep safe something of value. His preparations concerned a large, black plastic container which resembled a garbage bag; it also looked like a condom. S. was not being cordial in the dream; she was a background figure. M., on the other hand, got ready fast, donning only a sweater. In the dream, Mr. C. was struck by the fact that M.'s sweater was not very masculine; it was a light-colored, button-up sweater that somehow seemed feminine.

Mr. C. associated from M. to his father, who had also dressed very quickly and worn cardigan sweaters like the one M. wore

in the dream. His associations to the garbage bag-condom went back to his sense of oedipal inferiority; he was not able to fill the condom. His small penis was the penis of a child, but it was valuable nonetheless. His father's penis, on the other hand, was big and flabby. In addition to a flabby penis, his father had had rheumatism, false teeth, a bald head, and skinny legs. Mr. C. next associated to the meeting several days ago with his supervisor; he reflected that he alone knew of the latter's impending divorce from his second wife. As the session ended, he had an image of a man in the kitchen wearing an apron, standing next to a large, powerful machine. From the machine, he associated to images of his father in the kitchen during his childhood. His father had a grinding machine—a kind of slicer or mixer—that was dangerous. As Mr. C. went back and forth from the threatening (i.e., castrating) father of his childhood and this same father as sick, weak, and effeminate (i.e., the father who had worn an apron and cardigan sweaters), he had the following Isakower-like experience: a large white mass came toward him and moved away. It looked to him like a cow's udder, a large bag with a long protuberance. He observed that the protuberance simultaneously resembled a nipple and a penis, and then associated once more to his father's flabby penis, an image that had followed his thoughts about M., the cardigan sweater, M.'s high blood pressure, and his father's terminal illness.

I believe this Isakower-like phenomenon can be seen as a regressive reaction to the castration anxiety that had been mobilized just prior to its appearance. Immediately after the association to the supervisor who had called on him for support and reassurance, thereby providing him an "oedipal victory," Mr. C. associated to the menacing oedipal father of his youth. The image of his father in the kitchen with his grinding machine able to inflict injury was a castrating image par excellence. The Isakower-like image of the moving cow's udder thereupon acquired a twofold regressive significance. As a symbol of the nurturant nipple of infancy, it signaled a retreat

to primitive oral satisfactions. At the same time, as a symbol of the father's "flabby" penis, it pointed to the devalued father whose poor health, weakness, and effeminate appearance belied his status as a threatening oedipal castrator. In the following session, Mr. C. returned to the Isakower-like image of the moving cow's udder, associating again to his father's penis as droopy and ill-defined, as neither potent nor virile nor formidable.

Session 4

Mr. C. began the session by reporting a dream of the preceding night in which he had a part in a production of *Macbeth*, but could not remember his lines. In the dream, the play was called off at the last minute, at which point Mr. C. woke up. He immediately associated to the movie, *The Dresser*, in which another actor had forgotten his lines. He then associated to *Macbeth* as a play that "didn't seem to come out too well because of Lady Macbeth." From Lady Macbeth he associated to me: just as she had whispered in Macbeth's ear that he should kill the king, so I had been whispering in his ear, telling him to get rid of his father. Mr. C. then recounted that as he had walked to the office that morning, he had noticed a newspaper headline, "Woman Kills Shrink." It made him angry toward me. He recalled the dream in which his lines had not made any sense and then a scene from *The Dresser* in which Albert Finney attempted to seduce a young girl in the dressing room. This attempted seduction of a "young" woman by an "old" man had strong parental reference, given the age difference between his parents. The character in the movie was "like the young woman I would like but don't have. Somehow the old man is in the way." I reminded him that in his dream he had been unable to "play the part"; he added that the play had been canceled, i.e., he again felt safe, the show was over, he could go home. At this juncture I made an interpretation that brought together the interrelated themes of this and recent

sessions. I am referring to Mr. C.'s simultaneous wish to have my support and to kill me (patient kills shrink), the transference analogue of his childhood conflict toward his father. The transference conflict pertained to Mr. C.'s realization that to be rid of me would be to forgo the support he had come to expect from me, i.e., the support he had expected but never received from his father. I suggested that he wished to be rid of me so that he could go into my wife's adjacent office just as he had wished to dispose of his father so that he could enter his parent's bedroom. The patient was affected by this interpretation, paused, and then experienced the following Isakower-like phenomenon. An image was coming closer and receding into the distance. It was a white hospital bed which, as he described it, seemed more like a stretcher with a dark blanket covering the bed portion of the rolling stretcher. The bed or stretcher was being rolled into an ambulance. The ambulance, too, was white.

Mr. C. observed that the stretcher seemed to be moving on a street with row houses with white sheets hanging out on the lines. He associated this image with the street of his childhood, the locale of his father's several medical emergencies. The images of the ambulance and the hospital bed led back to his father's hospitalization when Mr. C. was between six and ten years old. He recalled being brought to the hospital by his mother and told to look up to the window to see his father; he recollected that he "couldn't give a shit. All I wanted was my mother. I didn't want her to worry about my father so she would be less available to me." From here, he associated to the time of his father's terminal illness. Mr. C. was then twenty-six. He had been summoned home by his mother and recalled going into his parents' bedroom and seeing his deceased father, a veritable skeleton, lying on the bed. But this central memory again pertained to his indifference at the time; he had not even attended his father's funeral. I offered the reconstruction that shortly after he had viewed his father's body, an ambulance had come and taken the body to the morgue for an autopsy. He had remembered that despite his mother's opposition, an au-

topsy had indeed been performed in view of the fact that his father had died at home.

What can we make of the Isakower-like phenomenon experienced in this session? I believe the visual image of the white stretcher with the dark center moving toward the white ambulance is connected to the repressed memory of his father's body being taken to the morgue in an ambulance; he "sees" the ambulance in the context of confronting his death wishes toward his father which were revived in the transference. The regression to this primitive perceptual mode defended against his conflicted, hostile feelings toward his father. We see this defense at work in the representational "whiteness" of the imagery: the stretcher, the ambulance, and the sheets on the clotheslines (*cf.*, Freud's [1918, p. 43, n.] remarks on the white color of wolves in the dream of the Wolf Man). On the other hand, the bed-ambulance image, with its dark center, was a moving gestalt which may have represented the approaching and receding bottle with its dark nipple or the breast with its central aureola and nipple.

This moving image, I believe, ties into Mr. C.'s associations to his early fear of losing his mother when his father became ill and required her ministrations. These feelings coalesced in his childhood feelings outside the hospital, where he held on to his mother's hand while looking up at his father, who looked down on him from his window. In this memory, we see the gratification of an oedipal wish (he and his mother are together while his father is away) but also the guilt that is the sequel to this gratification (his father is hospitalized because of his aggression toward him) and the anxiety to which this guilt gives rise (he will lose his mother's support if his father dies). It is this fear of losing his mother's support and affection which underlies his more superficial "adult" concern about losing paternal support by "killing" the analyst; this fear is regressively revived and overcome in the image of the ambulance-breast approaching him. In fact, the instinctual wish is gratified in two ways. With the approach of the ambulance-breast he gratifies his libidinal oedipal wishes; with the moving away of the *am-*

bulance-breast, he gratifies the aggressive component of the oedipal fantasy, i.e., his dead father is taken away by ambulance. The complex relationship between the positive oedipal wishes and the anxiety-inducing superego component which jointly account for Mr. C.'s infantile neurosis can thereupon be delineated.

DISCUSSION

I believe the *analytic* data presented here enlarge our understanding of Isakower-like phenomena in clinically fruitful ways. By attending to the dynamic context in which Isakower-like phenomena occur, I believe I have demonstrated that, clinically speaking, these phenomena must be situated within the larger "universe" of regressive ego phenomena we routinely encounter. This conclusion, which is consistent with findings reported by the Kris Study Group two decades ago (Joseph, 1965), runs counter to the dramatically singular quality that has been imputed to Isakower phenomena over the years. Following the Kris Study Group, I submit that Isakower-like phenomena are but one category of regressive ego phenomena; other categories include distortions of the body image, disturbances of perception in the sense of time, depersonalization, and drowsiness on the couch. With all these phenomena, regression follows "the presence of anxiety and the need of the ego to deal with an anxiety-provoking situation" (Joseph, 1965, p. 93). The Kris Study Group's dynamic explanation of regressive ego phenomena, it should be noted, parallels Arlow's (1959) perspective on a broad range of *déjà vu* experiences. Pacella (1975) has persuasively demonstrated the similarity between some *déjà vu* experiences and Isakower-like phenomena. The four sessions summarized here suggest that Isakower-like phenomena, like other regressive ego phenomena occurring within analysis, achieve dynamic significance within the context of those issues of conflict, preoedipal and oedipal, which provoke anxiety in treatment.

Beyond demonstrating that Isakower-like phenomena are re-

gressive ego phenomena that must be explored analytically at the time they occur, I believe the four instances described above contribute to our understanding of the phenomenology of specifically Isakower-like experiences in a number of ways:

1. In contrast to the various speculative attempts to tie Isakower-like phenomena genetically to primitive oral antecedents, my clinical data point to the catalytic importance of oedipal issues in instigating these regressive episodes. This finding, perhaps ironically, harks back to Isakower's own hypotheses about the meaning of the phenomena he reported. While equating these phenomena with a "hypercathexis of the oral zone," he imputed their generation to "infantile masturbation, practised while the child is going to sleep," which is "accompanied by incestuous phantasies which the super-ego repudiates." The data drawn from my case point to the preeminent role of castration anxiety in mobilizing Isakower-like phenomena. This finding is consistent with the Kris Study Group's conclusion that castration anxiety was the most frequent "danger situation" accounting for regressive ego phenomena in general.³

2. Within the context of oedipal considerations, my clinical data highlight the frequently defensive function of Isakower-like phenomena which occur in analysis (Fink, 1967; Glenn, 1970; Pacella, 1975). In the case of Mr. C., these phenomena defended against (a) consciousness of the oedipal wishes, espe-

³ The analytic findings reported here dovetail with a case reported by Glenn (1970). Glenn's patient experienced an Isakower-like phenomenon in analysis *after* describing a childhood masturbation fantasy: "Her mouth became dry, she felt as if her tongue, the roof of her mouth, and her body in general were swollen. Her eyes, especially the fingers that touched the couch, felt enlarged. It reminded her of 'swollen breasts and vagina' " (p. 276). Associations subsequent to this perceptual experience revolved around the fact that the patient's clitoris was her only body part that did *not* feel swollen. Analysis then established that the patient was denying her (oedipal) sexual excitement by having her body swell rather than her clitoris. Glenn thereupon proposed that the case illustrated a "regression from oedipal excitement to a preoedipal oral level of satisfaction and the associated ego state" (p. 276). With respect to a second case as well, Glenn reported that "sexual excitement resulted in a regression to a preoedipal state, evidenced by the experience of the Isakower phenomenon" (p. 279).

cially as experienced within the transference (session 1); (b) the oedipal devaluation of the father and the father's penis with respect to his own father (session 3) and in the transference as well (session 2); (c) the anxiety and guilt consequent to the realization of the oedipal fantasies and the adoption of a "fatherly" role, i.e., the anxiety and guilt of sons who surpass their fathers (sessions 2 and 3); and (d) the anxiety that accompanied his realization that, vanquishing his father, he would forgo the support and affection of the mother (and more superficially the "good" analyst-father).

3. The precise nature of the early fixations that gave an oral cast to Mr. C.'s oedipal defenses is an issue that has not been addressed in this communication. Although I do not have a fully satisfactory answer to this question, I can offer a developmental hypothesis consistent with my analytic work with the patient. I believe that Mr. C.'s seeming hypercathexis of the oral zone masked a hypercathexis of the *visual* sphere. His childhood had been characterized by a paucity of verbal communication with both father and mother. The latter frequently responded to his misbehavior with periods of silence. It was in the context of such episodes that Mr. C. probably tended to make up for verbal silence with visual imagery. I further suspect a primal scene constituent to his early "visualizing" propensities. His bedroom was separated from his parents' bedroom only by French doors covered by transparent curtains. The fact that Mr. C. lay at night facing the wall away from the French doors may have provided additional impetus for the development of a heightened visual imagination.

4. My clinical data support Fink (1967) in assigning an important place to primal scene experiences in the generation of Isakower-like phenomena, though they fall short of supporting her claim that such experiences represent the "one constant psychological situation . . . that is of major etiological significance in the production of the Isakower phenomenon in the analytic situation" (p. 281). In session 1, in particular, primal scene material, while not overt, was seemingly embodied in Mr.

C.'s concern with what was happening in the next room, my wife's office. This concern seemed to correspond to his childhood situation when his room had been adjacent to the parents' bedroom.

5. Isakower's original report stipulated as the visual component of the phenomenon a shadowy and undifferentiated round object which got nearer and nearer, then smaller and farther off. My clinical data suggest that certain Isakower-like phenomena may be differentiated and discrete, while still presenting the quality of getting nearer and larger and then smaller and farther off. With Mr. C., it was this latter characteristic which was a persistent feature of all his regressive perceptual experiences.

6. The frequent "whiteness" of Mr. C.'s visual experiences (especially in sessions 2, 3, and 4) suggest that isolation of affect is a significant feature of Isakower-like phenomena. This feature was most prominent in relation to the memory and perception of the white ambulance in session 4. This finding is consistent with the Kris Study Group's conclusion that with respect to regressive ego phenomena in general, "the regression was in the service of reinforcing the isolation of the affective responses to the provoking situation" (Joseph, 1965, p. 99). Such isolation is one prominent aspect of the defensive function of such regressive phenomena.

In conclusion, I would like to invite colleagues to relate *their* clinical experience of Isakower-like phenomena, along with the dynamic context in which such phenomena occurred. An infusion of fresh analytic data holds the prospect of providing new insight into this fascinating, if conceivably perplexing, phenomenon.

SUMMARY

Since Isakower's pioneering contribution of 1938, Isakower phenomena have been viewed as primitive perceptual experiences involving maternal breast, womb, and face imagery. Isa-

kower himself understood this imagery in terms of a "hyper-cathexis of the oral zone."

The clinical data presented here hark back to the less well-known hypothesis with which Isakower concluded his report. He surmised that these perceptual experiences were sequelae to incestuous oedipal fantasies precipitated by infantile masturbation at the time the child was going to sleep. The imagic situation of the infant at the breast or in the womb was a regressive substitute for the "disturbing genital and instinctual wish directed towards the incestuous object." My data underscore the dynamic meaning of Isakower-like experiences as regressive ego phemonema that defend against reactivated oedipal conflicts. This verdict parallels the findings of the Kris Study Group with respect to regressive ego phenomena in general; in fact, I have argued that the dramatic quality of Isakower-like productions recedes once we locate them, dynamically speaking, within the larger universe of regressive ego phenomena.

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Reflections on the Oedipus Complex: Oedipus Complex and Development of Self

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*Reflections on the Oedipus Complex*¹

OEDIPUS COMPLEX AND DEVELOPMENT
OF SELF

BY HANS W. LOEWALD, M.D.

The emergence of oedipal object relations is a crucial stage in the development toward individuated adult mentation, distinguished from early stages of psychic life which are transindividual (as in Kohut's "selfobject transference"). The latter continue to function as deep layers of individual psychic life; but the development of oedipal/postoedipal object relations, and advanced psychic structure and functioning based on it, represents a norm in psychoanalytic psychology and therapy. The poet John Keats's ideas about the formation of the individual "soul" (identity as an individual) by the intervention of "circumstances" are cited to illustrate this aspect of the oedipus complex.

In this communication I shall view the oedipus complex as a construct representing the psychoanalytic version of and focus on a fundamental human problem, namely, the initiation and entrance of the child into the adult world, into the moral order. The essence of the central pathogenic significance of the oedipal period and the oedipus complex lies here, I believe. By entrance into the adult world I do not mean simply that the child, objectively speaking, is now confronted, in a qualitatively different way than previously, with the constraints implicit in

¹ This essay and the essay that follows, by Dr. Stanley A. Leavy, were presented to the Western New England Psychoanalytic Society in 1984. Dr. Loewald's paper was also presented, as part of a Panel titled "The Oedipus Complex Revisited," to the American Psychoanalytic Association in May 1983.

the organization of the psychosexual and social life of the parental generation. Although this is the case, it occurs in the context of his being sufficiently differentiated in his psychic development from his environment, so as to begin to face this environment as objects of libidinal-aggressive cathexis and to interact with it on that level. Thus, his affective-cognitive life begins to be more congruous with that of the parental generation.

The oedipus complex is a construct in terms of, and with specific regard to, the emergence and consolidation of object relations. As I use the term here, object relations do not exist from the beginning of psychic life but come into being as subject-object differentiation proceeds and one can start to speak of a subject, the child, relating to persons in the family whom he experiences as libidinal objects, that is, as significantly distinct and separate from him yet vitally needed, desired, and connected with him or painfully disconnected.

The various vicissitudes of temporary or more permanent developmental insufficiencies and delays of psychic differentiation from the environment during the preceding, "preoedipal," period—whatever timetable we set for it—will be reflected in the individual's oedipus complex and especially in the degree of dominance the complex assumes in the child's overall psychic life. The preceding phase is characterized by the lack of, or a rudimentary differentiation from, the environment and of individual psychic structure. I conceptualize this phase, which prepares and merges into the oedipal phase, as the initial trans-individual period of psychic development; it has been traced in its outlines by Mahler and others and corresponds to Kohut's selfobject concept (this linguistic conflation indicates its trans-individual connotation). It corresponds, in other words, to a deep layer of what becomes individual experience, remaining active throughout life. And it exerts a significant influence, perceptible to the analyst, on the psychic life of the individual at certain times, most prominently and continuously in those patients who have been diagnosed as having narcissistic disorders. Internal-

ization (Kohut speaks of transmuting internalization) in such cases has remained insufficient, as far as we can tell, because of unfavorable environmental circumstances or biological factors or reciprocal interplay between the two.

The consolidation of object relations—as distinguished from identifications within a transindividual field—is epitomized in the oedipus complex. It takes place in the medium of the child's instinctual life, the basic form and first arena of human motivation and personal interactions. The problems of incestuous and parricidal impulses—that is, sexual-aggressive impulses directed at the parents—dominate as the primitive expressions of later, far more complex and sublimated forms of motivation, the early configuration of the oedipus complex. The child's whole being, with his sensorimotor life as the primary seat and scene of his emotional-cognitive development, enacts these oedipal processes of differentiation from and interactive engagement with the environment. The increasingly experienced sexual and generational differences and how they are negotiated are basic elements of these steps in individuation.

I consider the oedipal phase of development a crucial stage of transition—and in that sense a turning point—from lack of, or rudimentary, subject-object differentiation (“identification”) to the level of sexual-aggressive object relations. The incestuous nature of these object relations marks them as transitional, hovering between identification and object love, or blending them. But this phase ushers the child into the world of adult mentation and experience and into the moral order, in a first approximation. A sign of this is the incest taboo which bars the confusion of identification and object cathexis, reinforcing the child's emancipation from the enveloping environment. A sense of self begins to emerge with increasing internalization, leading to the development of a sense of self-responsibility with the formation of the superego and the shouldering of guilt. The formation of the superego represents the internalization of the pleasurable-unpleasurable and conflict-laden relations with oedipal objects. It sets the stage for the more pronounced forms

of intrapsychic conflict, whose initial phases set in with the earlier levels of subject-object separation in the developing oedipal period.

It makes little sense to think in terms of intrapsychic conflict as long as subject-object differentiation is still in abeyance and internalization processes remain rudimentary. Once that level of individual organization is reached—unstable and vulnerable as it may be—there are stresses and strains inherent in any organized structure. In a psychic organization, we call this psychic conflict. The stresses and strains of the family constellation, exemplified by sexual and generational differentials, among other factors, bring about conflict. Increasingly, these conflictual configurations become endopsychic force fields. Of course, such internalization can take place only in the medium of a sufficiently congenial, “empathic,” family environment and emotional climate. No doubt the gleam in the parents’ eyes, at least a minimal degree of prideful parental joy, is indispensable for individual development of any viable coherence. To the extent to which this may be presumed to have been deficient from early on, or parental love to have been too ambivalent and conflicted, in treatment the psychotherapist or analyst has to function more emphatically and explicitly also as a “holding environment.”

Insofar as psychoanalysis is concerned with the investigation and treatment of the individual, intrapsychic conflict, although not present on all levels of the patient’s experience, is what we are dealing with, albeit by no means exclusively. Allow me to quote from an article I recently wrote on Margaret Mahler’s *Selected Papers*:

The dynamics and conflicts of the individual not only remain a prime domain of psychoanalytic exploration and interpretation, they are the level of psychic development at which we aim and induce the patient to aim. However we define psychological maturity, we take the adult human individual, the relatively autonomous person with all his conflicts and deficiencies, as our norm. It is the thrust of therapeutic analysis

to promote productive individuation. But we have come to see that the dynamics of psychic life transcend the permeable boundaries of individual autonomy. This means that interpretations in terms of inner conflict may miss the mark when the separateness and consolidation of what we call inner life are in doubt or in a state of dissolution. At the same time, in our analytic efforts we envision and work toward a level of individual organization where interpretations of endopsychic conflict become possible and fruitful. In cases or at points in analysis where such organization cannot be taken for granted but can be envisioned, it becomes the primary therapeutic task to help develop rudiments or fragments of endopsychic structure to levels of organization where endopsychic conflict and conflict resolution have their habitat. In analyzable patients this deeper-going analytic work . . . is intertwined with work on more advanced levels of endopsychic organization that co-exist [with less advanced ones]. It is this coexistence that makes analysis possible and is implied by Kohut when he speaks of primitive and more mature sectors of the personality in narcissistic disorders (Loewald, 1984, p. 167).

