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EMPATHY, COUNTERIDENTIFICATION, COUNTERTRANSFERENCE: A REVIEW, WITH SOME PERSONAL PERSPECTIVES ON THE "ANALYTIC INSTRUMENT"

BY DANIEL S. JAFFE, M.D.

To understand the affect-laden psychological processes of patients in a fully informed way, analysts must be able to tolerate a regression in which their unconscious or primary-process modes of functioning are given full sway. With the aid of impressions acquired in this way, cognitive functions in the analytic task are provided with a kind of authenticity not otherwise achievable. There are potential problems that can interfere with the analyst's functioning in the desired manner, and an awareness of these problems is essential. Basic issues of theory and technique that are involved are considered herein.

How is it possible to gain any objective knowledge and understanding about what goes on in the mind and feelings of another person when the means through which that is to be achieved involves subjective processes in the observer? There is a familiar ring to such a question, reminding us of an extreme form of philosophical sophistry in the school of subjective idealism, exemplified by Bishop Berkeley. He raised the question of whether anything material exists in the world, outside of one's subjective perception of it. In a more realistic spirit are the contributions of Einstein and others to the effect that perception of every phenomenon even in the physical world is affected by the position of the observer within the field that is being observed. The distinction between psychic reality and material reality is at issue.

In our work as psychologists, psychotherapists, psychoana-

lysts, we rely heavily upon subjective processes as the means of helping us to understand the psychic and emotional events in others. We have first to address the question of how these processes operate, how it is possible to achieve objectivity, and how both the clues to and the interferences with the understanding of another person's unconscious modes can stem from the listener's own inner functioning.

A PRELIMINARY DISCUSSION

The problem of how the listening analyst can gain the needed knowledge of the patient's unconscious was from the beginning an important part of Freud's studies and led to his earliest recommendations on technique (Freud, 1912): just as the "fundamental rule" requires that the patient should communicate everything that comes to mind without censorship or selection, so the analyst must avoid fixing upon or making selections from the patient's material. This attitude of "evenly-suspended attention" (p. 111) will permit the analyst's "unconscious memory" (p. 112) to come into full play. The formula that Freud suggested was that the analyst must "turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient" (p. 115). Freud continued, "But if the doctor is to be in a position to use his unconscious in this way as an instrument in the analysis," he must have undergone psychoanalytic clarification of those complexes within himself which would otherwise interfere with his understanding of the patient, i.e., his own "blind spots" (p. 116).

In a similar vein, the analyst's attitude was understood by Kris (1950) to consist not so much of intentional reflection as it does of undirected fantasy-thinking, providing access to preconscious ideas and affects, "a regression in the service of the ego."

In an interesting elaboration on Freud's views of the analyst's use of his own unconscious as an analytic instrument, Isakower (1963a, 1963b; see also Malcove, 1975) made some important observations which may be summarized as follows. In analytic

supervision, a way of instructing may be to ask the student what came to mind, and what were the reactions to the patient's productions, beyond what was recorded about them. In the analyst's state of evenly suspended (or hovering) attention, essentially an altered state of consciousness, there is a greater capacity for displacement between what comes from the outside, the patient, and from inside the analyst. The analytic instrument is not unitary or permanent and fixed within the analyst, but is transitory, and is set into motion by analogous processes in a second person, the patient. It is, as Freud had suggested, like two complementary halves functioning together as one unit in close communication. It works unconsciously, is inaccessible to conscious observation, and functions optimally retrospectively, just after it has done its work rather than in the course of it. The analyst helps the patient to recognize all of his inner perceptions by learning to acknowledge his own.

It is obvious that the utilization of the analytic instrument can be complicated by potential interferences from unresolved anxieties and defenses in the analyst, and this problem too has been discussed at considerable length since Freud (1937) made the recommendation that analysts should periodically undertake personal reanalysis to avoid the interfering effects of blind spots and the possible misuse of power. A detailed consideration of the metapsychology of empathy as well as of counteridentification and countertransference was provided in two contributions by Fliess (1942, 1953), who offered the following formulation. "Psychological aptitude," or that quality possessed by the "born psychologist," he believed to consist of an ability to put oneself in the other person's (i.e., object's) place, "to step into his shoes." This is what is known as "empathy," and Fliess considered it to be based on trial identification. What this involves is an introjection of the object and a projection of the introject again onto the object. (Knight [1940] had formulated it in terms of introjective and projective processes that participate in the temporary identification that is involved in empathy.) The psychologically minded person carries out this process rapidly and

in the same way that a tea taster takes in a small portion, just enough to taste it. The psychoanalyst has a similar task, but one that is more complicated by the fundamental influence of transference conflict, and by the fact that the patient's transference conflicts have to pass through the analyst's "working metabolism," inevitably touching on intrapsychic conflicts in the analyst. If handled successfully, the instinctual forces aroused in the analyst become transformed by the process of sublimation. The alternative possibility is that a danger situation, experienced as anxiety, can lead to defense or compromise formation.

The analyst's ability to reproject the patient's instinctual striving, after having subjected it to a trial identification, rests on his having succeeded in keeping it free from admixtures, i.e., of having tasted it rather than having eaten and assimilated it. The analyst's role calls for a capacity to approach a certain level of primary process functioning in suspending critical evaluation and censorship, suspending reality testing in favor of a state approaching that in a reverie or daydream. The analyst's "work ego" functions by transiently acquiring instinctual material by identification with the patient, then utilizing the superego's function of critical self-observation without undue censorship, thereby enlarging the ego's faculty of perception.

In his later paper, Fliess (1953) made some differentiations between countertransference and counteridentification, clarified the ways in which identification takes place (both counteridentification and trial identification), and specified what can be useful therapeutically and what cannot. Countertransference, according to this formulation, consists of a revival of the analyst's infantile conflicts, which then get imposed upon the patient and the analytic situation. It is thus to be viewed as an accident, something that should not occur. However, it inevitably does, and must be resolved by self-analysis outside the analytic hour, or if it has produced a symptom that in some form gets communicated to the patient, part of the self-analysis may have to be made known to the patient.

Identification was considered to be more complex in its evo-

lution. It was regarded as both a prestage of object love and the remnant of the ensuing object relation, in that the lost objects have been incorporated. If sufficiently organized, the traces of lost objects become constituent elements of the ego, enhancing the capacity for making trial identifications; otherwise, constituent malformations can occur, leading to counteridentifications that become disruptive of object relations. The latter process parallels what is going on in the patient, and interferes severely with analytic performance in permanent ways. Ordinary identification is more temporary in nature and may present only a mild interference which can be more readily resolved by analytic understanding. To sum up Fliess's (1942, 1953) metapsychological perspective, he believed that the analyst operates optimally, i.e., is able to empathize, when he can deal with his transitorily internalized object without undergoing a regressive ego redifferentiation.

Another perspective on countertransference and counteridentification was provided by Racker (1957, 1968), who suggested that every transference situation produces a countertransference which cannot be avoided if there is to be a full understanding of the patient. This arises from the fact that on the unconscious level, the patient becomes cathected and thus revives the primitive or infantile object for the analyst, just as the analyst does for the patient. Such an approach is essentially an extension of the viewpoint already cited (Fliess, 1942, 1953; Freud, 1912; Isakower, 1963a, 1963b) that the analytic interaction involves the meshing of two unconscious systems. Because Racker has highlighted the operation of the analyst's unconscious in a special way, his contribution seems to have suffered from some neglect (see Jaffe, 1978).

There have been numerous papers on the inevitability of countertransference and on the ways in which it may be put to use to advance the analytic work. Racker's contribution is emphasized here because it is the most extensive in its analysis of the dynamics that are involved. To state his basic thesis very briefly, the analyst's aim of understanding and dealing with the

patient results in an identification, in fact, in two alternative modes of identification. The first of these was termed a concordant identification, in which the analyst resonates with those aspects of the patient which are syntonic for the analyst (referring to the drives and derivatives, as well as to the task of integrating and controlling them: the id and ego functions). In this mode, a feeling of harmony prevails. Such a situation may be designated as an empathic one, or one that is under the influence of positive transference (and countertransference). The pitfalls as well as advantages of such interactions are well known.

The alternative mode is that of a complementary identification. This occurs when the analyst fails in and rejects the concordant identification. The reason for such a rejection is that the patient's projection to the analyst of some conflictual part of the patient can become dystonic (anxiety-producing, depressing) for the analyst through its revival of a conflictual part of the analyst. The role of superego is predominant here, in that an identification with the patient's internalized objects is operative.

As an example, we may examine the situation in the case of a patient who suffers deterioration, or who becomes suicidal. This may be conceptualized in terms of an upsurge of aggressive drive, leading to a masochistic defense in which the aggression is turned against the self by the punitive superego experienced as a bad internal object. The analyst experiences a complementary identification; the danger of the patient's being destroyed provokes anxiety to a degree proportionate to his own latent or archaic aggression. He then suffers from the superego reproaches that the patient had projected to him, with corresponding anxiety and guilt. This affective response is closest to consciousness for the analyst, who becomes able to terminate his reaction through the use of his ego capacities. He is also thereby provided with a clue about what has to be interpreted to the patient, proceeding from the surface to the depth. Erotic as well as aggressive drive derivatives can be dealt with in this way.

We may justly criticize the degree of reification that Racker introduces in his formulations. Nevertheless, valuable understanding is provided, and we can make whatever translations are useful to provide a more operational or clinical frame of reference.

One further distinction that Racker reminds us of is that the countertransference response may be more or less accessible for the analyst's conscious perception and working through. In the former case, it may be a countertransference *reaction*, experienced as thought, feelings, associations, and fantasies, capable of providing crucial clues regarding the patient's conflicts and defenses. If less available to consciousness, or repressed, it becomes a countertransference *position*, and can set up a vicious circle of projection and reprojection that makes for unanalyzability.

A thoughtful paper that gives suggestions for using countertransference to proceed with self-analysis is that of Ross and Kapp (1962). These authors also summarize the literature on the subject up to that date.

SOME ILLUSTRATIVE MATERIAL

In a recent brief communication (Jaffe, 1983), I described the ways in which my inner experience of one musical theme or another can signal a mood shift accompanying transient identifications with patients' affects. The origins of this "mode of listening" to another person included significant childhood experiences of receiving subliminal messages from my mother who hummed "to herself" when she was preoccupied.

At this time, I will describe some additional instances of my special experience with musical cues, in order to further illustrate two significant aspects of psychoanalytic work. The first of these concerns the mechanism by which signals are transmitted from one person to another in subliminal ways, with valuable clues for the receiving person regarding the processes going on in the transmitting person. Second, but no less important, is the

opportunity for self-analytic work and insight that can come from unexpected emotional reactions to music. I shall also take up the ways in which I make use of the clues that are provided by my own inner experience and then consider some further implications.

A) To turn first to the matter of sensitivity to cues from one person to another, it is obvious that in our analytic work we deal with much that is ambiguous in what a patient may be feeling, since there are contributions from both conscious and unconscious sources. The task of following subtle shifts in the transference situation may be aided by "fine tuning." The first clinical vignette concerns a thirty-four-year-old woman who came to analysis to try to deal with her growing disappointment in marriage. After fifteen years and a family life including three children and a seemingly acceptable situation, the marriage was foundering. The lack of commitment, loyalty, and binding love had become evident as both partners sought other liaisons, engaged in extramarital affairs, and finally undertook couples therapy, followed by individual therapy, which led to a referral for psychoanalysis for the wife. The marriage had reached the point where a series of separations and reconciliations made it clear that the marriage could not endure.

In the patient's formative experience, the role model offered by her parents had not been a happy one. Her father was a passive man, but had achieved sufficient prestige in his career so that the mother had felt that she had reason enough to cling to a marriage of convenience and dutifulness rather than seek a more fulfilling relationship. Mother was urging the patient to do as she herself had done and preserve the marriage, since the patient's husband was becoming successful and affluent. The patient, who had grown up with the message that mother knows best, was nevertheless not content to settle for the kind of marriage that her mother had endured.

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of this patient's personality—a lesson she had learned well from her mother. She consciously avoided any feelings of sexual arousal on her own part while deliberately stirring them up in others. She had accordingly remained anorgasmic throughout marriage. For a long time, as the analysis proceeded, resistance in the transference was prominent, with the patient being reluctant to expose any vulnerable feelings unless she had some prior assurance that there would be some reciprocity, or that she could retain a position of power. The phallic aspects of such strivings were becoming particularly evident during the middle phase of the analysis, with emphasis on her experiences with the lecherousness of males, beginning with her father, which she regarded as having expressed disparagement of the female.

When she began seeing a man whom she referred to in quite different terms, it was clear that there was something new developing in her emotional life. This was signaled to me by a shift in the spontaneous musical themes that came as I listened to the patient, bringing a new light to what had already become evident in lesser ways cognitively. The leitmotif that had often sounded in my inner ear was the lilting music of the seduction scene from *Don Giovanni*:

*Là ci darem la mano, là mi dirai di sì.
Vedi, non è lontano: partiam, ben mio, da qui.*
(There we'll take hands, and you will whisper "yes."
See, it's close by; let's leave this place, my dear.
... and so on, until Zerlina acquiesces:
Quick then, I can resist no longer).

What I heard one day was the more heartfelt strain of Faust's cavatina:

*Salut! demeure chaste et pure, où se devine
La présence d'une âme innocente et divine!*
(All hail! how pure, how chaste this modest dwelling
Where I can feel the gentle presence of her fair and
innocent being!)

The shift presaged what was developing in the patient's rela-

tionship with the man she had recently met (and what had been evolving in the transference situation), namely, the capacity for soft, warm, romantic, yielding feelings. As further events proved, the patient had indeed entered a new and sustained phase in her relations with men. She proceeded to resolve many problems and found a new happiness in marriage (remarriage) and in life.

In my subsequent experiences with other patients, the setting off of the *Don Giovanni* theme on some occasions, or of the *Faust* theme on others, came regularly as leitmotifs, once they had occurred as clues in a case that had served as a precedent. As in the first instance, the musical theme would always occur spontaneously and unexpectedly, prior to any clearly cognitive awareness.

The question will naturally be raised about how my own compromise formations contribute to such internal musical experiences as I have described, and how an evaluation of this factor enters into the use that I then make of the clues that have been provided. After all, in the instance of both operatic arias that I have mentioned, the initiatives came from the male principals. Could it be that there was an iatrogenic effect, with counter-transference operating to produce the patient's feelings, which I then would have sensed through my own?

In the clinical situation, I proceed on the assumption, already stated, that the analytic instrument operates as two complementary parts that function as one unit, with contributions from patient and analyst. The principle factors that guide me have to do with the nature of the drive derivatives that are involved, and the possibilities relating to conflict or freedom from conflict as I have learned to distinguish these in myself and in the other person. Qualities that assist in such judgments include intensity and fixity versus balance and transience, defensiveness versus openness, uneasiness versus equanimity—in short, manifestations of anxiety on the one hand, or freedom from it on the other. I have earlier referred to successful functioning as a sublimation, or as an ability to use critical self-observation free

from undue censorship, in an enlargement of the ego faculty of perception. Such perceptual functioning is, of course, essential in ascertaining the relevance and accuracy of what is being observed; and a useful criterion for validation in regard to evaluating the sources in the patient is that of the convergence of evidence from transference patterns throughout the relationship, intercurrent experiences and implications therefrom, the nature of and changes in the dreams and fantasies, and the recovery of early-life memories.

I should add a comment here about the relation between the stimulation of my inner musical ear and the nature of the patient, or of what the patient happens to be dealing with. The musical cue comes up particularly when there is a significant change of some kind; when there is some discontinuity, some lag in the flow of material, or something that does not seem to fit; or when there is something that is difficult or puzzling in what the patient is presenting. Another precipitant may consist of an interaction that touches on something conflictual in myself. In my earlier brief communication (Jaffe, 1983), I described such an incident which elicited the tune, "Zing! Went the Strings of My Heart!," during the course of analytic work with an obsessional patient who was presenting some difficulties. At other times, there may be a combination of contributions from the patient and myself, as in the sounding of the familiar rondo, the repetitive theme signaling a resistance on the patient's part and also some impatience on mine. In any event, the interactional aspect is always to be explored.

B) I was surprised during my work one week to find an old popular song going through my mind on successive days, with two entirely different clinical situations and types of patients. Listening to a woman who was complaining about being burdened by her husband's despair over his work problems, I found myself momentarily distracted by a tune, with the accompanying words coming promptly: "My Heart Belongs To Daddy." The connection was not immediately apparent, since

this patient's errant father had been a sore disappointment to her as well as to her mother. But a moment's reflection made it more understandable. Her resentful feelings toward her husband were overdetermined and were ultimately based on the frustration of wishes for loving support from father, deeply repressed.

C) The following day, while listening to a male patient, I was surprised when the same tune came back. At first I thought it was just a matter of my having been reminded of it and therefore having it hang on. But trusting the intuitive process led to an important interpretation becoming available. This man had been venting strong feelings of anger at his father for the latter's obsessive preoccupation with helping out the patient's only sibling, an older sister. This had in fact been a lifelong situation, with the patient thrown on his own devices, while the father had been emotionally tied up with the sister. The musical clue led to the opening up of a repressed level of the pain of disappointed love for father, along the lines of the patient's negative oedipal development.

D) Finally, with regard to the emotional insight that is an essential requirement for self-analysis, the following experience provided me with an impressive instance of how musical clues can be used. One day I came into a room to find my attention captured by a song that was being played on the radio. The effect on me was one of being entranced, and I noted the words carefully. I recall them as follows:

We strolled the lane together,
Laughed at the rain together,
Sang love's refrain together,
And we'd both pretend it would never end.
One day we cried together,
Cast love aside forever,
You're gone from me but in my memory
We always will be together.

The impact that I felt was such that I was impelled to try to understand it further. Could I simply be empathizing with the singer who had suffered such a loss? Possibly, but there must be something more. There was certainly nothing in my own happy marriage of forty-three years to touch off such a note; though the recent experiences of friends who had suffered loss of mates of long duration might argue for an identification and serve as a premonition of such experience to come. But this would not fit the words "*cast* love aside forever": a statement of an active participation in, rather than a passive suffering of, a loss.

Perhaps an idealized love relationship of earlier years was being reawakened. This would also be possible, but there were no confirmatory associations or feelings. Then an association did come, with strong accompanying affect. I recalled an occasion when my aunt (mother's sister) had chuckled in relating to me how cute she thought I had been as a toddler, when I once gushed to my mother, "Mommy, I yuff you too much." (What an apt utterance from a child who would grow up to become a psychoanalyst!)

The words "cast love aside forever" then became meaningful: with the birth of my younger sister when I was five-and-a-half, my special relationship with my mother had to be relinquished. The correctness of the reconstruction was confirmed by the welling up of tears and the opening of emotional floodgates. The fact that even sixty-four years after the oedipal child suffered his psychic wound the scar could still serve as a reminder of the pain is an interesting commentary on the timelessness of the unconscious.

FURTHER DISCUSSION

There is currently an intense interest in the topic of empathy, with many papers and discussions constantly being added to the literature. From the evidence in the literature, and from my own experiences, there is unquestionable confirmation of the important role played by empathy in being able to know in a

meaningful way the affective experience of another person. In this regard, the capacity to tolerate a regressive or passive-receptive role is required, in the manner of Freud's "evenly-suspended attention," followed by an active synthesis utilizing cognitive processes. The vicissitudes of this sequence, influenced by the strength of drives, residues of conflict, and problems of ego mastery, determine whether there will be a useful or an interfering effect on therapy. As for the origins of empathic tendencies, the mother-child interaction is crucial. I have already noted my own such experience, determining the special role of the musical mode.

In light of the central position of the principle of psychic determinism in the scientific aspects of psychology, it is a fine point to try to bring some definition to the problem of how two interacting unconscious systems, primary-process in nature, can shift over to an objective or secondary-process mode. We have to rely on the belief that a knowledge of reality can be achieved, using the imperfect criterion of consensual validation based on internalized group corrective experiences. This is probably the way in which the principle of absolute determinism may become modified to one of contingent determinism.

It is likely that rather than being an unvarying position with respect to a given individual's resonance with another, there is a continuum that is in constant flux along the lines of apathy-neutrality-affective involvement. We have to consider the interactive influence of one person's processes on another's, in this connection. Alertness to the importance of the factor of interaction in empathy and in the closely related transference-countertransference situations can increase the analyst's ability to use clues as to what is operating and in whom. Further, the awareness of the existence of an interaction can provide that conscious element that may modify or terminate the primary-process aspects, as well as giving an understanding of what, how, and when to interpret. The capacity to understand and to interpret is itself one of the major contributors to the drive neutralization that is required for the analyst's sublimated func-

tioning. The interpretation is also a factor that can restore the objective or secondary-process base for the patient. Still, full cognizance must be maintained that the unconscious forces may be ongoingly operative.

In this introduction to my further discussion, a number of topics have been touched on which appear prominently in the literature on empathy. In my summary of that literature, there are six general headings that encompass the topics I shall elaborate upon. I shall list these here and then proceed to describe the various contributions under each heading: 1) cognitive and affective processes and the role of regression; 2) mother-child origins of empathy; 3) introspection, vicarious introspection, and the knowability of reality; 4) similarities in subject-object experience; 5) modes of sensorimotor participation; and 6) merging, overidentification, and other problems.

1. Cognitive and Affective Processes; The Role of Regression

The essential factor to be emphasized here is that the analyst experiences a temporary oneness with the patient who has become his object through a transient identification, followed by a sense of separateness (Beres, 1968). Stated more comprehensively, the analyst thinks *with* the patient (oneness) and then *about* the patient (separateness). That is, a signal affect occurs if empathy is to be delimited from countertransference, as noted by Beres and Arlow (1974). Another formulation of these authors is that the analyst regresses with an unconscious fantasy that matches the patient's material and then cognitively is able to think *about* the patient he had been thinking *with*. When the analyst identifies with the patient's objects, a complementary identification (a term coined by H. Deutsch [1926]), a nonverbal or affective communication, takes place, which leads to empathy. It is important, according to this view, to be able to empathize with one's own past self and with people with backgrounds different from one's own. It is the perception of another person's unconscious fantasy through one's own that the

therapist carries out in pursuing his role, and it is the same capacity that enables the creative artist and poet to reach others.

Many others have made similar points. Little (1951) put it in terms of the analyst's identifying with the patient but with an interval of time so that the analyst recognizes it as a past experience while the patient feels its immediacy. If the analyst experiences it as a present thing, he may be interfering with the patient's growth. Similarly, Brierly (1943) had earlier pointed out the necessity of distinguishing between thinking *with* and thinking *about* the patient, and A. Reich (1960, 1966) particularly noted that thinking with the patient may constitute a countertransference in the sense of a distortion that may interfere with analytic work. Hence, the analyst's intuitive processes may be useful as clues, but must be subjected to further validation and conscious work. Hartmann (1964) also held that empathy is not a process that provides immediate and emergent knowledge of the mind of another, in a primary-process way, but that such knowledge has to be constructed through interpretation, in a secondary-process mode. Fenichel (1941) had used the metaphor of the Scylla and Charybdis in psychoanalytic technique, as between too much affect or too much thought; a balance is required for empathic understanding. The affective and the cognitive components both contribute essential elements in bringing about the kind of empathy that Schafer (1959) termed "generative," in utilizing synthetic ego functions that enhance the reality of objects and bring them to a higher level of organization. Empathy gathers clues, intuition proceeds to provide ideas about the clues, and the therapist must be able to oscillate between involvement and detachment (Greenson, 1960). It is important to secure an empathic vantage point from *within* the patient's mind, without underemphasizing cognitive elements (Lichtenberg, 1981).

In analysis there is a manifest content of the patient's conventional communications and also a subtext based on more primary-process thinking: unconscious fantasies, memories, con-

flicts. The analyst is "primed" to permit his own unconscious to resonate with the patient's (Spencer and Balter, 1984). The analyst learns to experience his own internal processes in learning about the patient, through a controlled regressive pull induced by the patient's regression, via trial identification, or empathy (Olinick, et al., 1973). Through this resonating regression, the analyst is able to use his observing ego to recognize his own conflictual areas. This provides an affective quality necessary for true understanding and interpretation (Olinick, 1969, 1980). The interplay is between the merging pressures and those of redifferentiating, separating, individuating (Poland, 1974).

There is regression in the patient and in the analyst, in effect a set of subsystems that can function or malfunction (Balter, Lothane, and Spencer, 1980). The empathizer maintains the integrity of the self intact (Katz, 1963) and does so by placing the self into the other's intrapsychic reality without being threatened by the other's experience; thus the empathizer is able to use cognitive functions effectively (Schwaber, 1979). Affective resonance is one aspect of empathy; complex cognitive processes also operate. Empathy leads to knowledge, and it need not produce confusion of the other person's affective need with one's own (Basch, 1983). In order for empathy to operate, there must be a special sensitivity in understanding others, a particular perceptual mode, and a tendency to project oneself into the self of others (Noy, 1984).

An interesting set of distinctions has been offered by Agosta (1984), who considered the following: intersubjectivity (receptivity to the feelings of others); emotional contagion (a representation of others' feeling aroused in the subject); and empathy (vicarious introspection, or what is aroused in oneself plus the recognition of its source in the other: receptivity plus understanding). By a process of "analogical apperception," some aspect of the other's fantasy experience is paired with one's own. Thus, a double representation is needed for em-

pathy: emotional contagion plus interpretation. One without the other would result in blind sensation, or in an empty concept, respectively (Agosta, 1984).