Our contemporary and timely interest in the origins and earliest processes of individuation, which gives us new insights into the constitution of the psyche and into psychopathology, must not blind us to the fact that the adult mind and its inner conflicts and mastery of conflict, as long as we practice psychoanalysis, remains our norm. I see the oedipus complex, with all the complications this concept carries, as a watershed in individuation; from then on we can envisage adolescent and adult development. The more mature sectors of the personality are unattainable without the narcissistic patient's having reached this stage, however shakily, although in the overall mental life of the patient it has failed to gain sufficient dominance. From here on the child has a psychic life of some complexity. His separateness, autonomy, and interactions with others, fragile as they still are, have reached a level that is more easily understandable and can be more adequately conceptualized by the adult mind in terms of matured emotional-cognitive experi-

ence, that is, in the “adultomorphic” terms of secondary process mentation. For a simple-minded example, it would be senseless to call the young baby’s suckling at the breast incestuous (although some mothers who are conflicted about breast feeding may experience it as incestuous). We view such bodily intimacy between mother and child differently in regard to a three-year-old (the limits being flexible depending on cultural factors), because we sense that his inner experiences are more in line with our own. The earliest levels of the patient’s mentation have retained their transindividual nature, but his mentality has to have developed to oedipal levels in order for him to be capable of comparing or matching the transactions of these primitive levels with the later ones.

I have viewed the question of the centrality of the oedipus complex and oedipal conflict as a version of and a specifically psychoanalytic focus on a fundamental human problem—the initiation of the child into an adult world, into the moral order, in short, into becoming an individual. To convey, perhaps, more clearly what I have tried to point out, I shall step out of the confines of psychoanalysis and turn to the poet, John Keats, and his vision of how one becomes a soul. In a long letter to his brother and sister-in-law who lived in the United States, written two years before his death at the age of twenty-six, he says that human beings “are not souls till they acquire identities, till each one is personally itself.” I quote from this letter, written in the spring of 1819:

The common cognomen of this world among the misguided and superstitious is ‘a vale of tears’ from which we are to be redeemed. . . . Call the world if you please ‘The vale of Soul-making’. Then you will find out the use of the world (I am now speaking in the highest terms for human nature. . .). I say ‘Soul making’, Soul as distinguished from an Intelligence—There may be intelligences or sparks of the divinity in millions—but they are not Souls till they acquire identities, till each one is personally itself. Intelligences are atoms of perception—they know and they see and they are pure, in short

they are God. How then are Souls to be made? How then are these sparks which are God to have identity given them—so as ever to possess a bliss peculiar to each one's individual existence? How but by the medium of a world like this?

A world like this, as he had made clear earlier, is a world “of hardships and disquietude of some kind or another.”

This is effected by three grand materials acting the one upon the other for a series of years. These three Materials are the *Intelligence*—the *human heart*—as distinguished from intelligence or Mind—and the *World* or *Elemental Space* suited for the proper action of *Mind* and *Heart* on each other for the purpose of forming the *Soul* or *Intelligence destined to possess the sense of Identity*.

I began by seeing how man was formed by circumstances—and what are circumstances?—but touchstones of his heart?—and what are touchstones? but provings of his heart? and what are provings of his heart but fortifiers or alterers of his nature? and what is his altered nature but his soul? and what is his soul before it came into the world and had these provings and alterations and perfectionings? An intelligence—without Identity—and how is this Identity to be made? Through the medium of the Heart? And how is the heart to become this Medium but in a world of Circumstances? (Trilling, 1956, pp. 257-259).

In psychoanalysis, “intelligences,” those “atoms of perception,” may be recognized as the newborn bearers of human potentialities, sparks of pure being that need a world to acquire “identity.” “Do you not see,” Keats writes, “how necessary a World of Pains and troubles is to school an Intelligence and make it a Soul. A place where the heart must feel and suffer in a thousand diverse ways! . . . [The heart] is the Minds experience, it is the teat from which the Mind or intelligence sucks its identity” (p. 258). And if there is any doubt about what Keats means by the heart, he makes it clear in that same passage: it is the “seat of the human Passions” (of the “instincts” of psychoanalysis).

The oedipus complex, with its basis in instinctual life, stands as a symbol in psychoanalytic psychology of the first delineation of man's love life beyond the empathic immersion in his environment, a symbol of the clear awakening of his life as an individual. It takes form through his passionate involvement, in love and hate, with his first libidinal objects, and through the limitations placed on this involvement which throw him back on himself: the vale of soul making.

Can we agree that Freud had in view the human passions when he spoke of instincts and of their vicissitudes? Was his use of "scientific" language not his attempt—still valid, I believe—to find a language neutral enough to avoid metaphysical or theological preconceptions and implications, although this language inevitably implied other preconceptions which at present we are trying to sort out in our attempts to get away from "physicalistic" notions? At the same time, these scientific names are meant to help keep the understanding of psychological life close to the rest of natural phenomena. Freud never tired of devising concepts that might suggest a common ground for understanding nature in its different forms and transformations, including psychological life.

To sum up: I wished to emphasize that the oedipal phase and the oedipus complex, seen in the light of individuation, of the development of a self and of objects related to but distinct from a self, is a crucial turning point. It signals the ending of trans-individual psychology and the beginning of the psychology of the individual. In a given patient either transindividual or individual issues may be more dominant. For psychoanalytic treatment to be possible, the patient must have the capacity for viewing his "selfobject transference" problems in juxtaposition with his "oedipal" transference problems—in juxtaposition with the more mature levels of his experience. I believe the analyst functions as an instrument for that internal dialogue. The patient's more mature capacities often need to be strengthened and promoted by the analyst's explicit understanding and validation of the primitive forms of experience that precede the

oedipus complex and influence it. But unless the oedipal level of his psychic life is available to the patient and he comes to understand it as a genuine step in his human development and not as a tragic decline from a state of grace, he remains a victim of the selfobject stage and its narcissism.

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DEMYTHOLOGIZING OEDIPUS

BY STANLEY A. LEAVY, M.D.

The oedipus complex is a basic psychoanalytic concept, which is only historically tied to its eponymic myth. It works in our system and in our method as a hermeneutic principle, organizing our understanding of the discourse of patients. Its validity depends on the situation of childhood development within the family, with its attendant passions and desires.

Following the idea of Didier Anzieu (1970), I have come to see the oedipus complex as the concept that turned psychoanalysis into a dialectical process. Before that, it might be looked on as primarily an uncovering, in the sense of the surgical laying bare of underlying nuclei of the mind, or the archaeological exposure of remnants of the past preserved in buried memories. With the oedipus complex, psychoanalysis is the repetition, in the dialogue between patient and analyst, of the exchanges between parent and child. The loves, expectations, demands, fears, disappointments—all that pertains to the passions in the analytic process, all that is rooted in desire, reveals in the anachronisms of the transference this epoch long lost in the past, but vividly present in the form of the analytic dialogue.

It is a worthwhile thing to take a good look at such a central concept. When we have been using a concept for a long time, we think we know what it is about and can see its limitations, the limitations implicit in any metaphors: they cannot convey the totality of direct experience (although, on the other hand, direct experience is impoverished if we lack metaphors to grasp

Much of the content of this paper has appeared in a longer article, "The Rules of the Game," published in *Contemporary Psychoanalysis*, 1985, Vol. 21, pp. 1-17.

it). The experienced analyst moves comfortably in the interior of the analytic data, so to speak, the panorama or kaleidoscope of images that arise in his or her mind listening to the patient, without being constrained by theory to the point where theory cannot be bent, or discarded.

That is the one hand. The other hand offers less promise. Years of practical use of theory give it the fit of an old shoe, too easy a fit to be parted with for newer equipment, even when the footing is rough enough to call for a change. Habitual use of a theory discourages critical appraisal of it. So to undertake such a review has its problems as well as its promises.

Where would we be without the oedipus complex? That is not only a rhetorical question, since the idea came relatively early in Freud's career and has been with us ever since. It is not like one of the theoretical structures so dear to Freud's heart that he called his "metapsychology." It is a grand generalization, but only one step away from clinical observation and from the experience of those who work with children in Western culture. It has led us to be on the alert for what we consider to be its manifestations under an infinity of disguises, and as is usual in scientific practice, the discovery would not have been made without the guidance of a hypothesis.

I regard the oedipus complex as first and foremost a hermeneutic rule, a principle of interpretation. It is one of many such rules, but probably one of the most important ones after the *formal* rules, that is, first the basic rule of free association, which is our main means of eliciting the analytic content, and second, the rule of establishing meaning hidden by the substitution and contiguity of ideas. The oedipus complex, like the castration complex, is a rule of *content*. It might be phrased in a number of ways, and perhaps it is this multiplicity that is spared when we have recourse to the mythical form in which Freud preferred to give it to us.

Before I proceed further with this approach, let me take a moment to remind you of Freud's original statement. Here is the famous excerpt from his letter to Fliess of October 15, 1897:

One single thought of general value has been revealed to me. I have found, in my case too, falling in love with the mother and jealousy of the father, and I now regard it as a universal event of early childhood, even if not so early as in children who have been made hysterical. . . . If that is so, we can understand the riveting power of *Oedipus Rex*, in spite of all the objections raised by reason against its presuppositions of destiny . . . the Greek legend seizes on a compulsion which everyone recognizes because he feels its existence within himself. Each member of the audience was once, in germ and in phantasy, just such an Oedipus, and each one recoils in horror from the dream-fulfilment here transplanted into reality, with the whole question of repression which separates his infantile state from his present one (Freud, 1892-1899, p. 265).

Although as the *Standard Edition* is at pains to state, this statement was anticipated by a briefer reference a few months earlier, in itself it epitomizes the concept of the oedipus complex as it has survived nearly a century, unaltered. It contains a curious negative concession, so to speak, that demands immediate attention: the statement that the drama itself has always been so powerful "in spite of" its insistence on the power of destiny—and Freud in the original letter goes on to contrast it with later, less successful dramas of fate. For any *Greek* audience, the "presuppositions of destiny" must on the contrary have exercised at least a secondary if not the primary influence. Classical scholars are in accord in the belief that the power of destiny, with the corresponding powerlessness of all efforts to avoid it, is the driving force of the play. So observe that from the outset Freud attributed to the Oedipus of mythology the motivation that he had discovered in himself and had named "oedipal" by analogy. The psychological discovery was mythologized at the same moment that the myth was psychologized.

When *we* draw upon the concept, it is as a hermeneutic principle, which could be stated in many ways, one being "in interpreting a discourse, look for the unconscious presentation of parent-child interactions." The most diverse statements lend themselves to oedipal interpretation: "I have no intention of

getting this paper done by the teacher's deadline," or "The Republican Party must be defeated," or "I felt very happy returning home after my long voyage," or "I love that shirt you are wearing," etc. Of course, the *oedipal* value of such statements hinges on their contexts, and we avoid mere reductionism by seeing that there may be many meanings to any of them. We may apply more than one rule to the understanding of each, but the oedipal rule will be the first or the most important on our agenda at some time during the analysis. In the illustrations I have given, the oedipal point is made of rebellion, resistance, overthrow, or of attachment with regard to a parent, while nothing of the kind has been explicitly stated in any of them. Now the rule could be more exactly put as "Locate any possible metaphor for the concept parent, and also locate any possible metaphor for an affective attitude toward a parent" (with the alternative that metonymic connection might prevail over metaphoric paradigm). Even that is not quite right because it is too vague in designating the emotional component. To be literally correct, the oedipal affect must be one of destructive aggression or erotic desire; the closer to murder on the one hand and to sexual union on the other, the closer it is to the oedipus complex in its formal, or mythical statement. But the point of the argument is the application of the rule, *which exists as such a priori in the mind of the analyst*.

How did it get there? In steps, the first being Freud's enunciation of it, the second the analyst's discovery of it in his or her own analysis, the third the reconfirmation of it in the analysis of patients. The objects and the sentiments that we suppose to be implicit in such statements as those I have quoted are universal—and, in fact, a further source of this hermeneutic rule is in literature, most of it existing independent of any reference to Greek mythology—but the instantiating of the oedipus complex here and now is absolutely dependent on its prior enunciation. We are caught in a hermeneutic circle, and we could not see the instance if we had not already learned how to look for it.

Lately there has arisen some new commotion about how

Freud came to propose the oedipus complex in the first place. It has been said, or rather charged, that he offered the concept as a kind of cover-up when the earlier idea of traumatic seduction threatened to incriminate his own father. Aside from the forgettable Dr. Masson, we have the remarkable volume of Marie Balmory (1979). This author, through an ingenious dissection and reassembling of historical facts, comical allusions, artistic references, and the handling of other data and of numbers, elicits from Freud's own words that what precipitated his rejection of the seduction theory was the death of his father and Freud's anxious desire to keep repressed in himself his profound suspicions about the mysterious disappearance of his father's second wife, which, in this narrative, appears to have been by suicide following desertion—thus repeating the suicide of Chrysippus, the youth seduced and abandoned in the legend by Laius, father of Oedipus. Allegedly to effect this repression, Freud put forth the theory of the oedipus complex as the central nucleus of human experience, abandoning the earlier seduction theory. Now it was to be the emergent fantasy of the child that created the incestuous and parricidal wishes; the dominated rather than the dominating was at fault.

I cannot imagine what the ultimate fate of *this* revision will be, or indeed of any revisions of a similar category that seek to restore the hegemony of trauma over fantasy in the etiology of personality and its disorders. In the face of incontrovertible evidence—which so far we do not have—that Freud introduced the oedipus complex for this ulterior purpose, would the concept lose its status as a hermeneutic rule? Just posing the question that way demonstrates its absurdity. It simply cannot be that all the instances of the oedipus complex that have been derived during the past eighty years or so have existed only in the brainwashed minds of psychoanalysts and their unfortunate patients! If we had such evidence about Freud's motivation, we would still have to look on Freud's deception as a heuristically lucky accident, another *felix culpa*.

The oedipus complex remains a concept that organizes the

meaning of the patient's discourse around certain focal developmental happenings affecting the status of the child in the conflictful milieu of the family. Over the decades the concept has undergone a loosening of its connection with the Greek myth—a demythologizing. Freud's colorful metaphor brought with it a network of signification that belongs to Sophocles and to the mythographers. We have benefited by having access to this network, but our thinking has been forced into the mold of the myth—as if it were indeed every person's fate to repeat the myth, at least in fantasy, as it was lived by a certain king of Thebes.

I cannot refrain from mention here of Claude Lévi-Strauss's interpretation of the Oedipus myth. For him there is always a paradigmatic myth anterior to all its versions and unconsciously present in all its versions, but Lévi-Strauss's "unconscious" is a purely formal structure that has not much to do with the existential structures of the family. Using his method of analysis, he demonstrated that the Oedipus myth "has to do with the inability . . . to find a satisfactory transition between [the theory of autochthonous origin] and the knowledge that human beings are actually born of the union of man and woman" (1967, p. 212). That is, he puts the myth where it belongs, in the order of societal relations, but to do so, he lifts it out of the individual human context where Freud thought he found it. If we try to apply Lévi-Strauss's understanding of the myth as our hermeneutic principle, we shall not be greatly enlightened. We have, to be sure, a principle that might correspond to the question "Where do babies come from?" but this is not the point of what we ordinarily mean by the oedipus complex.

This digression will have served a useful purpose if we can generalize from it that the hermeneutic rules of analyzing are existential rather than formal in origin. The oedipus complex acquires legitimacy as a formal statement only because it conceptualizes—and mythologizes—a fundamental human condition. It states the conflictful situation of the family in all societies of interest to psychoanalysts at present. The conflict of passions

that engages the nodal figures of the family is usually only weakly generalizable in a literally oedipal form, and I can conceive of further developments in the hermeneutic formula that are no longer manifestly affiliated with the myth. As long as our patients adhere to the basic rule, they will some of the time talk about their interactions with other people. As analysts, we will suspect, seek, sniff out, conjecture, metaphoric connections between these figures of the discourse and members of the family—here according to another hermeneutic rule of analysis: “past experience is repeated in the present,” or, as I have formulated it elsewhere, the present dialogue repeats old dialogues (Leavy, 1980).

Freud’s mythologizing of his and his patients’ infantile experience had benefits he could not have foreseen. The myth gave a form to the inquiry. From then on, it was necessary to discern the ways in which it was being lived out by his and our patients. All familiar myths hold us in their grasp. This one seemed to fit the situation of the family as it was revealed in psychoanalysis. No one had ever doubted that children have passionate feelings about their parents. There are literary references apart from Sophocles known to Freud, from Plato to Diderot, in which the fantasy of mother-son incest, and of murder of the father, are plainly designated. The myth of Oedipus carries the additional weight—aside even from the message of fatality—of the hiddenness of the crimes committed and of their being brought to light through the inexorable inquiry pressed mainly by Oedipus himself—the patient seeking the truth (Simon, 1978, pp. 139, 261). Even the analytic process is then mythologized in anticipation, and so too the therapeutic effort—in the myth the effort to relieve the city of the plague that afflicts it, through the disclosure of its cause.

What we seek, however, in actual practice, is the persistence of the infantile constellation of the family within the present universe of the patient. That search discloses “oedipal” elements which Freud was aware of, but which stretch the concept to the breaking point and beyond. Think first of the “negative”

oedipus, a term that we maintain despite its absurdity, in order to acknowledge the "positive" as paramount. The persistence of the negative oedipus is attributed to trauma, that of the positive to—what? Fate, perhaps. Freud's supplementary doctrine of the "complete" oedipus complex is, in effect, his own early demythologizing of the concept. He did not allow the myth to restrict his vision, and he reported what he saw: the conflict of passions in childhood cannot be resolved into a single triangle, at least two being inherent in the situation. I say "at least," because the interference of sibling rivalry on the oedipus complex is another complication that is part of the meaning of such an important work as "A Child is Being Beaten" (Freud, 1919, p. 177).

The myth shows its weakness with equal clarity when we turn our attention from the customary preoccupation with the male paradigm and turn to the instance of the female in the child-parent conflict. In certain respects the whole oedipal concept was derailed by those women analysts to whom Freud expressed his gratitude in his writings on female sexuality. Just as the "negative" oedipus complex had to be invoked to account for much of male development, so the concept of the "preoedipal" was essential to bring feminine development into the theoretical line. Melanie Klein (1926) disrupted the formula even further by insisting that the triangular conflict begins much earlier than Freud had postulated, but she maintained the myth, while increasing the confusion, by referring to pregenitality as itself oedipal.

The point that I hope I have made is this: *the* oedipus complex does not exist if we insist on any but a remote allegiance to the Greek myth. What does exist is twofold: a developmental organization that is dependent upon the conditions of human existence and, secondly, a set of hermeneutic rules eliciting that organization. I cannot doubt that Freud would have been able to define those conditions from the evidence drawn from the psychoanalysis of adults, even if he had never heard of the myth (but Freud without a knowledge of classical mythology would

not have been Freud, you may rightly say). The helplessness of the human infant and child, the intensity of early erotism, early passion, and early fantasy, the differences between the parental conduct of mothers and fathers, the intrusion of the father—or rather, as Lacan (1977) has insisted, the *name* of the father—on the primitive dyad of mother and infant, with its introduction of *law*, all these and many other elements offer an infinity of permutations operating within fairly narrowly defined limits. Along with the biogenetic structure, they constitute the world into which the baby is thrown, the world within and the world without. These are the existential horizons of infancy, within which are laid down the imaginary and symbolic structures that it is the business of psychoanalysis to interpret.

I have already given examples of the hermeneutic rules that apply to this sector of existence. For a very long time now they have in practice been wrenched free of dependence on the oedipal theory as such. The theory grounds them within the larger analytic theory, or theories, since there are certainly by now quite a few of them. But when we give due heed to the content of the patient's discourse, we will find that the "oedipal" references depart from the conventional mythical structure as often as they adhere to it. We discover ultimately that buried in the concept itself there is almost a truism: the nuclear family is the scene of a conflict of loves and hates that has become part of the unconscious "other scene" of the patient before us. That this truism remained undisclosed until Freud grasped it in the language of Greek mythology is itself a marvel.

Having gone so far, what do we do now? Are we prepared to kick aside this ladder that has got us where we are? In a way, yes. I doubt that we any of us any longer use the oedipus complex as more than a marker for these phenomena of existence that are so variously lived out in our patients. All the same, while it may be a shibboleth for us, it is a rather useful one, since what has usually been opposed to it is not a demythologizing, but a dehumanizing reduction, by which external events alone, and not their inner transformations, organize the

shifting structures of the mind. By that reduction, Freud's use of the concept of "trauma" loses all originality; a loss, a seduction, a deprivation, an emigration, becomes the equivalent of a knock on the head. It is actually the intricate reworking of events along general guidelines—like the "oedipus complex"—but individualized in the personal history, that we discover daily in analytic work.

Re-examining the oedipus complex in the manner I suggest aims only in part at divesting it of its mythological associations. There is another outcome, too, *remythologizing*, that is, applying the insights of other ancient wisdom to elucidate the mysteries of the family. Iza Erlich (1977), for example, advanced our appropriation of the Oedipus myth itself with her inquiry into "What Happened to Jocasta?" And how often do we hear, if we permit ourselves to think about it, the story of Icarus hesitating to take his liberating flight because his father Daedalus has warned him not to fly too close to the sun and risk melting the wax that holds the feathers to his wings? We can, if we like, call that a version of the story of Oedipus, but the opposite might equally be the case. And when an Aeneas on the couch imagines leaving the burning city of Troy, with his old enfeebled father Anchises on his shoulders, what is Oedipus up to now? It is insufficient to call it reaction formation; the myth holds in its contexts love of the father and the power of ancestral ties. When we depart from the riches of the Greek and Latin heritage, it is only familiarity that might cause us to forget Cain and Abel, and the damage fomented by the younger brother's birth. One could go on at length, but the point is clear that if we remain open and informed, we shall hear many variations of the myth of the family.

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Neglected Classics: Waelder's "Problem of the Genesis of Psychical Conflict in Earliest Infancy"

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NEGLECTED CLASSICS: WAELDER'S "PROBLEM OF THE GENESIS OF PSYCHICAL CONFLICT IN EARLIEST INFANCY"

BY STANLEY GOODMAN, M.D.

The nomination of any work as a classic naturally evokes thoughts about the criteria for that designation. Indeed, such a nomination may be rather gratuitous if, as various definitions suggest, a classic is a work of universally acknowledged excellence. However, an additional qualification usually indicates that it should set forth or at least effectively embody authoritative principles and methods in accordance with a coherent system. The status of a classic is rarely affirmed universally in a literal sense but only by those who have achieved a substantial conviction as to the general validity of the system concerned.

Robert Waelder's (1937) paper is assuredly a classic in psychoanalysis by virtue of the sum of its demonstrable qualities: the authoritative and meticulous review of basic assumptions, the extraordinary clarity of argument, the rigorous critique of the kind of evidence available from the analytic situation and from other observational methods and properly applicable in the validation of new hypotheses, the valuable generalizability of its approach from the particular issue being addressed, and the continuing guidance offered in relation to a broad range of questions that still occupy our attention.

Regrettably, in recent years the description of a contribution or an approach as classical has tended to carry the connotation for some that while its historical role may be recognized, it is no longer fully applicable to modern theoretical issues or technical tasks that confront psychoanalysis. The primary purpose of this note, after a recent revisit to Waelder's illuminating ex-

amination of the problems in conceptualizing and understanding the genesis of psychical conflict in earliest infancy, is to encourage others to reread it as well, not simply to honor his contribution but to profit from it.

Calling attention to a work with the implied suggestion that it has been neglected may be presumptuous and in this instance probably untrue, in the sense that this paper has had an undoubted though not always explicitly attributed influence on several generations of analysts, both as students and as teachers. However, the direct experience or re-experience of Waelder's lucidity in presenting the issues and their implications cannot fail to refresh and stimulate the analytic reader in a way that is not always achieved through secondary discussions. With this consideration in mind, I will not attempt in these comments to discuss or even to summarize fully the substance of the paper but will merely indicate its general outlines and some of the many obviously still relevant observations contained in it.

Waelder principally addressed the extremely important issues raised by the hypotheses of certain analysts about the nature of mental experience in the first two years of life. He sharply underlined the importance of distinguishing between conceptions clearly based on data derived from observation, particularly inside but also outside the analytic process, and conceptions based on speculative assumptions, however apparently plausible and schematically satisfying they might be.

The paper, subtitled "Remarks on a Paper by Joan Riviere" (which had been published in 1936), was a broad response to the then current work of several authors: Melanie Klein, Ernest Jones, Joan Riviere, Edward Glover, James Strachey, and John Rickman, whose approaches all differed in varying respects. Waelder noted certain views they did seem to hold in common at the time: the assumption that the experiences of an individual during the first year of life can be known or are at least discernible by analysis, that those experiences can be described in terms of mental life, that fantasy activity is already highly developed at that age, and that certain specifically assumed fantasies are of crucial importance in later development.

Waelder examined the sources of our knowledge of processes occurring during the first year of life and the likely practical and theoretical limitations to that knowledge, thus restraining the concepts built upon it. He indicated that corroboration as to the presence of fantasies, not to mention specific fantasies, during that early period of development had so far been impossible and would probably remain so because the existence of memories from that time is highly doubtful. He urged the greatest caution in formulating reconstructions and conceptions of mental processes occurring then and in suggesting a clear genetic relationship between those presumed processes and particular manifestations during later development.

A fascinating discussion of criteria of interpretation then followed. He included a pointed comment on the inadequacy of the phrase, "analysis showed . . .," frequently met in the writings discussed, but not only there, particularly with regard to issues about which there is much disagreement. Similarly, he argued against the use of one interpretation or speculation to imply confirmation of another and the not unusual effort to claim that a particular interpretation must have been correct because it "worked."

In reflecting on issues raised by assertions of superego function even during the first year of life, Waelder suggested that understanding and clarity of conception are best served by rigorously attending to rather than minimizing the fundamental differences between the superego and its antecedent sources that are only later integrated into the structurally mature superego function with the passing of the oedipus complex. He questioned the readiness to consider that the experience of an idea of an external object and the introjection of an object are identical, and he firmly differentiated the significance of the guilt experienced in the presence of a dreaded external object from the guilt experienced in response to an inner institution, the superego.

In the relative importance assigned to fantasy and reality implied by various conceptualizations, Waelder pointed to the almost exclusive emphasis on fantasy by Klein and others and the

loss to analytic understanding that results from minimizing the reality context within which particular fantasies develop. Again and again, with every issue reviewed, he illuminated the nature of the data that would be required for reliable conclusions as well as the data that are at least currently available. He repeatedly noted and regretted the tendency to leap far beyond any supportive data to theoretical and then to technical positions that may be imaginative but provide little gain in true knowledge.

His concluding discussion on the importance of the "deep" unconscious was underlined by an emphasis on the even greater importance of the need to study the complex relationship of that "deep" unconscious to the psychic strata nearer consciousness. He rejected the creation of a "mythology" of the unconscious in the same spirit that he rejected unsubstantiated assumptions and assertions about the nature and consequences of early mental experience.

Although the object of Waelder's criticism at the time was a particular theoretical and technical perspective, it is quite obvious that his remarks have equal pertinence today in guiding our critical evaluation of the current range of hypotheses regarding very early development. Although certain of these proposals properly deserve our extended consideration because of a significant base of observational and clinical analytic data, we are well reminded to take care to identify also those that seem to have acquired a level of apparent reality and acceptance largely through reiteration. A recent news report (*New York Times*, September 26, 1984) discussing the suggestion that the first explorations of Antarctica may have occurred several centuries earlier than is indicated by the generally accepted evidence included quotation of a cautionary comment attributed to Sir Walter Raleigh: "Conjectures painted on maps, doe serve only to mislead such discoverers as rashly believe them."

Robert Waelder made one of his many important contributions in 1937 with this remarkable and characteristic demonstration of his thinking about psychoanalysis which was at once

sensitive and sensible. His example and teaching will certainly continue to influence each of us who reads him today and in the future.

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Code Name "Mary." Memoirs of an American Woman in the Austrian Underground. By Muriel Gardiner. New Haven/ London: Yale University Press, 1983. 179 pp.

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BOOK REVIEWS

CODE NAME "MARY." MEMOIRS OF AN AMERICAN WOMAN IN THE AUSTRIAN UNDERGROUND. By Muriel Gardiner. New Haven/London: Yale University Press, 1983. 179 pp.

This volume is fascinating from a number of perspectives. It is an autobiographical account of the author's involvement in the Austrian Socialist underground movement between 1934 and 1939. The recounting of the events themselves makes for intriguing reading. Using a code name, maintaining a balance of trust and suspicion toward one's co-conspirators as well as toward those in need of help, and the real and imagined dangers involved in such an enterprise help form a stimulating narrative.

But this is not written by a woman who is primarily a writer or a politician. It is written by a psychoanalyst who courageously describes her own background and motivations for doing what she did, as well as her reactions to the many revolutionaries whom she encountered. She offers us an unusual opportunity not just to be intrigued with her revolutionary activities, but also to study her motives, both as consciously portrayed and as the reader comes to understand them through insights into her character.

Gardiner's account begins in Vienna in 1934. She was in analysis with Ruth Mack Brunswick and was a medical student at the University of Vienna. The Austrian Socialist movement was being forcibly suppressed by the Fascist government then in power. Her wish to become actively involved with this Socialist movement when it went underground becomes understandable in terms of some background material she provides. She had come from a wealthy midwest family, which provided her as a child with much material wealth but with little family involvement. This contributed to an early involvement in social causes seeking to redress the imbalance between the wealthy and the poor.

Gardiner attended Wellesley at the end of the first World War, having already developed an interest in politics and current events while in high school. At Wellesley an event occurred which she claims, with some embarrassment, revealed her asceticism. She had been a book collector and owned a number of valuable first editions. She thought of burning them but instead decided to sell

them to a bookstore and send the money to needy Austrian students who had written to Wellesley asking for help. She describes a conflict in her character between loving beauty and pleasure, even to profusion or excess, and simultaneously wanting to rid herself of worldly possessions. She raises the possibility that these two sets of values were inherited, extravagance from her father's side and moderation and reasonableness from her mother's. She continued to be active in liberal and radical causes during college.

After studying at Oxford and in Rome, she went to Vienna in the spring of 1926 to see if she could be analyzed by Freud. He referred her to Ruth Mack Brunswick. She terminated the first phase of her analysis in 1929, subsequently married, and had a child. After a few years, she became divorced and resumed her analysis. At this point she became more deeply interested in analysis, both therapeutically and for training purposes. Although initially outside the Vienna analytic circle, over the next several years she became increasingly involved with the psychoanalytic community. During her last few years in Vienna, she attended the famous Wednesday evening meetings. Although she did not develop a stated philosophy of how psychoanalysts should behave themselves with patients, from the examples that she offers she appears to subscribe to a good deal of spontaneity, open statements of belief, and more flexible ways of conducting treatment than is usual. From her description of her own analyst, one gets the impression of a free-wheeling, open-minded person who did not adhere to rigid rules.

The major portion of the book describes Gardiner's deep involvement in the Austrian Socialist underground. Her main activities involved serving as a go-between for leaders of the Socialist party in exile. As the danger of being apprehended increased, she used her apartment to hide revolutionaries who were being sought by the Austrian authorities, and she obtained forged passports for them so that they could escape Austrian imprisonment. Later, when the Nazis took over in Austria, she obtained affidavits for many political fugitives, Jews, and psychoanalysts who had to flee. She exposed herself to numerous dangers in her attempts to help others.

As Gardiner recounts her experiences, she asks many questions. Some of them appear deceptively naïve. But the pattern of ques-

tioning and the partial answers she offers reveal an individual who has struggled with her own conflicts about her revolutionary political activity. This makes the volume especially interesting to a psychoanalytic reader. I will give some examples. She states: "... it occurred to me to wonder whether it was rare for honest people to go into illegal work—did illegal work itself reduce one's appearance of honesty—I wondered how my face looked to others. Would they describe it as honest?" (p. 58). Later, while recounting a conversation with a fellow revolutionary, she recalls his saying that should a certain comrade be discovered to be disloyal, "we shall have to put him out of the way" (p. 62). She recollects her horror not merely at the contemplated act, but at the "expression on his face and in his voice as he spoke . . .—a mixture of cruelty and pleasure. . . . I thought a great deal about this—my feeling of revulsion remains. Does this feeling get in the way of clear thinking? Can we rely on universal moral laws or must each case be judged individually?" (p. 62).

Courageously, she describes her own activities, leaving it to the reader to speculate about her psychology. At one point, after staying with her mother and stepfather in London, she moved to a different hotel to be with the revolutionary lover who was later to become her husband. She concealed this relationship from her mother and states, "It never bothered my conscience to deceive my mother in these matters" (p. 76). Concealing this "illicit" activity from her mother is discussed in terms identical with those used to describe her illicit revolutionary activities. Another aspect of her character is revealed in her description of her revolutionary activities. She is remarkably modest in writing about her helping others. When she describes failure to help someone, however, she becomes self-critical and searches for underlying motives. This is clear with regard to her relationship with a revolutionary whose chaotic behavior in the past had caused her consternation and whom she failed to get out of prison because of her inability to obtain an affidavit for him. She accuses herself of unconscious bias and states that she should have been able to ignore his unreliable character and somehow get him free.

She differentiates between actions taken against people in normal, everyday situations and actions undertaken in life and death situations. Another issue she addresses is whether she as an

analytic patient was conflicted about discussing her illegal activities with her analyst. She states: "I knew she shared my views—analysts were not as reticent in expressing their opinions at that time as they have since become—if I thought my analyst had any Fascist tendencies I would have stopped my analysis" (p. 81). Throughout the book, she attempts to be objective and to understand rather than condemn cruelty in others. She also points to blanket criticism of whole nations or groups as short-sighted.

It is unique for a psychoanalyst to have participated in revolutionary activities. Muriel Gardiner not only tells us about her activities, but she offers us a candid look into her motivations for participating in them.

ALAN Z. SKOLNIKOFF (SAN FRANCISCO)

THE REPRESSION OF PSYCHOANALYSIS. OTTO FENICHEL AND THE POLITICAL FREUDIANS. By Russell Jacoby. New York: Basic Books, 1983. 201 pp.

This book's basic premise is that "political Freudians" were an essential ingredient in the creative development of psychoanalysis. According to Jacoby, the political Freudians were people who extended Freud's humanistic investigations by concentrating on his studies of human social interaction. Jacoby minimizes the fact that Freud began as a physical scientist working in a laboratory, and later was a physician treating patients.

Through scholarly research, Jacoby has uncovered the radical political orientation of many analysts whom he regards as second generation analysts (born between 1900 and 1910). He then develops the theme that suppression of those analysts' political freedom led to a smug, stultified psychoanalytic sterility. By innuendo, he suggests that a plot was directed against those "political" European analysts by American psychoanalysts who were afraid of competition for affluent patients. The evidence he offers is a quotation from a single psychoanalyst who reportedly said that he feared such competition. He also attributes suppression of the "political psychoanalysts" to forces within the American psychoanalytic movement that wished to align it with the medical discipline. He further indicts the American psychoanalytic movement as a repressive force that opposed the true "spirit" of psychoanal-

ysis. It is unfortunate that his erudite research into the lives of significant psychoanalysts of an important period led to conclusions that are contaminated by so many misleading generalizations and unsupported statements.

The author undervalues the American psychoanalytic literature devoted to the impact of external reality on the individual's psychic development. He also is indifferent to the repressive forces operating in Europe that fought Freud bitterly from the time of his earliest publications. It was despite that atmosphere that Freud developed psychoanalysis. In reality, Americans as well as Europeans have been subjected during certain periods to fear of exposing their liberal orientation and have had to hide any history of youthful radical activities. As is well known, in the United States there was a blacklist of writers, theatrical persons, and publishers. Even young doctors who were called upon to serve in the armed forces at that time were pressured to reveal the names of friends of leftist persuasion.

It is only natural that psychoanalysis would attract unusual, talented people seeking an outlet for their energies and an intellectual adventure that might also fulfill their youthful ideals of creating a perfect world. As an analyst trained during the depression years of the 1930's, I found it exciting to learn that Europeans, as well as my contemporaries, were seeking new solutions to the world's ills at the same time that we were experiencing tremendous excitement over the new intellectual pursuit of studying the psyche.

It is arrogant of Jacoby to claim that psychoanalysis became no more than an affluent medical specialty. In fact, many American analysts have supported themselves with second jobs and analysts treat a wide range of patients, including those who are economically deprived. Over the years, I have found no respected, dedicated analysts who have treated only wealthy patients. Analysis is not a profession through which one is likely to become rich.

Throughout the years, analysts have been interested in the avant garde, from painting to music to the theatre. It would be an unusual experience for an analyst to find himself without colleagues in such an audience. During the depression, it was common to find youthful optimism about communism or some other socialistic system. This reflected the optimistic, youthful dream that a so-

cialistic state without a profit motive could lead the way to worldwide utopia. Such thinking was especially common among intellectuals during the depression era. Parallel to this was the fantasy that psychoanalysis would be a panacea for all mental ills and would provide the ultimate answers to human destiny. Unfortunately, when these youthful ideals of a perfect world and personal omnipotence were not realized, a certain amount of hostility surfaced and became a destructive element in the psychoanalytic movement.

Jacoby supports his thesis with anecdotal quotations from some accredited analysts who claim that psychoanalysis has become a mere craft, a vocation for therapists, and that the true spirit of psychoanalysis has died. In reality, all organizations have malcontents who are ready to lend their names to discrediting the organization. It is still true that anyone critical of psychoanalysis, in whatever guise, commands an immediate audience. Praise of psychoanalysis or of Freud goes unnoticed. One of the people quoted in this book actually discouraged applicants for training and education in psychoanalysis during the 1930's.

To say that psychoanalysis has had no awareness of cultural needs during the past decades is to discount its obvious achievements. It has had a positive impact on child rearing, the penal system, education, the arts, the theatre, etc. All of these reflect the heritage of psychoanalysis. Some analysts nevertheless believe that the psychoanalytic study of individuals does not prepare one for judgments about culture and political systems. This is a perfectly tenable point of view. That others hold the opposite opinion neither proves nor disproves the validity of such a premise.

It has been exciting to learn that men of the stature of Fenichel were as radically oriented as many Americans. It was assumed by many of my generation that the European analysts came from a typical middle-class bourgeoisie. The paradox puzzled many of us, since the discoveries of psychoanalysis seemed to be antithetical to such a background. It is well documented (even by Jacoby himself) that psychoanalysis demands a willingness to free oneself from conventional thinking in favor of an open, adolescent innocence that permits one to acknowledge the existence of the unconscious, with its seemingly illogical rules and structure.

Fenichel's stature as a humanist as well as a psychoanalyst is

impressively documented in this book. His brilliance and his intellectual and moral integrity are awesome. He is presented as being consistently devoted to the unflinching exploration of the unconscious depths of human beings. Parallel to this was his pursuit of the analytic investigation of deleterious cultural phenomena. For him, no contradiction existed. Fenichel stands alone among that early group of "political" analysts in his ability to maintain his conviction about the validity of psychoanalytic discoveries as he interested himself in their cultural application. He recognized that many others were jettisoning psychoanalysis in their ideological pursuit of a cultural causation of neurosis. He was one of few who achieved a steady equilibrium and equidistance between interest in the individual and interest in the group.

This book is a valuable contribution to the history of psychoanalysis. Jacoby correctly delineates the potential pitfalls for psychoanalysis were it to become so organized that it destroyed its very essence, i.e., the excitement of creativity and the joy of intellectual adventure, with its concomitant disregard of conventional thinking.

I do not at all concur with Jacoby's contention that the humanistic spirit of psychoanalysis has been crushed.

SYLVAN KEISER (SACRAMENTO, CALIF.)

ERNEST JONES. FREUD'S ALTER EGO. By Vincent Brome. New York/London: W. W. Norton & Co., 1983. 250 pp.

The publication of the official biography of Freud's biographer awakens the hope that it will shed light on the personal myth about Ernest Jones that forms the subtitle of the book: *Freud's Alter Ego*. Indeed Jones's historical writings reflect the divided aims that were so apparent in the course of his professional life. When he set out, according to his son, to write his *own* biography, he realized that he could not do that until he had completed what he viewed as his primary, natural task of being Freud's biographer. Then, after he had carried this out magnificently, he found himself so depleted by the rigors of the Second World War, enforced retirement, physical decline, and the stress of controversial issues that even his prodigious ambition, energy, and devotion to the cause of psychoanalysis were insufficient to enable him to complete his own life

story. He therefore left to his son Mervin the task of writing the epilogue, i.e., the account of his maturing years, and to Vincent Brome the opportunity and challenge of a definitive biography.

Brome obtained access to Jones's papers and letters and to Mrs. Jones's diaries; Jones's own diaries were little more than formal appointment books. In addition, Jones's early correspondence with Putnam, Brill, Jung, Ferenczi, and the authorities at the University of Toronto were available to him. The Jones Archive at the Institute of Psychoanalysis in London contained letters to and from members of the Viennese and American Societies, including Jones's correspondence with Freud about his biography of him.

From Jones's autobiography, *Free Associations*, one obtains the conventional self-representation of grateful son, dutiful doctor, and loyal Freudian exponent. It plays down the role of his ambitious, beloved mother and stresses the severity of his early upbringing, in humble circumstances, in polar terms (bleak environments but ideal, doting parents). It contains a charming screen myth in which he assumed that the New Year's bells were celebrating the date of his own birth. He linked his sharp tongue and disposition to his having been weaned on patented milk foods which deprived him of vitamins. He records precocious coitus at seven years of age and discounts his mother's influence after he was eight, yet he had continual personal problems with women until his second marriage.

Jones considered the biggest problem in his life to be a long series of rivalries with men. At first, it was his upwardly mobile father, who was busy teaching himself to become a colliery engineer and working his way onto the Boards of Directors of various international coal-mining firms. The price of his father's love seemed to be a forced identification through having his son accompany him on his work rounds and become a colliery engineer like him. Long before the adolescent struggles involved, though, Jones began to model himself on other, in a sense more interesting rivals, the family doctors who were in charge of the birth of his sisters and seemed to be on much more powerful and intimate terms with his mother than was his father. Alternately challenged and reassured by these exciting models, Jones was thus readied for his exposure to the competitive rivalries with his superiors and peers in high school, college, and medical school situations. He

details the sequence of postgraduate accomplishments which pointed him toward applying for the post of senior registrar in neurology at the University College Hospital. Blacklisted, his application was rejected, and he underwent a mortifying and career-threatening ostracism from conventional medical circles. Two more run-ins with medical and hospital authorities forced him to resign from the one hospital position he could get and maintain. Fortunately, Sir William Osler's belief in his abilities provided him a moratorium in Toronto with K. D. Clarke. The opportunity enabled him to turn his career around.

Jones considered his Toronto period to be his most productive one, especially in terms of his writing and his organizational development. Starting with his communications with Brill and Freud, he built up European and American relationships that gave his life enormous theoretical, organizational, and emotional meaning.