2. Mother-Child Origins of Empathy

Empathic communication approximates the deep empathy of the mother-child relationship (Loewald, 1970). Mirroring, or seeing oneself reflected in the other, is a building block in the child's learning how to elicit wished-for responses from another, which is the other side of empathy (Winnicott, 1953). Communication in the mother-child dyad is affective, nondirected, circular, and reverberating (Spitz, 1965). The infant resonates to the mother's affective state and vice versa, a prominent element in empathy (Demos, 1984). There is a connectedness between communicators, each affecting the inner being of the other (Condon, 1984). The child guesses mother's mood without being told about it. The child's ability to observe is more penetrating than has been thought (Burlingham, 1967). Infants and children learn about the emotions of others from an intense examination of mother's moods, tones, and expressions (Olden, 1958). Music can play a special role (Noy, 1968, 1984), as I have illustrated above.

Several observers have placed the origins of empathy in the symbiotic phase (Olden, 1953; Greenson, 1960; Ferreira, 1961; Schafer, 1968; Post, 1980). Others consider the stage of self-object differentiation to be more basic. This is based on the contention that the advent of object-centered empathy, that is, the capacity to experience painful affects of others, appears at fourteen to eighteen months, when some object constancy has been achieved (Fliess, 1953; Furer, 1967; Beres, 1968; Beres and Arlow, 1974; Bachrach, 1976; Buie, 1981).

In any event, maternal empathy determines the nature of the infant's self-representation and capacity for empathy. Merging followed by differentiation is required (Broussard, 1984). Pleasure in the symbiotic phase is necessary for the develop-

ment of empathy. But rather than *merging*, the process of a "mutual attunement" has been suggested (Bergman and Wilson, 1984). There is a pathological merging of mother with infant that is symbiotic and not empathic. Olden (1953) suggested that in the case where maternal empathy prevails, the identification with the pain of the child is transient and mobilizes appropriate behavior. Merging is not the original or basic component of empathy. Rather, this depends on cues from subject to observer about the inner state of the subject, compared then by the observer with the latter's own similar inner experience, leading to inferences about a match between the two (Buie, 1981).

3. *Introspection, Vicarious Introspection, and the Knowability of Reality*

That the essence of knowledge of psychological phenomena involves introspection and empathy (vicarious introspection) was discussed most cogently in the signal contribution of Kohut (1959). Nor is it possible to know what we and others think and feel except through the specific process of vicarious introspection (Kohut, 1977). However, though introspection and empathy are essential to psychoanalytic observation, Kohut (1959) argued that there is a core of psychic activity, represented by freedom of choice, that is beyond the law of psychic determinism and that therefore cannot be divided into further components by the introspective method.

The fact that there is a scientific basis for our knowledge of psychic events in others had also been noted by Waelder (1960): "... we have one source of knowledge about psychic events that is completely lacking in matters of the physical world, viz. *introspection* and its equivalent in the observation of other human beings, which ... I propose to call *empathy*" (p. 628). At the same time, the limitations of such processes have to be noted: "... reality *per se*, whether extrospective or introspective, is unknowable and ... we can only describe what we see within the

framework of what we have done to see it" (Kohut, 1982, p. 400). Proceeding along similar lines, Schwaber (1981) suggested that we modify the viewpoint that there is a correct outer reality that the patient distorts by his own subjective processes, and that the analyst is a reliable source of evaluating that reality. Rather, the whole developmental experience is influenced by the context or the objects, and the patient's experience in analysis similarly has to be seen in terms of the contributions of the analyst in the perceptual field. This should help to guard us against shifting to an outside view of the patient's reality, which can then get imposed on it, rather than experiencing the patient's experience as our own.

Gill (1984) criticized this viewpoint, holding that the analyst can differentiate between the patient's psychic reality and material reality. He pointed out that, following Freud's ideas about psychical reality being decisive in the realm of the neuroses, analysts in general hold to the distinction between material reality, which they are capable of knowing, and their own psychic reality which would interfere only when countertransferences operate. The argument comes close to the age-old problem that philosophy and psychology have only partially resolved through a general consensus, to the effect that psychic determinism, though the basic operating principle in motivation, is not absolute but rather contingent (D. Klein, 1970).

4. Similarities in Subject-Object Experience

I have referred to the numerous observations, perhaps encapsulated in the formulation by Reik (1948), that empathy involves experiencing the experience of another by resonating with the unconscious affect of the other. As stated by Deutsch (1926), the psychic developmental processes and hence the psychic structures of analyst and patient are similar, containing the same infantile wishes. By identification of the analyst with the patient, there is unconscious communication, and the analyst thereby understands the patient with the aid of subsequent in-

tellectual work. Beres and Arlow (1974) put it in terms of there being an instant communication of an unconscious fantasy shared by therapist and patient in the empathic sharing of affective states.

There are many other similarities that are operative. The observer assumes facial and bodily attitudes of the other and thereby generates within the self the other's affective state (Basch, 1983). *Thought* can lead to affective resonance, through variations in speech that influence the brain's processing of affectively toned information and that stimulate in the thinker the affect appropriate to the thought content (Tomkins, 1981). The "driving effect" of one nervous system on another points to an entrainment process, a synchronicity in functioning; also, cognitive styles and their differences among people can facilitate or hinder empathy (Restak, 1984). The "analogical apperception" suggested by Agosta (1984) and the "neurophysiological imagination" (Sawyer, 1975; cited by Basch, above) are along similar lines.

5. Modes of Sensorimotor Participation

The resonances mentioned in the preceding section can be elaborated on in the following. In respect to the observer's changes in bodily and facial expressions, Jacobs (1973) reported on how unusual postures or gestures can make him aware empathically of patients' unconscious emotional struggles, as well as providing material for self-analysis. Other contributors have described their subjective experiences in various modes.

Gardner (1983) portrayed in a vivid way the imagery that came to his mind's eye as accompaniment to the subtle interplay between himself and his environment, including other people. In his work with patients, he illustrated how he identified strongly with the patient. But beyond that, he reported how each participant carried unconscious messages to the other that neither knew about overtly. These messages registered in each mind respectively, and the analyst used them in the manner of a

dream being associated to, for latent content. The counteridentification and countertransference were pointed to; but the analyst's work of "self-inquiry" helped to clarify his emotional position for himself and thus helped him to understand his patient more thoroughly. His imagery, he recognized, helped him optimally when his inner turmoil, upset, confusion, puzzlement, and vexation, were present, but not too much so. What this seems to amount to is that the analyst was able to regress but not irretrievably, and then to reconstitute an observing or cognitively operating ego.

Also with regard to the visual mode, Kern (1978) reported experiencing visual images in response to his patient's associations, which represented countertransference that interfered with empathy. In this case, the sources of some of the images were available to consciousness and understanding. Similarly, Simon (1981) reported on the occurrence of a patient's visual image (an oral devouring act) that coincided with the analyst's fantasy just a moment before (also of an oral devouring), reminiscent of telepathy. The experience was analyzed in terms of an unresolved communicative issue, repeating some previous pattern in the patient's life and experienced empathically by the analyst, who functioned countertransferentially through resonance with the unresolved issue from his own early life experience. Use was made of the incident to advance the analyst's self-analysis, as well as for better understanding of the patient.

Poland (1984) described an experience with a patient in which his own attention was directed to a theme, until then unconscious to himself and to the patient, signaled by his own choice of words which brought a resonance between feelings of his from early life experiences and feelings that were central at the moment for the patient.

Whether the specific mode through which the analyst participates with the patient's processes be auditory, visual, motoric, or verbal, the effect is to produce an affective resonance that can provide important and useful clues or, alternatively, may lead to certain difficulties.

6. Merging, Overidentification, and Other Problems

It has already been noted that there are problems inherent in the analyst's resonating with the patient when there is a loss of boundaries, a revival of unresolved conflict, an impairment of cognitive functioning, an inadequate differentiation (a merging). The analyst must differentiate between the productive shifts that come about through the examining of his own associations, and the lapses that may point to countertransference interferences (Lichtenberg and Slap, 1977). The disciplined use of empathy provides an alternative to a reliance on abstinence and frustration per se, but the countertransference pitfalls that stem from narcissistic tendencies in the analyst, or from unresolved resonating unconscious fantasies (Post, 1980), or from excessive anxieties (Easser, 1974), or from fears of regressive merging and passive surrender, with consequent projecting defenses (Shapiro, 1974), have been noted by many observers. Additionally, it must be kept in mind that there may be limitations in the accuracy of the inferences made by the empathizer (Buie, 1981, 1984).

That the effort to know the mind of another may involve much that is projected from one's own makes it necessary to avoid succumbing to a mystique regarding empathy, and to keep clear the cognitive, linguistic, and object-relations aspects (Shapiro, 1984). At times it may seem that there is an uncanny or telepathic correspondence of thought content or dream content that analyst and patient experience at a given moment. This has been noted to occur when some unusual need, sense of deprivation, or feeling of isolation sets the stage for an almost magical communication between "sender" and "receiver" (Skinner, 1984). However, it seems likely that during the entire course of a relationship such as the analytic one, verbal and nonverbal cues have been exchanged that provide the material for mutual resonance and confluence of ideas and images (Simon, 1981).

Olinick (1984) suggested that an important differentiation

needs to be made between empathy and sympathy. The latter was seen as object-influenced but egocentric, often with dominance-submission or sadism-masochism polarities. Empathy, on the other hand, could be regarded as conflict-free and autonomous and as often appearing when there had been some degree of failure in the patient's affectively meaningful communication. That it involves a therapeutic split between experiencing and observing functions was suggested; a split that is the specific factor interfered with when the analyst's defensive needs are excessive (Schlesinger, 1981).

There has been much controversy about the term empathy itself and about the implications for theory of its various connotations. The opposing meanings and qualities inferred have been discussed by Reed (1984), including active versus passive, science versus art, mystical versus rational, penetrating versus nurturing. The fact that ambiguity, unless it becomes excessive, can promote dialogue and creativity was pointed out. This was reiterated by Schafer (1984) who suggested that empathy involves conflict and that the tension must be transformed in order to be usable. There are many who regard empathy as the essence of the psychoanalytic method (Karush, 1979; Kernberg, 1979; Modell, 1979). Others have emphasized its being an adjunct, constituting the transient identification necessary to achieve emotional understanding, but separate from the total functioning of the analyst, including the interventions that ensue from the understanding (Shapiro, 1981; Spencer, 1984). Although empathy is of great importance as a mode of listening and gathering data, the importance of maintaining a differentiation from the technical use of what follows has been noted (Schwaber, 1984).

I would add here that since an empathic position may lend itself to problems of overidentification, it is important to maintain a conceptual orientation based on the primary role of intrapsychic intersystemic conflict, in contrast to those that place emphasis on deficits that have to be compensated for.

SUMMARY

The psychological perceptiveness of psychoanalysts depends on their ability to regress and thereby to utilize their own unconscious processes. This provides an affective base upon which a cognitive elaboration can then build a more comprehensive understanding than is otherwise possible of the emotional life of patients as well as of one's own. Numerous observers have written about the nature of such a process and about the obstacles that may stand in the way of its optimal functioning. In the present paper, the literature was reviewed, various viewpoints were described and given further discussion, agreements and disagreements that exist were reiterated, and a synthesizing perspective was offered. On the basis of clinical work in which a special use of musical cues came into play and on self-analytic efforts with similar features, illustrations were offered that bring out the various aspects of empathic and identificatory processes.

REFERENCES

- AGOSTA, L. (1984). Empathy and intersubjectivity. In *Empathy II*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 43-61.
- BACHRACH, H. M. (1976). Empathy. *Arch. Gen. Psychiat.*, 33:35-38.
- BALTER, L., LOTHANE, Z. & SPENCER, J. H., JR. (1980). On the analyzing instrument. *Psychoanal. Q.*, 49:474-504.
- BASCH, M. F. (1983). Empathic understanding: a review of the concept and some theoretic considerations. *J. Amer. Psychoanal. Assn.*, 31:101-126.
- BERES, D. (1968). The role of empathy in psychotherapy and psychoanalysis. *J. Hillside Hosp.*, 17:362-369.
- & ARLOW, J. A. (1974). Fantasy and identification in empathy. *Psychoanal. Q.*, 43:26-50.
- BERGMAN, A. & WILSON, A. (1984). Thoughts about stages on the way to empathy and the capacity for concern. In *Empathy II*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 59-80.
- BRIERLY, M. (1943). Theory, practice, and public relations. *Int. J. Psychoanal.*, 24:119-125.
- BROUSSARD, E. R. (1984). Maternal empathy: its relation to emerging self-representations and empathy in infants. In *Empathy II*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 81-103.

- BUIE, D. H. (1981). Empathy: its nature and limitations. *J. Amer. Psychoanal. Assn.*, 29:281-307.
- (1984). Discussion of T. Shapiro: Empathy: a critical re-evaluation. In *Empathy I*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 129-136.
- BURLINGHAM, D. (1967). Empathy between infant and mother. *J. Amer. Psychoanal. Assn.*, 15:764-780.
- CONDON, W. S. (1984). Communication and empathy. In *Empathy II*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 35-58.
- DEMOS, V. (1984). Empathy and affect: reflections on infant experience. In *Empathy II*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 9-34.
- DEUTSCH, H. (1926). Occult processes occurring during psychoanalysis. In *Psychoanalysis and the Occult*, ed. G. Devereux. New York: Int. Univ. Press, 1953, pp. 133-146.
- EASSER, B. R. (1974). Empathic inhibition and psychoanalytic technique. *Psychoanal. Q.*, 43:557-580.
- FENICHEL, O. (1941). *Problems of Psychoanalytic Technique*. New York: Psychoanalytic Quarterly, Inc.
- FERREIRA, A. J. (1961). Empathy and the bridge function of the ego. *J. Amer. Psychoanal. Assn.*, 9:91-105.
- FLIESS, R. (1942). The metapsychology of the analyst. *Psychoanal. Q.*, 11:211-227.
- (1953). Countertransference and counteridentification. *J. Amer. Psychoanal. Assn.*, 1:268-284.
- FREUD, S. (1912). Recommendations to physicians practising psycho-analysis. *S.E.*, 12.
- (1937). Analysis terminable and interminable. *S.E.*, 23.
- FURER, M. (1967). Some developmental aspects of the superego. *Int. J. Psychoanal.*, 48:277-280.
- GARDNER, M. R. (1983). *Self Inquiry*. Boston/Toronto: Little, Brown & Co.
- GILL, M. M. (1984). Discussion of E. Schwaber: Empathy: a mode of analytic listening. In *Empathy II*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 173-185.
- GREENSON, R. R. (1960). Empathy and its vicissitudes. *Int. J. Psychoanal.*, 41:418-424.
- HARTMANN, H. (1964). Understanding and explanation. In *Essays on Ego Psychology. Selected Problems in Psychoanalytic Theory*. New York: Int. Univ. Press, pp. 369-403.
- ISAKOWER, O. (1963a). In *Minutes of Faculty Meeting*, New York Psychoanalytic Institute, October 14 (Mimeographed).
- (1963b). In *Minutes of Faculty Meeting*, New York Psychoanalytic Institute, November 20 (Mimeographed).
- JACOBS, T. J. (1973). Posture, gesture, and movement in the analyst: cues to interpretation and countertransference. *J. Amer. Psychoanal. Assn.*, 21:77-92.
- JAFFE, D. S. (1978). A neglected classic, V: Heinrich Racker's "The meanings and uses of countertransference." *J. Phila. Assn. Psychoanal.*, 4:231-234.

- (1983). On words and music: a personal commentary. *Psychoanal. Q.*, 52:590-593.
- KARUSH, A. (1979). Introductory remarks on the role of empathy in the psychoanalytic process. *Bull. Assn. Psychoanal. Med.*, 18:62-63.
- KATZ, R. L. (1963). *Empathy. Its Nature and Uses*. Glencoe, IL: Free Press.
- KERN, J. W. (1978). Countertransference and spontaneous screens: an analyst studies his own visual images. *J. Amer. Psychoanal. Assn.*, 26:21-47.
- KERNBERG, O. F. (1979). Notes on empathy. *Bull. Assn. Psychoanal. Med.*, 18:75-80.
- KLEIN, D. B. (1970). *A History of Scientific Psychology. Its Origins and Philosophical Backgrounds*. New York/London: Basic Books.
- KNIGHT, R. P. (1940). Introjection, projection, and identification. *Psychoanal. Q.*, 9:334-341.
- KOHUT, H. (1959). Introspection, empathy, and psychoanalysis: an examination of the relationship between mode of observation and theory. *J. Amer. Psychoanal. Assn.*, 7:459-483.
- (1977). *The Restoration of the Self*. New York: Int. Univ. Press.
- (1982). Introspection, empathy, and the semi-circle of mental health. *Int. J. Psychoanal.*, 63:395-407.
- KRIS, E. (1950). On preconscious mental processes. In *Psychoanalytic Explorations in Art*. New York: Int. Univ. Press, 1952.
- LICHTENBERG, J. (1981). The empathic mode of perception and alternative vantage points for psychoanalytic work. *Psychoanal. Inquiry*, 1:329-356.
- & SLAP, J. (1977). Comments on the general functioning of the analyst in the psychoanalytic situation. *Annual Psychoanal.*, 5:295-312.
- LITTLE, M. (1951). Countertransference and the patient's response to it. *Int. J. Psychoanal.*, 32:32-40.
- LOEWALD, H. W. (1970). Psychoanalytic theory and the psychoanalytic process. *Psychoanal. Study Child*, 24:45-68.
- MALCOVE, L. (1975). The analytic situation: toward a view of the supervisory experience. *J. Phila. Assn. Psychoanal.*, 2:1-19.
- MODELL, A. (1979). Empathy and the failure of empathy. *Bull. Assn. Psychoanal. Med.*, 18:70-74.
- NOV, P. (1968). The development of musical ability. *Psychoanal. Study Child*, 23:332-347.
- (1984). The three components of empathy: normal and pathological development. In *Empathy I*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 167-199.
- OLDEN, L. (1953). On adult empathy with children. *Psychoanal. Study Child*, 8:111-126.
- (1958). Notes on the development of empathy. *Psychoanal. Study Child*, 13:505-518.
- OLINICK, S. L. (1969). On empathy and regression in service of the other. *Brit. J. Med. Psychol.*, 42:41-49.
- (1980). *The Psychotherapeutic Instrument*. New York/London: Jason Aronson.
- (1984). A critique of empathy and sympathy. In *Empathy I*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 137-166.

- POLAND, W. S., GRIGG, K. A. & GRANATIR, W. L. (1973). The psychoanalytic work ego: process and interpretation. *Int. J. Psychoanal.*, 54:143-151.
- POLAND, W. S. (1974). On empathy in analytic practice. *J. Phila. Assn. Psychoanal.*, 1:284-297.
- (1984). The analyst's words: empathy and countertransference. *Psychoanal. Q.*, 53:421-424.
- POST, S. L. (1980). Origins, elements, and functions of therapeutic empathy. *Int. J. Psychoanal.*, 61:277-293.
- RACKER, H. (1957). The meanings and uses of countertransference. *Psychoanal. Q.*, 26:303-357.
- (1968). *Transference and Countertransference*. New York: Int. Univ. Press.
- REED, G. S. (1984). The antithetical meaning of the term "empathy" in psychoanalytic discourse. In *Empathy I*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 7-23.
- REICH, A. (1960). Further comments on countertransference. *Int. J. Psychoanal.*, 41:389-395.
- (1966). Empathy and countertransference. In *Psychoanalytic Contributions*. New York: Int. Univ. Press, 1973, pp. 344-360.
- REIK, T. (1948). *Listening with the Third Ear; The Inner Experience of a Psychoanalyst*. New York: Farrar, Strauss.
- RESTAK, R. M. (1984). Possible neurophysiological correlates of empathy. In *Empathy I*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 63-75.
- ROSS, W. D. & KAPP, F. T. (1962). A technique for self-analysis of countertransference. *J. Amer. Psychoanal. Assn.*, 10:643-657.
- SAWYIER, F. H. (1975). A conceptual analysis of empathy. *Annual Psychoanal.*, 3:37-48.
- SCHAFER, R. (1959). Generative empathy in the treatment situation. *Psychoanal. Q.*, 28:342-373.
- (1968). *Aspects of Internalization*. New York: Int. Univ. Press.
- (1984). Discussion of G. S. Reed: The antithetical meaning of the term "empathy" in psychoanalytic discourse. In *Empathy I*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 31-35.
- SCHLESINGER, H. J. (1981). The process of empathic response. *Psychoanal. Inquiry*, 1:393-416.
- SCHWABER, E. (1979). On the "self" within the matrix of analytic theory—some clinical reflections and reconsiderations. *Int. J. Psychoanal.*, 60:467-479.
- (1981). Empathy: a mode of analytic listening. *Psychoanal. Inquiry*, 1:357-391.
- (1984). Discussion of G. S. Reed: The antithetical meaning of the term "empathy" in psychoanalytic discourse. In *Empathy I*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 25-29.
- SHAPIRO, T. (1974). The development and distortions of empathy. *Psychoanal. Q.*, 43:4-25.
- (1981). Empathy: a critical reevaluation. *Psychoanal. Inquiry*, 1:423-448.
- SIMON, B. (1981). Confluence of visual image between patient and analyst: communication of failed communication. *Psychoanal. Inquiry*, 1:471-488.

- SKINNER, J. C. (1984). Discussion of B. Simon: Confluence of visual image between patient and analyst: communication of failed communication. In *Empathy II*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 279-287.
- SPENCER, J. H. (1984). Discussion of G. S. Reed: The antithetical meaning of the term "empathy" in psychoanalytic discourse. In *Empathy I*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 37-41.
- & BALTER, L. (1984). Empathy and the analyzing instrument. In *Empathy II*, ed. J. Lichtenberg, M. Bornstein, & D. Silver. Hillsdale, NJ: Analytic Press, pp. 289-307.
- SPITZ, R. E. (1965). *The First Year of Life*. New York: Int. Univ. Press.
- TOMKINS, S. S. (1981). The quest for primary motives: biography and autobiography of an idea. *J. Personality Soc. Psychol.*, 41:306-329.
- WAEELDER, R. (1960). Psychoanalysis, scientific method, and philosophy. *J. Amer. Psychoanal. Assn.*, 10:617-637.
- WINNICOTT, D. W. (1953). Transitional objects and transitional phenomena. A study of the first not-me possession. *Int. J. Psychoanal.*, 34:89-97.

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The Analyst's Words

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THE ANALYST'S WORDS

BY WARREN S. POLAND, M.D.

Evidence of the analyst's inner processing and self-analysis is built into his choice and use of words. The dyadic context in which he speaks and the internal formation of his words are examined and considered for their implications for the analytic process.

Words are at the heart of the "talking cure." Although powerful forces beyond speech are active in the analytic situation, spoken words serve as the major pathway in our work toward insight.

In the analytic situation the patient relates his inner world to the analyst, relating in words and relating in the transference process. "To relate" means both, "to connect with" and "to tell." For the analysand it is in relating through words that an analysis comes to life, that it becomes a talking cure. And for the analyst words are the primary avenue of technical interventions. In light of the severe limitations on mobility of the analytic situation, speech becomes more than "just words." Speech becomes powerful action, the means by which each of the participants can discharge inner tensions and the means by which each can act upon the other.

Recent work has examined at length the analyst's receptivity, the cognitive and empathic means by which the analyst comes to understand the patient's messages. The motor end of the analyst's activity, the analyst's speech, including silence as a part of speech, merits similar scrutiny.

The words an analyst uses are complex in their origins, their structures, and their effects. Those words arise from more sources than only the content of the patient's associations and affects. Their structure contains more than just their manifest

messages. Their effects are broader than merely adding to the patient's cognitive knowledge.

The natural tendency of our minds is to think in categories, for instance, to divide with simple clarity inside from outside. Dreams are the prototypical model of formations within the inner world. Spoken words, in contrast, are so clearly communicative that they are self-evidently the model of the interpersonal. So neat a division does not survive close examination. Dreams during an analysis have come to be recognized as having communicative as well as discharge functions. Words spoken during an analysis, by the analyst as well as by the analysand, similarly can be recognized as having overdetermined internal functions beyond those of communication.

In the past we have tended to think as if there were possible a pure communication uncluttered by hidden private meanings. When a patient's words had in them import beyond the immediately relevant, we spoke of transference. When an analyst's words had in them private inner investments beyond the manifest, we have spoken again as if of a separate new process, countertransference.

An extreme of this artificial separation of pure message from hidden forces as carried over to clinical practice was stated most clearly by Loewenstein (1956). He noted three major functions of speech: a speaker may speak about matters, may express what is in himself, or may appeal to the addressee. Expressing a presumably ideal model, Loewenstein said, "In his own speech the analyst will exclude both the function of appeal and the expressive function, limiting himself specifically to the cognitive function in relation to facts concerning his present addressee: the patient" (p. 462).

Such tidiness of concept is appealing. Like a journalist, the patient reports his inner world, and like an objective outside observer, the analyst interprets. Unfortunately, as every analyst knows firsthand, such categorized clarity is far from the whole story. Autonomy is always a matter of degree, not of absolutes.

The analyst's words are not exempt from the principle of multiple determination. Words spoken by each party in the analysis arise from within that person's intrapsychic world to form a bridge of communication and action to the other person present.

Consideration of the analyst's words offers an opportunity to examine the multiple levels of meanings: those that relate to the world of the analysand, those that relate to the world of the analyst, and those that relate to their connections. Though my focus here will be on the analyst's words when at work, those words and that work have as their supraordinate task the analyzing of the analysand. Attention here to the analyst's perspective is as a focus for study; it does not undo the centrality of the patient's perspective as the ultimate object of analytic concern.