Even before his period in Canada, the role of administrator had come naturally to Jones. At the massive desk which he had shared with Trotter in their offices on Harley Street he already had begun to fight the paper wars through which he emerged from obscurity, novelty, and *goyishe* usefulness to become Freud's alter ego, loyal rival, productive disciple, court administrator, and surviving heir. In the course of this he came to personify both dimensions of the term alter ego: (1) he was another self, generatively deducing, anticipating, and eventually carrying out Freud's intentions; (2) he was an intimate friend, sharing many lines of development and pleasures with Freud, as well as common intellectual, vocational, and political goals. Unfortunately, he stopped recording his own personal views and perspectives at the point at which he became a substantial member of Freud's central committee.

In elaborating his image of Jones, Brome seems to have stuck pretty close to Jones's own narrative of the first half of his life. The new material he adds fleshes out the parts of the story that have to do with Jones's narcissism and his relationship with women. His adult life followed a roller-coaster pattern of self-indulged periods of mobile, successful, generative activity alternating with bleak, devastated periods of defeat, despair, and self-isolation.

The most important contribution of this book is its detailed record of the ways in which Ernest Jones became his own man. First we see him as a scrappy fighter stalled by his failure to establish

himself at the medical pinnacle in the University College Hospital in London. Then he seems to have failed again, as his arthritis precluded his playing a substantial role in the First World War, leaving him to look for civilian armies to recruit and homefront battles to win. We find him next placed in the shadows by his failure to establish a stable Harley Street practice or to enter into anything more than a transitional role in Toronto. Finally, he appears to us as overshadowed after his absorption into Freud's controversial, inner circle of adherents, where at first his strong sense of self and opinionated manner seemed to have turned Freud against him. However, whether he endured because of brilliance, tenacity, or sheer perseverance, this seems by no means to have been the case. Not only did he go on to become an outstanding advocate of Freud and psychoanalysis, he also followed his own course as an analytic thinker and clinician independently of Freud and the analytic movement. Simultaneously with Freud and Janet, he developed the use first of hypnosis and then of "listening seriously to the words of my patients" in his own quiet, particular way without realizing at first either his originality or the significance of his work. By 1911, he had produced his own set of collected papers and had shown himself to be an original scientific thinker in what he had written on defenses, symptomatic manifestations of the dynamic unconscious, and the sources of anxiety.

Brome, in his attention to Jones's theoretical contributions is obviously most at home as he comments on Jones's biographical masterpiece on Freud and on the monograph on *Hamlet*. His comments about Jones's scientific contributions fail to make use of Stewart's excellent paper, in which Stewart considers Jones to be the intellectual equal of Abraham and Ferenczi.¹ He does remark upon Jones's capacity respectfully to challenge Freud's retention of a number of naïve views, such as a Lamarckian concept of biogenesis, a belief in occultism, and a simplistic perception of early female sexuality. He does not sufficiently demonstrate how Jones's own clinical observations on anxiety and depression, which dovetailed with some of Melanie Klein's controversial theories, underpinned his activities as a theoretician and as an administrator in

¹ Stewart, H. (1979). The scientific importance of Ernest Jones. *Int. J. Psychoanal.*, 60:397-404.

the British Society. If generativity at a distance is a manifestation of mature genitality and selfhood, then one need only remember that while living in the out-port of Toronto, Jones managed to establish key relationships with the first American psychoanalysts and to co-found the American Psychopathological Association, the American Psychoanalytic Association, and the New York Psychoanalytic Society. Almost single-handedly, he established the British Psycho-Analytical Society and the London Training Clinic. He was a pathbreaker in his undergoing the first training analysis with Ferenczi.

He was President of the International Psycho-Analytical Association for a total of twenty-one years and remained on its central committee until shortly before his death. In so doing, it seems that, however briefly, Jones outgrew his role as Freud's alter ego. By dedicated, skilled hard work and shrewd political maneuvering, during which he established the heritage of the authorized, autocratic psychoanalytic politician, he bought time for the further development of the British Psycho-Analytical Society and prevented it from splitting or dissolving. He did this by standing by Melanie Klein and her associates at the same time that he respectfully and affectionately collaborated with Anna Freud. He presided over the administrative shaping of the conceptual structuralization of the British Training Institute, even-handedly following his belief that eventually clinical observation would settle the theoretical dispute.

His own words, on the occasion of being honored by the British Psycho-Analytical Society, affirm this idea; they stand as his credo:

My sense of conviction . . . is attached to a belief in the ultimate power of truth, and it is this that enables me to advocate with some confidence a greater tolerance towards . . . divergencies than is sometimes exhibited.

IAN D. GRAHAM (TORONTO)

REFLECTIONS ON SELF PSYCHOLOGY. Edited by Joseph D. Lichtenberg, M.D. and Samuel Kaplan, M.D. Hillsdale, N.J./London: The Analytic Press, 1983. 426 pp.

This volume is a record of the symposium on self psychology held in Boston in the fall of 1980. It is organized into sections on de-

developmental research, psychoanalytic practice, psychotherapy, and a final dialectical exchange between Heinz Kohut and Paul Ornstein, representing the discipline of self psychology, and Robert Wallerstein, as its critic. The first and final sections are of greatest interest. The other papers are uneven in value but are interesting and contribute to a better understanding of self psychology and of the major criticisms leveled at it.

Beginning with his seminal work in 1971 and culminating with his 1977 modification, Kohut developed a theory of the self which he stated "adds something to traditional analysis; it does not substitute for it" (p. 400). Despite this disclaimer, many have reacted to the growth of interest in and the burgeoning of literature on the subject as a threat to established theory. To some extent, this is due to the enthusiasm of Kohut's adherents who are attempting to take the theory to a level of discourse that would elevate self psychology to the status of a new paradigm, reduce the explanatory power of conflict psychology by placing greater emphasis on deficit psychology, and water down the meaning and centrality of the oedipus complex and its pathological expressions by relegating them to the status of breakdown products created by a deficit-ridden self. These deficits, they indicate, result from failures in the empathic relationship between child and parents during crucial periods of development. The intimate attachment one has with the primary object, which has long been accepted as of vital importance in psychoanalytic theory, is given the term selfobject. In the traditional point of view, attainment of maturity results in the achievement of independence from the object and a clear separation of self from object. Self psychology, on the other hand, understands the union to be an enduring one throughout life, with a progression from experiencing archaic selfobjects early on to experiencing mature selfobjects later. It is in this area that they place the greatest emphasis on the importance of empathy. While they acknowledge that empathy has always held a respected position in psychoanalytic technique, the self psychologists have elevated it to a new level of importance. They have set upon a course of examining it microscopically, with the unfortunate, though not deliberate, implication that they are the truly empathic analysts. Of equal importance is their controversial claim that the self is *the* supraordinate psychological constellation. Man is regarded as both "Tragic Man" and

"Guilty Man." The former is seen as "an abiding self in need of nutriment for its establishment and maintenance and endangered by the flawed response of selfobjects throughout life" (p. 413). Guilty Man is "a psychic organization split by conflicts and either functioning despite them or malfunctioning because of them, a psychic organization fueled in its activities by drives and either breaking down under their, at times, excessive pressure or withstanding the pressure and transforming the underlying energy into adaptive action (Kohut)" (p. 413).

Wallerstein addresses these issues, choosing to single out those which are of greatest importance and paying respect to those which are most useful. He grants the possibility that Kohut's central clinical contribution may well be in seeing "so many aspects of the psychopathology of pregenital development not as regressive defenses against the emergence of Oedipal transferences alone, but centrally also as recreations of deficient and impoverished childhood constellations" (p. 319). He argues for the both/and (i.e., deficit *and* conflict) approach rather than the either/or of self psychology. He urges the incorporation of self psychology into the main body of psychoanalysis. Paul Ornstein, answering Wallerstein, argues for the logic of maintaining the new theory separate from the traditional one, because of its allegedly greater explanatory power and superior therapeutic results.

Wallerstein takes issue with the concept of the supraordinate self and with the claim that self psychology is the third paradigm of psychoanalysis. Interestingly, Kohut agrees that giving his set of ideas paradigm status constitutes a trivialization of the term. Wallerstein objects to Ornstein's claim that classical psychoanalysis sees the capacity for adaptation as arising out of pathology and out of the resolution of infantile oedipal conflicts. This is not the case, he points out. It is infantile conflict, not neurosis or pathology, that classical theory regards as universal. Health grows out of effective mastery of conflict. Failure to master it results in pathology.

Kohut presents his own view of the oedipus complex. He defines the oedipal stage as the normal set of experiences of a certain age and the oedipus complex as a pathological distortion of that stage. It is the failure of oedipal selfobjects that brings about the oedipus complex. Infantile sexuality and the hostile, destructive aggression of the oedipus complex are considered to be disintegration prod-

ucts of that failure. Responding to Wallerstein's suggestion that the second analysis of Mr. Z. was successful because the technique was superior to that which had been used in the first, Kohut focuses on a representative dream that was worked on in both analyses. He states that the interpretation in the first analysis followed classical oedipal theory, while in the second analysis a crucial issue in the dream that was different, involving a threat to the self, was worked through, accomplishing something that had not been possible in the first analysis.

The earlier chapters contain introductory remarks by the editors and observations by Ralph Kahana, John Demos, Kohut, and Arnold Cooper. These are followed by a section on infant research, containing contributions by Gerald Stechler, Daniel N. Stern, and Louis S. Sander, with discussions by Virginia Demos and Marian Tolpin. Stechler attempts to bridge the gap between the analyst's reconstructive and the infant researcher's direct observational approaches and between deficit and conflict theories. Stern and Sander present data that demonstrate that the infant is neurophysiologically predesigned to discriminate self from other in certain ways, with an inborn capacity for interpersonal exchanges that make it able to fit in with the environment. Drive theory views structure as developing out of the need to resolve conflict. Kohut sees it as developing when there are manageable empathic breaks between mother and child. The developmental researchers believe it develops during quiet moments, when things are going well: "The infant's adaptive capacities are neither pre-empted by internal needs, nor by the external influences of the caregiver—and so can pursue her/his own interests" (p. 106).

The section on implications for psychoanalytic practice is introduced by a succinct summary of self psychology by David A. Berkowitz. Anna Ornstein contributes a clinical case which she feels demonstrates an idealizing transference of the oedipal phase. She reworks the oedipus to conform with the concept of the selfobject relationship, and she differentiates between structure building through transmuting internalization and structure building through identification: "The former facilitates the transformation of archaic narcissistic structures because they are in harmony with the child's developmental needs. . . . Identifications, on the other hand, are internalizations of another person that become part of

the subject and can be considered either as defensive or compensatory, rather than as primary psychological structures" (p. 146). One can question the accuracy of such a view, as well as the logic of implying difference between the two resultant kinds of structure.

Lichtenberg uses the principles of self psychology to construct six technical guidelines based upon empathic perception, the state of the self (weakening or fragmentation) and its fluctuations, and the need to provide an observational platform from which to perceive the data of the analyst's empathy and the analysand's introspection. He presents a fine discussion of the therapeutic alliance and demonstrates that a broader scope is added by understanding the clinical tenets of self psychology, even if one does not embrace the whole of the theory. Ernest S. Wolf and N. Treurniet discuss this from pro and con vantage points.

Michael Franz Basch's paper, "The Significance of Self Psychology for a Theory of Psychotherapy," asserts that a young psychotherapist is equipped with a watered down version of psychoanalytic technique that only confounds him. Citing his own experience, he extols the advantages of the self psychology approach. Robert Michels, in a note of disagreement, provides a little gem on the use of theory in the practice of psychotherapy.

Nathaniel J. London focuses on clinical situations in which the therapist, because he is experienced as confronting, serves to sustain the patient's self. Sheldon Bach is the discussant.

Robert D. Stolorow plants one foot firmly on the George Klein/Roy Schafer contention that metapsychology should be dispensed with and the other on self psychology, which he indicates is more in keeping with the Klein/Schafer insistence on an experience-near and clinically based theory. At the same time, he places great importance on the concept of structure, referring to the "structure" of self-experience and regarding deficit as missing or defective self-structure. Dispensing with the mental apparatus concept altogether, he sees an "essential complementarity" between a psychology of conflict-ridden but firmly consolidated psychic structures and a psychology of missing, precarious, and disintegration-prone psychic structures.

Arnold Goldberg contributes a thoughtful paper on internal-

ization. The core problem, as he sees it, concerns the difference between the traditional view that continuing growth and structualization lead to independence and autonomy, as Mahler has emphasized, and the self psychology view that regards selfobjects as enduring throughout life. He is dissatisfied with traditional attempts to conceptualize internalization, and he attempts a new approach that is more descriptive (perhaps in keeping with a preference for experience-near clinical concepts). His terminology involves ownership, privacy, and representability. He states that speaking to an empathic listener, thereby sharing with him, may be the only way to identify thoughts and feelings, the *sine qua non* of effective treatment. He sees growth and development "in terms of the maturation of relationships that depend on these standards of communication, self control, and shared meanings and less in the sense of autonomy, independence and self-sufficiency" (p. 312). Here, again, we see a statement that can easily be misunderstood to mean that traditional psychoanalysis espouses an old idea and ideal of nearly complete independence and autonomy. This may be an erroneous assumption and an unattainable goal of some analysts. However, it should be emphasized that nowhere in traditional theoretical writings is that ideal stated. Hartmann expressed it as follows: "The normal ego must be able to control, but it must also be able to must, and this fact, far from vitiating it, is necessary for its health. Likewise, the normal ego must be able to suspend, temporarily, even its most essential functions."¹

I find this book quite worthwhile. It is arranged so that when one pieces together the representative samples of the ideas contained in self psychology and follows the criticisms expressed of them, one acquires a better understanding of the strengths and weaknesses of the theory. Also, there is much to be said for the increased emphasis on and interest in the phenomenon of empathy that has been spurred by self psychology.

How the controversy will be settled remains to be seen. For the moment, this reviewer's impression is that the proponents of self psychology have not answered all the criticisms that have been

¹ Hartmann, H. (1939): *Ego Psychology and the Problem of Adaptation*. New York: Int. Univ. Press, 1958, p. 94.

leveled against them, but that they *have* added something of value to psychoanalysis.

FREDERICK F. SHEVIN (BIRMINGHAM, MICH.)

OBJECT RELATIONS IN PSYCHOANALYTIC THEORY. By Jay R. Greenberg and Stephen A. Mitchell. Cambridge: Harvard University Press, 1983. 437 pp.

The history of the development of psychoanalytic ideas can provide interesting, sometimes fascinating reading. In this book, the authors undertake a review of psychoanalytic ideas from the earliest beginnings in Freud to the present day. They organize their "guide" to theory development around two major models: the drive/structure and the relational/structure models. The drive/structure model refers to "the original Freudian model, which takes as its starting point the instinctual drives" (p. 20). The relational/structure model is described as follows: "The . . . more radical strategy for dealing with object relations has been to replace the drive theory model with a fundamentally different conceptual framework in which relations with others constitute the fundamental building blocks of mental life" (p. 3). The authors refer to it further as "an alternative comprehensive model initiated in the work of Fairbairn and Sullivan, which evolves structure solely from the individual's relations with other people" (p. 20).

The title of the book refers to the authors' attempt to describe how psychoanalytic theorists have tried to deal with the obvious importance of human relationships in human development. They believe that it is the "problem" in psychoanalytic theory of accounting for the significance of man as a social animal that has spawned the newer relational/structure model.

Freud's first explanation of the development of neuroses, in terms of trauma that is repressed, followed by the development of symptoms, is considered a relational model by the authors. This is because in Freud's first theory of neurosis the traumatic experiences basically involve relationships with others. They point out how different this model is from Freud's subsequent one, in which he postulated that human motivation is a biological given organized around libidinal and aggressive instinctual drives.

The authors suggest that many psychoanalytic theorists, in-

cluding Freud, basically have maintained the drive/structure model but have made an "accommodation" to account for the central issue of how experiences with others become a part of one's psychic life. For Freud, accommodation began with the concepts of narcissism and internal objects, as described in "Mourning and Melancholia."

Alternative models that have been proposed are described fairly comprehensively in the book. The authors are associated with the William Alanson White Institute, and they suggest that Harry Stack Sullivan, with his interpersonal approach, was a major relational/structure theorist. They admit that in Sullivan's theory, unlike the others they describe, there is a very limited concept of unconscious mentation and inner psychic life, a frequent criticism of Sullivan's views. Since the relational aspects of theory are emphasized in this book, however, his concepts do belong in it.

The theories of Melanie Klein are considered as an alternative to the drive/structure model because of the emphasis she placed on the importance of the object. However, her theory postulates that the drives are a part of the object and cannot be considered separately from it. The object is understood mainly as the recipient of the drive, as in Freud's model, rather than as a particular person with particular character defects and strengths. The authors state that "drives, for Klein, are relationships," and they are impressed with her description of the basic organizations of early object relations. However, "the assumption of constitutionality in the patterning of early object relationships is a remnant of Klein's allegiance to the drive/structure model" (p. 148).

With Fairbairn, Winnicott, and Guntrip, there is a very strong shift to a relational model in which experiences with others are considered primary in motivation. These three contributors to psychoanalytic theory, along with Sullivan, are the main proponents of the relational/structure model as an alternative to the drive/structure model. The contributions of the "English School of Object Relations Theorists" are considered in detail. There are excellent observations on the similarities and differences between them.

The theorists who have tried to modify Freud's drive/structure model to accommodate clinical observations on the importance of relationships include Freud himself. They are extensively described in Part Three of the book. Among the many significant

contributions of Heinz Hartmann was the attention he paid to primary, autonomous ego functions that are not instinctual in origin, and his observation that part of our psychic life develops outside of conflict. His emphasis on adaptation can also be viewed as an attempt to accommodate the drive/structure model to clinical observations on the importance of interpersonal relationships.

Margaret Mahler's work is described as fundamentally relational, although her observations are constantly interpreted from a drive/structure point of view. The authors believe that her observations constitute a powerful argument for the relational model, without the need for a drive model.

There is an excellent section discussing the contributions of Edith Jacobson. The authors point out that she extended our understanding of human relationships, although she was strongly committed to the drive/structure model. The section on Jacobson is one of the more illuminating parts of the book. It gives the reader a new perspective from which to appreciate her work.

In the same chapter, the authors discuss Otto Kernberg. They demonstrate that he starts mainly with an affect theory to provide the major motivational force in human life. He then suggests that instincts arise out of the further development of affects and go on to become supraordinate. The relational model is quite clear in Kernberg's ideas on affect theory. However, he always returns to the drive/structure model, even though he differs from other drive theorists in suggesting that instinctual drives do not exist from the beginning.

Heinz Kohut and Joseph Sandler are described as "mixed model strategists," meaning that both models are considered valid in the theories put forward by them. For example, although Kohut presents a very strong relational theory, he never eliminates the idea of structural neuroses with a centrality of the oedipus complex and the interpretation of instinctual conflict as the paramount method of analyzing. It is only with the more disturbed patient, whom Kohut describes as having a narcissistic personality disorder, that the self psychological theoretical concepts are applicable. The description of the work of Joseph Sandler is less comprehensive, but it suggests that he has been developing a relational model although claiming allegiance to a drive model.

The authors suggest that a major human conflict is that of wanting to stand alone as an individual versus needing human relationships. It may be the basis for the deep divergence in theory represented by the two models examined in the book. The authors believe that the two models really cannot mix. They feel that eventually one or the other will have to predominate. In the meantime, they believe that dialogue between those who develop new ideas by making accommodations to the drive model and those who are amplifying, improving, and introducing new aspects of the relational model will continue to be fruitful.

Many other contributors and their ideas are mentioned. These include Bowlby and attachment theory, Greenson and the working alliance and real relationship, and some of the criticism of relational theory by Rangell. Loewald's description of the relational dimensions of the analyst's interpretative activity is also included. The authors point out that Loewald has suggested that people grow by internalizing interactions between themselves and others in their environment. Gill, Schafer, Spence, and others also are mentioned.

I particularly enjoy a book that takes a broad view of psychoanalysis and attempts to offer a history of the development of psychoanalytic theory from some special perspective. This book does not offer definitive answers to the problems of theory in psychoanalysis, but it is the kind of work that, when well done, offers a great deal for us to think about so that we can carry out our own theoretical integration. Will we retain drive/structure as a model for our work? Will we accept the accommodations to that theory which have been suggested by many? Will we make even further accommodations individually? Or will we take the more radical step of accepting the relational/structure model for our work, or perhaps the "mixed model" of Kohut or Sandler?

Reading this book offered me the opportunity to re-evaluate once again the theoretical contributions of many writers in our field. I recommend it to those who would appreciate the opportunity to seek greater understanding of the ongoing history of psychoanalytic ideas and theory formation.

ARTHUR MALIN (LOS ANGELES)

PSYCHOANALYSIS OF DEVELOPMENTAL ARRESTS. THEORY AND TREATMENT. By Robert D. Stolorow and Frank M. Lachmann. New York: International Universities Press, Inc., 1980. 211 pp.

THE SEARCH FOR ONENESS. By Lloyd H. Silverman, Frank M. Lachmann, and Robert H. Milich. New York: International Universities Press, Inc., 1982. 306 pp.

These two books share not only an author but a similar point of view. The authors feel changes are needed in the technique of treating patients with pregenital pathology and in treatment in general. They lean heavily on Kohut's contributions.¹

Stolorow and Lachmann state that their "principal aims in this book are to elucidate the contribution of such developmental interferences and arrests to a variety of pathological states, and to spell out the implications of this understanding for the specific framing of analytic interventions and for conceptualizing the psychoanalytic situation and the course and therapeutic action of psychoanalytic therapy" (p. 5). By "such developmental interferences" they mean the lack of empathic responsiveness to the child's developmental needs by its caretakers. This interferes with the child's ability to attain self and object constancy and results in what the authors (and others) term developmental arrests.