I shall start by presenting several brief instances regarding the analyst's words as a way to view the analyst's working within the analytic process. Next I shall consider the analyst's words from the vantage point of their context in the dyadic analytic situation. After that, I shall focus on the view from the analyst's intrapsychic formation of words. The power and the limits of the power of words will also be considered. Division into these separate aspects is artificial. Any clinical instance, whatever it is intended to demonstrate, must include intrinsically all aspects at once. This point, applicable to any analytic discussion, is particularly apt to a consideration of words. Even within an analysis, the words that clarify by identifying simultaneously betray by abstracting.

ILLUSTRATIONS OF THE ANALYST'S WORDS

Clinical instances are offered to demonstrate, not to prove; obviously, no vignettes can in themselves be conclusive. Let us start with a statement so commonplace as to seem unremarkable, one requiring little knowledge of a specific patient or a specific analyst. A patient presents a dream in which the manifest content repudiates an urge, one the patient would prefer to

disown. Speaking about the dream, the patient states he would never do anything so outrageous as what the dream suggests. Acknowledging these protests I say, "You wouldn't even dream of such a thing."

Such a comment is generally recognized as both summarizing a conscious feeling and interpreting its defensive nature, implying the presence of a forbidden wish. For me to say such a thing I need know little about the patient or myself. The most simple grasp of analytic theory informs me enough to provide my choice of words.

My words, nonetheless, are said with purpose, purpose which the patient can both read and distort. Am I suggesting he ought have a different attitude toward his impulses? An ideal reply might be that I am only trying to broaden the range of possibilities the patient can consider. Still, such an invitation to reconsideration involves a suggestion. The analyst's refusal to be aware of the possible implicit suggestion can be felt by the patient as a taboo, driving underground concerns such as those of domination and compliance.

Now, a next instance. When, to a hysterical woman telling her fears of a supervisor's comments, I say she is "afraid of a penetrating remark," I offer a preliminary partial interpretation seeming to imply two levels of meanings. On one level I refer to the specific interchange with her superior as threatening, possibly leading to feelings of being assaulted. On a second level I raise a question of a link to issues of sexuality and body damage we had previously addressed.

Yet is not my comment itself "a penetrating remark" in current actuality? To what extent am I the interpreter, only playing back in another language the original words of the patient, and to what extent am I modifying the patient's experience through a new enactment by translating into my own words? How much is in the immediate service of the patient's analyzing and how much goes further? Am I showing my own comfort with vulnerability while secretly reassuring myself that in contrast to the patient *I* am not helpless and weak, that *I* am able to be active?

How much of what I said was simply "saying" and how much was enacting? Indeed, does there even exist such a phenomenon as "simply saying" that is not an action upon the other?

Speaking freely about penetration, I am now acting, intervening within our work. I speak mainly to help get something clear. But at the moment I speak to assist the work, am I also in the process trying to resolve on a microscopic level issues of my own, my own resonances with matters about being subordinate and vulnerable? Indeed, was the timing of my remark significantly provoked by an unwitting need to evidence activity, thus showing myself to deny passive vulnerability by speaking up? No matter how well analyzed I am, no matter what degree of self-mastery, at some time it is appropriate for me to speak up, and at that time these questions are unavoidably present.

The answers to these questions matter deeply to the progress of the analytic work. The analyst's music carries messages as important as those in the manifest words. The patient at work will hear and consider my manifest message; the patient will certainly add her own unconsciously determined meanings to what I say. But equally certainly, the patient's observing ego and empathy will be alert to my buried messages, just as mine are to the patient's. Even simple remarks carry implied messages beyond the manifest.

Some words an analyst uses develop in the course of analytic work as a private shared shorthand. An outsider would not recognize connotations that both analyst and patient would know well. An important word being used has developed in the privacy of the work.

Yet the analytic situation, no matter how well structured and protected, exists within the context of a larger world. The analyst as well as the patient brings in experiences from the outside. Again I offer a simple instance. More often than I suspected, an idiom expressed by one patient returns when I speak of a similar conflict with another patient. For example, I said to one young man that he spoke as if after a lifetime of practice to be a subordinate he now was shocked to find himself a general. He

found the comment apt. Privately, I was surprised: military references are not usual for me. On reflection I realized that another patient earlier in the day had contrasted his passivity with the active model of General Patton. Something said by one patient returned in response to a stimulus in a relevant area from another.

Here the words came from what might be called a verbal residue, perhaps a natural grabbing what was on top of the pile when I went to pick a word. But why that memory at that moment? On watching myself more, I was surprised to discover how far down into the pile I would unwittingly reach, linking words from one patient with another.

Speaking to a different patient, one who lived like a misfit, I commented on how he presented himself to the world, how he "refused to decorate" himself for the world. Once again I was surprised by my choice of words. I was curious about the source of that word "decorate." It struck me as itself not fitting perfectly. Perhaps I was evidencing my own microscopic identification with the patient as misfit by choosing a phrase that did not fit well. Then I remembered that about fifteen years earlier I had worked with an attractive young woman who also seemed to defy social success. Once, while bemoaning her failure to attract men, she mentioned that a new young man had moved into her apartment building. Approaching her by the pool, he introduced himself and said he needed help to decorate his new apartment. My patient answered by saying she had a girl friend who was good at that sort of thing.

The "decorating" metaphor had come to my mind with a current patient from an unfinished memory involving an earlier patient I had thought I had forgotten. Again troublesome questions result. How long does the analytic discourse continue? When is a case terminated? More crucially, to whom was I speaking? Was I addressing not only my current patient but also a patient long gone and, I thought, forgotten? *When I talk to another person, am I always speaking at some level to myself, unknowingly mindful of all my ghosts in hidden presence?* Indeed, is this not

close to our very definition of transference, now in the analyst? At times these personal forces may be intrusive; at times, not. What an analyst does with such matters will influence the course of the work, but such forces can not validly be denied. The psychology of the analyst is not just a contaminant in an otherwise sterile field. Eccentric distortions can be vastly destructive to the analytic work, but no statement an analyst makes comes into being outside the analyst's mental functions. The analyst's self-mastery is always a matter of degree.

Consider the next pair of vignettes, the first condensed from a previous description (Poland, 1984a). "It sounds," I said to my patient, "as if when you moved from your parents' home to live with your new bride, you felt you were being traded to the minor leagues."

Those words seemed fitting to my patient, a passive-dependent man who, not weaned from his mother's breast until his fourth year of life, was preoccupied with matters of separation. However, my use of a baseball simile confused and intrigued me.

I had rarely thought of baseball for years, and what thoughts I had were negative. Then I remembered. My father had been a fan of baseball at a time I was most definitely not a fan of my father. Only once had I attended a professional baseball game, dragged as a begrudging teenager against my will by my eager father. It had been a doubleheader. And *minor* league teams! Miserable on that hot summer day, fidgety and bored, I struggled with my fears of a strong father, my disappointment with a weak father, and my adolescent hopelessness of ever being at peace with and apart from my father.

My associations then turned to my professional adolescence, to a study group in which a colleague spoke of "pure" analytic technique. He told of a patient of his, a baseball fanatic, who used baseball terminology when speaking of all areas of his life. Though this colleague knew none of the baseball jargon, he proudly proclaimed that he never acknowledged his ignorance to his patient, never asked that something be explained. In-

stead, he waited for what he called the transference and interpreted that. Trying to come to terms with my own weaknesses, my own not knowing, I was aware for the first time of feeling sympathy and respect for a baseball fan. My competitiveness was still alive, if slightly muted, in my disdain for my colleague's technique.

Why now? Why had I chosen from my own reservoir of images such a simile to use with a patient preoccupied with maternal matters? I had not been aware of these conflicts in his current associations; his clear themes had been of mothering, security, and loss.

Gradually I recognized that these clear themes were not the only ones. In the earliest phase of the analysis, when the patient spoke with a detached freedom, I had heard of baseball.

As a child the patient had been waited on by both parents, not just his mother, as if he were royalty. Or to be more precise, the son of royalty. Father, a professional who chose to live in a poor neighborhood, acted like a king. All around deferred to him.

The son was clever and quick. Despite overwhelming reinforcement for passivity, he often burst forth in activity. On his insistence his father would join him to play ball, but only on the father's terms: that the son pitch and father be at bat. The place at bat was never shared.

Later in childhood the patient eagerly joined neighborhood ball games. He loved the game, the activity, the excitement. Once, though, he returned home red-faced and out of breath when the father was at home. Father exploded. How dare the boy risk his health, his future, his life by such overexertion? Never again was he to allow himself to get so overheated. After this incident (or what it condensed), the son never again risked facing the terror of his father's rage. He also never again played baseball.

All of this came to my conscious awareness *after* I heard my own comment to my patient. It was after I heard my own words that I recognized a subtle shift in the transference and an insinuation of themes of competition, power struggles, and mastery

over body activities into themes of mothering and dependency. The new themes had not been immediately recognized: they had required self-analysis to come into the open.

Was my resistance to hearing this new theme solely neurotic countertransference? Might not my private resistance itself arise from a trial identification with the patient? This matter may be clarified by a comparison. Shortly after this incident was published, a colleague posed a question I had neglected to ask myself. Had not others with whom I worked spoken of baseball? Had my reactions been similar?

Indeed, I had worked at the same time with another young man who spoke often of baseball. To the best of my recollection his references had never elicited from me a comparable reaction. This was a man whose father had been substantially absent, literally off to the wars during the early years of this man's life and remote even after his physical return. This, too, was a man who had to deal with intense ambivalence. However, for this man baseball was a field for good fathering, not a source of conflict. "The only time I had my father to myself," he said, "was the few times he took me to the baseball game."

What now is to be made of my reactions, both the "minor league" remark to the first and my comfortable silence when I listened to the second of these men? In each instance my reaction, my words and my silence, had evoked aspects of my own partial identifications, my own private history and psychology. At each of those moments I had not been conscious of the active presence of my self-analysis, yet it is clear that significant forces determining my responses came more than I knew from outside my conscious planning.

THE CONTEXT OF THE ANALYST'S WORDS

Let us consider both the dyadic context within which the analyst speaks and then the intrapsychic aspects by which the analyst's words are formed. First we turn to the context of the analyst's words.

The patient and the analyst speak to each other in the context of a collaborative work, each performing different tasks for the common goal, each having an impact on the other. This basic medium of collaboration underlies the apparent asymmetry of participants (Leavy, 1980), the necessary division of labor in the shared work of the patient's analysis.

For analyst and patient there is a fundamental similarity. For both, with activity other than speech minimized, words become the major medium of action. There are, however, vast differences for the two. During a session the patient speaks and then observes. The analyst, in contrast, observes and then speaks. The patient faces the analyst's abstinence, his words coming from his own sources with the least possible external stimulation. In contrast, the analyst's words come in response to a flood of stimuli from the patient. The vastness of the patient's speech pulls him from mature logical structure back toward primitive fluidity. The paucity of the analyst's words presses in the opposite direction, toward more organized secondary process language.

What is the specific position of the analyst? Reacting to the sense of separation resulting from the patient's regression, and not maintaining his own speaking contact, the analyst responds with trial identification (Fliess, 1942) to maintain a feeling of connection.

Manifestly, the analyst speaks to the patient. Before he can do that he must privately deal with his own inner forces, not in the abstract but in specific relevance to those issues brought to life by the analysis. Most of what the analyst says is so comfortable that its preparation goes unnoticed, like the shifting of gears by an experienced driver. Attention to what is said shows that indeed more has been prepared than the analyst himself knew, as noted in my use of the baseball simile.

Unlike the patient's vocal regression which surrounds him, the analyst's parallel regression takes place unexpressed. Responding to his own regression as a signal, the analyst tries to integrate what is going on, to sort out his own forces from those

of the patient, and then to offer an interpretation (Olinick, *et al.*, 1973). Along the way the analyst's words contribute both to his self-analysis and to the manifest clinical work. These words carry tacit messages.

An interpretation explicitly recognizes unconscious meanings of the patient's associations. In so doing, it implicitly distinguishes forces in the patient from those in the analyst. The powerful message may be that more deeply structured one that states, "No, I am neither you nor your ghosts, yet together, in contact as separate observers, we can recognize and speak of your inner forces and ghosts." Though most often the analyst's self-analytic work preceding interpretation takes place outside conscious awareness, still, the analyst speaks to himself as well as to the patient. The private part of that speech is silent. As a result, when he interprets forces within the patient he simultaneously exposes a model of his own separate autonomy and mastery. It is likely that this message carried implicitly beyond the manifest message is necessary though not sufficient for the analytic work.

The interpretation does more than simply provide conceptual links between elements within the patient's fantasies. The message structured within the interpretation acts by the analyst's shifting both himself and the patient from a more transference position to a more observing position, a shared observing. The analyst's words move the two from a fantasied joining to a level of respectful contact, the "intimate separation" Stone (1961) described.

For this to occur, the analyst's interventions are available to address the patient subsequent to and along with the analyst's addressing himself. Along with their "mutative" effect (Strachey, 1934), there is a second consequence to this implicit structure regarding the power of words. The analyst's self-analysis helps protect his words from covert use to maintain power over the patient as his object, whether narcissistic, aggressive, or sexual power. The analyst's naming of the patient's forces implies the separation of the analyst's self-analysis from that of the patient.

There is a third important function of the analyst's interpretation which derives from the first two, the explication of the patient's psychology and the distinguishing of the analyst's. That third is the offering of a framework to facilitate further movement in the patient's unfolding work. Responding to the patient's metaphors, the analyst offers his own.

Let us take another example. The following hour occurred near the end of an analysis, after much analytic work had already been done. The patient's first twenty minutes or so were spent speaking of events in which the patient had shown "more backbone." In the course of that I asked a minor question to get clear what was described. The patient's physical position became more rigid, and he replied in the formal tone which had been customary earlier in our work. I noted the change and said that he had just "stiffened" toward me as he had when he tried to protect himself as a child from his father's hits and from his own urge to hit his father.

The word "stiffened" which I used without conscious selection gives an instance of a metaphoric word, one which provides a link between physical sensation and thought, offering a broad range for the patient's response.

The patient's next association appeared to be a manifest change of subject, though he used my word as a switch word. He had just met and started to date a new woman. When she had rested her head on his arm, he said, he was aware his arm slightly stiffened; he bemoaned his problem with intimacy.

Then he spoke of trouble falling asleep, of trying to masturbate to help himself fall asleep. He fantasied that new woman's genitals, but found himself unable to have an erection. "It just wouldn't get stiff." From the image of that woman, his mind went back to the frightening sight of blackness between his mother's legs when at age three or four he saw his mother sitting on the toilet. (From "stiff" to "not stiff" to uncertainty what is or isn't there to get stiff.) His mind wandered next to an embarrassing slip he had made when talking to his daughter: he had made a reversal and spoken of "*Aunt Sam and Uncle Jane*."

The remainder of the hour continued themes of gender un-

certainty and interpersonal firmness, whether he was vulnerable to the phallic potency of other men (including me and his father), whether he was or wanted to be more man or woman. And derivatives of the metaphor “stiffened” recurred throughout.

When I spoke of “stiffness” I did not engage in a consciously intentional enactment of the transference. My word was used in an effort to approach the patient’s state of mind at the moment. The word I had used was taken up by the patient to facilitate further opening. The metaphor resonates with the body feeling in a manner that permits the patient to choose the degree of conscious awareness he can tolerate; it can provide enough conceptual structure to assist the patient in extending his range of conscious recall and experience.

Words have many levels of specificity, and the analyst’s words make use of both greater and lesser levels of specificity of meaning. The simultaneous presence of the patient’s individual meanings and the collaborative context in which those meanings are explored leads to paradoxical aspects in the choice of words. Elucidating the unconscious requires the analyst to choose words which contain a multiplicity of meanings. Yet either explicit or implicit meanings which refer to the underlying actualities of two people at analytic work need as much specificity as the analyst can achieve. Addressing the patient’s inner worlds and addressing the collaborative context call on words with different levels of multiplicity of meanings. Though both levels most likely exist simultaneously in any statement, they will be more clear if we consider them separately.

1 Meanings regarding the Analysand’s Fantasies

Let us take first the use of language with a relatively wide range of meanings. I do not refer to the analyst’s speaking in the cryptic style of an oracle as if to imply wisdom unknown to the patient or to disguise ignorance or personal conflicts (Isay, 1977), nor do I imply compromise of efforts toward clarity. The

analyst must interpret the deepest meanings. An appeal to multiple levels of meanings does not mean avoiding the unconscious; it is not a rationalization for a taboo against talking of conflictual matters.

In trying to expose unconscious matters, we use language to approach experience which cannot be exactly reduced to language. I have in mind what I think Fenichel (1941, p. 10, n.) meant when he said; "I was once reproached with the use of the words, 'something like', . . . as indicating that I do not take unconscious fantasies seriously. I deny this. Its use means that the unconscious fantasies are *vague*, and therefore can only be reproduced in words inexactly, always with the addition of 'something like'."

The lack of absolute precision results both from what we try to know and from the limits of knowing. Inner experience is not solely verbal. The patient's associations, even at their most free, are already translations. Interpretations, thus, are translations of translations, having passed through the filter of the analyst. Even empathy and introspection provide a taste of "something like," not the experience of the other's original inner state.

As the analyst speaks, he uses the patient's terms, trying to weave them into and around his own remarks. When he succeeds, the work flows. Exploring the unconscious, he tries to integrate the patient's words and his own to bring fresh light to the implications of the patient's words. When he limits himself to the patient's words, he may make new connections, yet he seriously risks a mirroring that promotes a *folie à deux* (Hoffer, 1983). When he modifies the patient's words, he suggests new possibilities of understanding.

This broadening of understanding is facilitated by the use of words with a multiplicity of meanings. Evocative words, those which call forth the hidden voice, are of particular value. A metaphor may come closer to the patient's inner truth than could a detailed black and white verbal map. It has been said that if one tries to be precise, one is bound to be metaphorical. Monet's impressionism captures the sense of shifting light on the cathe-

dral at Rouen as could not be done by any photograph. Greater knowledge yet of that cathedral comes from combining impression and detail than could come from either source alone. To cite Yeats, what is sought is a way "where passion and precision are one."

Psychoanalytic consideration has widened the understanding and use of metaphor beyond its narrow usage as a single form of speech. Starting by citing Aristotle's reference to metaphor as a transference of a word to a sense different from its significations, Sharpe (1940) emphasized that metaphor fuses sense experience and thought in language, thus providing an optimum manner for expressions that displaced the physical to the psychical. Indeed, Sharpe considered speech itself the ultimate metaphor.

In the same vein, Arlow (1979) pointed out that metaphor economically condenses multiple levels of experience, symbols, and meanings in a statement at once ambiguous and clear. He summarized, "In the psychoanalytic situation the interaction of analyst and analysand is an enterprise of mutual metaphoric stimulation in which the analyst, in a series of *approximate* [emphasis added] objectifications of the patient's unconscious thought processes, supplies the appropriate metaphors upon which the essential reconstructions and insights may be built" (pp. 381-382). It is the quality of *approximation* which mitigates against the use of words with a specificity that narrows rather than broadens, that closes rather than opens. Indeed, Arlow went so far as to link language and transference by stating that transference in the analytic situation is a particularly intense, lived out metaphor of the patient's neurosis.

The analyst's use of metaphor takes fullest advantage of what Hartmann (1951) called the "principle of multiple appeal." Metaphor offers the patient an opportunity to utilize the analyst's words on any level of psychic functioning, giving easiest access to the multiple determination of the patient's mind.

The vignette in which I used the word "stiff" gives an instance of the patient's use on many levels of a metaphor offered

in a partial interpretation. I include this partial rather than a full yet discrete interpretation because the latter exists as theoretical model, not clinical actuality. All interpretations result from step-by-step work within the structure of the analytic situation, including the reverberations of messages already discussed. All interpretations are partial interpretations, and all interpretations are trial interpretations (Poland, 1984b).

2. Meanings regarding the Underlying Collaborative Relationship

While all words have many levels of meaning, some tend to more specificity. It is in references to the context of the two persons sharing collaborative work that greater specificity becomes necessary.

I do not suggest that there exists a “real” relationship which is pure and unencumbered by unconscious meanings. Once again the tendency of our minds to think dualistically misleads us. Disagreements over questions of “therapeutic alliance” have sometimes sounded as if there were *only* unconscious hidden meanings or *only* current external actualities. All levels are real and actual. None exists without the others. Rather, it is the simultaneous presence of all of the many meanings that makes greatest clarity essential when referring to the two selves at work.

When someone engages me in analysis, he hires me to be his professional assistant in his self-investigation. Analysis demands profound regression. The long-term goal orientation toward insight is let go from immediate view in the shorter-term transference regression. However, even at times of greatest regression, the regression is not all there is to the patient. A general tendency to underestimate the patient's ego strengths ought not obscure the person who is the patient. The patient exposes primitive and childlike aspects of himself, but he is a person exposing that part of his personality; he is not a primitive or a child. Though our spoken words explore the primitive, they speak to the integrative aspects of the patient.

The analyst's statements inform the analysand not only of what his messages have implied but also of how the analyst views the analytic relationship. In addition to the examples presented, we can think of the analyst's use of the word "we." Beyond the value of such a word in helping effect an ego split in the patient (Sterba, 1934), other implications can also be involved.

Let us take another example. If, wishing to hear a dream repeated, the analyst asks, "Tell me the dream again," he may communicate more than concern with the dream. "*You*" tell "*me*" can imply a statement of domination and submission, of the analyst's activity and responsibility and the patient's passivity and lack of personal agency. At the worst, that could undermine any true analytic process, and at the least, could make erroneous any future interpretation of the patient's feelings of submissiveness as transference.

Thus, at the same time that there is an effort to approach understanding of the patient's meanings, cautious expression is required to guard the neutrality of the collaborative base on which the work toward insight takes place. This caution relieves the work from the artifact of a relationship in which the analyst is the one who "knows." By such precision in references to the underlying dyadic context, the analyst protects the transference from covert contamination.

Similarly, words respectful of the immediacy of the analytic experience protect the work. Though many remarks the analyst makes are predictable, they require statement in the immediacy of the moment. Universal basic concepts serve like a compass to expose and map an individual analysis. They orient our words; they are not the subject of our words. Basic concepts obscure if they are substituted for observing and relating to the specific territory.

The direction of our search and our words is always toward singularity. Routinized statements corrode genuineness, subverting analytic inquiry in the guise of analytic form. Words said to reconfirm theoretic postures expose underlying closure;

words which address the specificity, the singularity, of the current unfolding process promote analytic inquiry.

THE FORMATION OF THE ANALYST'S WORDS

Let us move from the analytic dyad and the question of how the analyst's words are adapted to the clinical task and turn to the processes within the analyst, what we might call "the word work." Word work, similar to the familiar concept of dream work, refers to the mechanisms by which deep motivations combine with current pressures to be converted into spoken statements.

In dream work current forces unite with the stream of older and deeper unconscious drive derivatives to find discharge in the special circumstances of sleep, that is, the limitation on discharge through external action and the presence of the need for representation primarily in visual images. In word work the psychologic state of the analyst's mind and the conditions for discharge are different: the interpreting analyst's mind works toward greater rather than lesser consciousness than does the dreamer's mind; mobility, though limited, is much less limited; the medium of discharge is speech rather than visual representation; the laws of secondary process must be imposed on the underlying condensations and displacements. Thus, dream work and word work follow different imperatives. But the natures of their compromise formations have similarities. It is in that sense that word work assumes its importance, as defining the area of the particular intrapsychic paths the analyst's mental processes take behind and prior to his communicating in speech.

Our attention has been called first to the consciously intentional communicative functions of the analyst's words, the manifest message to the other. Words serve, in addition, as intrapsychic compromise formations for the analyst, responding not only to the external demands of the patient's analytic needs but also to the discharge of forces within the analyst. Words are

simultaneously both end products of internal processes and communications designed to have effect on the other. Words actualize; they evidence inner as well as outer action.

To understand the development of the analyst's words, we must keep in mind the analyst's private personal intrapsychic functions. Only then can the multiple resonances and reverberations of messages and feelings between analysand and analyst be properly placed.

Evaluation of the patient's analyzing needs combines with the analyst's signal response to his own regression to move the analyst to speak. Deeply rooted motivations sublimated in the urge to do analytic work provide motor force. Discharge is restricted to speech drawn from the large reservoir of words. And effect is determined by the circumstances of the external reality of the state of the analysand and the analysis.

It obviously would be impossible in a single study to do justice to the complexity of the psychology of the analyst at work. For brevity's sake, in order to demonstrate the general categories involved in the word work within the analyst, I shall offer only a programmatic overview of these areas: the analyst's deep motivations, the choice of specific words and the "verbal residue," and the role of words as action, that is, the discharge effect of words on the patient as the analyst's external reality of the moment.

The Analyst's Deep Motivations

The analyst is brought to his work by a broad range of early motivations arising from his own urges, his identifications, and their subsequent mastery and sublimation through growth and insight. Each genetic level provides forces which contribute to his activity at work, and each of these forces can be examined on a continuum ranging from infantile drive to sublimated aim inhibition. Such unconscious motivations include rescue and healing fantasies, urges to master objects, urges to master con-

flicts, urges to regressive symbiosis, scopophilia, etc. Let us take voyeurism for our example of the analyst's deep motivations.

Voyeurism is part of a paired set of component instincts, exhibitionism and voyeurism. At times an analyst's original wish to see arose in defense against conflicts over pleasure in being seen, in showing. If the analyst's working curiosity persists as a defensive substitution for his forbidden exhibitionistic impulses, the analyst may be inappropriately silent out of a reluctance to show himself. This specific conflict can account for much of the difficulty in an analyst's struggle over activity and passivity, over how much he speaks. Obviously, the reverse, with inappropriate overactivity, can also occur.

Choice of Words

Now, for the specific words. In examining the context of the analyst's words, I have already discussed many factors in the choice of words. The analyst's personality and culture contribute to the determination of his vocabulary as well as to his tendency to speak more or less. Words used by significant others, including words heard in childhood and adolescence, words read in books, and words heard in his own formal analysis, reappear. The impact of his patients, including patients other than an analysand under immediate consideration, has been noted.

The vignettes in which I used the simile of a general to refer to activity or of decorating to refer to ways of relating to others demonstrate the use of verbal images from different patients in the form of day residues. How often do our words carry echoes of analyzing relationships past? With clinical work so central in the analyst's self-analysis, it seems inevitable that patients' private languages would become especially important elements in an analyst's choice of words.

The sense of "day" residue may need revision. The day is a natural unit, the day's memories easily accessible. As a conse-

quence we readily notice associations to seemingly insignificant matters from the immediate past. But the unconscious has no sense of time; the buried is not lost. In the analyst's partial ego regression when at work, old memories can arise as readily as recent ones for the crystallization of images and words. My use of the word "decorate" came across the years quite as easily as my use of a military analogy had come across the hours.

Words as Action

Now, we can turn to the power of speech, the role of speech as action. The analyst speaks for effect. No matter the analyst's desire to see his role as that of an impartial researcher helping catalyze the uncovering of buried truth, the analytic work is done for purpose. If the analyst were to have no impact on the patient and the analysis (akin to the patient's common fantasy that he can have no impact on the analyst), then the analyst and the analysis would be meaningless (Poland, 1978).

In contrast to the manipulative strategies appropriate to other therapies, the analyst's words are spoken to help understanding. An analyst does not speak to elicit specific responses. Rather, the patient's associations in response to the analyst's words become, themselves, new data. When the work goes well, the patient's subsequent associations often lead to unexpected areas.

In the power of interpretation even our fashion of speaking has effect. The psychoanalytic function of tact (Poland, 1975) deals directly with *how* our words act, the effect on the analyst and of the manner in which we choose and deliver our words. The very first vignette, that of commenting that a patient "would never dream" of a forbidden impulse, gives an example of how vital the tone is to the analyst's message. Spoken with regard for the patient in his struggles, the statement is helpful. Spoken with an edge of sarcasm, it ridicules and belittles. Interpretations of transference reactions are undermined if the message itself is not truly respectful and nonprovocative.

The analyst's style of speech can have as significant an impact

on the patient as do the words. The patient may react both accurately and with transference distortions to the analyst's manner of speaking. One young man, a heavy drug user, felt that the way I spoke about drugs was contrived and lacked an ease of authenticity. In fact, my language was awkward, because he was describing ways of life I did not know. Two separate themes were consequently exposed. One arose from what he took to be the phoniness, the dishonest posing, he inferred from my choice of words. His views of his experiences with his father, whom he considered phony, were clarified from the transference meanings he placed on my speech. The second theme came from his identifying with me as subject, rather than with my being cast like father as object. This line of thought led to his own sense of shame in association with ignorance, weakness, and vulnerability.

All of the analyst's utterances, not just his words, act with effect. A small example. At times some previously confusing aspects of the patient's fantasies will fall into place, making sense of something not before clear. For the patient this has an "Aha!" effect. Often the effect is the same for the analyst. Sometimes at such moments I will emit a slight half-laugh of recognition. Reflecting on that sound, I have come to think of it as closely akin to a smile of recognition, the sort of pleased and surprised smile when one suddenly notices an unexpected but very welcome friend.

That sound, never consciously planned, never seems to go unnoticed by the patient. Early in an analysis it is at times heard as if I have laughed *at* the patient, the event taken over by the transference. Later in the analysis such an event is heard by the patient as a validation of his new insight.

In my half-laugh I show both my ignorance and my sense of learning something. In a non-word oral message I tell the patient that I am not shamed by ignorance but find a pleasure in insight into new connections. The half-laugh, like a verbal partial interpretation, inseparably reveals messages both of expression and cognition, indeed of re-cognition.

The analyst's silence, too, is a form of statement, often a pow-

erful statement. Silence is more than a technique of abstinence. Silence, which cannot say what words can say, can state with great effect some things words cannot. Inappropriate silence by the analyst can be an act of sadism in the guise of analytic form. Appropriate silence at times can be more powerful than the spoken word.

A recent moment in my office offered a painful instance. A young single woman came for her session shortly after she had been told she needed a hysterectomy. Though there was, of course, much to analyze, at that first moment when she faced the horror of what she just had learned, any word of mine would have been irrelevant and demeaning. Any word from me in that first instant would have pulled her from experiencing the enormity of her feelings to the distraction of appreciating me as sympathetic. Among other meanings, this woman heard my silence as my staying in respectful attendance while she, not I, was suffering a massive loss.

Both the analyst's words and the analyst's silence have effects. And are intended to have effects. The analysis of a person is thus crucially different from the analysis of a text, which continues its essentially fixed existence after the interpreter parts. Words about a text or a work of art may alter the way others subsequently see that work. Words in analysis of a person become new parts of that person's experience. As Leavy (1980, p. 95) summarized, "The history of the analysis is an important part of the patient's current history, and not as merely a parallel to the rest of his experience, but as it both reflects and modifies it." The analyst's words act on the analysand directly.

The Analyst's Eccentric Distortions and His Words

For the most part I have not included vignettes with dramatic countertransference. Before commenting on countertransference directly, I will turn to an incident in which my words more markedly reflected a conflict of my own regarding the patient's unfolding work. My patient was an accomplished

writer. He spoke naturally with an articulate ease, a subtlety of nuance, I admired. One day well into the work he commented on *my* ease with words, *my* articulate skill. It was then I recognized that I had feared humiliation before this patient, a man whose world was peopled by masters in the use of language. To defend myself and to impress the patient in the face of his remarkable verbal facility, I had enacted undercurrents of my own competitive fears. Recognition permitted me to step back to allow an important part of the transference to be analyzed. What turned out to be at hand in the patient were intense childhood conflicts over inhibited competitiveness.

Combining some prior observations may permit us to notice connections between the effect of the analyst's words as actions within the analysis and problems of the analyst's eccentric distortions. As already described, the analyst's relation to his own exhibitionistic and voyeuristic impulses can influence how much he speaks.

Consider the patient who does not carry insight into new ways of behaving in his life outside the office. We are familiar with the idea that the analysand identifies with the analyzing function of the analyst. An analyst's inhibition of speech, reluctance to show himself, and undue delay in interpreting also are sources for possible internalization by the patient. In the context of speech as the primary medium of action in analysis, could it be that these inhibitions provide a countertransference model of inhibition in the realm of action? If so, the analyst's inappropriate silence would be a hidden contributor to a patient's inhibition of freedom to act.

COUNTERTRANSFERENCE AND THE ANALYST'S PSYCHOLOGY

Just as in the past it has been felt that the analyst's words could be purely cognitive without either affective message or appeal to action, so, too, there has been a belief that the analyst could speak, that is, act within the analysis, with pure objectivity. Any

deviation from that purity was termed "countertransference." The word had been coined by Freud (1910) to refer to those forces in the analyst which led him to set aside his neutrality toward the patient.

Countertransference, like transference, was seen at first as an interference to analytic work. The uses of both later came to be realized. The inevitability of countertransference may have been stated most succinctly and elegantly by Viderman (1974, p. 472): "The transference neurosis does not develop in an emotionally empty space. It can only develop in a space saturated with affects. It is thus that Kant's dove believed that its flight would be easier if it did not encounter the air's resistance. The analytic space is also a distortion of what is inscribed in it and a resistance, but it is because of this distortion and this resistance that something becomes discernible within it. It is through these resistances that the dialectic process of the analysis develops."

The analyst certainly can interfere with the course of an analysis; his inappropriate functioning can be vastly destructive. Problems have arisen, however, over the use of the word countertransference. Used in a narrow sense, it speaks of the analyst's eccentric intrusions into the analysis; in a broad sense, it speaks of the activity of the analytic instrument, the analyst's entire psychology at work. The word has been used in such a variety of ways as to lose its specificity and communicative value.

Consideration of the analyst's use of words suggests that the psychology of the analyst at work *always* processes and thus necessarily modifies that which is being explored by the patient. Where now shall we draw the line when we speak of the analyst's not setting aside his neutrality?

Perhaps the answer lies in the degree to which the analyst facilitates the work, the degree to which he moves it off course. The analyst's own compromise formations while at work can both serve and distort his analytic task, and can do both at the same time on different levels.

Recognizing that the analyst must lend his own mind to the

service of the analytic work, how shall we measure the aptness or the distortions? Many scales are possible. For instance, by one scale we can size up the analyst's reaction on a continuum, finding gradations from mastered trial identifications at one end to more regressed counteridentifications and overidentifications at the other. On another scale we can make differentiations on the degree of mastery, the degree of autonomy from personal conflict. Here we can note how open the analyst is for self-analytic scrutiny, how able to modify and correct his readings to be ever more true to the patient's. The capacity to analyze is directly related to the capacity to master the countertransference and to utilize the information garnered from it.

Consciously or unconsciously the analyst struggles with his own transference forces in an effort to be as true as possible to the patient's work. Self-analysis is an essential part of what goes on when an analyst "analyzes" someone, whether or not that self-analysis occurs on a conscious level. The analyst's self-analysis is not only of benefit to the analyst, but it is vital to the ultimate clinical goal, the patient's analysis. Evidence of the analyst's inner processing, of his self-analysis, is built into his use and choice of words.

Whatever comes up from a patient is said to be "grist for the mill." Though I believe that anything an analyst thinks or feels is similarly apt for his examination, I do not suggest that the patient's need to put all into words is the analyst's similar right, to say whatever comes to mind. Eccentric intrusions by the analyst are to be recognized as such. But the absence of marked or clear intrusions does not imply the absence of contributions from the working of the analyst's mind.

Clinical analytic work has a double task, the exploration of the patient's mind and the transfer of a technique so that the patient can continue that exploration independently. The words the analyst uses for the first purpose, interpretive explanations in exploring the patient's mind, contain in addition to their explicit message other messages structurally implied within them. These help the analysand achieve the second goal,

the transfer to the patient of the technique of analyzing. Insight can free the patient from symptoms and inhibitions. The capacity for self-analysis, for autonomously developing further insights, offers the greatest freedom analysis can provide. It is from the implicitly structured deeper messages that the patient learns not only how the analyst views the material, but how the analyst views related conflicts within himself, how he views the analyst-and-analyst relationship, and most importantly, how a person analyzes.

SUMMARY

Under the special circumstances of the analytic situation the analyst's words have the effect of powerful action, serving the analyst as his major avenue for intervention. Like any human behavior, the analyst's spoken words are the outcome of complex multiple determinants. Manifestly designed as a vehicle for communication, the analyst's speech also has structured in it evidence of the intrapsychic mechanisms which led to its formation.

The dyadic nature of the analytic situation leads to the analyst's psychology forming both part of the human substrate in which the analysis takes place and the analyzing instrument of the analyst. At work the analyst experiences a regressive pull parallel to that of the patient. The analyst responds to his own regression as a signal, separates himself from his sense of the patient and the patient's objects, and then, after quiet self-analysis, interprets in recognition of the unconscious meanings of the patient's messages. A successful interpretation carries in it implicitly the message of the analyst as a separate person, one who can identify charged forces and put them into words.

In order to approach elucidation of the patient's unconscious forces, the analyst uses words with a wide range of multiplicity of meanings. The use of metaphor to approximate unconscious fantasies is an instance.

In contrast, references to the underlying collaborative rela-

tionship require the use of words with a maximum of specificity. Precision of immediacy, attention to the singularity of the analysand and the analysis, is also required.

Word work, comparable to dream work, refers to the factors within the analyst at work which culminate in his spoken words. Evaluation of the patient's analyzing needs combine with the analyst's inner regressive signals to move the analyst to speak. Deeply rooted motivations for analyzing provide driving force. Technical skill and self-knowledge shape the movement of that force. Discharge is restricted to speech drawn from the large reservoir of words, including verbal residue from the same and other patients. Within the constraints of the analytic situation the analyst's spoken words function as powerful actions, having effect on both analysand and analyst.

REFERENCES

- ARLOW, J. A. (1979). Metaphor and the psychoanalytic situation. *Psychoanal. Q.*, 48:363-385.
- FENICHEL, O. (1941). *Problems of Psychoanalytic Technique*. New York: Psychoanalytic Quarterly, Inc.
- FLIESS, R. (1942). The metapsychology of the analyst. *Psychoanal. Q.*, 11:211-227.
- FREUD, S. (1910). The future prospects of psycho-analytic therapy. *S.E.*, 11.
- HARTMANN, H. (1951). Technical implications of ego psychology. *Psychoanal. Q.*, 20:31-43.
- HOFFER, A. (1983). Personal communication.
- ISAY, R. A. (1977). Ambiguity in speech. *J. Amer. Psychoanal. Assn.*, 25:427-452.
- LEAVY, S. A. (1980). *The Psychoanalytic Dialogue*. New Haven: Yale Univ. Press.
- LOEWENSTEIN, R. M. (1956). Some remarks on the role of speech in psycho-analytic technique. *Int. J. Psychoanal.*, 37:460-468.
- OLINICK, S. L., POLAND, W. S., GRIGG, K. A. & GRANATIR, W. L. (1973). The psycho-analytic work ego: process and interpretation. *Int. J. Psychoanal.*, 54:143-151.
- POLAND, W. S. (1975). Tact as a psychoanalytic function. *Int. J. Psychoanal.*, 56:155-162.
- (1978). On the analyst's responsibility. *J. Phila. Assn. Psychoanal.*, 4:187-196.
- (1984a). The analyst's words: empathy and countertransference. *Psychoanal. Q.*, 53:421-424.
- (1984b). On the analyst's neutrality. *J. Amer. Psychoanal. Assn.*, 32:283-299.
- SHARPE, E. F. (1940). Psycho-physical problems revealed in language: an examination of metaphor. In *Collected Papers on Psycho-Analysis*. London: Hogarth, 1950, pp. 155-169.

- STERBA, R. (1934). The fate of the ego in analytic therapy. *Int. J. Psychoanal.*, 15:117-126.
- STONE, L. (1961). *The Psychoanalytic Situation: An Examination of Its Developmental and Essential Nature*. New York: Int. Univ. Press.
- STRACHEY, J. (1934). The nature of the therapeutic action of psychoanalysis. Reprinted. *Int. J. Psychoanal.*, 1969, 50:275-292.
- VIDERMAN, S. (1974). Interpretation in the analytical space. *Int. Rev. Psychoanal.*, 1:467-480.

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TURNING AGGRESSION ON THE SELF: A STUDY OF PSYCHOANALYTIC PROCESS

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AND MONROE PRAY, M.D.

The concept of turning aggression on the self is studied, and some clinical vignettes are presented which demonstrate the use of this concept as a guide to the formation of an "ideal" for one kind of analytic intervention with one kind of analytic surface. Pertinent literature is reviewed, and assumptions implicit to the analyst's activity are discussed. This endeavor is viewed in the larger context of attempts to arrive at a clearer understanding of the psychoanalytic process.

In our study of the psychoanalytic process we have used Gray's (1973, 1982, 1985) clinical hypotheses concerning an "inside focus" and Brenner's (1976, 1982) formulations about defense and superego. We have adapted these ideas to parts of Weinshel's (1984) definition of the psychoanalytic process: those aspects of the unique relationship between the analyst and the analysand which permit and promote *working through resistance* to resolve *repression*. It is our thesis that psychoanalysis provides the optimal setting for the analysis of resistance and that this leads to an understanding of the mechanism of repression.

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Working Through

We have utilized Freud's (1914) concept of allowing "the patient time to become more conversant with this resistance with which he has now become acquainted, to *work through* it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis" (p. 155). We use the term "working through" in the sense of working in the face of a resistance rather than working from one side of it to the other or completely resolving it. An important implication of this definition of "working through" is that it does not suggest a "disappearance" of resistance. This finds correspondence in our analytic work.

Resistance

We use the term resistance to mean a conflict about vocally expressing something in the analytic situation. By limiting our study to that which is vocally expressed, we wish to emphasize the fact that the analyst does not know what the analysand is experiencing, only what the analysand can communicate about it. We realize that limiting our definition of resistance to conflicts over saying something in the analytic situation does not represent an exhaustive treatment of the subject of resistance. Neither is it idiosyncratic; Freud (1914) included this definition as one manifestation of resistance. It is an operational definition which favors using what is available "intraclinically" as a primary focus of analytic attention. An "intraclinical" focus is what Gray (1973) referred to as an "inside focus." Early in analysis resistance is more frequently unconscious. As analysis proceeds, however, analysands experience an increased awareness of resistance as they become convinced that being acquainted with their resistances is useful in achieving insight. The concept of insight as a *process*, as opposed to more static conceptualizations, has been clarified by Joseph (1985). In termination there is resistance, but there is an increased ability to work through it and to analyze it.

Repression

Repression is fundamental to resistance and is understood to be a part of every defense. Repression is considered a force that is stimulated by a quantum of aggressive energy. This idea is congruent with Freud's (1910) initial formulation of ego instincts. Theoretically, the ego instincts were forerunners of the aggressive instinctual drive and included the self-preservative instincts and those responsible for repression.

Intraclinical Focus and Analytic Surface

An assumption in an intraclinical focus is that each resistance has a demonstrable defense or inhibition at its observable onset. We think that it is at this point—the point of interface with what came before—that resistance analysis can be most productive.

One important aspect of the unique relationship between the analyst and the analysand which promotes working through is the analyst's careful attention to an analytic surface which analysands experience as liberating. "Surface" is meant to denote a sequence of thoughts and feelings that analysands can become aware of merely by turning their attention to a sequence from a particular point of view. This formulation of surface may be used at moments when the analysand turns aggression on the self. These moments may be conceptualized in other ways, such as moments of inhibition, of depression, of tension, and of guilt. Any sequence in analysis may be viewed in multiple ways (Brenner, 1982). One reason we have chosen turning aggression on the self is that it refers to a *process* that can be reconstructed by the analyst from a pattern of the analysand's verbal productions. It is also one that is congenial to a majority of analysands as a relatively "experience near" way of thinking about one aspect of the range of defenses used in the service of resistance to inhibit mental capacities. In our work this concept is applied whenever possible in interventions with an intraclinical focus.

Turning Aggression on the Self: From Metapsychology to Practice

Early in his writing Freud (1894) recognized that compulsive self-criticism had the effect of preventing criticism of others. In 1910 he first conceptualized the ego instincts as the self-preservative ones and as important factors in repression. Later in his writings he elaborated the concept of turning aggression from the object onto one's self (1915). With the development of the structural theory (1923), he proposed that the superego is the agency of intrapsychic self-criticism. A way to think about the energy invested in the superego that approximates clinical observation best is to conceptualize it as retaining elements of its instinctual origin more so than does ego energy (Hartmann, Kris, and Loewenstein, 1946). The superego was thought to be the agency that stimulates defensive activity in adult neurosis (A. Freud, 1936).

In practice, we construe inhibiting, restricting, and delaying the expression of one's thoughts and feelings as resistance, which, we hypothesize, is invoked by a quantum of aggressive energy emanating from the superego that activates the repressive part of each defense. This idea was stimulated by Freud's (1910) early idea that repression is like a negative judgment in the field of logic, and by Hartmann, Kris, and Loewenstein (1946, 1949), who thought that clinical understanding might be enhanced by a theory which dealt with the role of libidinal and aggressive energy in defense. In the psychoanalytic setting, the repressive process may be inferred, demonstrated, and analyzed to the advantage of the analysand (A. Freud, 1936).

An optimal condition for such a demonstration obtains when the analyst can observe the analysand's thoughts and feelings about the analyst or thoughts and feelings about another and the way these various thoughts and feelings stimulate resistance in the analytic setting. Ideally, a major advantage of the analytic situation is the safety in that setting (and perhaps only in that setting) for a person (the analysand) to express all his or her thoughts and feelings to and about the other (the analyst) with whom he or she shares the room. *Any force that opposes such ex-*

pression limits the unique opportunity afforded in the analytic situation. Hence, one may construe resistance as a conflict over vocally expressing something in the analyst's presence, with a discernible inhibition or defense at its leading edge. The systematic demonstration of the motives for sacrificing the unique opportunities afforded by the analytic situation constitutes a useful and tactful approach to psychoanalysis.

In this paper we wish to make a case for two different uses of the concept of turning aggression on the self. The first is the usual use of the concept, a macroscopic one; the second is a more subtle, microscopic view that is useful in conceptualizing the *disavowal or repression that is present in all defense*. In every resistance and defense something is being said "no" to (Brenner 1982; Freud 1910; Friedman 1984). On a theoretical level the "no" may be thought of as effected by a quantum of aggressive energy from the superego. Relatively speaking, on a complementary spectrum, a polarity of avowal, permission, or a "yes" may be ascribed to a stimulus of a quantum of libidinal energy from the superego (Brenner 1982). On an "experience near" level analysands can learn to feel reluctance or resistance as a turning of active energy from an "outward" direction onto themselves. (Actually, some analysands can experience a step before this, in which they can feel a "readiness" to turn on themselves.) This formulation may help analysts on two fronts. At the more abstract level it helps them conceptualize their task in economic terms, i.e., in ferreting out moments of restrained ego functioning in order to redirect the restraining energy from anachronistic barriers to autonomous functioning and sublimation.

At a more immediately practical level it helps analysts, when addressing resistance, to think about the wording of interventions in an attempt to avoid provoking self-derogation by the analysand as in the following example. Imagine a young woman complaining that her analyst had not smiled that day in greeting her. She paused, then turned her focus to complain of her sourpuss mother. When she paused again, the analyst considered intervening. One way to do so was, "Maybe it's easier to

complain about your mother than it is to complain about me, because of some danger you experience here." While there is nothing inaccurate about that intervention, it runs the risk of providing an opportunity for the patient to turn on herself because of the phrasing. She might lament her always trying to find "the easy way out" and remember childhood experiences of parental injunctions against that. Such an experience involves an ego regression, stimulated by the analyst's intervention. Even if that was not the analyst's intent, which may be clarified and analyzed, it may make it more difficult for the analysand to believe in the analyst's neutrality than it would be had the analyst used an alternate approach.

An alternative intervention, with words less apt to be considered an invitation to self-derogation, is: "Now you are complaining about someone at some distance, but a moment before you were freer to examine those feelings about me. Can you experience a sense of risk in thinking of me the way you did about your mother?" This intervention makes it less likely that the analysand will believe that the analyst is calling her lazy, and it emphasizes the analyst's primary interest in learning more about how to free her mental capacities in the analytic hour. Later in the analysis it may only be necessary to say, "Now you are experiencing those feelings toward someone at a distance." The analysand will fill in the rest.

The preferred of the two above interventions invites a view of a restricted freedom in the use of the mind as opposed to what may be construed as an invitation to view a deficit. The wording suggested here avoids the pitfall of attracting superego injunctions. Gray (1985) stated that "when we choose our words most wisely, we manage to lessen the burden on analysands' rational listening, comprehension, and observation in three ways. First, we respect their egos by choosing language that does not strain their fund of knowledge; second, we choose words that do not stimulate their conflicted instinctual drives; and third, we try not to attract their superegos into substituting a judgmental attitude for an objective one." It is an awareness of all three

factors that helps us choose wording less likely to invite turning aggression on the self.

A Macroscopic Conceptualization of Turning Aggression on the Self

The familiar conceptualization is also the one for which analysts can sometimes sense a readiness. "I can tell that this is going to be one of those days that I am going to be struggling with turning on myself." It is frequently implemented by defenses most easily conceptualized as identification and/or projection. Turning aggression on the self is used most often in analytic parlance to designate a compromise ending with a person on the receiving end of an aggressive impulse that was once experienced toward someone else (if only for a brief moment, and perhaps only unconsciously). The self is on the receiving end of the aggressive impulse in a relatively final compromise.

Patient: I am angry at him for not taking me into consideration. He always keeps me waiting. [She became quiet for several minutes.] But then I am not always so Johnny-on-the-spot myself. I guess I am as inconsiderate as he is . . . [pause].

Analyst: Now it is you who are inconsiderate, but just before that you seemed freer to evaluate him as inconsiderate. Can you sense what got in the way of holding that outwardly directed, evaluative stance in my presence just now?

Patient: You were three minutes late today. I was annoyed. I wondered if you were angry at me. When I came in here, I forgot all about it, but when I started talking about my boyfriend's lateness, I began to feel that you would remember the time I stood him up, and even though he did it to me this time, you would think that I was easily as inconsiderate as he was.

Here the workings of the patient's ego within the resistance may be conceptualized *macroscopically* as follows. When the evaluation of a man as inconsiderate came dangerously close to an evaluation the patient might have had of the analyst—i.e., when her displacement began to break down—she invoked a

second line of defenses: projection and identification. She projected her anger at the analyst onto the analyst and identified with the inconsiderate one, the former object of her derision. In other words, these defenses had the effect of saying “no” to the patient’s angry self-representation and “yes” to the patient’s self-representation of being inconsiderate. Thus she was left on the receiving end of the inferred aggressive impulse in this momentary, relative, final compromise which appeared as resistance in the analytic session. Here we can see that resistance is a compromise, like any other, except that it can be experienced by the analysand, and it can be observed by the analyst.¹ In this conceptualization of resistance, as analysis proceeds, the analysand will be better able to observe moments of resistance herself. Thus, as analysis progresses, we might expect the analysis of moments of resistance to increase rather than to decrease.

A Microscopic Conceptualization of Turning Aggression on the Self

This is the conceptualization suggested by Freud in 1910 and by Hartmann, Kris, and Loewenstein (1946, 1949). Freud (1910) included the instincts for self-preservation and those responsible for repression under *ego instincts*. He suggested that repression may be regarded “as something analogous to a condemnatory judgement in the field of logic” (p. 213); in other words, a “no” to something. If one conceptualizes repression as a part of all defense then our argument has precedent.