In Part I, they present a functional definition of narcissism in reaction to the ambiguities they feel are inherent in the drive concept of narcissism: "Mental activity is narcissistic to the degree that its function is to maintain the structural cohesion, temporal stability and positive affective coloring of the self representation" (p. 10). They use this definition in reflecting on narcissism as a sexual perversion, as a mode of relating to the environment, as a developmental stage, as related to self-esteem, and as a diagnostic category. Their definition seeks to eliminate judgments of good or bad narcissism to help the therapist avoid reacting with repug-

¹ Since this review is not intended to be a critique of Kohut's theories, the reader is referred to Martin Stein's review of Kohut's *Restoration of the Self* (*J. Amer. Psychoanal. Assn.*, 1979, 27:665-680) and to Robert S. Wallerstein's "The Bipolar Self: Discussion of Alternative Perspectives" (*J. Amer. Psychoanal. Assn.*, 1981, 29:377-394) for discussions of similarities, differences, and addenda to "classical" analytic theory.

nance to "self-centered" patients. This view of narcissism seeks to facilitate empathy by guiding the therapist to "endure" the role of selfobject and to avoid the "routine" interpretation of narcissistic pathology as a defense against sexual and aggressive wishes toward objects. They propose that the term "narcissistic disturbance" be used as a diagnostic category instead of "narcissistic character disorder." They recommend consideration of the degree of disorder of the structural cohesion, temporal stability, and affective coloration of the self-representation in choosing treatment interventions.

In Part II, Stolorow and Lachmann present their concept of developmental lines of defense, with precursors or "prestages" of defense occurring prior to the consolidation of self- and object representations. They stress the clinical importance of distinguishing between mental activity that functions primarily as defense to ward off intrapsychic conflict, and mental activity which, although superficially similar, is understood in terms of arrest at a "prestage" of defensive development characterized by deficiencies in the structuralization of the representational world. The case histories illustrating the authors' hypotheses are interesting and illustrative. It appears that only after considerable treatment can one determine whether defense or arrest at a "prestage" of defense is present.

In chapters on "applications and implications," the authors discuss "death anxiety," hypochondriasis, and depersonalization, in self psychological terms. They stress the need for therapy to lead to a firmer structuralization of the self-representation and to diminution of fear of loss of the self. They accept that these pathological states have multiple origins and multiple functions and indicate that defensive aspects must also be considered. Their ideas are illustrated with meaningful case material.

Stolorow and Lachmann continually make the point that there are two different types of narcissistic pathology. For developmental arrests the analyst needs to interpret the selfobject configurations, and in cases of structural conflict, defenses against unacceptable wishes are to be analyzed. They emphasize that material can be misunderstood and misinterpreted as defensive when the case actually is one of developmental arrest. They do not discuss the consequences of inaccurately employing empathic clarification alone

when defenses should have been interpreted. The point is repeatedly made that the patient with a developmental arrest is at a "prestige"—pre-structuralization, pre-defense, and pre-transference. It is not clear whether they advocate continued treatment once structuralization occurs or whether they consider that the endpoint of the treatment.

In *The Search for Oneness*, the authors further extend the ideas advanced by Stolorow and Lachmann as they attempt by means of laboratory research to scientifically validate their theories. In describing his laboratory methods, Silverman indicates that when subliminal stimuli with content related to unconscious wishes, defenses, anxieties, and fantasies are exposed tachistoscopically for 4 milliseconds to different populations, it can trigger psychopathology. Stimuli with other content, designed to activate unconscious fantasies, can dissipate pathology or enhance adaptation. The stimulus "Mommy and I are one," for example, appears to reduce pathology in schizophrenics with a certain level of differentiation from mother and in certain obese, depressed, and homosexual subjects.

The research hypotheses, methods, controls, and measurements are interesting. Someone more sophisticated in research methodology might be a better judge of flaws in the studies, but questions occur to me about extending findings from the laboratory to the clinical situation and from schizophrenics to neurotics. Questions can be raised about the variables (the experimenter, the setting, and the situation) influencing the results. The conclusion that empathic responses activate oneness fantasies is questionable. If accurate, what does it signify? What about replication of the research? Dr. Peter Knapp, in a personal communication, has pointed out that there have been difficulties in this area. I would question what seems like the provision of simple answers (activating oneness fantasies) to questions involving very complex phenomena (the psychoanalytic situation). The detailed notes at the end of each chapter are distracting and difficult to follow.

In their discussions of "Clinical Inferences and Observations," the authors hypothesize that unconscious oneness fantasies have relevance for understanding a variety of nonpsychotic phenomena, including masochism, homosexuality, the "therapeutic alliance," the "holding environment," psychoanalytic and psychotherapeutic

treatment processes, and the treatment of narcissistic disturbances and developmental arrests. They argue that for many clinicians preoedipal dynamics take a secondary role in their theories of neurogenesis. They feel that these clinicians do not recognize that preoedipal dynamics can play a major role in their patients' neurotic symptoms, i.e., that their patients' symptoms can express unconscious preoedipal wishes, anxieties, defenses, and fantasies that are not merely a response to oedipal conflict.

The authors describe masochism, homosexuality, and the "narcissistic disorders" as nonpsychotic disorders in which symptoms are called forth to maintain a fantasy of symbiotic oneness with the mother. They turn to case material of Fenichel and Wilhelm Reich, who put forth a "classical" view of masochism as punishment for oedipal wishes and as sadistic impulses turned against the self, and they reformulate the cases in terms of symbiotic dynamics and the fantasy of oneness.

The relationship between *The Search for Oneness* and *Psychoanalysis of Developmental Arrests* is most clearly evident in the chapters in which some of the formulations and some of the case material are the same in both books. A functional definition of narcissism and a review of various theories in which Kohut's views are strongly favored appears in both books. Silverman, Lachmann, and Milich suggest that narcissistic behavior activates oneness fantasies that serve to restore the adequate sense of self that was emphasized in the first book.

They feel there is evidence for the hypothesis that insufficiency of symbiotic-like gratification is the result of unavailable, uncaring, intrusive care from depressed or absent mothers. They urge more study of the relationship between maternal behavior and symbiotic problems. What to this reviewer appears to be left out is the child himself, with his own internal fantasies and his own responses to the environment.

In the chapter on the role of oneness fantasies in the psychoanalytic treatment process, the authors discuss the different agents of change in psychoanalysis, from insight only to various non-insight agents. These include "identification with the analyst," "the auxiliary superego," "corrective emotional experiences," the "holding environment," and the analyst's function as an "empathic mirroring selfobject." The authors suggest that the activation of

two types of unconscious fantasies are at work, one of which is the fantasy of symbiotic-like oneness and the other is the "sanctioned oedipal fantasy," in which the analyst, by exuding an air of authority and appearing judgmental, encourages the analysand to "experience the analyst as the same sex oedipal parent" and thus to feel unconsciously that an incestuous fantasy is being sanctioned. This seems to reflect a limited view of the psychoanalytic process. They note that activation of oneness fantasies cannot be avoided when a clinician conveys acceptance and understanding of the patient. The authors point out that direct gratification can threaten a patient, via the multiplicity of hidden meanings involved, and thereby undermine rather than enhance the treatment.

As in the first book, the necessity to differentiate between psychopathology based on structural conflict and that based on developmental arrest is stressed. The authors reiterate that the two types of pathology are not mutually exclusive but coexist, with different weighting in different patients. They state that often the early part of treatment of patients with both types of pathology focuses on the developmental arrest. When a sufficient degree of differentiation of self- and object representations has been attained, structural conflict comes to the fore. They feel that something more than insight is required as a therapeutic agent, i.e., that the developmental deficit must be overcome, through special methods, in order for a psychoanalytic process to then unfold.

They believe that the absence of sufficient and sufficiently safe symbiotic experiences during the early phases of development must be addressed, through the activation of nonthreatening oneness fantasies. A discussion of "empathic response" (by which the analyst conveys to the patient that he understands what the patient is communicating within the patient's frame of reference) includes an explanation of the difference between "empathic response" and the ordinary psychoanalytic use of empathy. The authors very specifically state that the analyst need not become involved in the patient's subjective world and need not confirm the patient's view of the world.

The authors of these two books are attempting to bridge the gap between the "self psychology" and the "structural conflict" models of analysis. They appear to be cautious, conservative, and scientific as they carefully describe their methods as useful for certain diag-

nostic categories of patients, i.e., for those with developmental arrests. However, they also describe the presence of oneness fantasies in *all* patients and in *all* aspects of everyday life, including religion, love, meditation, jogging, cults, the use of mind altering drugs, the various psychotherapies, etc. They urge the use of "empathic response" not only for patients with developmental arrests but also for others, at the times in treatment when self pathology seems most dominant. They urge that further laboratory studies be carried out to validate their hypotheses. They refer to the possibility that oedipal issues may be involved in oneness fantasies, and they acknowledge some flaws in their research methodology. These cautions, and the authors' careful delineation of diagnostic categories for which they state they advocate different interventions, impress as superficial lip service, however. The admonishing, chiding, instructing, and exhorting in favor of "empathic response" to overcome "developmental arrests" in the two books suggests to the reader that the authors consider this method of overriding importance and makes suspect the open-mindedness and even-handedness they express.

RENÉE L. GELMAN (BROOKLINE, MASS.)

THE BORDERLINE CHILD: APPROACHES TO ETIOLOGY, DIAGNOSIS, AND TREATMENT. Edited by Kenneth S. Robson, M.D. New York: McGraw-Hill Book Company, 1983. 306 pp.

In his prologue, James Anthony questions whether this book will be remembered in the future as "a pioneering effort of collecting and collating much of the widely scattered and disconnected data on the Borderline Child" (p. 3). Regardless of its impact on the future, it is gratifying to have our past and present understanding of the "borderline syndrome" pulled together in such a well organized manner. The bibliographies themselves are worth having. As an attempt to consolidate our theoretical and clinical thinking on the borderline child, the book is an important beginning effort. The degree to which the authors extend our knowledge, unfortunately, is questionable.

The text is structured around three models in child psychiatry: psychodynamic, descriptive, and biological. This broad base has the advantage of being all-inclusive, but the disadvantage of being

ambiguous, as Robson himself points out. The first three chapters deal with conceptual and nosological issues. Chapter Four deals with classification and clinical descriptions of the borderline state. Chapters Five to Eight deal with etiological and diagnostic issues. Chapters Nine to Twelve deal with treatment modalities. The book is addressed to a broad range of therapists. The analyst will find himself drawn to the chapters by Theodore Shapiro, Fred Pine, and Paulina Kernberg.

Shapiro's discussion of the borderline concept is scholarly and well composed. He traces its evolution and emphasizes that many of our present-day conceptualizations of the borderline state have not shed the unresolved arguments of the past. Like Ricardo Vela and Howard and Esther Gottlieb, he struggles with the limitations of the medical model. The discrepancy between our theoretical and diagnostic thinking is particularly striking. Our theoretical thinking addresses dynamic, genetic, and structural issues, while our diagnostic thinking moves toward description, classification, and categorization. Historically, our borderline formulations derive from adult psychiatry, especially work with schizophrenia. Interest in childhood psychosis during the past generation, in addition, has contributed to our understanding not only of the borderline child but also of child development in general.

Arguments about the existence of psychosis in childhood were polarized by Loretta Bender and M. Katan. Bender's biological orientation opposed Katan's psychodynamic one. In part, the dispute was resolved by David Beres's emphasis on "varying ego functions." This permitted acceptance of the idea that childhood psychosis could exist without the secondary symptoms observed in adults. Shapiro ascribes to Annemarie Weil's work a critical position in our present thinking. Her concept of a "basic core" bridges the gap between Bender and Beres, providing a "direct route to the concept of the Borderline Child" (p. 21) and facilitating integration of Mahler's monumental work on early mother-child interaction with the concept of biological vulnerability.

Elizabeth Geleerd is recognized as the first analyst to systematically describe the borderline child. Based on her understanding of the observations of Beata Rank, Weil, and Mahler, she ascribed a specialness to the borderline child's anxiety that is different from neurotic anxiety. The major dynamic issue she stressed was the maintenance of omnipotent fantasies.

Throughout the book, the clinical concept of the "borderline child" is repeatedly challenged. Reflecting the various authors' vantage points, such terms as borderline state, borderline syndrome, borderline personality organization, borderline condition, and borderline disturbance are employed. In psychoanalytic diagnosis, the most prevalent thinking, as expressed by Paulina Kernberg, is that deviant structural development involving various levels of personality organization is involved. The borderline defies systematic classification and precise definition. Shapiro concludes that we do not have enough data to "designate a discrete diagnostic entity," and he makes a plea to search for a better, less ambiguous term.

Vela, the Gottliebs, and Clarice Kestenbaum attempt to deal with the borderline state as a discrete entity. They emphasize that it has not been demonstrated that the borderline child always becomes a borderline adult. They suggest abandoning the term "borderline." It is currently used variously to describe conditions midway between neurosis and psychosis from a dynamic perspective, conditions intermediate between schizophrenia and the affective disorders, or a mild or latent form of schizophrenia. Kestenbaum, in keeping with Weil's idea that a borderline condition in childhood often precedes severe character pathology in adulthood, hypothesizes that the severely disturbed but non-psychotic child is "on the way" toward major psychiatric problems in adulthood. These children represent high-risk, constitutionally and psychodynamically vulnerable children for whom preventive measures are critical if later pathology is to be avoided or minimized.

Fred Pine presents a "tentative and incomplete" nosology based on his concept of borderline as involving "shifting levels of ego organization." Much of this has been presented elsewhere in clearer detail. His unifying concept is that of a central developmental failure (or aberration) in ego development and/or object relationships. He describes subtypes that are correlated with different types of therapeutic intervention. Pine describes the schizoid personality in childhood as one of the subtypes. In response to Otto Kernberg's work, Pine has included another subtype of those who use splitting of good and bad image of self and others. His subtypes are loose constructs which are difficult to differentiate from one another clinically.

Paulina Kernberg's two chapters compare differences and sim-

ilarities between child and adolescent borderlines and the adult borderline. Like Mahler and Otto Kernberg, she sees a continuum: "borderline adults represent chronologically older borderline adolescents" (p. 102). The mechanisms involve the persistence of primitive defenses (such as splitting and its related defenses) and the ongoing, ego-weakening effect of difficulty integrating experience because of disturbed object relations. She notes Mahler's designation of the rapprochement subphase of separation-individuation as a crucial time in the formation of the borderline state. On the basis of her clinical experience with "mirroring" phenomena, she postulates a fixation at or regression to a still earlier subphase (differentiation or practicing). This is not inconsistent with the findings of other child analysts. Within the normal separation-individuation process, however, the rapprochement subphase is a recapitulation of the overall process of separation and individuation. Oscillations between impaired and relatively adequate object permanence (Piaget) and object constancy (Hartmann) are characteristic of the borderline state (Mahler's regression-progression ratio standard for the borderline condition) (p. 25). It is the way in which developmental failures crystallize during the rapprochement subphase that determines the characterological organization of the borderline patient.

With regard to psychotherapy, Paulina Kernberg stresses a multimodal approach that involves both the child and the environment. She outlines a treatment plan of psychoanalytic psychotherapy that utilizes careful assessment of organic and psychological determinants, because of the frequent association of the borderline organization with minimal brain damage (MBD) and depression. The therapeutic approach involves clarification, confrontation, attention to the communicative process, interpretation of the effects of primitive defense mechanisms, and the working through of unresolved separation-individuation conflicts.

The article by Martin Leichtman and Sharon Shapiro on diagnostic testing provides an in-depth study of the multidimensional problems of assessing the borderline child. They stress the usefulness of psychological testing not only diagnostically but also for planning treatment.

Joseph R. Marcus focuses upon constitutional factors as "*Anlagen*" for inherent ego weaknesses. He calls attention to the over-

lapping diagnostic factors that make the borderline syndrome such an enigma. They include MBD, learning disability, having schizophrenic parents, severe obsessional disorders, Gilles de la Tourette Syndrome, etc. The research paradigms he proposes are based on synthesizing "psychological thinking with biological concepts and the clarification of the relationship between borderline and similar syndromes" (p. 188). His contention is that "borderline children may have a variety of types of neurological deficits" (p. 190).

Donald Cohen's group provides a comprehensive view of attention deficit disorder (ADD). Its research approach is based on the premise that the study of "constellations of clinical findings and dimensions of disturbances rather than complete, discrete syndromic classifications" (p. 198) would be most fruitful. ADD is conceptualized as a "pattern of psychobiological dysfunction found relatively isolated or embedded in more complex disorders such as borderline syndrome" (p. 204).

The sections on psychopharmacological treatment and environmental therapy complete the multidimensional approach, so frequently necessary therapeutically, that is stressed in this book.

Robson has edited an informative book. It pulls together our present understanding of the borderline child, and in so doing it, underscores a critical need for further study of this problem patient.

LE ROY J. BYERLY (HADDONFIELD, N.J.)

DECODING THE PAST. THE PSYCHOHISTORICAL APPROACH. By Peter Loewenberg. New York: Alfred A. Knopf, 1983. 300 pp.

Psychohistory, according to Peter Loewenberg, is "the most powerful of interpretive approaches to history" because it systematically includes the "emotional and subjective sensibility of the observer" and "enriches the historical account of political, social, and cultural-intellectual events with a perception of latent or unconscious themes, of style, content, and conflict, that integrate apparently discordant data from a specific historical locus" (p. 3). Traditional historical narrative, Loewenberg argues, fails in its assigned task of explaining the past. It is too rational, largely superficial, often obsessive, and based on common-sense psychology. The past deserves better treatment.

The essays in this volume bring together Loewenberg's writings over the last decade and a half, a period in which he completed his Ph.D. dissertation at Berkeley, began teaching history at UCLA (where he is now a professor), began and completed psychoanalytic training at the Southern California Institute (where he is now on the faculty), and matured into one of the exceedingly few people around who have actively combined the teaching of history in a respected university department of history with an ongoing, if limited, clinical psychoanalytic practice. This background is crucial to understand, for an important segment of the book republishes Loewenberg's reflections on graduate education itself. These essays are not trivial, nor are they a throwaway part of the collection. They are at the heart of his view of a psychohistorical methodology that includes, as traditional history avoids, the subjectivity of the observer.

For the rest, the book brings together Loewenberg's lively essays on psychohistorical method and a host of specific topics in twentieth century central European history. These essays are grouped in one section titled "Austrian Portraits: Identity, Murder, and Vacillation" and in another titled "The German Case: Leaders, Followers, and Group Process."

There is much here of value for anyone interested in psychohistory. The discussion of method is informed and valuable. Loewenberg has strong views on all topics (with a tendency toward dogmatism), but he makes a solid case for his view on dual training for the psychohistorian, the necessity of psychoanalytic theory as the theoretical basis of psychohistory, and the richness of the literature in the field (if you know where to look). Furthermore, the five actual psychohistorical essays in this book (as opposed to the essays on method and training) are all interesting and well researched. Four are psychobiographies: Theodore Herzl, Victor and Friedrich Adler, Otto Bauer, and Heinrich Himmler. The last essay—which also happens to be the best and most famous of all Loewenberg's work—ranges into the more methodologically difficult area of group behavior as it examines the childhood experiences of the Nazi youth cohort as part of the psychohistory of Nazism.

However, a collection that has essentially nothing new in it (ex-

cept for acknowledgments, a brief prologue of sorts, and roughly two pages of introduction to each section) raises some question of importance. The essays are also uneven. The Herzl essay strains to escape its harshly Freudian straitjacket, whereas the discussion of Himmler is a major contribution to anybody's book on the psychology of adolescence and the unexpected past of a master sadist. There is also a certain incongruity in Loewenberg's essay in the section, "The Training of the Psychohistorian." There we learn, for example, about how graduate students idealize their professors. Loewenberg once knew a student who kept a photograph of his professor on his desk while the student's wife dreamed of her professor every night. This and other anecdotes are fun to read about, and I personally always relish an articulate assault on the horrors of a traditional graduate education in history. (I received my Ph.D. in history at the University of Chicago.) But nowhere in this section does Loewenberg tell about himself. He never becomes frankly autobiographical. Later on, in the short introduction to sections three and four, Loewenberg shares a few, very brief, suggestive autobiographical comments, but they only underline the glaring absence in the earlier section. No one has demanded of Loewenberg that he treat his own subjectivity in his essays on psychohistory. But having raised the subject himself, he treats it in a distancing fashion. Loewenberg's subjectivity in this book is like a guest you want to come to your house but in whose company you are decidedly uncomfortable.

CHARLES B. STROZIER (SPRINGFIELD, ILL.)

MADNESS AND MODERNITY. A STUDY IN SOCIAL PSYCHOANALYSIS.

By C. R. Badcock. Oxford: Basil Blackwell Publisher, Ltd., 1983. 180 pp.

It has been fashionable in recent years for critics of psychoanalysis to disparage what they regard as its covert political biases. In particular, certain feminists and litterateurs have condemned what they construe to be Freud's authoritarianism, misogyny, and commitment to the political *status quo* of "bourgeois" Western society, while others such as Herbert Marcuse and Norman O. Brown have sought to enlist Freud in the camp of leftist radicalism.

It is rare, however, for a piece of psychoanalytic writing to reveal its author's political prejudices in naked, unabashed form, or to use psychoanalytic ideas in the open espousal of reactionary social views. This, however, is just such a book—one that deserves careful scrutiny as an object lesson in the ingenious manipulation of ideas in the service of ideology.