In identifying with someone who was formerly observed critically, or in projecting one’s anger and then experiencing one-

¹ While we view resistance as a compromise, we agree with Brenner that it may be useful *not* to consider defense as a compromise as long as one recognizes that defense always says “no” to something and also always says “yes” to something else; thus, defense serves drive regulation and drive gratification simultaneously. In this hypothetical understanding, the compromise following a defense is shaped by superego injunctions as well as by adaptive assessment of what the milieu will bear. The defense itself refers only to the way an instinctual impulse was processed, not to the resultant compromise.

self on the receiving end of it, the instinctual vicissitude of turning aggression on the self shines brightly through the defense because the compromise ends with the analysand on the receiving end of significant quanta of aggressive id energy, as in the example above (Pray, Davison, and Bristol, 1984). However, there are other, more *microscopic* moments in that example that may be conceptualized as influenced by superego aggression which affects particular ego functions. For purposes of clarity the following examination will emphasize a “yes-no” polarity as if it were a toggle switch. We recognize that an analogy that emphasized complementarity would be a more accurate description. In other words, in between the superego “yesses and noes” would be many degrees of “maybes,” each influenced by the ego’s assessment of the current milieu.

1. Outside the hour, the patient reported, she had first felt annoyed at the analyst, but then she reported that she forgot that (repression). The superego aggressive energy may be thought of as saying “no” to her affect recognition (ego) capacity or to her angry self-representation. She reportedly imputed the anger to the analyst (projection). Superego libidinal energy said “yes” to the object representation of the analyst as angry, for a moment. Then she forgot that (repression).

2. In the analytic hour she experienced anger at her boyfriend (displacement). The superego aggressive energy said “no” to the analyst as the object of her impulse (repression) but found discharge in a substitute (the superego said “yes” to her boyfriend as a substitute target).

3. Then her description of the boyfriend began to sound as if it might also apply to the analyst. Again she blunted her own affect and imputed it to the analyst (repression of her affect recognition and projection of her active evaluative stance onto the analyst). This may be thought of as stimulated again by a quantum of superego aggressive energy saying “no” to her affect recognition and “no” to her maintaining an evaluative self-representation. Then she took on the attributes of the object of her derision (identification and regression). A stimulus for her

defenses may be attributed to a superego injunction against looking down upon the analyst as not "careful about timing." She used recall to find a time when she might join him in imperfection (a quantum of superego libidinal energy said "yes" to her experiencing herself as inconsiderate). Each of the superego injunctions that stimulates repression may be seen as an aggressive "no, don't think and feel that," as opposed to a facilitating, libidinal "yes, you are entitled to your feelings and to your unique point of view." One might see that in the examples of identification and projection given above, a perception of the self is denied, dimmed, or blunted. This "no" stimulus of the defense, *not the final compromise alone*, may be attributed to a quantum of aggressive energy turned against the ego's perceptual capacities, or a quantum of aggressive energy turned against an outwardly directed, evaluative self experience.

In the projection of a *libidinal* impulse or in an identification with the object of such an impulse, the compromise ends with the analysand on the receiving end of a libidinal impulse. If one recognizes that in the compromise the analysand relinquished an active self-representation and imputed it to another, then the effect of blunting an affectionate self-perception may be conceptualized as attributable to a quantum of aggressive energy, emanating from the superego turned against the self. While the analysand may not even feel this moment as self-derision because aggression is not the instinctual drive stimulating affects on the surface at the moment, practice will allow an analysand to begin experiencing this relinquishing an active position as a diminishing of the self (Pray, Davison, and Bristol, 1985). One way to think about the difference between the macroscopic moment and this microscopic moment of inhibition is that in the microscopic moment the inhibiting superego injunction does not enlist the support of significant aggressive id energy (as was the case in the above vignette). Here the moment may not be experienced as inhibition at all until the defense has resulted in an uneasiness which signals resistance:

Imagine a patient who spoke of her affection for the analyst

and then became hesitant. Investigation of that hesitation made it possible for her to express a fantasy: she feared that if she continued exposing her affectionate feelings, the analyst might become so *stimulated* that he would fall in love with her, which would make him ineffective. The analyst may point out that the patient seemed to find it necessary to relinquish her active² feelings and to let the analyst have them, just as she was demonstrating more freedom there. The moment that she repressed her experience of herself as a loving person for the experience of a person in danger might be conceptualized as attributable to a quantum of aggressive superego energy saying “no” to her active affectionate feelings. Projection followed (“yes” to a passive experience). Through that defense we are able to see what unacceptable impulses she may have been afraid to allow herself to experience—sexually stimulated ones—because those were the ones that she imputed to the analyst.

Now let us recapitulate the microscopic effects of turning aggression on the self as they may be applicable to individual defenses when these defenses are thought of as affecting the autonomous ego function of perception (Pray, Davison, and Bristol, 1983). In denial, one's perception is limited in order to maintain an imagined safe view. In regression, the analysand relinquishes a position of strength by diminishing a particular capacity. In displacement, the analysand blunts the sharpness of her perceptions about one figure to focus on an imagined safer object. In identification, the patient may be thought of as turning her gaze from a targeted other by stepping into the picture on the receiving end of scrutiny. Each of these restrictions may be thought of as implemented by turning a quantum of aggressive superego energy on the perceptual instrument which causes an impairment or on a self-representation which gives way to a less capable experience of the self. This concep-

² Active refers to a feeling one is having about another, as opposed to passive which refers to a feeling one is imagining another having about oneself.

tualization is congruent with Freud's early ideas about repression.

Brenner (1982) makes a case for defense as a process that is not a compromise and can only be inferred from its consequence. In other words, defense is not observable but its effect is observable. What is absent, and what takes its place in associations, permits us to "reconstruct" a defensive operation (Anna Freud, 1936). As opposed to a process which is inferred only from its consequence, id derivatives have a certain insistence. They are impelled into the analyst's consciousness by a patient's redundancy. In Brenner's conceptualization of defense the superego stimulus of which we write would be thought of as a stimulus of defense, not a part of the defense itself, since in his conceptualization defense refers only to the way conflict is processed, not to the compromise formations preceding or following a defense. This elegant clarification undermines such notions as: patients who speak with enthusiasm of their vacations are "defending against" missing the analyst. A drawback to Brenner's conceptualization of defense is that it may de-emphasize the moment just before the defense is actualized, the one we think may be productively attributed to turning aggression on the self or on an ego capacity.

Practical Use of This Theory

This way of thinking helps analysts who find it useful to imagine themselves trying to aid analysands in reversing the restrictive process fueled by self-directed, aggressive energy in order to deliver the inhibiting, aggressive, superego and id energy to the ego for enhancing its autonomous capacities and for sublimation. We do not apologize for this blatantly energetic, grossly mechanistic conceptualization. We find it useful and congruent with all of science, which, by necessity, invokes energetic concepts. Initial attention to one aspect of resistance, i.e., the superego injunction that stimulated it, keeps us focused on the "here and now" in the analytic session and helps us focus away from "genetics," at least initially. This helps us to avoid

premature closure. Before we even think of establishing “a meaning” for a particular resistance at a particular moment, we first try to collaborate with the analysands to make sure they can “experience” a sense of reluctance. Then they should be able to experience the reluctance in association with a particular content within the hour. And then the analysands may attempt to direct their attention to the imagined risk in revealing, or speaking freely about the content. Putting so many steps in between agreement that resistance exists and finding a meaning for the resistance at the moment discourages conclusions which depend upon the analyst’s imagination independent of the analysand’s “working through.” When analysts focus their attention on the relative freedom or restriction of an ego function, at a particular moment in a particular resistance in analysis, their attention is focused *away* from genetics, at least at first. This helps us avoid “nailing down” a piece of analytic behavior and attaching it to one particular genetic aspect. When we experience a readiness to “nail down” a piece of analytic behavior to a specific genetic referent before the analysand does, we risk interfering with the analysand’s opportunity to “work through” or to find his or her own genetic referent.

Here, then, is our *ideal* for intervention. When functioning in the intraclinical mode, *the analyst intervenes at a moment when a capacity which was previously less encumbered has become restricted. The intervention begins with a view of the restriction and ends with a view of the capacity.*

“Now you are experiencing a sense of tiredness, but a moment before, you were energetically pursuing a description of your thoughts and feelings concerning X. Can we look at what might be slowing you down?” Or, “Now you are experiencing a sense of urgency, but a moment before, you were enjoying the freedom to wander aimlessly in your thoughts. Can we look at what may be disturbing you?” If the analysand can “try out” the analyst’s construction of his or her train of thoughts, then the next step is to enlist the analysand’s interest in finding the fantasy that made the restriction seem necessary.

The process we are describing has been called “defense anal-

ysis." By refining our focus of attention to one particular aspect of defense, at one particular time, i.e., the inhibiting aspect of defense when defense serves resistance, we hope to avoid the mistake that others have noted when analysts treat defenses as something to be eradicated, as if they could be. We wish to call attention to the work of those who have emphasized the important adaptive uses of defenses—e.g., Abend (1981), Brenner (1982), and Hartmann (1964). We believe our method for dealing with defense does as little as possible to contribute to the notion that defense is "bad." Such an attitude, even if not intentionally conveyed, could contribute to a masochistic form of compliance on the part of the patient. Here is an example from the recent literature (Schwaber 1981):

Mr. R. often told of the importance to him of photography, a subject about which he spoke with great affective involvement. In one hour he said: "I can remember even way back having the experience of elation. I can remember it being triggered by how it might look photographically, as in a beautiful scene or in music. When I see something that looks good, there is a very strong desire to take a picture and kind of freeze it there, as with a beautiful sunset. It's an experience all of a sudden of my sensibilities becoming really heightened, like I'll notice the pores of someone's skin and it looks great, and I want to take a picture and catch it. . . . I know a psychiatrist who became interested in photography and took it up more and more . . . on his vacations . . . finally giving up psychiatry. . . ." I said (since my own vacation was imminent and there had been no reference to it): "I wonder if my vacation may have been stirring such thoughts, of my waning interest in my profession." Mr. R. replied: "I'm not sure how to understand what you mean . . ." (p. 359).

The patient was hurt and became defensive. The analyst reconstructed the analysand's defensive and hurt response from genetic material concerning adults who were so caught up with their own experience that they could not attend to him. We would see this early and primary genetic focus as distracting

from the experience in the analytic hour in which a defensive response might be expected simply from the strain such an intervention would make on the patient's ego. The patient seemed to be exhibiting his freedom to experience pleasure in his capacity to observe details closely. The analyst stated that there was something he had not looked at. How could this fail to undercut the patient's sublimative energy?

In fairness to the author, she was not offering this as a model intervention. However, we find her examination of the deficiencies in her intervention incomplete—but not at all unique in not respecting the *adaptive value* of displacement. When children play, they work out conflicts in displacement. If we did not displace, free association would not be possible. Imagination would be seriously limited. We think it prudent to treat displacement with the respect one would show any important adaptive function.

Here are alternative interventions that might convey the respect for the adaptive, even creative components of displacement without interfering with the analyst's task of bringing a possible resistance to the analysand's attention.

1. "A psychiatrist who goes on vacation is a part of your thoughts there."

2. Even better: "Now your speech is slower [if indeed there was some sign of psychic conflict]. It began to slow with ideas about a psychiatrist on vacation. Just before that you were demonstrating your capacity to look closely. You seemed to be experiencing pleasure in that capacity. When you spoke of the psychiatrist who went on vacation and gave up his practice, your speech slowed. Was there some reluctance in looking closely at those thoughts and feelings?"

The first intervention at least admits that the analyst is focusing on only one aspect of the patient's thoughts. It also does not ask the analysand to adopt the analyst's focus of attention if he experiences his present focus as more important. The second intervention acknowledges the patient's predominant affect, and it tells the patient that the analyst has not missed the

fact that the patient seems relatively free with an important ego capacity. This acknowledgment may be especially important if the “freeing” of this observing capacity has been a focus of analytic work; otherwise, the analysand may be demonstrating progress and the analyst only attending to “what is missing.” Both interventions we suggest as alternatives are relatively more respectful of the adaptive functions of displacement.

The idea that defenses in resistance serve the instinctual vicissitude of turning aggression on the self becomes significantly more impressive and less theoretical when an analyst attempts to investigate the process in clinical practice. The investigation frequently reveals the aggressive energy that formerly invested some form of ego restriction and is now aimed directly at the analyst as the analyst attempts to free the restriction. In optimal doses this has been accepted as a condition for changing the restrictive influence of the superego on the ego for some time. Strachey (1934) considered it an integral part of the mutative interpretation, as do we, because it gives the analyst an opportunity to respond rationally and in an unruffled manner to the patient’s aggression, which has the effect of convincing the patient that his or her feared reaction from the analyst is unsupported in reality. We think that it is through this process that id and superego energy becomes more neutralized. The fact that analysands frequently become angry or annoyed when analysts attempt defense analysis has at times been seen by some analysts as a deterrent to its use. These are analysts who are not comfortable with their patients’ aggression or equal stature in the analytic setting or who tend to see patients as more infantile (Gray, 1982).

The Intraclinical Context

Whenever possible the analyst’s interventions have an intraclinical focus. He hears all communication as expressions of the patient’s moment-to-moment experience in the analytic hour (Gray, 1973). Jacobson (1985) described the difference between

an intraclinical and an extraclinical focus as analogous to a centripetal versus a centrifugal force. In an intraclinical focus the analyst follows the patient's thoughts as thoughts in the session. With a different focus the analyst may treat the thoughts as referring to an external reality; he or she may attempt to obtain additional knowledge about the external event rather than, for example, analyzing the analysand's resistances to feeling free to observe the details of his or her life closely in the analyst's presence. Here is a clinical example: A woman expressed anger at her boss in her analytic session for his unfair treatment of her friend, Mazie. If the analyst had said, "Did Mazie do something to stimulate such treatment?," he would have been following the patient's associations outside the hour in a centrifugal fashion as opposed to a more centripetal comment such as, "Now you seem inhibited in telling me about this occasion, whereas just before, you seemed free to observe a man treating a woman unfairly. What can you sense about your reluctance right now?"

Sometimes the communication refers to what otherwise might be considered acting out or recall of important genetic material (Gray, 1973). The analyst hears these associations much as he does any other in the analytic hour (Freud, 1912). The equivocation here is deliberate. We do not think for one instant that analysts hear material without value judgments that are immediately conveyed to the analysand. The analyst does this in a relatively more neutral way than anyone else in the patient's life, in all probability, and one hopes that the analyst would make his bias known as applying *only* to the analysand's behavior in the analytic setting. Illustrative examples follow:

Immediately after a patient reported a story in which he had achieved a career success, he had a fantasy of punching his boss. He then became subdued in the session. The analyst inquired if the patient was experiencing a sense of reluctance about expanding on the punching fantasy in his presence at that moment. This intervention clearly invites inquiry about a reluctance to expand on a fantasy of a hostile action.

If, however, the patient, after telling the story of his success, said that he was within a hair's breadth of *actually* hitting his boss, the analyst might focus on the patient's *picturing himself as acting impulsively* following a moment when he seemed freer to talk about a career success in the analyst's presence. The investigation would then focus on finding the reason that the patient seemed to be having difficulty holding onto a view of himself in a position of advantage in the analyst's presence. Such a formulation clearly suggests that experiencing an urgency to hit one's boss may not be advantageous.

Obviously, a sense of urgency to act is treated here with a value judgment about its consequences, whereas the fantasy, without the urgency to act, is treated as a welcome and expandable process. A clear bias demonstrated in these interventions is that an urgency to act impulsively is not as advantageous as contemplation, at least in the analytic setting. The analysand then may reflect upon the advantages and disadvantages of acting impulsively elsewhere as well. Does the analyst's bias in treating impulsive urges to act as less advantageous make our study less scientific? No. Scientific observation always has a bias. It is part of the scientist's task to specify his bias rather than to deny it.

In listening, the analyst is attuned to signs of tension in the ego that seem demonstrable (resistance). At moments of observable tension in the ego, the analyst focuses on the interface of the defense or inhibition and the content that preceded it or the content that seems to be actively struggled with in the resistance. The analyst attempts to demonstrate the way he has heard the interface between the content and the inhibition. Analysands may experience the interface differently. The analyst should be willing to admit that his point of view is a construction and only one way out of an infinite number of ways that a sequence of thoughts and feelings might be described. If the patients can try out the analyst's construction, then cooperative investigation may proceed, providing that *the analysand can*

acknowledge a sense of inhibition or reluctance. Otherwise, further investigation of the particular resistance will be on an intellectual rather than an affectively important level. When the analysand can experience the aspect of his thoughts and feelings that stimulated his turning aggression on himself, whether in the final compromise—such as in the identification with the object of aggression—or by restriction of an ego capacity in the more microscopic view—such as a reluctance to look closely at an aspect of the analyst or at some aspect of another in the analyst's presence—further investigation can proceed.

When a fantasy about the analyst's reaction to some particular content can be elicited, some actual stimulus in the analytic setting usually exists for even the most remote transference fantasy (Gill, 1979). An analysand became especially cautious with aggressive impulses toward the analyst for no apparent reason. The patient had a very vivid transference fantasy that the analyst was cachectic. It was not apparent what stimulated the analysand's fantasy in the analytic setting. Eventually, identifying the immediate stimulus for the fantasy in the patient's actual experience with the analyst (the smell of air freshener in the analyst's office) seemed important because it was immediately demonstrable. It reminded him of the air freshener in his father's hospital room at the time of his father's death. Identifying the immediate stimulus for the transference fantasy let the patient know that the analyst was not asking him to turn his gaze away from him. It allowed the analysand to know how little he was basing a rather elaborate fantasy upon. It provided affectively laden links with the past and therefore was most convincing in demonstrating the way genetic determinants encroached upon present perceptions.

There are other moments in which the analysand may have more evidence of the analyst's bias toward certain material. An analysand became hesitant in his speech about a "two martini lunch." In the investigation of the reluctance the analyst asked him if there was anything that he had done or said that would

make the patient believe that thoughts about a "two martini lunch" would be unsafe to say in his presence. The patient remembered that the analyst asked during his initial evaluation a question about his use of alcohol. The analysand had interpreted the analyst's question as an attempt to find out if he abused alcohol. The patient had suffered through alcohol abuse on the part of both his parents, and he tried to be very careful about his own use of alcohol. He therefore felt insulted by the analyst's question, a reaction that had not come to light until several months of analysis had transpired. The patient was able to criticize the analyst for not delaying such questions until such time that the analyst knew more about the psychological implications that the subject of alcohol use held for him. The freedom to express dissatisfaction about the analyst's "technique" is crucial to a working alliance. While the subject will not be pursued in more depth here, we feel that a freedom to express dissonance with the *way* the analyst works is central to limiting the suggestive effects as opposed to the rational effects of psychoanalytic investigation.

When an analysand demonstrates resistance to revealing a particular content in the analysis, the analyst pursues the *risks* that the analysand imagines would be encountered if he did reveal the particular content *rather than immediately pursuing the details of the sequestered content*. By investigating the risks imagined in pursuing an inhibited direction of thought, the analyst is able to collect a series of dots which can eventually be connected by short lines of inference, in order to understand the superego imago imputed to him at different moments in the analysis. As the risks are elucidated and expanded in fantasy, the tension grows between how the analysand *experiences* the analyst and what he *knows* of the analyst, until he is convinced that his feelings of risk must have significant contribution from outside the analytic experience (Davison, 1981, 1984). According to Strachey (1934), the interpretation is now mutative because the patient recognizes that the force threatening to turn aggression on him is not the immediate presence of the analyst. In Stra-

chey's theory, updated a bit by ego psychology, the energy previously used to ward off the dangerous analyst is now available to the analysand's ego for autonomous activity and sublimation. Often the patient uses his integrative capacities to find parallel moments in childhood as was demonstrated in the case of the fantasy triggered by smelling air freshener. Integrative capacities can usually be counted upon to find parallel transference manifestations in the analysand's life outside the analysis without any particular effort on the part of the analyst, because this form of displacement is usually a relief from the intensity of the transference in the analytic situation.

As the activity of the analyst is outlined here, it resembles a diagram or a system of interpretation, but when we examine clinical material we see that no system is used. In fact, the intervention that we labeled as an ideal earlier in the paper may appear only occasionally in an analysis in the form that we outlined. More often it is used as an ideal to guide less precisely worded interventions.

A system is useful in thinking about interventions, not in intervening. In intervening, the patient's productions are our guide to finding a demonstrable, practical, or therapeutic surface (Brenner, 1976). An analytic surface that is congenial to many adult neurotic patients can be found through attention to the instinctual vicissitude of turning aggression on the self in macroscopic as well as in microscopic focus. The goal of reversing the turning of aggression on the self in response to anachronistic transference fantasies is a useful conceptual guide to forming an ideal psychoanalytic intervention. It can help guide us to an aspect of resistance that can be most fruitfully addressed. Also, it can be useful in thinking about timing and wording of psychoanalytic interventions. Psychoanalytic process is significantly affected by the analyst's choices in these matters.

REFERENCES

- ABEND, S. (1981). Psychic conflict and the concept of defense. *Psychoanal. Q.*, 50:67-76.

- BRENNER, C. (1976). *Psychoanalytic Technique and Psychic Conflict*. New York: Int. Univ. Press.
- (1982). *The Mind in Conflict*. New York: Int. Univ. Press.
- DAVISON, W. T. (1981). The mutative interpretation reexamined. *J. Phil. Assn. Psychoanal.*, 8:111-122.
- (1984). Reflections on the mutative interpretation, defence analysis, self analysis. *Int. Rev. Psychoanal.*, 11:143-149.
- FREUD, A. (1936). *The Ego and the Mechanisms of Defense. The Writings of Anna Freud. Vol. 2*. New York: Int. Univ. Press, 1966.
- FREUD, S. (1894). The neuro-psychoses of defence. *S.E.*, 3.
- (1910). The psycho-analytic view of psychogenic disturbance of vision. *S.E.*, 11.
- (1912). Recommendations to physicians practising psycho-analysis. *S.E.*, 12.
- (1914). Remembering, repeating and working-through (further recommendations on the technique of psycho-analysis II). *S.E.*, 12.
- (1915). Instincts and their vicissitudes. *S.E.*, 14.
- (1923). The ego and the id. *S.E.*, 19.
- FRIEDMAN, L. (1984). Pictures of treatment by Gill and Schafer. *Psychoanal. Q.*, 53:167-207.
- GILL, M. M. (1979). The analysis of the transference. *J. Amer. Psychoanal. Assn.*, Suppl., 27:263-288.
- GRAY, P. (1973). Psychoanalytic technique and the ego's capacity for viewing intrapsychic activity. *J. Amer. Psychoanal. Assn.*, 21:474-494.
- (1982). "Developmental lag" in the evolution of technique for psychoanalysis of neurotic conflict. *J. Amer. Psychoanal. Assn.*, 30:621-655.
- (1985). *On Helping Analysts Observe Intrapsychic Activity*. Presented to the Tri-City Congress, Baltimore, Maryland, October 22.
- HARTMANN, H. (1964). *Essays on Ego Psychology. Selected Problems in Psychoanalytic Theory*. New York: Int. Univ. Press.
- KRIS, E. & LOEWENSTEIN, R. M. (1946). Comments on the formation of psychic structure. *Psychoanal. Study Child.* 2:11-38.
- (1949). Notes on the theory of aggression. *Psychoanal. Study Child.* 3/4:9-36.
- JACOBSON, J. (1985). *The Signal Model of Affect: Further Applications*. Presented to the meeting of the Baltimore-District of Columbia Society for Psychoanalysis, March 16.
- JOSEPH, E. D. (1985). *Psychoanalytic Concepts of Insight*. Unpublished.
- PRAY, M., DAVISON, W., & BRISTOL, C., (1983). *Perception and Its Vicissitudes in an Analytic Session: Further Elaboration of the Mutative Interpretation*. Unpublished.
- (1984). *Identification with an Object Formerly Critically Observed*. Unpublished.
- (1985). *The Perdix Solution: An Illustration of Adaptation in the Psychoanalytic Situation*. Unpublished.
- SCHWABER, E. (1981). Empathy: a mode of analytic listening. *Psychoanal. Inquiry*, 1:357-392.

STRACHEY, J. (1934). The nature of the therapeutic action of psychoanalysis. Reprinted: *Int. J. Psychoanal.*, 1969, 50:275-292.

WEINSHEL, E. M. (1984). Some observations on the psychoanalytic process. *Psychoanal. Q.*, 53:63-92.

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The Seduction of Money: A Brief Note on an Expression of Transference Love

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THE SEDUCTION OF MONEY: A BRIEF NOTE ON AN EXPRESSION OF TRANSFERENCE LOVE

BY ARNOLD ROTHSTEIN, M.D.

Mr. X is a sixty-year-old married, childless, wealthy retired lawyer. In the fifth year of his analysis he began a session by announcing that he was rewriting his will and would like to make me beneficiary in the amount of \$250,000. When I suggested that he elaborate upon this fantasy, Mr. X became annoyed. He told me that I had helped him a great deal and was one of the most important people in his life. He wished to make my old age a bit easier. In the ensuing sessions, Mr. X became aware that, in spite of the reality of his considerable wealth, his wish to make me a beneficiary in his will expressed certain unacknowledged concerns of his own. He was anxious about being alone and uncared for as he grew older and wished I would never leave him and would instead take care of him.

Four months later Mr. X brought to his session an article on therapeutic nurseries that appeared in the newspaper. He was very touched by the report of these preventive interventions with young children and their families and expressed his wish to help. Mr. X had lost his mother as the result of a postpartum psychosis when he was six years old. He was by nature very generous and philanthropic and was moved by the article to think about how he might help develop these preventive services. Mr. X reflected on the facts that he was childless, had generously fulfilled his obligations to his alma mater, had millions of dollars to decide how to bequeath, and thought that nothing would be finer than to create a foundation to facilitate the development of these wonderful services. He related that there was no one whose judgment he respected more than mine. He wondered if I would consider being the administrator of such a

foundation. As far as I could determine, Mr. X had no conscious knowledge of my long-standing interest in working with handicapped children. I was aware of the powerful counter-transference temptation to accept this seemingly rational and morally acceptable impulse toward generosity. Nevertheless, its relationship to the earlier offer to be my benefactor was obvious. Further analysis eventually revealed more about its concealed intentions.

About a month later Mr. X began a session by reporting: "While walking to the session, I had the thought that we could call the foundation the X-Rothstein foundation." He laughed and noted, "That way we would be united forever." This gratifying fantasy of union was particularly poignant for Mr. X, as it reflected, in part, his wish to repair the shockingly traumatic loss of his mother at the height of his oedipal phase. Later in the session he reported that he was thinking about termination and wondered if I would consider the idea of being put on a permanent retainer to insure my availability on short notice if he felt the need for a session. In exploring this fantasy, we were able to analyze his mistrust and his fear that I would not be there for him, just as his mother had not been there for him after he was six years of age.

Some other data are noteworthy in regard to Mr. X's use of money, both as an expression of his transference love and as an attempt at seduction.

Mr. X sought psychotherapy for the first time at the age of thirty-seven when he was single, successful professionally, and deeply troubled by his homosexual proclivity. Although he found both men and women attractive, he confined consummated sexual experiences to bathroom encounters with men whom he considered beneath him socially. His abhorrence of a homosexual way of life influenced him to seek help. He worked in psychotherapy two or three times a week for fifteen years. The interpretive approach of his therapist emphasized Mr. X's masochism and its expression in the extratransference sphere of his life. Mr. X had no memory of their having worked on his

childhood experiences in general, or on his oedipal conflicts in particular. In addition, he could not remember exploring his feelings and/or fantasies concerning his analyst. The therapy was helpful to Mr. X in achieving his goal of marrying a woman and in obtaining moderate pleasure in sex with women. After Mr. X terminated, he visited his therapist yearly. On one such occasion, in response to Mr. X's complaints about his wife, his therapist suggested that Mr. X should accept his wife as she was; she would probably never change significantly. The therapist added that perhaps he ought to find another woman. This remark terrified Mr. X, who left feeling that his therapist had become quite successful and had lost interest in him. This thought influenced Mr. X to find another person to work with when he sought help for a second time.

During the second year of his analysis with me, Mr. X received a letter from his first therapist seeking a contribution to a fund to support a psychiatric foundation. Also of note was a *dream*, perhaps six months prior to the emergence of his fantasy of leaving me money, which foretold Mr. X's subsequent attempt to seduce his analyst with money. Mr. X reported:

I'm being conducted through a bank. If I'm not the guest of honor, I'm clearly a very important participant. This bank was previously directed by Harold Quieter. I was very fond of him. [Mr. X associates, 'When I think of Harold I think of you.'] As I approached the entrance to the bank, there was a large billboard. I thought this is an odd display for the entrance to a bank. I thought that although it was hard to believe, Harold seemed to have a conflict of interest here.

Mr. X was silent for some time. I noted, "In the dream Harold's integrity is doubted." Mr. X remarked tersely, "Money corrupts." I said, "It never corrupted you." Although the content of this intervention was ambiguous, my tone of voice emphasized the transference. Mr. X responded: "I can't believe I have even a subconscious thought that it would corrupt you." He paused and conjectured, "I suppose I have a need to make you larger than life."

At this point in the analysis I conjectured that Mr. X was tempted to test my corruptibility both in response to his past therapist's appeal for money and in response to residual homosexual impulses that seemed part of the latent fabric of the more manifest maternal positive oedipal transference.

DISCUSSION

In the seventy-odd years since Freud wrote his papers on technique there have been many contributions to the literature on technique and on the subject of transference-countertransference. However, there is a striking paucity of discussions about the meanings of money in the transference-countertransference aspects of the analytic situation. As I worked to understand my countertransference responses to Mr. X's attempted seduction, I found that Freud's (1915a) final paper on technique contained guidelines that seemed as valid today as they were seventy years ago. In that paper Freud discussed male analysts' heterosexual conflicts in working with women analysands who had fallen in love with them.

I am suggesting that the fantasied gratifications associated with money may be as much a problem as those associated with sex. The guidelines that Freud (1915a) proposed for "not giv[ing] up the neutrality towards the patient, which we have acquired through keeping the counter-transference in check" (p. 164) in relationship to working with heterosexual material are pertinent to working with the issues discussed in this paper.

Some of the foundations of technique Freud established bear repeating. First and foremost, "The welfare of the patient *alone* should be the touchstone" (p. 161, *italics added*). Second, "The patient's falling in love is induced by the analytic situation and is not to be attributed to the charms of [the analyst's] own person" (pp. 160-161). Third, "Anything that interferes with the continuation of the treatment may be an expression of resistance" (p. 162).

In a sense the task is simple, but it is far from easy. The offer

of money in any form and for any reason should be regarded as a transference fantasy. Like any fantasy, it is an overdetermined compromise formation that needs to be analyzed. To do otherwise is to perpetuate a countertransference enactment.

The analyst's attitude toward the future and particularly toward the post-analytic phase is especially important in regard to the issue of money. Because of the analyst's narcissistic investments in his professional endeavors and institutions, he might be tempted to rationalize the feasibility of accepting contributions from an analysand after termination. In this regard, it is important to remember that the unconscious is timeless (Freud, 1915b), and that analyses are all, in a certain sense, interminable (Freud, 1937). Any other attitude may interfere with the analysis of an analysand's attempts at seduction with money.

Although some analysts suggest the appropriateness of soliciting and/or accepting contributions from former analysands, I think the analytic material presented here supports my contention that to do so has powerful transference implications. From the perspective of this brief communication, such behavior may reflect a countertransference enactment that is a potential interference in the analysand's independence and post-analytic self-analysis. In addition, such behavior might interfere with the analysand's possible need to return to the analyst for further analysis.

REFERENCES

- FREUD, S. (1915a). "Observations on transference-love" (further recommendations on the technique of psycho-analysis III). *S.E.*, 12.
——— (1915b). The unconscious. *S.E.*, 14.
——— (1937). Analysis terminable and interminable. *S.E.*, 23.

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“Nothing is Missing... Yet”: Two Disturbances in the Sense of Reality and a Woman’s Fantasied Phallus

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“NOTHING IS MISSING . . . YET”: TWO DISTURBANCES IN THE SENSE OF REALITY AND A WOMAN’S FANTASIED PHALLUS

BY LINDA A. WIMER BRAKEL, M.D.

During a sustained period in her fourth year of treatment, a successful business woman, married and in her early thirties, had been dealing with her wish to possess a phallus. We discovered her persistent unconscious fantasy of having a penis, but one that she felt she must keep hidden, both to avoid the humiliation of being an odd female with a penis and to prevent castration. She tried “not to stick out.” She felt her business success was due mostly to her “hard, solid mind.” We learned that this mind, located between her ears, stood for an upward displacement of a hard, solid genital between her legs.

In the middle of a Thursday hour this patient suddenly interrupted her associations regarding the concealing of her intelligence. She exclaimed: “Oh, and I just thought of something I’m angry with you about—the hour you are canceling so that we won’t be meeting tomorrow.” I queried: “We won’t?” “Right,” she answered. “We had a make-up session this Wednesday. Remember?” I told the patient that she was correct, we had had a make-up session, but it had been for an hour I had canceled the previous Friday. Although she believed me, she could neither remember missing the previous Friday, nor shake the conviction that we were to miss the upcoming Friday hour.

The patient surmised that the feeling of missing the next day’s hour was a wish to avoid our session. She then remembered a thought on the way to her hour: “Dr. Brakel is going to ‘castrate’ me.” She linked this to a desire to flee from my office whenever we talked of her fantasied phallus. She also knew that working on this issue would ultimately lead her to give up her

imagined phallus. She told me, "So of course I don't want to come. I feel best when I'm on top of things, when I feel I've got a penis." She wanted to change the subject; but as she realized there was still something wrong with her memory, she grew depressed. Even as she continued to feel she had not missed anything, she now worried that she had lost her mind.

The next day the patient could still not remember having missed the session the week before. She did, however, recall seeing her notation for the canceled Friday hour in her appointment book: "No Dr. B." But the memory lapse seemed no longer to disturb her, and her fantasy of possessing a phallus had become unconscious once again. With neither depression nor anxiety apparent, the patient resumed telling of women, like herself, "who have it." She was no longer consciously aware that "it" stood for her fantasied phallus.

DISCUSSION

My patient's disturbance in memory was part of a highly condensed compromise formation. She recognized that she wished to avoid the castration she believed would occur in her session. Her confusion of the hour about-to-be-missed with the hour already-missed represented partly a reassurance and partly an anxiety about the future. She felt reassured because: "Nothing is missing. I've lost nothing . . . yet." She felt she had lost neither the session nor the fantasied phallus. She was anxious because: "Something will be taken away . . . later." Here the "something" stands both for the imagined penis she feared losing and for the upcoming Friday session. Not only was this session one she wished both to avoid and to have, but it was something she would truly not lose. Hence, she experienced less castration anxiety. At the same time the patient was aware that her declaration, "I've lost nothing . . . yet," contradicted reality. The patient felt, albeit briefly, that she had indeed lost something—her mind, her phallus. She was able, however, to ward off this castration depression rapidly, too.

Brief Consideration of Relevant Literature

This vignette confirms several important and well-established findings:

1. My patient is a good example of the sort of female patient Freud (1925) discussed in "Some Psychological Consequences of the Anatomical Distinction between the Sexes." He said: "Thus a girl may refuse to accept [what to her seems] the fact of being castrated, [and] may harden herself in the conviction that she *does* possess a penis . . ." (p. 253).

2. The symptomatic compromise formation under discussion demonstrates that a female patient's fantasy of possessing a penis is coupled with its castrative counterpart. Like the male fetishist, who in the very construction of the fetish both disavows and confirms castration (Freud, 1927, p. 156), my patient's contradictory ideas, "Nothing is missing . . . yet—but I've already lost my mind," are expressed in a single psychic event.

3. That females can have castration anxiety as well as castration depression regarding a fantasied phallus was well described by Brenner in "Depressive Affect, Anxiety, and Psychic Conflict in the Phallic-Oedipal Phase" (1979), and in Chapter 6 of *The Mind in Conflict* (1982).

4. Finally, my patient's case, as well as those described by Freud (1901, 1914, 1936) and later by Arlow (1959, 1969), demonstrates that compromise formations involving disturbances in memory and conscious experience can evince with striking clarity the ever-present intermingling of conscious actions and mentation with unconscious fantasy life.

Two Questions and a Hypothesis

Why did my patient's conviction that a session would be missed remain? Why could she never remember having missed the previous Friday's session? Despite our work, her sense of reality was disturbed in these two ways. Unlike the distortion in

reality sense associated with psychic events never consciously experienced—*déjà vu* experiences in which unconscious fantasies are revived; or unconscious perceptions and infantile fantasies present only in dreams—my patient's experience of missing the previous Friday hour had to have been a conscious, wakeful perception. And yet she could not recapture the reality sense of that experience.

The lost Friday hour very likely stood for the lost penis. But the idea—"I have lost my penis"—had never been a conscious wakeful one. I therefore hypothesize that the missing Friday hour was treated as that which it represented, and a never-conscious idea cannot be recaptured. Since she felt she had not lost anything, it follows that the fearful belief that she will in the future remains. Hence the continued conviction that though nothing is missing (neither penis nor session), the future Friday session (the phallus) will be taken away.

These two distortions of reality sense also safeguarded the re-repression of the fantasy of possessing a penis. My patient acknowledged she had lost a memory. This was an expression of castration depression. But she experienced far less castration depression in recognizing her memory lapse than she would were she to face consciously her belief that she had lost a penis. In a similar fashion, she reduced her castration anxiety by believing that only her next session¹ would be taken away—not her fantasied penis.

The complementary disturbances in her sense of reality defended against and diminished castration anxiety and depression. They safeguarded the re-repression of her fantasy of possessing a penis by representing and expressing it, along with her castration fears, in displaced form. Finally, the particular disturbances in reality sense indicate that my patient had not yet allowed into consciousness the fantasy of having lost her penis

¹ Beyond this, she would not even be losing the hour! This provided further reassurance that she would lose nothing.

—a painful but necessary step in her work toward ultimately relinquishing her fantasied phallus.

REFERENCES

- ARLOW, J. A. (1959). The structure of the *déjà vu* experience. *J. Amer. Psychoanal. Assn.*, 7:611-631.
- (1969). Unconscious fantasy and disturbances of conscious experience. *Psychoanal. Q.*, 38:1-27.
- BRENNER, C. (1979). Depressive affect, anxiety, and psychic conflict in the phallic-oedipal phase. *Psychoanal. Q.*, 48:177-197.
- (1982). *The Mind in Conflict*. New York: Int. Univ. Press.
- FREUD, S. (1901). The psychopathology of everyday life. *S.E.*, 6.
- (1914). Fausse reconnaissance ('*déjà raconté*') in psycho-analytic treatment. *S.E.*, 13.
- (1925). Some psychical consequences of the anatomical distinction between the sexes. *S.E.*, 19.
- (1927). Fetishism. *S.E.*, 21.
- (1936). A disturbance of memory on the Acropolis. *S.E.*, 22.

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The Day Precipitate of Pharaoh's Dreams

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THE DAY PRECIPITATE OF PHARAOH'S DREAMS

BY HARVEY KELMAN, M.D.

That dreams can foretell the future is one of the most enduring beliefs of mankind. In a previous report (Kelman, 1975) I commented on one connection between the manifest dream and postdream reality that appeared to justify such beliefs. In it, I illustrated the "day precipitate" of dreams, a phenomenon whereby manifest dream content was unknowingly acted out subsequent to dreaming, often with such striking correspondence between the two that the dream almost seemed to be a "blueprint" for the later waking behavior. The following is a typical example:

An obsessional man, anxiously preoccupied with the various disasters that might befall his analyst, began one session with a dream report: "I had to leave my desk where I was enjoying looking at the pictures in the books I had. The teacher made me get up. I told him to drop dead."

Somewhat later in the hour, and totally unaware of a possible connection to his dream, he reported an uncharacteristically hostile thought that popped into his mind just as he walked into the consulting room, namely, that his analyst should "drop dead." In a similar vein, he indicated that the only useful or interesting things his analyst provided him these days were the waiting room magazines.

The day precipitate underscores the continuity of ego function, in which the ego unceasingly attempts to achieve workable compromise during both waking and sleeping states. At times some dramatic new compromise, later carried out in waking life, is first announced in a dream. In such cases the day precipitate provides vivid evidence of the synthetic activity of the ego,

weaving day residue, manifest dream, and day precipitate into a continuous and coherent fabric. The dream appears to be predictive in this process because the dreamer actually makes it come true by acting out its manifest content in his later waking life. The relationship between a prophetic dream and a later event is therefore not supernatural linkage but common authorship. Thus the dream prophecy that is fulfilled in the upsurge of hostility in an obsessional patient—who is, after all, the author of his own anger, his dreams, and his waking behavior—is hardly different from the “prophecy” that some paintings by Rembrandt, who chose both his home and his preference for painting landscapes from nature, would contain canals and windmills.

Manipulation of the credulous through the “interpretation” of dreams may be based in part on an intuitive grasp of the day precipitate phenomenon. In such cases the dream interpreter, with an awareness of the likelihood that manifest dream content will be acted out, can take advantage of the dreamer’s proclivity for self-fulfilling prophecy by predicting such acting out. The following “case,” likely the most famous example of dream interpretation in recorded history, demonstrates, in one way of viewing it, the manipulative utilization of the day precipitate phenomenon.

We have reason to believe that Joseph, the dream interpreter, possessed the qualities necessary for such manipulation. First, he understood the practical effects that dreams have on later waking life. Indeed, he had reason, thirteen years before being dragged into Pharaoh’s presence, to understand the powerful effect on others of the mere recitation of dreams. At that time, as a result of his recounting several of his dreams of manifest regal narcissism, he was cut down to size by his father and sold into slavery by his vengeful brothers. Second, he had repeatedly demonstrated both the ambition and the cleverness necessary to rise to favored positions, sometimes against great adversity: as when he insured his favor with his father by informing on his brothers’ thefts (Gen. 37:2), or when he rose to a position as

overseer (Gen. 39:4-5) after being sold into slavery by the Midianites (Gen. 37:36), or when he became head prisoner after being jailed by his former master (Gen. 39:22-23).

We also have reason to believe that the dreamer, Pharaoh, would have been receptive to suggestions that he make replacements in his court. By the time he dreamed, he had already demonstrated his capricious changeability with servants. He jailed, replaced, re-elevated and executed them with regal impunity (often as part of his birthday celebration), as he had with a butler and a baker with whom Joseph had become acquainted in prison. Pharaoh's two new (pre-birthday) dreams indicated that once again replacement was on his mind when, the night before, seven lean-fleshed kine had replaced seven fat-fleshed kine, and seven thin ears of corn had replaced seven full ears of corn. When his wisest magicians were unable to interpret his dreams, Pharaoh consulted a lean slave blown into his Kingdom by the same hot East wind that had dried the corn in his dream.

That Pharaoh, no democrat, accepted the advice of a butler to consult a slave on this matter is as surprising as the inability of *all* Egypt's wise men to invent some credible interpretation of the dreams. His willingness to do so seems an indication that after dreaming, he was as ready awake as he was asleep to supplant the well favored with the lowly. The consonance of this hint with the manifest content of the dreams could not have been lost on Joseph, who skillfully wove it into his interpretation.

Here we must distinguish between the dream interpretations proper and Joseph's suggested remedy, for it was the latter and not the former that became elaborated in the day precipitate of Pharaoh's dreams. Joseph's dream interpretation was tripartite. First, he explained (Gen. 41:26) that two seemingly different dreams of the same night (dreams with varied manifest content) have the same meaning (latent content) (see Freud, 1900, pp. 333, ff.). Such doubling of dreams occurred in order to emphasize the importance of their (latent) content ("And for that the dream was doubled unto Pharaoh twice, it is because the thing is established by God . . ." Gen. 41:32). Second (Gen.

41:29-30), Joseph indicated that the dreams presaged years of plenty to be followed by years of famine. Third, he offered a remedy (Gen. 41:33-36), namely, that Pharaoh select an overseer to supervise storage and later distribution of one-fifth of the plentiful food crop.

This suggested remedy allowed the implementation of these dreams of replacement in a manner particularly favorable to the dream interpreter, who replaced Pharaoh's court functionaries and who accepted as his due seven gifts: a new Egyptian name (presumably befitting his elevated rank), a new job, Pharaoh's signet ring, a gold chain, linen vestments, a chariot second only to Pharaoh's, and a new wife, the daughter of the priest of On (Gen. 41:39-45).

Whatever else they were, the prophetic dreams of Pharaoh were manifestly dreams of replacement. That their prophecy was accurate can be viewed as an example of the day precipitate phenomenon: the dreamer, in this case with the assistance of a dream interpreter, acted out the manifest content of his dreams. According to this view, what was prophetic about Pharaoh's dreams was not that he predicted harvests correctly, but that he harvested predictions correctly; in Joseph's new pre-eminence over the magicians and bureaucrats of the court, two dreams, in which the fat and sleek were replaced by the emaciated and lowly, were helped to come true to his advantage by Joseph, an emaciated and lowly convict who had an intuitive grasp of the change in the air often presaged by dreams.

REFERENCES

- FREUD, S. (1900). The interpretation of dreams. S. E., 4/5.
The Holy Scriptures according to the Masoretic Text. Philadelphia: The Jewish Publication Society of America, 1948.
- KELMAN, H. (1975). The 'day precipitate' of dreams: the Morris hypothesis. *Int. J. Psychoanal.*, 56:209-218.

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A Footnote in Freud's Work and the Isakower Phenomenon

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A FOOTNOTE IN FREUD'S WORK AND THE ISAKOWER PHENOMENON

BY RICHARD WAUGAMAN, M.D.

Since Isakower's classic description in 1938, the Isakower phenomenon has been discussed rather extensively in the psychoanalytic literature. Yet, to my knowledge, no one who has written about this topic has ever noted Freud's 1917 account of a patient who had hypnagogic experiences which closely resembled those in Isakower's account. Freud's remarks occur in a footnote to his paper, "A Childhood Recollection from *Dichtung und Wahrheit*." The paper explores Goethe's earliest memory: throwing the household crockery out the window. Using material drawn from patients with similar memories, Freud concluded that Goethe's recollection was a screen memory for his reaction to the birth of a sibling. As Freud wrote, "the throwing of crockery out of the window was a symbolic action . . . by which the child . . . gave violent expression to his wish to get rid of a disturbing intruder" (p. 152). Near the end of the paper, Freud made some passing remarks on pregnancy symbolism. In the course of illustrating the pregnancy symbolism of heavily loaded vehicles, Freud described a woman in her fifties who had experienced as a child what would later come to be called the Isakower phenomenon:

At about that time [when she was roughly two and three quarters years old] the brother next to her was born. . . . At about the same time, she often had an alarming feeling before going to sleep of something uncannily large, that came up to her, and 'her hands got so thick' (p. 155, n.2).

In this brief passage, Freud adumbrated several elements of the phenomena which bear Isakower's name—nineteen years before Isakower presented his paper in 1936 at the Fourteenth

Psychoanalytic Congress in Marienbad. Isakower (1938) himself wrote that he had found in the psychoanalytic literature "only isolated references which seem to me to have any certain bearing on our subject" (p. 337, n.). He had apparently overlooked Freud's footnote.

Freud's single sentence of description contains six or more characteristics of the Isakower phenomenon. It occurred prior to falling asleep. The patient had this repetitive experience in childhood; all of Isakower's patients who had such experiences said that they had often had them in childhood. She had an "alarming feeling"; Isakower's patients spoke of apprehension and disagreeable tension. Freud's patient referred to "something uncannily large, that came up to her"; Isakower wrote of visual impressions of an amorphous object which becomes both larger and nearer. Isakower also included "an uncanny feeling" among the general feelings associated with the phenomenon. Finally, Freud's patient said that "her hands got so thick," and Isakower observed that the hands, in addition to the mouth and the skin, were frequently the source of the bodily sensations that his patients described.

It may be noteworthy that Freud's passage occurs in the context of his discussion of Goethe's reaction to the birth of a younger sibling. Similarly, Freud's patient experienced "the Isakower phenomenon" about the time her younger brother was born. Elsewhere, Freud (1909) wrote that the oedipus complex is typically ushered in by the birth of a younger sibling. Richards (1985) has recently drawn attention 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. . . . My data underscore the dynamic meaning of Isakower-like experiences as regressive ego phenomena that defend against reactivated oedipal conflicts" (p. 433). Freud's case thus supports Richards's point that oedipal conflicts can play an important role in precipitating the Isakower phenomenon. One might also speculate that the

sensations in the hands of Freud's patient and of some of Isakower's patients allude to masturbatory conflicts.

REFERENCES

- FREUD, S. (1909). Notes upon a case of obsessional neurosis. *S.E.* 10.
——— (1917). A childhood recollection from *Dichtung und Wahrheit*. *S.E.* 17.
ISAKOWER, O. (1938). A contribution to the patho-psychology of phenomena associated with falling asleep. *Int. J. Psychoanal.*, 19:331-345.
RICHARDS, A. D. (1985). Isakower-like experience on the couch: a contribution to the psychoanalytic understanding of regressive ego phenomena. *Psychoanal. Q.*, 54:415-434.

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BOOK REVIEWS

OEDIPUS. A FOLKLORE CASEBOOK. Edited by Lowell Edmunds and Alan Dundes. New York/London: Garland Publishing Co., Inc., 1983. 266 pp.

The oedipus complex occupies a central place within psychoanalytic understanding of neurotic disorders. A book such as this one, on the Oedipus myth around the world, has to be of interest, therefore, to the psychoanalytic community.

It is the fourth in a series of folklore casebooks being compiled under the general editorship of Alan Dundes, a dedicated folklorist. The aim is to pull together significant interdisciplinary essays which have appeared in so many different books and periodicals and in so many different languages that they have not been readily available for comparison with one another. The book consists of nineteen articles on the Oedipus myth written by folklorists, anthropologists, psychoanalysts, classicists, and cultural linguists. Some originally were to be found only in obscure locations, and some until now were available only in French, German, Italian, Greek, or Russian. Among the familiar authors are Sigmund Freud, George Devereux, James G. Frazer, Géza Róheim, and Melford E. Spiro. The net result is an interesting collection of articles that are thought-provoking but contain some internal contradictions and some highly questionable views and ideas.

One theme involves a note of caution about assuming universality of the Oedipus motif in folktales, stories, and legends throughout the world. Another warns against concluding that where it does appear, it derives only from a personal, individual unconscious source. William A. Lessa, an anthropologist, asserts that Oedipus-type tales are "limited to a continuous belt extending from Europe to the Near and Middle East and Southeastern Asia, and from there into the islands of the Pacific. It seems to be absent from such vast areas as Africa, China, Central Asia, Northeastern Asia, North America, South America, and Australia" (p. 67). This can hardly be accurate, however, since in this same volume, stories with Oedipus or Oedipus-like themes are reported from Uganda (A. W. Southall), the !Kung Bushmen of the Kalahari (Megan Biese), Papua-New Guinea (F. E. Williams), Burma (R. Grant Brown and Melford E. Spiro), and the Zulu in Africa and Mongols of Asia

(Vladimir Propp). It is also reported that in some areas there is a great reluctance to repeat to outsiders certain indigenous folk tales, especially those involving an incest motif; thus anthropological investigators may not always be apprised of them. Spiro's article is of particular interest, in that it addresses the link between social and personal expressions of oedipal themes.