The author, identified as a Lecturer in Sociology at the London School of Economics and Political Science, is clearly conversant with at least the classical psychoanalytic literature, and has dedicated this volume to the late Anna Freud. He attempts nothing less than a psychoanalytic inquiry into the evolution of culture and into its present status as it has been affected by technological change. He musters evidence from a number of sources, including primatology, anthropology, and mythology, as well as psychoanalysis, to support a thesis which is, in effect, an elaboration and evolutionary extension of *Totem and Taboo*—i.e., that the critical developments in the history of human culture were the results of traumata associated with particular technological advances, each of which led to major changes in family organization and child-rearing patterns that had critical effects on the development of the structures of the mind.

He proposes, that is, a “polytraumatic” theory of human social evolution which, he modestly suggests, may be as significant a contribution to science as the discoveries of Copernicus, Kepler, and Galileo. It would, I think, be best to quote him here to give some idea of the ambition, as well as what he calls the “elegance,” of his theory:

Now we begin to see the outlines of a theory of human personality and cultural development which is elegant indeed and which reduces to a few general principles many of the random and apparently unsystematic notions of human history and culture. We see that we have three social revolutions of decreasing traumatic intensity, each representing an economic and cultural advance and each providing the basis for one of the modern stages of individual psychosexual development. First comes the collective phallic or Oedipal trauma described in *Totem and Taboo*. It is a trauma concerning competition against the father for the possession of the mother and culminates in the suppression of the phallic or genital drive by the taboo on incest and parricide. In the race this is the original social and psychological trauma which makes civilized society possible and which produces as its embodiment totemic religion. In the individual it is the culmination of childhood psychological development and pro-

duces—or should produce—the resolution of the Oedipus complex and provides the totemic parallel of childhood, the animal phobia, and the equivalent in adult psychopathology, the anxiety hysteria. Next comes the oral trauma associated with the coming of weaning and agriculture and resulting in polytheistic religion. This is perpetuated in modern weaning during the oral stage and finds an equivalent in manic-depressive and paranoid-schizophrenic disorders. Finally, we have a cultural anal trauma associated with pastoralism and monotheism whose modern adult equivalent is obsessional neurosis and whose pre-Oedipal focus lies in the anal-sadistic phase (pp. 81-82).

One man's "elegance" may, of course, be another's reductionism. There is, it seems to me, little to choose between this kind of psychopathologizing of culture and Freud's proposal, in a 1915 letter to Ferenczi, that "what are now neuroses were once phases in human conditions," followed by an elaborate series of attempted correlations between hypothesized stages in social development and a hierarchically arranged series of psychic disorders. Even Ernest Jones was unable to follow the master here: "Freud wisely dropped the whole train of thought."¹ Badcock is, apparently, less squeamish. He swallows the primal horde theory hook, line, and sinker, undeterred even by Róheim's dismissal of it as "Lamarckian" and "untenable"² and sees no problem in this pathologizing of culture or in the now discredited notion of cultural evolutionism.³

It would be otiose to belabor the scientific archaisms, overgeneralizations, and conceptual confusions that derive from Badcock's tendencies to treat the early Freud as holy writ and to reify psychic institutions. A few examples will suffice:

This [psychic "sexual dimorphism"] has been overwhelmingly borne out by clinical psychoanalytic investigations of the id (p. 9).

The contemporary individual recapitulates the cultural past and therefore experiences in his childhood the traumas and stages of ego development which occurred in the adult lives of his ancestors (p. 72).

¹ Jones, E. (1957): *The Life and Work of Sigmund Freud, Vol. 3. The Last Phase, 1919-1939*. New York: Basic Books, p. 330.

² Róheim, G. (1950): *Psychoanalysis and Anthropology. Culture, Personality and the Unconscious*. New York: Int. Univ. Press, p. 424.

³ For a balanced and scholarly treatment of these questions, and of the critical response to *Totem and Taboo*, see Wallace, E. R. (1983): *Freud and Anthropology. A History and Reappraisal*. New York: Int. Univ. Press.

All forms of behavior which represent aggression directed at the father are the consequence of the fundamental failure to renounce the mother as a love-object (p. 95, italics added).

But the culmination of Badcock's argument and, I suspect, the *raison d'être* of the book comes in the final chapter when he offers his reflections on contemporary culture and, in particular, modernism in the arts. Again, a few quotes will serve to demonstrate the tenor of his mind:

... recent cultural trends have encouraged masculinity and achievement outside the home in women, notwithstanding the vogue for permissiveness (of which in reality it is a part) (p. 131).

Modern art in particular and many aspects of modern culture in general, represent the progressive degradation of ego—and super ego—functions, such as realism, intelligence, rational coherence, control, and the capacity for instinctual renunciation. It is the essential reason why modern art in particular and culture in general, seems to be increasingly dominated by trends more compatible with the id than the ego—namely those that demand instinctual gratification at more or less any cost, and are characterized by irrationality, ambivalence, incoherence, fantasy and primitive identifications (p. 149).

Far from resulting in the ego's true acceptance of reality, externalizations of the kind we have seen in modern art, acted-out Oedipal conflicts, or drug dependency, produce the exactly opposite effect (p. 148).

Thus James Joyce is dismissed as no better than a neologistic schizophrenic, and Samuel Beckett, Nobel prize notwithstanding, as a purveyor of "schizophrenic word salad." "Modern art"—which would apparently include the works of Mondrian, Matisse, Braque, and Kandinsky (not to mention Picasso)—"has come increasingly to resemble the art work of psychotics and children—regressive forms of expression . . . the art work of artistically talented psychotics . . . exactly resembles many of the so-called advanced trends in official modern art. But it is clear that far from being 'advanced' or 'progressive', such trends in painting are regressive and primitive (hence the vogue for primitive art and 'naïve' painters)" (p. 138).⁴ "Modern art has become increasingly an externalization of

⁴ For a serious, informed discussion of the role of "primitivism" in modern art, see Rubin, W. (1984): *Primitivism in Twentieth Century Art*. New York: Museum of Modern Art.

the psychoses" (p. 139). Similar observations are offered regarding twentieth century music, including, apparently, the work of Stravinsky and Bartok, but especially and explicitly that of Schoenberg and his followers.

But do not despair—help is coming. Though religion is no longer available to us as a prop for the deteriorating superego of modern culture and of the "bureaucratic welfare state,"⁵ psychoanalysis will save the day. The introduction into "secondary and tertiary education" of "sensitive education in basic psychoanalytic psychology," together with the encouragement of a "new third phase of psychoanalytic research into culture," offers the culture its "only hope of ever beginning to resolve its increasingly acute pathology" (p. 170). (Does one hear echoes here of the Moral Majority and "getting God back into the public schools"?)

A book like this one is problematic not only because of its philistinism, its rigid, unreflective thought, its failure to make use of current scientific and art-historical scholarship, and its ill-tempered denunciation of modern life. It is mischievous in that it presents to the academic and intellectual community, to which it is presumably addressed, a wholly distorted picture of contemporary psychoanalytic thought and offers, in the end, an egregiously Messianic and simple-minded program for understanding and dealing with social and cultural issues of the greatest subtlety and complexity. It provides fodder for those who would, as noted earlier, associate psychoanalysis with backward looking political views more concerned with restoring a mythical past than with resolving the significant concerns of the present. If one adds to this the fact that, despite its glossy presentation, the book is riddled with sloppy typographical errors ("soceiety" appears at least four times), the book cannot be a source of pride to anyone involved with it. It certainly cannot be recommended to anyone who is looking either for serious social critique or for a respectable application of psychoanalysis to social and cultural problems.

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⁵ It is, perhaps, significant that the only economist cited in this book is Milton Friedman.

THE DENIAL OF STRESS. Edited by Shlomo Breznitz. New York: International Universities Press, Inc., 1983. 316 pp.

The inviting title of this book elicits multiple expectations. The hope that it will be primarily clinical in focus, exploring in depth the ramifications of denial in everyday practice, is not realized, as the book deals mainly with research studies of coping, stress reactions, and adaptation. It derives from a conference held in June 1979 at the University of Haifa and sponsored by the Ray D. Wolf Centre for Study of Psychological Stress. The book contains no clinical case discussions and the clinical vignettes generally relate to research projects involving groups rather than individuals.

This conference was attended by researchers interested in the role of denial in psychological reactions to stress. Some of the conclusions involve the positive role denial can play in certain stress situations, its complexity as a defense mechanism, and the difficulties encountered in creating research designs to study it.

The various chapters deal with the interests and conclusions of different investigators who approach various facets of the clinical issues from divergent points of view. There is no obvious underlying cohesiveness.

I find it somewhat difficult to organize the different papers into groupings that clearly portray what Breznitz wishes to convey. The papers by Richard S. Lazarus and Irving Janis deal with old and new conceptions of denial and describe research aimed at diminishing pathogenic denial as a reaction to stress. Lazarus presents research findings which support the concept that denial has both constructive and destructive effects in response to stressful situations. Janis examines adaptive and pathogenic denial and discusses the concept of "stress inoculation," a technique to counteract pathogenic denial. The clinical implications would seem to relate to helping patients prepare for anticipated, stressful life events.

There is an overview of the concept and mechanisms of denial by Goldberger. It provides a clinical background to considering denial as a defense and as a psychological process.

The chapter entitled "The Paradox of Denial," by Donald Spence, is quite interesting. He points out that although denial blots out information from consciousness, some information must be leaked into consciousness in order to maintain the denial. He feels that a channel needs to be kept open in order to trigger the

defense and to modulate and coordinate its enactment. He presents some interesting research dealing with scopophilia. Clinicians are likely to find some of his conclusions relevant and useful.

The part of the book most closely derived from clinical work is a chapter written by Mardi Horowitz, Director of the Center for the Study of Neuroses at the University of California, on "Psychological Response to Serious Life Events." Drawing upon years of research on stress response, he outlines a theory to explain both the intrusion of ideas and feelings and the denial of ideas and numbing of emotions that occur in people exposed to acute loss. Horowitz believes that inner models or schemata are created and revised by experience and that, during stress, shifts in these models contribute to the "state changes" that produce these effects. In the conceptual framework of this theory, emphasis is placed upon cognitive structures that control and regulate conscious experience in stress response syndromes.

Another perspective is provided by Vernon Hamilton in his chapter, "Information Processing Aspects of Denial: Some Tentative Formulations." He describes an "informational model" of anxiety in which he makes some comments on a mathematical approach to the quantification of human behavior and behavioral change. The discussion, which is complex, is unfamiliar turf for a clinician. Discussants of it conclude that it represents an attempt to bridge psychodynamic and cognitive approaches to defense.

The broad scope of the conference is reflected in papers by Leo Eitinger on "Concentration Camps" and by R. S. Zwi Werblowsky on "Denial and Religion." Eitinger, like Lazarus earlier in the book, discusses the positive value of denial. He feels that many suicides were averted in concentration camps when denial warded off fatalism. Physicians' use of denial in the camps also helped them to bring relief to the suffering.

The final three chapters by Breznitz are the most readable. They are less abstract and more rooted in primary data than the preceding ones. His conclusions are drawn from a research project which he describes in detail. He discusses the mechanism of denial in relation to anticipatory stress. In analyzing his data, he describes shifts in defense mechanisms in response to anxiety during the anticipation phase. He attempts to illustrate how the progressive materialization of threats fosters progression of denial-like tendencies which can be understood in terms of unconscious strate-

gies. These findings are not unknown to psychoanalysts who observe shifting defensive configurations in patients facing stressful experiences.

The final two chapters deal with research methodology in studies of denial and with important areas of research that are neglected. These include, for example, the study of hope.

In summary, *The Denial of Stress* offers an overview of recent research into the way in which denial plays a role in coping with stress. Research findings are presented, examined, and discussed by conference participants coming from a variety of backgrounds. The book is especially suited for those interested in clinical research.

JOHN A. ZEITZ (SAN FRANCISCO)

SHAMANS, MYSTICS AND DOCTORS. A PSYCHOLOGICAL INQUIRY INTO INDIA AND ITS HEALING TRADITIONS. By Sudhir Kakar. Boston: Beacon Press, 1982, 306 pp.

The search for explanations of human behavior, including but not limited to those forms of behavior judged to be aberrant, has gone on from time immemorial. So has the utilization of those explanations in the treatment of what is called psychopathology. Perhaps nowhere on earth has this age-old search gone on for so long, with such vigor, and with so many seemingly variegated results as in India. It is to this superficially bewildering (at least to the casual Western observer) psychological landscape that the Indian psychoanalyst, Sudhir Kakar, turns his attention in this fascinating and thought-provoking book. As he states in his first few sentences:

This book explores the traditions of India that are concerned with the restoration of what is broadly termed "mental health" in the West . . . Drawing on three years of fieldwork, I have tried to describe, analyze and reflect upon my experiences with gurus of mystical cults, shamans, practitioners of ancient systems of medicine and other indigenous colleagues who are also professionally engaged in the common endeavors . . . [of] "healing" (p. 3).

That this is a highly personal and highly ambivalent exploration is acknowledged by Kakar throughout. As he puts it, "One side of this ambivalence ultimately derives from my being a Western-trained psychoanalyst in a culture whose soil is not particularly conducive to psychoanalysis, either as a method of therapy or as a theory of human nature" (p. 7). One consequence of his ambiva-

lence is that in his attempt to be objective and neutral, he often seems to end up admiring whatever guru, shaman, or doctor he is describing. Fortunately, this difficulty does not affect Kakar's vivid descriptions of the healers, the patients, the processes that take place, and the milieus in which those processes take place. That the descriptions of the people and healers do come alive is due not only to the author's psychological acumen but also to the grace, clarity, and style with which he writes. This is true whether he is describing a *pir* (muslim faith healer), a guru in Delhi, or the guru of the Beas group of the Radha Soami sect near Amritsar and their followers/patients.

It is, rather, the psychoanalytic explanations of the phenomena he describes that are at times questionable. One failing of the book is the lack of any clinical material of his own to provide psychoanalytic data to supplement the anthropological data about the patients he describes and the psychological processes at work, both in their illnesses and in their relation to the healer. Curiously, it is at the one point in the book at which he does offer two very brief clinical vignettes from his psychoanalytic practice (the vignettes together occupy less than a page) that the reader is made even more aware of the need for this kind of data to evaluate some of the interpretative statements or explanations he gives of the psychological makeup of Indian patients. In one such attempted explanation of the psychology of Indian patients, which occurs in the midst of a discussion of Tantric healing, he makes the following rather sweeping statement:

The classical Oedipal complex, which has received a great deal of Western literary attention as well as exquisite psychological analysis by Freud, is not the major "nuclear" complex in the Indian setting. The father-son encounter in India tends to be overshadowed by the earlier confluence of mother and son and the pressing needs that it has generated in the latter (p. 164).

The two vignettes (one of them of a "borderline" patient) that are offered in support of this statement are not only extraordinarily brief but are also open to the opposite interpretation. The need for more clinical material is obvious.

Happily, Kakar's interpretative explanations of the encouragement of idealization and merging with the therapist-guru, the use and manipulation of transferences, etc., usually are more readily supported by his observational data.

In general, this is a book well worth reading by anyone interested

in the variety of therapeutic experiences (and their underlying similarities and differences), and in their psychology. It will be of particular interest to anyone who is treating any of the large number of Indian émigrés who have come to the United States in recent years and have found their way into psychiatric and psychoanalytic consulting rooms.

EUGENE HALPERT (GREAT NECK, N.Y.)

PROUST'S *RECHERCHE*: A PSYCHOANALYTIC INTERPRETATION. By Randolph Splitter. Boston/London: Routledge & Kegan Paul, 1981. 148 pp.

There are four methods by which psychoanalysis can attempt to contribute to an enriched understanding of a work of art. In the first, a character in a novel or a play is treated as the subject of a case history. The investigator can then attempt to explain certain attributes of the fictional characters in the work as though they were real people interacting with one another. With sensitive use of this approach, certain limited insights can be reached, in analogy with clinical cases. However, the essence of what is literary is often lost when the "as if" quality of literary characters is not given adequate consideration. A second approach, labeled pathography, relates the text to its author in an attempt to learn something either about his psychology or about the process of creation. A third approach focuses only on the text. It attempts to discover various formal structures or organizers without attempting to relate findings to the author. The fourth approach reintroduces a live person by considering the effect of the text on the reader. It studies aesthetic or poetic problems in association with the reader's affective reactions.

The key problem of method in applied analysis is the absence of a live person. The success or failure of a researcher in the field rests on his ability to circumvent this obvious limitation. How well does Splitter, an Assistant Professor of English at the California Institute of Technology, overcome this obstacle? Which aspect of the application of psychoanalysis to literature does he rely on in his book on Proust's *À la recherche du temps perdu*?

The first chapter, “‘Marcel in Wonderland’ or the ‘Logic of Magical Thinking’” is addressed to the primitive qualities of the narrator in the book—his doubts, obsessions, primitive fear of loss of self, etc. The method employed is to treat the narrator as a live person. Splitter remains rather close to the text, and while most of his statements are reasonable, his central point is not entirely clear. His concluding sentence, “Or rather it is by becoming an artist that he [i.e., the narrator] will *attempt* to allay his anxieties, to resolve his ambivalences and to realize his fantasies—or at least to *pretend* that he has succeeded to convince himself to believe that it is true” (p. 19), illustrates the level at which he operates.

The next, very brief chapter takes us to a different level of discourse, the economic problem in Proust and Freud. Splitter attempts to compare the transformations of substances in the Proust novel (money, feces, pleasures, tastes, odors) and their moral equivalents, such as snobbery, with certain very abstract concepts in Freud’s economic theory. Unfortunately, the limitations of the author’s grasp of Freud and his highly condensed statements severely curtail the value of this comparison. What, for example, does “In short, despite its invaring awareness of negation, self destruction and death, Freud’s economic model of energy balance seems to betray the illusory metaphysics of presence and self presence that Jacques Derrida finds in the whole history of Western thought” (p. 28) have to do with Proust?

The chapter, “Proust, Joyce and the Metaphor of Flowers,” attempts to combine a more classically Freudian reading (symbolic translation) with that of Derrida (emphasis on the role of presence and absence). As in the preceding chapters, the author tends to translate Proustian metaphors into rather commonplace psychoanalytic terms. For example, the “*rouges sanguines*” on the inside of the hawthorn buds suggest that one will find, when one cuts off the flower, the imaginary flower of “*jeunes filles en fleur*.” To Splitter this hides the possibility of a bloody wound, as though girls lack a penis because they have lost what they once had.

It is unfortunate that Splitter has placed his best chapter last and has not heeded some of its main admonitions. He reminds us of Freud’s insistence that each “dream symbol” (each signifier) should be read in the overall context of the dream—in fact, in the context

of all the dreamer's associations, memories, and responses. Splitter is aware of the dangers involved in entering the fictional world and identifying the narrator directly with Proust. Because of the well articulated major themes about time, art, and reality, a critic can fall prey to simply restating or isolating ideas and concepts which Proust has beautifully described. Splitter does this in his chapter on Proust's myth of artistic creation. He alternates between referring to Proust and to Marcel in his description of the narrator's theory of composition and creativity. He also fails to explore the multiple resources and sequences of the metaphoric structure.

In addition, Splitter fails to adequately appreciate that the text is a manifest content. He quotes a critic, Weber, who stated: "The entire critical corpus based on a hermeneutics of penetration and discovery guided by the notions of truth, essence, spirit or any other of the Proustian values fails to take account of the problematic status of the narrative discourse of which those values are the expression" (p. 124). Proust's novel about writing a novel is so rich in human observation and in sensitive remarks on time, space, creativity, and memory that it is very difficult not to be seduced into interpreting the narrator's theory as though it were reality. This is the same problem that besets the unwary viewer of a *trompe l'oeil* painting or a seventeenth century Dutch rendition of an interior. Reality is used in the service of art.

It is in the last two pages of this final chapter that Splitter tells us his definition of psychoanalytic literary interpretation (it is unfortunate that he did not provide it at the beginning of the book). He defines it as "an attempt to trace the connections between recurrent words or signs in the text, to read each central or marginal subtext in the larger context of the work, and to expose the inconsistencies, contradictions, unanswered questions and unresolved conflicts which make up the incompletely reconciled meanings of a literary work. It is also an attempt to read each text or subtext in the context of familial and sexual differences . . ." (p. 136). Inspired by the theories of Lacan and Derrida, Splitter becomes too caught up in his effort to translate the text into his theoretical framework to allow the true literary and creative aspect of Proust to inform his effort, except in the rare moments when he is able to leave behind the jargon of his theoretical orientation.

As this is a relatively brief book, the index is limited. Instead of

having a separate bibliography of references to Proustian criticism, the author has chosen the less desirable alternative of including references as notes to pages and chapters.

It is of interest that Proust so far has attracted relatively little analytic attention. Substantial familiarity with the analytic theories of Freud, Lacan, and Derrida is necessary to follow Splitter's arguments, which might limit the book's appeal. However, this book can perhaps stimulate further research from the analytic community on Proust, a fascinating author.

FRANCIS D. BAUDRY (NEW YORK)

The Annual of Psychoanalysis. X, 1982.

James F. Bing

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ABSTRACTS

The Annual of Psychoanalysis. X, 1982.

Abstracted by James F. Bing.

This volume of *The Annual of Psychoanalysis* is dedicated to Dr. Joan Fleming.

Psychoanalytic Education: A Psychoanalytic Perspective. Jacob A. Arlow. Pp. 5-20.