There are indications of a possible sociological meaning to Oedipus-type tales. Vladimir Propp offers the thesis that problems involving royal succession have played an important role in generating this type of myth. From all indications, he suggests, it would appear that in early civilizations the power of the ruling king-priest derived not only from his actual strength and vigor but from his having been invested with magical power with which he was to protect the lives of his people and ensure the return of the sun, the well-being and fecundity of the livestock, the richness of the harvest, etc. The king, as Frazer described in *The Golden Bough*, could not be permitted to deteriorate in his physical powers, since loss of strength and virility was viewed as a signal of a dangerous decline in the actual and magical powers upon which his people depended.¹

Succession, i.e., the infusion of fresh, magical strength, originally took place through the female blood line, he states, via marriage of the king's daughter to a promising, powerful son-in-law. "Folktales," Propp indicates, "show clearly that one of the possible terminations for a king's reign could be when the king's daughter reached the age of marrying. . . . Her betrothed is the deadly enemy of the king—he is the heir and the one who will kill him" (p. 85). The king's unwillingness to give up either his life or his power would tend to make him the mortal enemy of his future son-in-law and often of his daughter as well. This is a central theme in very early folktales and a frequent theme in the tales of American Indians, among whom classical oedipal story lines involving father-son tension are nonexistent. It is only later, when

¹ I recently heard of a successful Viking chieftain who retired from wars of conquest to take over the administration of four large farm districts in what is now Norway. The farms thrived under his intelligent stewardship (and under fortunate meteorological conditions). After his death, his body was divided so that a fourth of it could be buried in each district to ensure its continuing agricultural good fortune.

sociological change has led to patrilineal succession from father to son, that father-son "oedipal" themes emerge in folklore.

In focusing upon Sophocles' dramatization of the story of Oedipus (actually, upon only part of it, since *Oedipus at Colonus* tends to be ignored, and *Oedipus Rex* itself differs from Euripides' lost version), we have tended to overlook other mythical tales of ancient Greece. The latter, according to Propp, collectively point to the sociological origins of the Oedipus myth which he claims for it, either instead of or alongside the individual, drive-related, unconscious origins to which Freud called attention. Propp (especially see pp. 82-89) indicates that, like the American Indian and Zulu tales he draws upon to support his argument, the ancient Greek tales in their range of variations demonstrate a shift from enmity between father and son-in-law to enmity between father and son that accompanies advance from matrilineal to patrilineal royal succession.

Oenomaus, for example, was warned that if his *daughter* were to marry, it would cost him his life. His son-in-law, Pelops, carried out the prophecy by bringing about his death and taking over his throne. Acrisius, king of Argos, was warned that his grandson would kill him and take over. He cast his *daughter*, Danaë, and her son, Perseus, adrift in the sea, but they survived and Perseus eventually killed him with a discus. The Median king, Astyages, dreamed that his *daughter's* son would cost him his life. He ordered the newborn child (Cyrus) killed, but the baby was saved and eventually fulfilled the oneiric prediction. In *The Aleadi*, a lost tragedy of Sophocles, Aleus, king of Tegea, was informed by the Delphic oracle that if his *daughter*, Auga, were to give birth to a son, the child would kill Aleus' own sons. Her son, Telephus (whose father, Heracles, was semi-divine and therefore safe from attack by a mortal), carried out the prophecy by killing his uncles.

Peleus was told that a hero with one sandal would take over his kingdom. His *brother's* son, Jason, carried out the prediction, thus introducing inheritance through the male line into the kingdom, according to Propp, though not yet from father to son. Odysseus was warned that his *son* would take his life. He accordingly guarded very carefully against contact with Telemachus, the fruit of his marriage with Penelope, only to be killed by Telegonus, the forgotten and distant son of his passing union with the wild, primitive, matriarchal sorceress, Circe.

Propp's ideas, while interesting, are not very convincing. He presents no evidence of a clearcut progression from father-daughter to father-son conflict in the evolution of ancient Greek myths, and it is difficult to believe that an elaborate and complex mythology should spring up centered on sociological shifts in royal succession as the core element. To assert that preoccupation with protecting the person of a ruler invested with the magical power to ensure the livelihood and welfare of his subjects is to project a twentieth century Marxist view back across the millennia onto the thinking of prehistoric mythic characters, in defiance of the laws of logic. Investing the ruler and his body with the power to influence nature can be explained in terms of the expression of shared unconscious fantasies involving an omnipotent paternal phallus. The observation that Greek mythology contains elements of father-daughter enmity alongside those of father-son enmity can be understood in terms of displacement, anxiety over incestuous impulses, and deeply rooted male-female rivalries and tensions. In any event, we can only guess about what went on in the minds of peoples who lived long ago in civilizations very different from our own.

As a number of contributors to the volume point out, the themes of incest and of father-son conflict and murder are not the only ones involved in Oedipus-type tales. Additional themes which appear to play a part are the mysteries involved in birth and death, the sociological problems of poverty versus privilege and/or lowly versus noble origins, parental and filial ambivalence, legitimacy, paternity, adoption, the search for a father, male versus female power, identity and identification, homosexuality, and so on.

Propp and especially Edmunds devote attention to the place of the riddle of the Sphinx in Sophocles' version of the Oedipus myth. It is pointed out that this detail is lacking in most ancient Greek versions of the tale. Edmunds concludes that the Sphinx is neither an original nor an integral part of the story and that it was secondarily intercalated into it as a late development. Both authors link it with the theme of proving one's mettle by performing difficult tasks, by the slaying of a monster or dragon, by riddle-solving, and/or by wooing, winning, and overcoming the power of a princess or a queen, a very frequent component of heroism in ancient myths as well as in modern fairy tales. One (Euripidean) variation holds that Hera sent the Sphinx to ravage Thebes in punishment

for Laius' rape of Pelops' son, Chrysippus, which forms an important basis for a speculative article by George Devereux² on the oedipus complex, in which he interprets the Oedipus myth largely in terms of ambivalent homosexual tensions between fathers and sons.

Although Devereux acknowledges that Laius' rape of Chrysippus appeared only in Euripides' lost play, *Chrysippus*, and may have been invented by him, he nevertheless cites it to support his contention. He also cites isolated references in the scholia to Euripides' *Phoenissae*—references to the Sphinx being sent to punish Thebes for this rape and to homosexual rivalry for Chrysippus as the basis for Laius and Oedipus engaging in battle with one another. His thesis is that homosexual conflicts rather than conflicts involving heterosexual rivalry are primary in the Oedipus myth. He emphasizes indications of homosexual tendencies, hot temper, and hubris in Oedipus as well as in Laius, and, in what struck me as a far-fetched argument, he interprets a reference to Oedipus' appropriation of the slain Laius' sword and belt as an indication of emasculation of Laius. He arrives at the idea that Oedipus' "cohabitation with Jocasta was not only coitus with the mother as a woman, but also with the mother as the representative of the now-feminized homosexual paternal ogre" (p. 220). Devereux goes on to state, in fact, that it "should thus be viewed primarily as a symbolically homosexual and only epiphenomenally as a heterosexual act" (p. 220). Then, in a somewhat confused way, he explains Oedipus' killing of his father not as being based upon psychological urges and conflicts but as a legitimate response to Laius' nastiness as an injudicious, violent, overbearing, infanticidal, pederastic, homosexual rapist who deserves to be done in. To confuse things further, he indicates later in an apparent reversal of his own thesis, that Laius' character "corresponds to what clinical psychoanalysis often finds to be the small boy's conception of his father" (p. 221). Devereux then looks further into the possible meaning of Pelops' "peculiar" curse upon Laius, and concludes that Pelops' unbridled rage derived from displacement of his own "oedipal homosexual hostility" (p. 226) toward his own father, Tantalus (who, according

² This is a revised version of his 1953 paper, "Why Oedipus Killed Laius: A Note on the Complementary Oedipus Complex in Greek Drama" (*Int. J. Psychoanal.*, 34:132-141).

to Greek myth, had killed, roasted, and served him up to the gods), and toward his son, Chrysippus.

All of this is clever and provocative, but it is contrived and incredible. That oedipal conflicts contain homosexual as well as heterosexual components and that fathers and sons harbor ambivalent, loving and hating, libidinal and aggressive inclinations *toward one another* is hardly astonishing news. How many children totally resolve their oedipal conflicts en route to becoming adults and parents? We do not need the application of intellectual gymnastics to the surviving bits and fragments of ancient tales to inform us of these matters. And in deriving seeming psychological truths out of the close textual study of literary themes, there is always the danger of either reading in what one would like to find or of emphasizing certain aspects rather than others out of personal preference or for the shock value to be obtained thereby.

What we learn, as psychoanalysts, about human nature comes, first and foremost, from our clinical work with our patients. Literary and cultural sources are both extremely different and necessarily ancillary in importance. To approach literary or mythical figures as though they were actual live people who can be treated psychoanalytically is itself a form of mythopoesis. Freud did not learn about the "oedipus complex" from Sophocles' *Oedipus Rex*. He merely turned to it as a fortuitous literary and metaphorical rendering of certain key aspects of a psychological constellation he had discovered in his patients. He could just as easily have chosen the rubric "Hamlet complex" or "Alexander the Great complex" to refer to his set of observations. To treat the "person" of Oedipus of Thebes as though he were the prototype of modern man and to study every detail of the various mythical accounts of his "life" in order to learn from them what we should find in our patients would seem to me to be an exercise in myopic misdirection.

If, however, one does not become overly enamored with the mythical stories, tales, and legends with an "oedipal" theme that are extant in the world, then a volume such as this one can be of psychoanalytic interest. The way in which central psychological conflicts can obtain widespread expression in indigenous myths and folktales is worth our attention.

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

OEDIPUS IN THE TROBRIANDS. By Melford E. Spiro. Chicago/London: The University of Chicago Press, 1982. 200 pp.

In 1927 when Bronislaw Malinowski, the British social anthropologist of Polish origin, published his *Sex and Repression in Savage Society*,¹ he could not have imagined the fate of his book. Although he claimed that in this work he “established that Freud’s theories not only roughly correspond to human psychology, but that they follow closely the modifications in human nature brought about by the various constitutions of society” (*Sex and Repression*, pp. 81-82), he was read by an overwhelming majority of both anthropologists and psychoanalysts as openly hostile to psychoanalysis. Ernest Jones saw in the book a challenge, which he took up with typical zeal. What came to be known as the Malinowski-Jones debate produced invective, defensiveness, and rigidity among both anthropologists and psychoanalysts. This obscured the importance of Malinowski’s attempt—the first by an anthropologist—to “test” Freud’s ideas about the oedipus complex and about family dynamics in the field. Malinowski was the first major figure to tackle the fundamental issue of the universal, cultural configurations of what he understood Freud to have meant.

Sensing a need to “draw in more systematically the correlation between biological and social influences” (*Sex and Repression*, p. 82), Malinowski established a correlation between the basic type of social structure (“patriarchy” or “matriarchy”) and family dynamics. He maintained that European (and American) patriarchal (patrilineal) social structure produced an oedipus complex of the kind Freud described, whereas the matriarchal (matrilineal) structure of Trobriand society produced another variant of the nuclear complex.

“In the Trobriands,” wrote Malinowski, “there is no friction between father and son, and all the infantile craving of the child for its mother is allowed gradually to spend itself in a natural, spontaneous manner” (*Sex and Repression*, p. 80). Malinowski’s explanation for this cultural difference between European and Trobriands societies revolved around the intensity in the latter of brother-sister

¹ Malinowski, B. (1927): *Sex and Repression in Savage Society*. London: Kegan Paul, Trench, Trubner.

incestuous wishes, on the one hand, and hostility directed by the boy toward his mother's brother (maternal uncle), on the other. Thus, Malinowski concluded that "in the Oedipus complex there is the repressed desire to kill the father and marry the mother, while in the matrilineal society of the Trobriands the wish is to marry the sister and kill the maternal uncle" (*Sex and Repression*, pp. 81-82).

Malinowski's work raises the possibility that metapsychological theories like those dealt with in *Totem and Taboo* can be questioned and tested. Although he did not deny the pertinence or effectiveness of psychoanalytic metapsychology in Western society, Malinowski suggested that the theories of the oedipus complex and family dynamics as human universals can be tested with respect to their pertinence in non-Western societies. Inasmuch as Malinowski used Freud's initial term, "nuclear complex," to designate the generic form of the complex, and the term, "Oedipus complex," to designate the form known to the West, he questioned the universality of "the Oedipus complex." Nonetheless, it is unfortunate for psychoanalysis and for anthropology alike that the two disciplines recoiled from one another in the so-called Malinowski-Jones debate. Why psychoanalysts needed to assume unquestioningly that psychoanalysis is a science that is universally applicable and in no need of testing, and why anthropologists assumed that anthropology is a science that studies only the relativity of the explanatory systems of *other* cultures and disciplines, are questions which await their historians. The fact is that out of the Malinowski-Jones debate emerged a monolithic acceptance of the cultural-relativist position.

Anthropologists like Kroeber, who dismissed *Totem and Taboo* as a "just so story," contentedly and unequivocally presumed that Malinowski had put to rest, once and for all, psychoanalytic claims to the universality of any psychological constellations which might have anthropological pertinence. In the eyes of such anthropologists, cultural relativism clearly had "won" the debate and psychoanalysts had "lost" it; the evidence which Malinowski had adduced was seen to have decisively "disproved" empirically psychoanalytic claims of the universality of the oedipus complex.

Thus we are greatly indebted to Professor Spiro for having successfully and elegantly revived Malinowski's questions in his recent book *Oedipus in the Trobriands*. From the rubble of the battles

fought in the name of the Malinowski-Jones controversy, Spiro uncovers the vital questions which Malinowski's *Sex and Repression* asked and, in the process, provides us with a singularly important work. In this respect we are reminded of the remark of the noted mathematician, Georg Cantor, that it is more important to ask a question correctly than it is to answer it.

Spiro demonstrates that, using Malinowski's evidence, it is possible—and scientifically preferable—to arrive at the opposite conclusion, namely, that there is a real, intense, and palpable oedipus complex in the Trobriands, that sons *do* harbor both incestuous wishes toward their mothers and intensely hostile wishes toward their fathers.

Spiro's argument hinges on the questions: where is the father and where is the mother in the Trobriand materials? Such questions raise the methodological issue of how to interpret manifestations of what Kardiner has termed the projective systems (symbol systems) on which cultural life depends.

Spiro perceptively notes that the absence of the father in myths, dreams, and discussions of reproduction constitutes a culture pattern that itself requires elucidation (p. 46). The only satisfactory explanation for the absent father pattern is unconscious hostility. Once Spiro has established the existence of a repressed but unusually intense oedipus complex with respect to the hostility of boys toward their fathers (expressed in a systematic denial of the father's presence in dreams, myths, and procreation), once he has demonstrated that father absence from the cultural materials examined can be usefully viewed as a defense, he turns to the evidence for incestuous wishes toward the mother.

Malinowski's case for the deflection of unconscious incestuous wishes from mother to sister rested upon material from dreams. Since he found dreams of overt sister incest but none of overt mother incest, Malinowski concluded that mother incest did not exist. Spiro points out, however, that this argument is seriously flawed. The mother did appear in dreams, Spiro suggests, but in the guise of the sister. As in the case of father absence, Spiro persists in analyzing the meaning of the defense. Why should the mother have needed to appear disguised as the sister, Spiro asks. His answer is that because of the intense wish to commit incest with the mother, the wish had to be energetically repressed.

After surveying an impressive array of materials from the Trobriands and from other cultures in the area and examining their myths for traces of evidence on family relationships, Spiro writes: "... in submitting to and even welcoming the aggressive sexuality of the females, Trobriand males are recapitulating in this sado-masochistic relationship an adaptive response that they had first established as young boys in their relationship with their sexually seductive pre-Oedipal mothers" (p. 134). As this representation of the "bad" mother is highly threatening, the Trobriand males project it onto other females, generally viewed as malevolent. In sum, notes Spiro, such previously discrete ethnographic items as, for example, the ignorance of physiological paternity, the belief in flying witches, the infrequency of (recalled) dreams, the myth of Kaytalugi, Kula exchange, and so on become part of an intelligible pattern when viewed as indications of a Trobriand oedipus complex.

In the concluding chapter, Spiro addresses the fundamental issue of cross-cultural variability in the oedipus complex, pointing out that while it is *structurally* invariable it does vary culturally in both intensity and outcome. Having shown that theories of the oedipus complex can generate hypotheses which can be tested on the Trobriand materials, Spiro broadens his canvas and looks at the principles of variability in the oedipus complex. If the oedipus complex is structurally invariable (and if, therefore, the arguments of both Malinowski and the cultural relativists have been thoroughly refuted), then it should be possible to generate hypotheses concerning the cultural differences which variations in the intensity of the oedipus complex would engender. In those societies, Spiro suggests, where the oedipus complex is inadequately repressed, i.e., where it is insufficient to prevent the emergence into consciousness of incestuous feelings toward the mother and murderously hostile wishes toward the father, the individual needs help; social and cultural means need to be mustered to bolster individual defenses if compliance with incest taboos and cultural values is to be achieved. Such societies frequently practice child extrusion and painful initiation rites. And Spiro demonstrates that the evidence indicates that this in fact is the case.

Oedipus in the Trobriands is an outstanding contribution to the cultural meanings and variations of Freudian metapsychology. It ef-

fectively makes psychoanalytic theories available to anthropologists in explaining cultural data. It is strongly to be hoped that it will also stimulate interest on the part of psychoanalysts in the questions to which Spiro's book has brought new life.

BENJAMIN KILBORNE (LOS ANGELES)

PSYCHOANALYSIS AND ITS DISCONTENTS. By John E. Gedo, M.D.
New York/London: The Guilford Press, 1984. 209 pp.

This, the sixth in a sequence of books¹ that John Gedo has authored (in two instances, with co-authors), he regards as the capstone to his edifice, the completion of his cycle of work, over the course of which he has "attempted to survey anew the major themes of psychoanalytic discourse" (*Discontents*, p. ix),² an ambitious claim which he is fully justified in advancing. His declared effort in all of this is to create a new, better ordered, more coherent, and more comprehensive clinical theory for psychoanalysis, although he seems uncertain of the degree to which this becomes a commitment to an equally revised metapsychology, as I, for one, think that in his case it does. On the latter issue he has said, for example when responding to a group of critical essays evaluating his book, *Beyond Interpretation*,³ that that book focused on matters of specific psychoanalytic expertise which are "embodied in a unified and inclusive clinical theory. The clinical theory is, in turn, designed to articulate with a metapsychology based on

¹ The prior five are: 1) *Models of the Mind: A Psychoanalytic Theory* (1973). With Arnold Goldberg. Chicago: Univ. of Chicago Press; 2) *Freud: The Fusion of Science and Humanism; The Intellectual History of Psychoanalysis* (1976). Co-edited with George H. Pollock. New York: Int. Univ. Press; 3) *Beyond Interpretation: Toward a Revised Theory for Psychoanalysis* (1979). New York: Int. Univ. Press; 4) *Advances in Clinical Psychoanalysis* (1981). New York: Int. Univ. Press; and 5) *Portraits of the Artist: Psychoanalysis of Creativity and Its Vicissitudes* (1983). New York/London: Guilford Press.

² A page number preceded by *Discontents* indicates a quotation from the book under review here; all other page numbers cited pertain to quotations from *Psychoanalytic Inquiry*, Vol. 1, 1981.

³ Commentaries on John Gedo's *Beyond Interpretation* (1981). *Psychoanal. Inquiry*, 1:163-319. The commentaries were provided by Ann Appelbaum, Paul A. Dewald, Merton M. Gill, W. W. Meissner, Leo Rangell, and Hanna Segal and Ronald Britton, with a response by John E. Gedo.

neurophysiology, perceptual-cognitive psychology, and communications science" (p. 312).

In this present book, and in a wholly comparable context, he writes, however, that "in my judgment, the primary problems within contemporary psychoanalysis do not involve metapsychology. . . . I believe, on the contrary, that the greatest challenge facing psychoanalysis at this time involves the construction of a maximally inclusive and relevant clinical theory" (*Discontents*, p. 3). I believe Gedo is truer to the logic of his thinking in the first of these statements, i.e., that his efforts, derived out of the crucible of his rich and deep clinical psychoanalytic experience, are directed, truly enough, toward a newer "inclusive and relevant clinical theory" but that that necessarily entails a revised metapsychology—at least his clinical theorizing does.

By now, the dimensions and scope of Gedo's new clinical-theoretical/metapsychological edifice should be well known to us all. Gedo has placed into supraordinate organizing position a maturationally and developmentally unfolded, hierarchic conception of what he calls the "self-organization." This self-organization to him represents (he says *means*) "the sum of both human meanings and human [organismic] needs" (p. 305). It constitutes "a hierarchy of aims and values" (p. 307); and, *beyond* the reach of interpretation (as classically conceived), it encompasses "those psychobiological patterns that become obligatory components of the compulsion to repeat . . . [the patterning of which] come[s] about as a consequence of preverbal experiences about which we know relatively little (and even less on the basis of psychoanalytic data)" (p. 309). The overall hierarchic schema, first advanced in Gedo's very first book (*Models of the Mind*, written with Arnold Goldberg in 1973), and amplified incrementally in his writings since, consists of five major developmental phases, each with its characteristic interactional mode. Each, if its phase-specific developmental tasks are faultily navigated, gives rise to specific psychopathologies exhibited in the analytic transferences, which calls in turn for specific therapeutic interventions. These interpretations involve the pathologies of classical neurotic conflicts for the disorders of phase four, but are varieties of interventions *beyond interpretation* in the disorders stemming from the first three, earlier developmental phases. The latter comprise the many varieties of patients with wider and

deeper ego disorders who have become the more paradigmatic patients of our time, who crowd our consulting rooms and simultaneously strain our therapeutic capabilities.

In brief compass, the psychopathological disorders linked to the developmental and experiential failures in phase one comprise states of overstimulation (comparable to Freud's "traumatic states") that require techniques of pacification, i.e., of describing the patient's difficulties in regulating levels of tensions. The disorders linked to phase two represent failures to achieve a securely cohesive self that are associated with psychotic and borderline conditions. They require techniques of unification, i.e., of delineating the disparate life goals the patient feels unable to integrate. The disorders linked to phase three are those characterized by the persistence of illusions, such as the grandiosity of narcissistic states. They in turn require techniques of optimal (tactfully timed and proffered) disillusionment, i.e., resolving the patient's misperceptions of reality in favor of an appropriate recognition of his persisting archaic grandiosities and idealizations. All of these states that relate to early preoedipal (pre-tripartite structuralization) developmental issues are discerned through what Gedo calls compulsive, primitive (and often delinquent) enactments in the archaic transferences and transference acting in and acting out of these patients, what Gedo calls "the dramatic enactment of crucial archaic transferences for which these patients usually have no other vocabulary" (*Discontents*, p. 123).

The analyst's job here is to help with the therapeutically vital tasks of pacification, unification, and optimal disillusionment through appropriate *explanations* that give understanding of what the patients are struggling with and trying to cope with. He said of this earlier (in 1981): "I do not call them interpretations because they are not based on reading cryptic messages; they involve, instead, direct observation in the mode of a natural scientist and instruction in the laws of nature" (p. 296). Nor do the patients respond to these formulations as they do to (classical) interpretations: "Patients never respond to the clarification of these problems as they do to a correct interpretation of repressed meanings, i.e., with the acknowledgment that they have regained access to a familiar aspect of their being. From *this* observation, I infer that these basic [organismic] needs have no direct mental rep-

resentation" (pp. 313-314). In the present book, Gedo compares this array of therapeutic techniques, which he has grouped under the single rubric of "beyond interpretation," with what Modell, employing the same set of noninterpretive measures, has characterized (after Winnicott) as providing a "holding environment" for the patient, and which others have characterized as establishing a "therapeutic alliance" (Zetzel, Greenson) or an ambience of empathy (Kohut) (*Discontents*, p. 131).

This sweeping conceptual agenda of Gedo's has had, very predictably, a mixed reception in psychoanalytic ranks. The journal, *Psychoanalytic Inquiry*, in 1981, for example, devoted an entire issue to six critiques of Gedo's *Beyond Interpretation*, together with Gedo's response to them. Three of the authors would no doubt describe themselves as within the American ego psychological mainstream. Of these, Meissner, with his strong interest in analysis as a theory system, focused on Gedo's efforts to build a natural science conceptual framework for psychoanalysis as a scientifically grounded metapsychology to be ultimately compatible with the requirements of biology. As I have indicated, this is an issue which I think is still unsettled in Gedo's mind, and which I am quite sure is less central to Gedo's agenda than to Meissner's. Rangell, while being cautiously open-minded in his consideration of the place and value of Gedo's clinical and technical innovations, was at the same time apprehensive that Gedo's work "is not about what happens 'beyond interpretation' but about substantively different interpretations of the same behavior" (p. 257). He also felt (pp. 259-260) that Gedo, in his conceptual schema of the self-organization, might be over-emphasizing the explanatory power of the whole (the self-organization) at the price of blurring the propelling role of the subsumed parts (drives, defenses, conflicts, anxieties, and compromise formations). For Rangell, ever devoted to issues of clinical and therapeutic balance within psychoanalysis, any hint of *pars pro toto* tendencies characteristically arouses his concern. And Dewald represented that traditional viewpoint that sees Gedo's departures from strictly psychoanalytic interpretive interventions as contaminations of the properly conducted psychoanalytic process (p. 191) that would flaw the possibilities for full psychoanalytic resolution and convert the endeavor into a variety of psychotherapy which, as Dewald stated, can often result in just the "significant symptomatic

and behavioral improvement" (p. 203) that Gedo claimed for his approach.