Arlow attributes much of his knowledge about psychoanalytic education to Joan Fleming. His main thesis is that psychoanalytic education unconsciously represents an initiation: it is comparable to a "rite of passage." Much psychoanalytic education inadvertently tends to further candidates' desire to overcome their difficulties by identifying themselves with their analyst. This is reinforced by the idealization of authority figures which interferes with the personal analyses and with the candidates' growth. The training, therefore, may not work through the candidates' identifications, with a concomitant development of insight; instead, little is resolved and only the identification takes place. Arlow bolsters this idea by commenting on the curriculum used in most institutes, which "encourages imitation of the master rather than independent and critical examination of the data." He also indicates that there is an underemphasis on research in psychoanalytic education. He concludes by observing that the new generation of analysts will have no contact with the "founding fathers"; they will therefore have to rely on the objective observations of psychoanalysis which will enhance the scientific attitude in the analytic community.

The Educational Prerequisites for Analytic Training. Homer Curtis. Pp. 21-28.

Aside from such personal prerequisites as superior intellect, high degree of motivation, integrity, and ability to tolerate ambiguity, Curtis delineates four categories of prerequisite: (1) clinical experience, with an underlying emphasis on training in psychotherapy; (2) a background in the humanities; (3) some knowledge of science and the scientific method; and (4) "socialization into a profession with group norms." After discussing the criteria for selection of psychoanalysts from the medical-psychiatric background, Curtis considers the integration of other fields into the system. Although he does not rule out other professionals, such as lawyers and social workers, he cites two groups that more clearly fit into the above criteria: persons with doctorates in clinical psychology or those in mental health programs. While these two groups differ from each other, in both of them the author's four necessary criteria are met.

Transference to Theory: The Relationship of Psychoanalytic Education to the Analyst's Relationship to Psychoanalysis. Leo Rangell. Pp. 29-56.

Rangell discusses an aspect of training about which there is some general awareness, but which has never been clearly enunciated: a possible destructive result of incomplete resolution of the negative or positive transference to the training ana-

lyst, caused by the unanalyzed oedipal conflict. When resolution of a persistent strong negative transference is incomplete, the graduate may displace negative feelings to the analyst's theoretical orientation, from which a number of destructive outcomes may eventuate—for example, repudiation of the analyst's and the institute's theoretical position. In some cases, this may lead to the formation of a deviant group. When the positive transference is unresolved, the graduate may displace the idealization of the analyst to the theory and blindly accept everything the analyst espouses without any ability to maintain an independent position. This phenomenon, if not properly understood in the training program, can lead to many difficulties and can jeopardize the future development of psychoanalysis. Rangell also discusses such deviant groups as the Kleinian, Kohutian, Bionian, and Faberian, and in a scholarly way shows how, in many of these groups, the existence of the oedipal conflict is completely denied; instead, it is acted out in the group formation which promulgates the deviant group. He further contributes to our understanding of group dynamics by elaborating on ways in which the denial of the oedipal conflict is accompanied by a denial of the unconscious; this is considered by many to be the main fallacy of the Kohutian group, in which there is blind adherence to self psychology. Rangell reminds us, however, that not all changes are destructive. He is emphasizing only one aspect of change resulting from incomplete training that can lead to disaster. The training may contain the seeds of the phenomenon to which he refers, but it can also be an extremely creative process which results in the individual's increased capacity for his or her own work. "The candidate and later analyst [can be] a member of a group without compromising his rationality or integrity as an individual."

Styles of Supervision Related to Child Analysis Training and the Gender of the Supervisor. Helen R. Beiser. Pp. 57-76.

This study takes note of several differences between child supervisors and adult supervisors. Eighteen supervisors of adult psychoanalytic cases, some of whom were also child supervisors, were evaluated by twenty-seven students in training at the Institute for Psychoanalysis in Chicago. The rather complicated methodology employed was called a "Q sort technique." As might be expected, there were differences between the personalities and styles of adult and child analytic supervisors and of female and male supervisors. Some of these differences surprised the investigators. Beiser observes that the women were more aware of the meaning of external relationships. It was also noted that child analysts could communicate their ideas more easily and had a greater interest in the teaching process than did the non-child analysts. An attempt was made to apply some of these findings to the assignment of supervisors to the students. The data were elaborated in seven complicated tables.

The Problem of the Problem Candidate: A Significant Issue for Psychoanalytic Educators. Stanley S. Weiss. Pp. 77-92.

Weiss discusses the difficulties that confront Educational Committees because of problem candidates. He presents two cases of problem candidates, in one of which the problem was resolved by asking the candidate to go back into analysis. The

candidate did considerably better in his supervised work after he resumed analysis. In the other case, it was clear that the candidate was not suited for analytic work. There are two possible ways by which the difficulties with the problem candidate can be solved or at least ameliorated. First, the decision about what to do with the problem candidate can be more efficiently made by ongoing early consultation among all the supervisors and teachers. This may result in the termination of the candidate's training before he has gone on too far and may thus help us to avoid graduating candidates out of compassion only. The second solution is to sharpen our criteria for selection. This is an ongoing problem in every institute, and only more experience and more information will lead to more appropriate selections.

An Introspective on Training and Non-Training Analysis. Victor Calef. Pp. 93-114.

Although the author had trepidations about proceeding with this work because it might be considered intrusive, he nevertheless decided that the results that might accrue were of sufficient interest to proceed. The study included sixteen psychiatrists, thirteen trainees, and fifty-four candidates who sought supervision. The letter that was used for this study is reproduced in the article. From the fifty-two letters sent out, thirty responses were received, some of them from Calef's former analysands. Calef states the reasons for his choices and also the reasons of those who did not wish to answer the letter. He writes that he was surprised by the number of positive responses, particularly those letters which suggested that his analysands got much more out of the work than he had thought. Excerpts from the responses of both candidates and non-candidates are included. A few of the many interesting observations are as follows. (1) There were many similarities between the psychiatrists without analytic training and the analytic candidates, and surprisingly few differences. (2) It is probably more useful to follow up analytic experiences with someone other than the analyst for a variety of reasons. This is counterbalanced by the analyst's obvious advantage in knowing more about the individual. (3) The most important reason for the high resistance to follow-up studies of analytic cases, Calef speculates, arises from our awareness of the number of unresolved transferences and our reluctance to be reminded of this. (4) "Self-analysis" is talked about as a necessary ingredient for a successful analysis. Calef states that a certain kind of transference has to be maintained to accomplish this, but this does not constitute an example of unresolved transference. (5) Additional aspects of the transference are discussed, e.g., the presence of the Pfeffer phenomenon and the revival of an analytic process.

Transference in Psychoanalysis and in Psychotherapy: Points of View, Past and Present, Inside and Outside the Transference. Harold P. Blum. Pp. 117-137.

Blum discusses transferences from a wide variety of object relations in an individual's life. He focuses on transferences which occur in psychoanalytic psychotherapy and in psychoanalysis, differentiating the ways in which the transferences are manifested in the two treatment modalities. In its most narrow sense, transference neurosis is seen only in psychoanalysis. Blum concisely defines transference as "an unconscious fantasy elaboration of infantile object relations." Although con-

centrating on transference and transference neurosis in psychoanalysis is of utmost importance, Blum states unequivocally that there are situations in the patient's current life in which interpretations can be made: the outside experiences should not be dismissed. This is an important point, since much of what is written today negates the importance of everything except what occurs between patient and analyst in the analytic situation. Blum shows how transference interpretations and extra-transference interpretations are equally important and equally useful to the patient. He comments that among the many varieties of therapy in existence today, the transferences are understood and adequately worked with only in psychoanalytic psychotherapy or in psychoanalysis. Psychoanalysis now has to compete with other forms of therapy, many of which are based on illusions and magic. In discussing the differences between psychoanalysis and the various psychoanalytic psychotherapies, Blum makes the cogent point that in psychoanalysis the transference is treated by interpretation, with the expectation that it will at least be partially resolved prior to termination, whereas in psychotherapy it is utilized for manipulation and for its heuristic value, and its resolution is not the goal.

A Revision of the Psychoanalytic Theory of Affect. Pinchas Noy. Pp. 139-186.

Noy presents an extremely complex and all-encompassing view of the theory of affects—complex of necessity, for the subject is complicated. Noy states that one reason for disagreement on the theory of affects is that each writer presents his or her own idea of the theory and disregards any others. Some authors have stressed affects as a form of communication; others, as a phase of perception which involves a phenomenon of arousal or organization (or disorganization) of behavior. Noy conceives of affect as being an “organizational phenomenon, a ‘program’ organizing in a goal-directed manner the various psychological and physiological systems and processes taking part in behavior, perception, and communication.” It is impossible to do justice here to an article as rich as this, but a few highlights are interesting to note. In his section on multiple affects, Noy offers a fascinating theory to explain psychosomatic disease. The somatic system is the result of multiple affects which are either in conflict with each other and cause one form of psychosomatic disease, or the symptom is the result of two affects that cause a hypertrophy of a psychological reaction. Noy speculates that further study will show that this kind of interlocking of affects may help to explain the specificity of certain kinds of diseases. In the relationship of affect to primary and secondary processes, Noy argues cogently that one element of the affect is controlled by the primary process, whereas when the affect is accompanied by an idea, it is under the control of the secondary process. A healthy ego is the enabler or synthesizer of the affect and its connective idea. Without a certain degree of flexibility and adaptability, problems will arise. An affect that cannot be coordinated with an idea may well produce violence and acting out in a number of different forms. Similarly, an idea without an affect becomes an isolated event without any real meaning. Noy elaborates on three issues—(1) identification of the affect, (2) acknowledgment of the affect, and (3) differentiation of the affect—and he demonstrates the therapeutic implications of these three aspects.

The Contribution of Psychoanalytic Object Theory to Psychosomatic Medicine. Samir Stephanos. Pp. 187-204.

Stephanos uses a case presentation to demonstrate the basis of his therapy, which includes Kleinian psychology, object relations theory, and Winnicott's idea of "taking care" of the patient. In his patient's case, Stephanos correlates the breakdown of important object relationships with the patient's identification with his father who had a heart attack at the same age that this patient's heart attack occurred.

Psychoanalytic Phenomenology of the Dream. Robert D. Stolorow and George E. Atwood. Pp. 205-220.

The authors are mainly concerned with the significance of concrete symbolization in a specific dream and ways in which this dream in turn affects the therapeutic work. From the case material they cite, in which the dream and the patient's struggles to maintain some sort of "self" coincide, it is questionable whether this is an addition to our understanding of psychoanalytic theory, or whether these insights are significant only in terms of this patient whose sickness borders on, or is frankly, psychosis.

Self-Esteem Regulation and Narcissism. Eduardo Val. Pp. 221-232.

This article gives us a very concise review of the literature concerning the relationship between self-esteem regulation and narcissism, beginning with an excellent review of Freud's contributions. Among authors mentioned are Jacobson, Kernberg, Stolorow, Bibring, and Abraham. Val shows that self-esteem was conceptualized as related only to depression and that Bibring widened this concept by tracing the "epigenesis of 'narcissistic aspiration' to the oral, . . . anal, . . . and phallic psychosexual phases." He then presents his own ideas about the relationship between these states. His main thesis is that self-esteem has been misunderstood because it has not been made clear that there is a distinction between self-esteem as a complex ego process and self-esteem seen as a cognitive affective state of being. He feels that this distinction is important if we are to understand the relationship between self-esteem and narcissism. He invokes Kohut's ideas to elaborate his own, using Kohut's definition of self-esteem, which depends upon the proposition that narcissism is a separate developmental line.

The Manifest and Latent Meanings of Metapsychology. Robert R. Holt. Pp. 233-255.

In an erudite manner, Holt introduces his study of metapsychology with a comprehensive elucidation of Freud's concepts. It was necessary for him to use the *Concordance*, as the Index in the *Standard Edition* was inadequate to his task. Most of his paper is devoted to Freud's definition and use of metapsychology. The discussion is far-reaching and involves the influence of Darwin's, Lipps's, and Hecker's theories on Freud's thinking. Holt describes in detail how one of Freud's ever-present problems was the integration of the mechanical with the biological. Thus he shows how Freud differentiated metapsychology from clinical theory and from

evolutionary biological theory. Although in his definition Freud fairly quickly adopted the topographical and dynamic points of view, the author shows us that Freud eventually had to include the economic point of view. Holt adds a dynamic interpretation of why metapsychology had importance to Freud. Here he shows that the metapsychological frame of reference may well have served as a defense against impulses frequently stimulated by his patients. The author also briefly discusses some intellectual antecedents of metapsychology, and as a footnote adds his own ideas about what he hopes will eventually take the place of metapsychology, namely, "a theoretical model, a realization of psychoanalytic theory in other terms."

The Past Revisited. Anna Freud. Pp. 259-265.

This article was written at the request of George Pollock, Director of the Chicago Institute, because the publication of Anna Freud's book, *Introduction to Psychoanalysis for Teachers*, coincided with the opening of the Chicago Institute fifty years ago. Anna Freud reminds us of the considerable advances that have since been made in teachers' understanding of the learning process, and she stresses how much more is yet to be learned. Thus, fifty years ago, children's intellectual prowess was seen as totally isolated from the body and emotions. Today, we are much more aware of the effect that developmental difficulties may have on the child's learning. In her usual succinct style, Anna Freud outlines many of the developmental difficulties that the child has to meet and some of the ways in which the child meets them.

Psychoanalysis in Russia and the U.S.S.R: 1908-1979. George H. Pollock. Pp. 267-279.

Pollock's interest in the history of psychoanalysis in Russia was stimulated by his invitation to attend the First International Symposium of the Unconscious held in Tbilisi, Georgia, U.S.S.R., in October 1979. He notes the great degree of interest in the subject: there were fourteen hundred participants at the meeting, most of whom were not clinicians. His source of information was from H. Lobner from notes that were written by V. Levitin (a pseudonym) in a seventy-page handwritten manuscript called "The Sigmund Freud House Bulletin." Further information was garnered from Carotenuto's book. This article is replete with fascinating references to the favorable and unfavorable reception of psychoanalysis in the U.S.S.R. In 1893, Bekhterev was appointed Professor of Neurology at the Military-Medical Academy in St. Petersburg where he founded the Laboratory for Experimental Psychology. He pursued an interest in psychoanalysis and was noted for his hypnotic treatment of the man who later became known as Freud's Wolf Man. However, by 1924, Bekhterev had begun to attack psychoanalysis, thus marking the beginning of its end in Russia. A further factor in the demise of psychoanalysis was repudiation of Trotsky who had been very much interested in psychoanalytic theory. With his exile, psychoanalysis continued its steady decline, and by 1938, under Stalin's regime, it had been totally rejected. There is a possible recrudescence of interest in psychoanalysis in Russia at this time, but it is very rudimentary, and much time and many changes in the Soviet ideology will have to take place before anything substantial is developed in this area.

This Is All I Have to Tell About Freud: Reminiscences of Sigmund Freud. Bruno Goetz. Pp. 281-291.

This is a brief communication, but well worth reading in order to revive one's image of an aspect of Freud that one may so easily forget. The accuracy of the author's description of Freud, even though written many years later, is attested to by the fact that the patient-author-poet's impressions are taken from two letters he wrote to a friend immediately after seeing Freud. If we wish to read between the lines, we can learn from this short communication something about some aspects of analyzability and about the importance of being aware of one's own influence on the patient in order to protect the patient.

The Hazelnut Torte. Bertha Pappenheim. Preamble by George H. Pollock. Pp. 293-298.

Pollock indicates that this brief fairy tale is of interest for two reasons: (1) beyond what we already know of Bertha Pappenheim's medical and psychiatric talents, we can add the talent of writing short fairy tales; and (2) the fairy tale contains possible autobiographical allusions, about which Pollock promises to write further.

The Nostalgia of Charles Ives: An Essay in Affects and Music. Stuart Feder. Pp. 301-332.

Feder emphasizes how little we have studied affects and their relation to music. He cites three advantages in studying this relationship: (1) we can gain data that furthers our understanding of creativity; (2) we can learn more about the nature of representation in the auditory sphere, namely auditory symbolization; and (3) music can further our understanding of affect. He devotes considerable time to the study of literature, giving many examples which focus on nostalgia. He quotes Kleiner in 1970 as having stated that "the essence of nostalgia [is] a 'wish to return to an idealized past'." Feder's main thesis traces nostalgia back to a yearning for the preoedipal mother, but he also emphasizes oedipal aspects. He separates homesickness, sentimentality, and depression from the affect nostalgia, but simultaneously demonstrates an overlapping of all of these affects. In Feder's study of Ives's musical piece, "The Things Our Fathers Loved," he ingeniously dissects, analyzes, and demonstrates the affect of nostalgia. He concludes with the generalization that any artistic medium may accomplish the same result in regard to other affects.

The Mourning-Liberation Process and Creativity: The Case of Käthe Kollwitz. George H. Pollock. Pp. 333-353.

This article is particularly dedicated to Joan Fleming, as she did pioneer research at the Chicago Institute on the effect of parent loss in childhood. It is an expansion of Pollock's previous work on the relationship of psychopathology and the creative process. His observations on the life of the well-known artist, Käthe Kollwitz, further expand our psychoanalytic understanding of creativity. He shows that the intense tragedies of both her life and her mother's life influenced her productivity. For example, two of Kollwitz's siblings died prior to her birth and one died afterward. Her mother was unable to go through a normal mourning process and could

not provide her daughter with the care and attention she needed. This gave rise to Kollwitz's anger and guilt over her brother's death. She also lived in constant dread of losing her mother, with whom she had an understandably ambivalent relationship. Kollwitz's son was killed in World War I, and her grandson (who was named after her son) was killed in World War II. The energy that she used in partially resolving her mourning state was defensively converted into her creativity while the creativity itself helped her through her mourning process. Pollock makes the interesting observation that the artist's paintings of herself are very much like an autobiography. He sees another source of energy for her creativity in her identifying with the lost object, in this instance, her son.

Peter Pan and Captain Hook: A Study in Oedipal Rivalry. Nicholas Tucker. Pp. 355-367.

One of the best ways to understand the child's inner life and rich fantasies is by reading fairy tales. The writer of fairy tales is endowed with this kind of understanding. Tucker's study focuses on Peter Pan, for years one of the most popular fairy tales. The author beautifully explicates the subtle ways the child's unconscious is able to respond to the various plots woven into this magnificent tale. He demonstrates how Barrie's background was conducive to this kind of story. Barrie's major difficulty was that he was never able to grow up. He lived much of his life in a child's fantasy world, and although this was developmentally tragic for him, it lent an extra dimension to his writing.

On Being a Newcomer. Gerhard Piers and Maria W. Piers. Pp. 369-378.

The authors show how America serves as an excellent medium to study the psychology of newcomers because the population includes so many immigrants and others constantly on the move. They cover a range of psychological problems with which newcomers are presented and attempt to find psychoanalytic explanations for them.

American Imago. XXXVIII, 1981.

Abstracted by George G. Fishman.

Freud as Yahweh in Jung's *Answer to Job*. Harry Slochower. Pp. 3-39.

The author accidentally discovered in his files a letter written by Jung to Hans Illing in 1955. In it, Jung claimed that the Jews have a "characteristic psychology" and suffer from a "chosen people complex"; that Freud was above the law he prescribed for everyone else (e.g., personal analysis) and so was Yahweh the Jewish God. Lastly, Jung once again cleared the record on his former minor entanglements with Nazism by calling it a case of "a man who does his best, falls into his worst." He referred Illing to his book, *Answer to Job*. Slochower turns to the *Answer* to find one for himself about Jung. His major argument is that Jung dealt with his pained relation to Freud by mapping it onto Job's dealing with Yahweh. What follows is a scholarly mastering of the evidence from numerous sources. Much hinges on the October 28, 1907, entry from the Freud/Jung letters, in which Jung confessed to a "religious crush" on Freud and disclosed for the first time that he had been

sexually attacked as a boy by a man he worshipped. The article attempts to reconstruct the homoerotic strain between Freud and Jung primarily from Jung's point of view. The younger analyst clearly struggled with a compelling conflict between being taken over by his love and by Freud (as man and authority), and his need to forge an identity at the cost of both the friendship and (almost) his own sanity. The problem, of course, is that this relationship, so prominent in psychoanalytic history, is being revisited by Freud's and Jung's "ideological grandchildren." The potential for factional bias, even when most guarded against, is inherently there.

Bulletin of the Menninger Clinic. XLVI, 1982.

Abstracted by Sheila Hafter Gray.

The Psychology of Psychopharmacology. Thomas G. Gutheil. Pp. 321-330.

Gutheil begins by reminding us of Freud's interest in the application of neuroscience to the treatment of mental disorders, but he warns us to avoid any notion that such treatment will be so precise that it will obviate the need for a dynamic psychotherapeutic relationship. He proposes instead that we extend our psychoanalytic understanding of the therapeutic alliance to the relationship created by prescribing drugs, and proposes the term "pharmacotherapeutic alliance" to connote a collaborative effort in experiencing and observing the pharmacotherapeutic process. He calls attention to the importance of identifying and utilizing the transference aspects of this relationship to achieve the therapeutic goal, and he reminds us that, as in any other therapy, transference may be positive or negative. Gutheil notes that patients tend to link the prescription of medication to the physician's perceived responsiveness and the seriousness with which he views the patient. Giving, responsive, empathic, and validating attitudes tend to be reflected in a positive transference and a positive attitude toward medication. The patient will, of course, bring a personal attitude to the treatment. Some patients may view a suggestion of drug therapy as degrading or as indicating that they are more seriously ill than they wish to believe. For every patient who perceives the prescription of medication as a validation of his distress, there is another who sees the prescription as a dismissal of himself and his suffering, or as an effort to deprive him of valuable, comforting symptoms. The article contains many specific, clinically pertinent observations.

Penis Envy: From Anatomy Deficiency to Narcissistic Disturbances. Barry Siegel. Pp. 363-376.

The author seeks to clarify the meaning of the concept of penis envy and its significance in clinical practice. He reviews the literature from Freud through Kohut on this topic, focusing in some detail on those theories that have relevance for his presentation of the case of a woman he treated for depression who manifested significant penis envy. She had been a tomboy and her "masculine protest" persisted beyond girlhood, to the detriment of her capacity for sexual pleasure. She secretly wished to be a man, or to gain possession of a penis from father or husband. Her mother had been overtly psychotic throughout the patient's childhood. Lengthy treatment suggested that the patient's phallic orientation was de-

signed to enhance the cohesiveness of a self beset with "disintegration anxiety" due to a defective mother-child relationship. Citing a very successful outcome, Siegel concludes that such a Kohutian formulation helps us to treat those patients who suffer from apparently intractable penis envy.

Outpatient Psychotherapy in Conjunction with a Home Care Nurse. Richard S. Epstein. Pp. 445-457.

Epstein proposes that a home care nurse may be a valuable assistant in the treatment of certain markedly dysfunctional patients for whom intensive psychotherapy alone does not provide sufficient protection from serious acting out, but for whom hospitalization tends to thwart their capacity for adult ego functioning and for separation from sources of realistic self-esteem, or to threaten regression. Such patients may also have formed a pathological adjustment within the family, and this may provide a resistance to progress in psychotherapy. They often cannot acknowledge their therapeutic dependence on the psychiatrist, or accept appropriate care from a family member, since recognition of their reliance on other persons evokes overwhelming rage, often focused on the imperfections of these individuals as caretakers. A professional nurse in the home allows the patient to form a relational bridge between family members and the psychotherapist. Detailed presentations of patients with borderline personality disorder, psychogenic pain disorder, and postpartum depression illustrate the technique. The author also presents guidelines for implementing this treatment and for collaborating with the home care nurse.

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

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

Attention Deficit Disorder in Three Pairs of Monozygotic Twins: A Case Report. William A. Heffron; Catherine A. Martin; Richard J. Welsh. Pp. 299-301.

Three pairs of monozygotic twins, all concordant for attention deficit disorder, are reported. The literature on the genetic implications of attention deficit disorder is reviewed, including twin, family, and adoption studies. The effect of prematurity, abuse, and neglect on the twins in this report is also discussed.

Children's Perception of the Causes and Consequences of Divorce. Neil Kalter and James W. Plunkett. Pp. 326-334.

Children's perception of the causes and consequences of divorce were explored using subjects' responses to two brief vignettes about children who had experienced parental divorce. The 81 subjects were approximately equally divided between boys and girls, 3rd and 5th graders, and those with and without parental divorce in their history. Two-thirds believed divorce was due to a rupture in the relationship between adults, but one-third thought children cause divorce. Over half the sample believed divorce results in enduring emotional/behavioral problems for children.

Gender, developmental, and divorce experience contributed to differences in these perceptions. Implications for understanding how children cope with divorce and possible interventions are discussed.

Transsexualism and the Adolescent Girl. Mina K. Dulcan and Peter Allen Lee. Pp. 354-361.

This paper describes the evaluation and subsequent treatment of a biologic female who presented at age 15 requesting gender reassignment. Multimodality treatment, which continues at the time of writing, has included psychotherapeutic, educational, psychopharmacologic, and endocrinologic interventions. The literature on transsexualism is reviewed, with particular emphasis on the evaluation and treatment of the adolescent girl, and current etiologic theories are discussed. The unique features of adolescence, which complicate the diagnosis and treatment of this disorder, are examined.

A Comparison of Schizophrenic and Autistic Children. Wayne H. Green, *et al.* Pp. 399-409.

A comparison of schizophrenic, autistic, and conduct disordered children, ages 5.2 to 12.10 years, is presented. Diagnosis was made by the authors in all cases using DSM-III criteria. The children were compared on a variety of variables, including pre- and perinatal complications, intellectual functioning, and behavioral profile. Findings indicate that children under 12 years of age can be diagnosed as having schizophrenic disorder by DSM-III criteria. All schizophrenic children had a disorder of thinking and most had hallucinations (83.3%), while delusions were somewhat less frequent (54.2%). Schizophrenic children differ from autistic children on most variables, although there is some overlap.

Suicidal Behavior in Normal School Children: A Comparison with Child Psychiatric Inpatients. Cynthia R. Pfeffer, *et al.* Pp. 416-423.

A study of 101 randomly selected preadolescent school children, who had never been psychiatric patients, revealed 11.9% with suicidal ideas, threats, or attempts. Suicidal ideas were expressed in 8.9% of the school children. Suicidal school children differed from nonsuicidal school children in greater preoccupation with death, more recent and past depression, more suicidal impulses in the mothers, and a greater tendency to use introjection as an ego defense. These factors were similar to those found in a comparison of suicidal and nonsuicidal psychiatric inpatients. Factors that contribute to the risk of suicidal behavior in children are described.

Conversion Reactions in Childhood and Adolescence. Fred R. Volkmar; Joan Poll; Melvin Lewis. Pp. 424-430.

Thirty cases of conversion disorder were reviewed retrospectively and compared to a matched group of cases which received a diagnosis of adjustment reaction. In comparison to the adjustment disorder cases, children with conversion disorders were more likely to be referred by physicians, more likely to complain of neurological symptoms, more likely to have been hospitalized, and to have experienced

sexually stressful events. A model of illness similar to that of the child was more often observed in family members of conversion cases. Children with conversion disorder were more likely to have exhibited academic difficulty and to have terminated therapy prematurely. Directions for future research and the utility and importance of positive criteria for making this diagnosis are discussed.

Mothers Who Work Outside of the Home and Their Children: A Survey of Health Professionals' Attitudes. Harold P. Martin; David Burgess; Linda S. Crnic. Pp. 472-478.

A survey of 488 health professionals was undertaken to determine their beliefs regarding the effects of maternal employment outside the home on children. Forty percent of the respondents felt that it is better that the mother not work outside of the home and 74% thought part-time preferable to full-time employment. Male subjects were less favorable than female subjects toward maternal employment. Among the male physicians, older respondents, those with children, and those whose spouses did not work were less favorable toward mothers working. Personal characteristics of the respondent, especially gender, were significantly related to opinions, which suggests that health professionals' attitudes and their advice to mothers are largely based on personal experience and bias rather than on knowledge of the research literature.

Bulimia and the Basic Fault: A Psychoanalytic Interpretation of the Binging-Vomiting Syndrome. William J. Swift and Ronelle Letven. Pp. 489-497.

A psychoanalytic formulation of bulimia, based on the work of Balint and Kohut, is presented. Its central thesis is that severe bulimics demonstrate a "basic fault" in their ego, specifically an impairment in functions which regulate tension. Because of this deficiency they are subjected to intolerable internal tension which enfeebles their sense of self. The typical bulimic sequence of dieting, binging, vomiting, relaxation, and repudiation is seen as a defensive reparative device which attempts to alleviate internal tension and to bridge the underlying fault. Illustrative case material is included.

Munchausen Syndrome by Proxy. Allen J. Palmer and G. Joji Yoshimura. Pp. 503-508.

The etiology of somatic symptomatology in children is occasionally difficult to ascertain in spite of vigorous investigative efforts. This paper explores a case of illness in a child in which psychological and somatic factors in both parent and child interact in a complex, pathological way. The case is one of Munchausen syndrome by proxy which is unique in its presentation, in that the child's mother has Munchausen syndrome. A literature review of Munchausen syndrome and Munchausen syndrome by proxy is included.

Meeting of the Psychoanalytic Association of New York

Charles F. Entelis

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NOTES

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

April 23, 1984. OF SONIA'S DOLL, GRANDFATHER'S FIDDLE AND THE CHANGELING:
THE FANTASY CHILDHOOD OF LEOPOLD STOKOWSKI. William A. Smith.

Professor William A. Smith, Professor of History at California State Polytechnic University, presented biographical material about Stokowski's life, as informed by psychoanalytic concepts, in an effort to understand certain of the great conductor's fabrications about his past. These fabrications involved the mythologizing of his early life and origins and his use of a variety of foreign accents. Professor Smith reported on the various accounts given by the Maestro himself and cited by biographers and by musicians who played for him during his formidable, innovative, seventy-year career. The accounts included at least four distinct birthplaces in Poland—both parents having been Polish—and two different dates of birth; a great grandfather who served as a general in the Polish army and marched with Napoleon; and a grandfather who, robbed of his lands by the Czarist regime, led the family westward over the Continent and finally to London. In those versions in which Stokowski admitted to having been born in England (while never denying rumors of illegitimate descent from Richard Wagner), he described his childhood as impoverished and grim in the extreme. The "Sonia's doll" and the "grandfather's fiddle" of Professor Smith's intriguing title were specific "mystifications" promulgated by Stokowski within the fabric of his unique personal myth. Sonia's doll referred to a gift given to the conductor's daughter by one of his colleagues, the composer Edgard Varèse, which, in the presence of the gift giver, Stokowski boldly proclaimed was sent by the people of his family's village in Poland. Similarly, Stokowski alleged that his namesake, grandfather Leopold Stokowski, had taken his grandson, then seven, to his London club which had served as a meeting place for various European emigrés. The talk, drink, and fellowship was accompanied by a strolling fiddler's beautiful melodies. In the fiction the enchanted little boy asked his grandfather if he might have such an instrument and later was given a miniature violin of his very own. It became the first instrument he would master (always his favorite) and his entry into the world of music.

The actual facts of Stokowski's heritage were considerably different, as documented by Professor Smith. His grandfather was neither landowner nor sturdy peasant but a skilled artisan who worked as a cabinetmaker. He did immigrate to England where he married, had a family, and died three years before the Maestro's birth. Both of Stokowski's parents were English-born, as was he. The family lived in a lower middle-class section of London, and they were upwardly mobile. There were no aristocrats or generals, no Polish birthplace, and no musical evenings with grandfather. Throughout his long career Stokowski sought to suppress the actual facts of his childhood and youth: "I live entirely in the present and future, not in the past." If pressed, however, he offered an idealized and romanticized autobiography. Professor Smith's historical data evoke a child who from the very first was

different from others and especially from his family of origin. He was a "born musician." By the age of seven he had mastered several instruments, and by twelve, with little musical instruction, he had conducted for the first time. The rapidity of his later rise to Maestro may have been enhanced by his strikingly handsome appearance (he was described as "the golden one"), his romantically dramatic performances, and his intense ambition. By age twenty-seven he had led a major symphony orchestra (the Cincinnati) and by thirty, what many believe to be the premier orchestra in the world, the Philadelphia.

Summarizing a wealth of biographical material, Professor Smith presented several hypotheses of possible analytic significance. First, while sure of his talents, Stokowski was at odds with the values and social position of his family. This led him to attempt to make his career elsewhere, in America (rather than in England or on the Continent where opportunity was not as great). Second, while he was ashamed of his shabby origins, Stokowski also remained guilt-ridden at having disowned his family. Third, the combination of shame and guilt led him to bury his true past (he did not publicly acknowledge his family for nearly fifty years) and in its place to create romanticized origins which he came to believe while at the same time never losing the memories of his actual beginnings. Such a motivational sequence led him to the fabrications described. His inconsistencies and eccentricities permitted his detractors to criticize him as a charlatan and a phony. Professor Smith sees no validity in these attacks, claiming, with good common sense, that no confidence man or charlatan would be likely to offer such contradictory tales that were so easily subject to verification. The sheer outrageousness of Stokowski's fabrications is the best argument against his having been a poseur.

In the event that this traditional explanation of the Maestro's fantasizing is insufficient, Professor Smith raised the possibility of an alternative framework in which Stokowski could be understood: the changeling motif familiar in literature and in folk history. Citing Freud's essay on the family romance, Professor Smith briefly outlined its central theme and emphasized Freud's conceptualization that not only neurotics but also highly gifted and artistic people with a strong romantic capacity for daydreaming were able to create the fantasy of estrangement from their real parents, replacing them with an idealized, "corrected" version. For Stokowski, it was the creation of an aristocratic great grandfather who marched with Napoleon and a patriotic, music loving grandfather with Polish yeoman values, a happy synthesis of two socioeconomic classes and currents in the conductor's longed-for middle European heritage. Professor Smith discussed Greenacre's work on the artist's family romance, in particular the artist's heightened perception of the outer world in relation to himself, which invests his life with a cosmic emotional conception that transcends normal relationships. Referring to Stokowski as a "modern Narcissus," Professor Smith spoke of his Promethean sense of mission in music: not only was his bearing godlike, but so too was his identification with "Music, the voice of the All."

In summary, Professor Smith reiterated that the motivation for the Maestro's "mystifications" lay in his rejection of his real family because it failed both to meet his emotional needs and to live up to his expectations of what it should have been. He was not a charlatan but truly believed his stories and accents at the time of the telling. These were very much in the tradition of a lifelong romanticism which did

not incapacitate him professionally; in fact, it invested his work in creative and beneficial ways.

DISCUSSION: Dr. Stuart Feder offered the opinion that Professor Smith's report was charmingly written but was "pre-analytic," in that it organized only what was well known and did not add to the audience's understanding. He found it difficult to locate the author's position either intellectually or methodologically. Stokowski's mental life remains unknown because of the absence of reliable data in the form of an artist's associations or derivatives (e.g., a painting or a work of literature). While this is understandable, given the nature of Stokowski and of the art of conducting, it nevertheless contributed to the limitations of Professor Smith's presentation, as did the third-party reports. Dr. Feder noted that the literature on the family romance is surprisingly small. If, however, one would single out a common factor in the literature, it would be in regard to the artist's narcissism. With this in mind, Dr. Feder turned his attention to the Maestro. He saw little evidence of guilt as a motivating factor in the elaboration of Stokowski's grandiose fantasies. Shame and embarrassment were much more likely involved. Regretting the lack of data about Stokowski's parents and a sister who died, Dr. Feder raised the question of parental contributions to the family romance, particularly with one who as a child was so extraordinarily gifted. Such exceptional abilities impose a burden on the development of a child, especially with regard to the laudatory responses of the external world as they contribute to mental representations. Dr. Jules Glenn felt that Professor Smith successfully attempted to understand Stokowski's fabrications through the concept of the family romance, but that he failed to explain why the great conductor did not, as do most people, hide the fantasy more effectively. Referring to the various permutations of the family romance outlined originally, Dr. Glenn noted adaptive and defensive functions in addition to the erotic and ambitious one emphasized by Freud. Dr. Glenn expanded on Greenacre's contribution with special reference to her concept of "collective alternatives," secondary or peripheral objects in the experience of the artist during childhood in which, because of his remarkable sensitivity, he may become intensely invested. This contributes to a love affair with the world and to continuing creations for an audience beyond the parents. Under such conditions the development of a strong family romance is inevitable, given the extraordinary perceptions of and experiences with the world which allow for extended identification and fusion, and reinforce the artist's reality-based perception that he is different emotionally and perceptually from those around him. The evidence of a prodigiously successful and creative career was ample testimony to Stokowski's extraordinary abilities. That he felt different from and superior to his family of origin is borne out by his persistent fifty-year denial of them, even to his wife, and by various family members' perceptions that he was ashamed of them. Dr. Glenn suggested that insofar as the family identification was inhibiting, Stokowski had to form new identifications and had to create a family romance to further his creativity. He invented a grandfather for whom he could play and conduct. Dr. Glenn further speculated that this family romance signified more than the pragmatic recognition that Continental conductors were preferred to British; it also helped the Maestro to manage feelings of

inferiority and castration related to his rickety deformed lower legs and his shameful childhood poverty.

CHARLES F. ENTELIS

MEETING OF THE PSYCHOANALYTIC INSTITUTE OF NEW ENGLAND, EAST

January 15, 1984. ON SEEING THINGS: SOME REFLECTIONS ON THE ANALYZING INSTRUMENT. M. Robert Gardner, M.D.

Dr. Gardner presented an excerpt from his book, *Self Inquiry*. The book offered us a view of Dr. Gardner's ten-year experiment involving his effort to try to discover what guides his work and to learn about the interplay between his curiosity and that of his patient. He wanted to take "a fresh look at how one analyst listens." Highly personal in the subject of its investigation, intimate in tone, idiosyncratic in style, this work eludes a more objectifying analysis. A mixture of poetry, penetration, and willful entertainment of ambiguity, it evokes responses to the personal nature of its search and draws attention to self-exploration as it evolves in a two-party situation. Attempts to explain the inner and interactive processes that shape one's effort in analysis frequently lead to certain expectable difficulties: a notable one is that of depicting the subtle intermingling of perception, reflection, recollection, and drift of thought so fundamental to analytic listening; another involves the challenge of engaging people's receptivity to the associative method. Much more than is usual, in Dr. Gardner's account, play of language, prose style, rhythm of thought, and autobiographical detail combine to create in the reader or listener a state of mind attuned to the idea of associative drift ever present in the foreground of exploration. Literary form, as it were, grows from the content it means to explore, vivifies it, generates similar states, and then turns back to the content for its investigation.

What is then examined is a moment, drawn from Dr. Gardner's practice, in which one of the analyst's visual images, and the discovery of its inner workings, makes clearer the interplay of forces shaping the analytic discourse. Image, treated as dream and associated to, becomes both instance and investigation of psychoanalysis. What Dr. Gardner found, and what we come to see in the matrix of associations, advances our consideration of the ways in which shared human experience, similarity of condition and aspiration, of history and character, likeness of conflict, and strivings toward mutuality guide and direct, in preconsciousness, the analytic inquiry. Ordinarily, one does not expect to see an account of the analyst's inner life portrayed with the richness usually reserved for that of the patient's. However, it follows from the spirit and discoveries in this work that the humanity, aspiration, uncertainties, and eccentricity of both analyst and patient be given equal footing. For one senses, in the interweaving paths of curiosity traced and in the uncovering of their significance for both analyst and patient, an assertion of the view that learning about oneself unfolds through the full reciprocal interplay of two inquiries, each searching for an ever broader knowledge of self, other, and the world.

Poet/critic Randall Jarrell once commented that "good poems and stories are

written by memory and desire, love and hatred, daydreams and nightmares"—and one might add, by hopefulness. The truth of his statement seems somehow evident, yet it may be that that truth itself accounts in large measure for the depth of involvement and participation one readily feels in the experience of good literature—it touches us where we live. One is apt to find oneself touched in this way, as this writer was, by Dr. Gardner's work, moved, it seems, by the sense of similarity we share in our efforts to better comprehend ourselves and each other.

DISCUSSION: In reviewing the powerful impact of Dr. Gardner's presentation, Dr. Evelynne Schwaber considered, first, his work in relation to the analytic problem of "knowing" the "psychical reality" of another, particularly as it manifests itself through the transference. Freud's shift from the seduction theory to the fantasy theory of neurosis, she observed, cleared a path for the entry of psychoanalysis into the scientific era of relativity. Psychological reality, under the sway of intrapsychic forces, could no longer be seen as having an absolute objective measure, and, what is more, the nature of this reality becomes visible always through the agency of yet another psychical system, that of the analyst. What one comes to know of the patient's psychological reality, perceived most clearly within the transference, invariably emerges under the influence of the observer. One can, she continued, consequently only assume that "reality" exists somewhere in the dialectical relation between these two psychical systems, and that the patient's transference is therefore an amalgam of personal, historically determined meanings joined to those operating within a present shaped by the perceptual impact of the analyst on the patient's experiential field. What Dr. Gardner discovered in imagistic thought demonstrates not only the kind of subtle, interactive, preconscious sculpting of discourse that operates within the analytic field; it additionally highlights, Dr. Schwaber noted, the importance of the analyst's assumption of his or her impact on the patient's emerging transference. For it is in such an assumption and the subsequent search for our impact that we find those details of the analyst's person or circumstances which, as Freud noted in his postscript to the Dora case, are given meaning by the patient and thereby determine and define the transference. Before closing, Dr. Schwaber briefly explored her views on analytic technique as exemplified in the work of Dr. Gardner, drawing particular attention to the advantages of adopting a mutually progressive observational mode of defense analysis, in contrast to a strictly interpretive one. She considered the beneficial potential of the analyst's "knowing with" as opposed to "knowing better," in the advancement of the patient's evolving capacity for growing self-knowledge.

MICHAEL BOHNERT

The Fall Meeting of THE AMERICAN PSYCHOANALYTIC ASSOCIATION will be held December 18-22, 1985, at the Waldorf-Astoria Hotel, New York City.

The 43rd Annual Meeting of the AMERICAN PSYCHOSOMATIC SOCIETY will be held March 20-23, 1986, at the Hyatt Regency Hotel, Baltimore.

The Literature Prize Committee of THE MARGARET S. MAHLER PSYCHIATRIC RESEARCH FOUNDATION is now accepting papers to be considered for the 1985 annual prize of \$500.00. Papers must be received by December 31, 1985, and should deal with clinical, theoretical, or research issues related to Dr. Mahler's concept of separation-individuation in child development. For further information, contact: Dr. Marjorie Harley, Chairperson, Literature Prize Committee, 201 St. Martins Road, Baltimore, MD 21218.

The POSTGRADUATE CENTER FOR MENTAL HEALTH announces the Fourth Annual Benjamin Fielding Memorial Award Essay Contest. The prize is \$500.00, and papers must be submitted no later than October 1, 1985. For further information, contact: The Benjamin Fielding Memorial Committee, Postgraduate Center for Mental Health, 124 East 28th St., New York, NY 10016.