The other three critiques were equally characteristic. Segal and Britton, from a Kleinian position, wholeheartedly endorsed Gedo's departures from Hartmann's ego psychological constructions, which they never believed in in the first place (pp. 267-268). They also endorsed his focus on what can be read into archaic transferences that are reverberations from life's earliest stages, though they called it "late in the day" (p. 273) to feel it necessary to have to still assert the need for this. But, expectably, they took sharp exception to Gedo's "assumption that there is no real mental life in the early stages of the child's life" (p. 268) and to his assertion that the transference representations of the phenomena of these stages require techniques beyond interpretation: "Our difference with Gedo about the possibility of interpretive understanding in these primitive areas of mental life seems to spring from a difference in our views on the nature of early experience" (p. 272). "[It is] our belief that these 'archaic' states of mind are *analyzable* . . . though not verbalizable by the patient" (pp. 274-275, italics added).

Gill, from his position of preoccupation with the centrality of the interpretation of the transference as almost the be-all and end-all of analytic work, on the one hand applauded Gedo's firm perception of the important role of interpersonal interactions in the play of the analytic process, alongside the persistent interpretive achievement of cumulative insights via repetitive working through. On the other hand, he differed sharply with Gedo in seeing these interpersonal interactions (the patient's perceptions of the analytic relationship and his reactions to the analyst's witting and unwitting activities) as inadvertent and to be analyzed rather than, as Gedo does, to be deliberately employed and enacted "beyond interpretation." Gill stated: "I believe that every interpretation, like every other intervention, is simultaneously experienced as an interpersonal action. Where we differ is that I am opposed to the deliberate use of such interpersonal action as a therapeutic measure and in my insistence that the ubiquitous inadvertent interpersonal actions should be sought out and interpreted" (p. 221). Since everything of psychoanalytic moment, according to Gill, is interpretable and must be interpreted, he also chided Gedo for straddling the issue of what kind of enterprise psychoanalysis is, trying to plant himself

partly in the hermeneutic camp, along with Gill, but partly also in the natural science camp which Gill abjures (but which Meissner applauded Gedo for essaying).

Lastly, and most positively, Appelbaum, speaking from her own experience in the Psychotherapy Research Project of the Menninger Foundation, which also had its full measure of the sicker patients Gedo has been writing about, resonated wholeheartedly with the usefulness of Gedo's prescriptions for the kind of therapeutic engagement that is so often necessary with these patients before interpretation proper can become therapeutically useful. She put it thus, "Beyond the establishment of a safe environment, the interventions that may be required before interpretation depend upon how ill the patient may be—how primitively organized his hierarchy of values—so that such interventions as physical control of destructive behavior, reassurance, direct teaching, and limit-setting may in certain cases all be anterior to clarification, confrontation, and interpretation" (p. 177). Where she parted company with Gedo was in what she expressed as his cavalier attitude toward the issues of differential diagnosis and of the assessment of indications for and contraindications against psychoanalysis as the preferred therapeutic modality. She quoted (p. 169) Gedo's statement in his book, *Beyond Interpretation*, that "we can in good conscience recommend psychoanalytic treatment for any nonpsychotic person seriously interested in self-inquiry." Appelbaum seriously questioned these simplistic criteria as an adequate basis for proper treatment planning and recommendation. The question, of course, seriously invokes the issue of what is meant by psychoanalysis and its indications and what is meant by psychoanalytic psychotherapy (the issue upon which Dewald centered his attack on Gedo, stating that his work was often *only* psychotherapy). To me, this is a very central issue, to which I shall return later.

This brings me back to the current, sixth, book by Gedo. It is clearly an effort at elaboration and consolidation of his views in response to all the varied criticisms and commentaries that have come from within psychoanalytic ranks. In that sense, it is essentially a reprise written partly at the behest of his editor (Paul E. Stepansky) "who persuaded me that the statement of my psychoanalytic views in previous publications was by no means as complete or definitive as I had imagined" (*Discontents*, p. vii). That this ver-

sion will be seen as more "complete or definitive" than its predecessors or that it will be more convincing to the skeptical or the hostile, I doubt—this despite the two further chapters (numbers 4 and 5) of detailed case illustrations and the very impressive chapter (number 2) of statistical documentation from fifty consecutive cases that add to a far more substantial claim to overall therapeutic efficacy than analysts are wont to make. In fact, one of Gedo's justified complaints is that psychoanalysts for the most part either ignore his very impressive therapeutic claims or, like Dewald, they discount them as merely psychotherapeutic. Gedo properly responds to this that analysts hardly lay claim to such convincing therapeutic results for their own *psychotherapeutic* activities either.

My own appraisal, like Appelbaum's, is colored by my experiences with the Psychotherapy Research Project of the Menninger Foundation and its large cadre of very intensively studied sicker patients of exactly the kind Gedo has been talking and writing about. From this perspective, I do indeed admire Gedo's conceptual synthesizing effort and his elaboration of the self-organization, with its hierarchy of stages and modes of human aims and values, proceeding from the organismic to the subjective. Its conceptual orderliness provides a framework, the heuristic usefulness of which he proclaims and attests to by a carefully explicated and documented analytic experience. Despite the at times grand tone of his writings, that heuristic usefulness is, in the end, all that he does claim. In his response to the 1981 critiques, he said, "I do not pretend to have invented such therapeutic measures as those I grouped under the rubrics of pacification, unification, and optimal disillusionment, only to have systematized them conceptually. In fact, one of the principal features of my argument is the assertion that effective analysis has always depended on a variety of noninterpretive interactions that were simply left out of account in the theory of technique" (p. 291). Gedo hopes, of course, that others will find the conceptual framework he has erected and the technical interventions he has delineated and systematized (and profusely illustrated) equally useful to them in bringing about better results with the sicker patients who are such stubborn challenges to our usual or normal psychoanalytic endeavors.

My own intellectual difference with Gedo is really with none of the above, but with what I see as an obfuscation rather than a clari-

fication of the fundamental nature of psychoanalysis, of psychoanalytic psychotherapy, and of the relationship between them. Gedo insists over and over again throughout his writings that he circumscribes the concept of interpretation very narrowly. I agree that he does, and properly so. Within this narrow construction of the concept of interpretation we almost all agree that the analyses of classically symptom-neurotic patients and of many character-neurotic patients can and do proceed. Beyond that point, however, our psychoanalytic consensus fractures. The Kleinians (and others) stoutly maintain that even the far sicker patients (on even to the psychotic) can be treated and cured by interpretive means alone if we are but willing to reach interpretively toward the “psychotic anxieties and mechanisms” (p. 277) of these archaic transference states. Gedo (and others) maintain equally that there is a vital domain, beyond interpretation, that is not interpretation but consists of varieties of noninterpretive interventions that are crucial elements in successful work with these sicker patients—and in this domain Gedo offers his particular version of and nomenclature for this declared array of indicated interventions. On this, many of us would agree with him. But he insists on still calling this work psychoanalysis proper, since he handles these patients within an outpatient office practice and maintains most of the external accoutrements of the analytic situation most of the time. Using this perspective, he can be quite cavalier, as Appelbaum rightly charges, concerning issues of differential diagnosis and of indications and contraindications, since all become patients for “analysis” after all—only the analyses range along a spectrum from the most single-mindedly interpretive to the most replete with noninterpretive interventions.

But suppose we do not take the concepts of psychoanalytic *psychotherapy* or of supportive therapeutic interventions pejoratively, as Gedo and Dewald seem to agree in doing, and, for purposes of maximal clarification, view psychoanalysis as that therapy in which interpretation leading to insight and working through is the central mutative modality, in keeping with Bibring’s⁴ conceptualization. We know that no psychoanalysis is ever “pure” and that, inevitably, various noninterpretive and supportive kinds of interven-

⁴ Bibring, E. (1954): Psychoanalysis and the dynamic psychotherapies. *J. Amer. Psychoanal. Assn.*, 2:745-770.

tions necessarily become part of the process (and they never all get analyzed or need to be analyzed). At some point along the spectrum of psychoanalytic treatment approaches, however, so many noninterpretive interventions have been introduced as to make the therapy no longer a psychoanalysis proper, but rather an expressive psychodynamic psychotherapy, or, going even further along, a supportive-expressive or even a largely supportive psychotherapy. And if this is what is necessary with certain patients, or what is inevitable with some patients, as we move along the spectrum of psychopathology from the most benignly neurotic to the more severely disordered, borderline, or even psychotic patients, what is wrong with that? Why must the cry "this is psychoanalysis, not (psychoanalytic) psychotherapy" be held onto so fiercely, as though we are on a battleground between forces of (psychological) good and evil?

After all, the work with more seriously disturbed patients can be *psychoanalytic* in conception, in strategic understanding and deployment, and in aiming at achieving the maximum in self-understanding and the maximum in reappropriation of the previously warded-off and disavowed inner life and past history of which the particular patient is capable. None of this, even when it is beyond the parameters of proper psychoanalysis as it is traditionally understood (as much of what is "beyond interpretation" may well be) needs to be viewed as unanalytic—and, in that sense, Dewald's argument (to which I now return) simply collapses, unless Dewald is prepared to argue that those selfsame patients can be treated with equal or better results through stricter adherence to the interpretive tenets developed first and successfully with the clear-cut neuroses. On that particular argument, the weight of the evidence, I think, is with Gedo (and Jacobson, Kernberg, Modell, Kohut, and all the others who, each in different ways, have extended our understanding and our clinical intervention possibilities with the different varieties of these sicker patients).

This is, to me, the kind of overall question that Gedo's bold work and bold, impressively documented offerings inevitably raises for us. To me, it is a central *clinical* question for our field, and one that is important as well to formal clinical research endeavors into the mechanisms of change in both psychoanalytic psychotherapy and psychoanalysis, i.e., to the study of the similarities and the differ-

ences in the change mechanisms and in the changes effected. It is especially central to the research question of whether true structural changes in the personality organization come about only with full psychoanalytic resolutions or can also be mediated by varieties of noninterpretive, non-insight-aiming interventions. This is the guiding concern in my own book, *42 Lives in Treatment*,⁵ which contains an account of the treatment careers and the long-term follow-up life careers of the cohort of patients in the Psychotherapy Research Project of the Menninger Foundation already cited, who were studied over a thirty-year span from the inception of the project in 1952 to its final write-up in 1981-1982.

But there is, in addition to all this, yet another volume in Gedo's book. It is contained in the fourth section, on the Analytic Community. It is from this, I think, that the whole book has drawn the *raison d'être* for its title, *Psychoanalysis and Its Discontents* (again demonstrating Gedo's propensity for creating titles by paraphrasing Freud). It was, in fact, the title and the last section which first drew me to the book as promising new extensions of Gedo's thinking. Unhappily, however, it is this last part that I find the weakest and the least worked out. It consists of three chapters, each essaying to deal with a major issue that confronts (I would say, torments) the Analytic Community.

The first of these three chapters is "On Some Dynamics of Dissidence within Psychoanalysis." The issue is a large one: what is now almost the cacophony of divergent and competing "schools" *within* psychoanalysis, not to speak of those who, like Jung, Adler, Rank, Horney, and others, left its fold to establish their own versions of psychoanalytic truth. Here I am rather thinking of the American ego psychology and the British object relations perspectives, and of Melanie Klein, Wilfred Bion, and Jacques Lacan, and (in America) Heinz Kohut's self psychology and even, to some extent, Margaret Mahler and the developmental perspective. The reasons for this proliferation of competing psychoanalytic ideologies are indeed multiple, and their full exploration would be a substantial contribution to the philosophy, the psychology, and the sociology of psychoanalysis, and it might even spin off practical benefits for our

⁵ Wallerstein, R. S. (1986): *42 Lives in Treatment: A Study of Psychoanalysis and Psychotherapy*. New York/London: Guilford Press.

clinical workings to boot. But here Gedo's main contribution is only that the various values we espouse, i.e., the ways in which we differently encode the primary meanings we feel implicit in human existence, can importantly affect the psychoanalytic theories to which we adhere. Thus, traditional Freudian drive theory attributes prime significance to the satisfaction of the appetites; Kleinian theory, on the other hand, teaches the need to make reparation for humankind's constitutional wickedness; and Kohut's self psychology acknowledges our entitlement to an affectively gratifying milieu, empathically provided (*Discontents*, p. 159). This constitutes an interesting and valuable perception, of course, but surely there is far more to the overdetermined complexity of this matrix of issues that do indeed threaten our stability as a science and a discipline. Yet of this chapter Gedo says that it "deals with those intractable dissensions that forever seem to fracture the discipline; these disagreements are traced to the basic philosophical commitments [like a Kleinian pessimistic Manichaeism or a Kohutian Pelagian optimism] that subtend different theoretical and clinical viewpoints" (*Discontents*, p. x). This whole subject, once broached in our scientific discourse, surely calls for more, from Gedo and of course from all the rest of us as well.

Similarly, the next chapter, "Essay on Psychoanalytic Education," which deals with all the shortcomings and pitfalls of our "syncretistic" psychoanalytic educational system, about which so many have written so much, calls for more than a Utopian and wildly unrealistic intensive tutorial system for a tiny teaching elite educating a small elite student cadre ensconced, preferably, in universities that will have no part of it all, at least not in our time. On this issue of what is "Utopian" but still within the realm of the possible, others have indeed written—see, for example, Anna Freud and Wallerstein.⁶ And the last chapter of the trio, the final one in the book, "A Winter of Discontent: Contemporary Psychoanalysis in America," is an angry enough polemic on so much that is coun-

⁶ Freud, A. (1966): The ideal psychoanalytic institute: a utopia. In *The Writings of Anna Freud, Vol. 7: Problems of Psychoanalytic Training, Diagnosis, and the Technique of Therapy, 1966-1970*. New York: Int. Univ. Press, 1971, pp. 73-93.

Wallerstein, R. S. (1983): The Topeka Institute and the future of psychoanalysis. *Bull. Menning. Clin.*, 47:497-518.

terproductive in our entire psychoanalytic organizational structure. I do happen to agree very much with Gedo on the degree of malaise and crisis within and about psychoanalysis. But the remediation of it will take far more than this chapter so hastily offers. It will indeed take every bit as much careful thinking and planning and working (if not even more) by Gedo and by all of us, done in the same painstaking ways as his own large corpus of clinical theoretical development, which he has carefully constructed over a clinical lifetime and now offers us as essentially completed (he says) in this sixth book. We all owe it our very respectful attention. We have much to ponder in these offerings from one of our major and most innovative psychoanalytic clinicians and theoreticians.

ROBERT S. WALLERSTEIN (SAN FRANCISCO)

HYPOTHESIS AND EVIDENCE IN PSYCHOANALYSIS. By Marshall Edelson. Chicago/London: The University of Chicago Press, 1984. 179 pp.

The author presents two essential questions as the motivation for his book. 1) Is there empirical evidence, by scientific canons, for the claim that psychoanalysis is therapeutically efficacious? 2) Is there empirical evidence in support of the provisional acceptance of psychoanalytic hypotheses about neurotic symptoms, dreams, and parapraxes? He regards the answers as of paramount importance to the future of psychoanalysis and presents a lucid, closely reasoned, affirmative response that is worthy of careful attention. He reviews the interaction between psychoanalysis and the philosophy of science, poses the relevant issues, and takes a prescriptive stand on them.

Logical positivism attacked psychoanalysis for being full of vague theoretical terms that were unconnected to empirical data, so that the hypotheses could not be validated. Edelson points out that the logical positivist conception of a scientific theory itself failed because it was impractical. Truth was required to be established by direct correspondence to what obtained in the real world and not as a function of subjective states of knowledge and belief. The paucity of close links between observables and theoretical terms is not limited to psychoanalysis, and a neutral, theory-free observational language is a fiction in any science.

Popper launched a second attack, stating that psychoanalysis failed to meet the criteria for a science because its hypotheses could not be falsified by any empirical evidence. Edelson discusses the falsificationist views of scientific method at length. He acknowledges that the tendency has been for psychoanalysis to argue that repeated descriptions of positive instances confirm a theory. This approach is labeled as enumerative inductivism. Even in sciences in which experimental methodology is possible, however, crucial experiments to test rival hypotheses are rare. Probabilistic hypotheses, such as those in the social sciences generally, cannot be conclusively falsified. The results of efforts to test them, when such efforts are possible, are subject to interpretation. Even the observational statements themselves depend on adequate procedures, measurements, and intersubjective agreement.

A more damning criticism of psychoanalysis as a science is that adherents of psychoanalytic theory try to immunize it against falsification and not to test it. Dismissal of disagreements about interpretation as resistance and *ad hoc* modifications of theories to rescue them (e.g., by explaining away dreams that do not appear to be wish fulfillments) exemplify this tendency. Edelson rejects this criticism as extreme. He emphasizes that the core of a theory may be a great success in its domain and that discovery of conditions where it fails is not necessarily a reason to give it up. Conversely, he points to the rejection of the seduction hypothesis and the introduction of the concept of psychic reality as an example of a decisive change in theory, based on testing via falsification.

Most recently, Grünbaum has charged that while analytic hypotheses may be falsifiable, the psychoanalytic situation cannot provide grounds for acceptance of one hypothesis over another. Grünbaum stresses that scientific credibility requires testing against rival, alternative hypotheses. Outcomes must be deducible, predictable, he states, and provisional hypotheses can be confirmed only when they exclude alternatives in a method of eliminative inductivism. Grünbaum charges that analysis is not interested in experimental evidence and cannot pursue any experimental design in any case. He states that its data are corrupted by suggestion and selection on the part of the analyst, by the biases of theoretical preconceptions, and by the fallibility of memory. Freud used the tally argument to justify his position on the validity of analytic

findings, namely, that only what is true will have a lasting effect in the analytic process and that any errors in interpretation will fall away like chaff in the wind. Grünbaum argues that results in analysis do not depend on veridical insight. Symptoms may be removed by a variety of means. There may be spontaneous remissions and recurrences.

In addressing this formidable array of criticisms, Edelson emphasizes that eliminative inductivism is another name for scientific reasoning and that it requires a serious and sophisticated effort for analysts to come to grips with Grünbaum's critique. Nonetheless, he supports the "naïve realism of Freud," who regarded himself as attempting to approximate in his statements an unknown but actual reality. He specifies that, in his view, psychoanalysis is a semantic science using such predicates as "true" and "makes sense," but he argues against its inclusion among humanistic disciplines. It is a semantic science, not a form of hermeneutics.

Edelson poses a new conception of theory in the philosophy of science, one that challenges logical positivism by stating that a theory is not a set of statements but the definition of a theoretical predicate. In this "non-statement" view of theory, the only statements which are empirically testable are theoretical hypotheses that claim that a theoretical predicate is true. A theoretical predicate is an insight, invented or discovered by a scientist, that is claimed to be true of a particular domain. Such an approach reduces the task to more manageable proportions. By way of illustration, Edelson sets forth a sample set of hypotheses in the form of theoretical predicates that represent what he thinks would be regarded as central to analytic theory; and he suggests that these hypotheses would require a consistent, systematic effort at justification.

He argues that experimental research comparing groups of subjects is not the only method of justifying psychoanalytic theory. All known variables do not have to be controlled in every study. Psychoanalysis needs to improve the quality of reasoning about hypothesis and evidence utilized in the single case study. It must clarify its domain, its facts of interest, what is central, and what is peripheral.

Edelson devotes a chapter to elucidating his view that neural science and psychoanalysis are two separate domains and that ef-

forts to mix hypotheses lead to logical confusion. He espouses the use of probability theory, of causal modeling and statistical controls in analytic research, of devising means to show changes in propensities and dispositions in symptom formation and behavior in order to test statements about outcome. Efforts might be directed to prove one hypothesis false or to gather decisive refutations of empirical claims based on analytic hypotheses. Independent and different studies could be directed to testing a specific hypothesis in clinical and nonclinical situations.

The author emphasizes that analytic data are not irretrievably corrupt. He directs attention to the nature of the data of observation, the safeguards involved in a disciplined use of analytic technique, the nature of interpretation, and the significance of the repetition of derivatives of early childhood experience in the transference neurosis as a data base. He suggests that the assumptions underlying free association, the manner in which a focal conflict is identified, and the approach to interpretation might be studied, as well as the ways in which analysts determine what is veridical and what is a defensive distortion.

In his refutation of Grünbaum's critique, Edelson cites two examples of analytic hypotheses which have been tested in the analytic situation. Luborsky has invented a symptom context method that provides matched samples for study. The method satisfies the need for comparison between two conditions in describing an outcome or effect. Glymour has described a bootstrap strategy for testing theories as sets of interrelated but independent hypotheses. He illustrates it with the case of the Rat Man. Scientists test subsets of theories rather than total theories. A prediction from one hypothesis and one fact is matched with a prediction from another fact and the same or a different hypothesis. Survival in such tests is an important factor in the development of a science. Such methodologies can be used to carry out the task of justification in psychoanalysis.

Edelson concludes that the ongoing critique of psychoanalysis by philosophers of science must be taken seriously. His effort to convey a clear picture of the problem of language that addresses psychoanalysts and philosophers is a fine contribution to raising the level of sophistication and knowledge for both parties to the dialogue. He sets forth a need for a nonstatement view of analytic

theory and calls for systematic efforts at achieving justification through the use of probability theory and its accompanying technology. He acknowledges that he is addressing a new generation of researchers who might be stimulated to carry out such a task. Surely, there would be no harm in such a venture, if it proved feasible. However, the emphasis the author places on it as a solution rests on a sharp distinction between discovery and justification in scientific investigations.

It seems unlikely that critical experiments in the sciences, where they have been possible, ever have been devised to satisfy philosophers of science. They have been critical of the development of the sciences themselves. Psychoanalysts who pursue a scientific course in their work exercise the essentials of scientific method. When Glymour finds a bootstrap strategy in Freud's account of the Rat Man, he emphasizes that it is characteristic of scientific practice. Luborsky, too, devised his matched sample approach as a method of investigation rather than to justify something.

Edelson has offered many suggestions about justification of psychoanalytic theory that rest on study of the analytic method and of the analytic process. The development of such methodology is linked to the study of such vital issues in psychoanalysis-as-science as the nature of free association, interpretation, and so on. Outcome and follow-up studies, furthermore, may provide an opportunity to demonstrate what has been accomplished in psychoanalysis, as well as to study the analytic process for purposes of discovery. Alternative analytic methods of treatment for specific disorders might well be compared by such means. This could serve the joint purposes of discovery and justification. It is, of course, absurd to claim that every analysis can be regarded as a research venture or as scientifically inspired. Analysis also can be practiced as the application of a dogma. Such an approach is not altogether unknown in the experimental, hard sciences, of course.

It appears that philosophers of science may be operating with assumptions about the nature of psychoanalytic practice that are quite untested. Analysts should stand ready to participate, with understanding, in a dialogue with philosophers of science. Edelson has performed a valuable service toward developing such a dialogue.

NATHAN SCHLESSINGER (CHICAGO)

THE IDENTITY OF THE PSYCHOANALYST. (International Psycho-Analytical Association Monograph Series, No. 2.) Edited by Edward D. Joseph, M.D., and Daniel Widlöcher, M.D. New York: International Universities Press, Inc., 1984. 291 pp.

Who is a psychoanalyst? How do we identify the genuine product? This is an important and complex subject. The International Psycho-Analytical Association approached it by choosing "The Identity of the Psychoanalyst" as the topic for a symposium, conducted in English and French, in Haslemere, England, February 18-23, 1976. Thirty-four distinguished psychoanalysts from three continents participated. The results of their deliberations have been published as a monograph edited by Joseph and Widlöcher. The editors have organized the material in accordance with the progression of the seventeen formal papers and discussions presented at the symposium followed by "Reflections" on them by Robert Wallerstein and J.-B. Pontalis.

The monograph is excellent, thought provoking, and still timely. The participants deal openly and in depth with the issues of the identity theme, including personal, professional, and social aspects. In fact, a better title for the symposium might have been "*The Identities* of the Psychoanalyst." Yet it is true that personal, professional, and social identities need to be brought together comfortably.

There was awareness by all the participants that psychoanalysis is difficult to learn and that it takes a long time to gain a true, stable, maturely flexible psychoanalytic identity. Several speakers noted that the psychoanalyst "at work" doing treatment and research is usually what best defines a psychoanalyst. An internalized psychoanalytic point of view is built around a way of mental functioning that needs to be painfully learned and relearned by each generation and by each analyst (p. 276). The autonomy of the ego functions serving this analytic identity requires clinical practice, self-analysis, continuing education, and participation in scientific groups.

The tripartite system of psychoanalytic education promotes a series of partial identifications with training analysts, supervisors, teachers, and colleagues that permits our students not only to become psychoanalysts but also to think, feel, and react as psychoanalysts, i.e., to form a psychoanalytic identity (p. 14). The training

analysis, that unique encounter between training analyst and candidate, was viewed by some symposium participants as the crucial factor in the attainment of a psychoanalytic identity (p. 25). Even when it is not fully successful, it often happens that candidates through their analyses gain a lasting identification with something invaluable that Anna Freud called an inspiration (p. 262).

Psychoanalytic education, however, does not always lead to optimal results. At times, unanalyzed pathological narcissism and residual negative transferences may surface to fuel splits and compromises within psychoanalytic groups. This part of psychoanalytic history and functioning, beginning with the analyst-disciples who separated from Freud, received considerable attention at the symposium.

Freud with his genius started a scientific revolution which now appears to have entered a normal scientific phase, as defined by Thomas Kuhn. Most participants in the symposium felt that there is still ample room for creative innovation without the need for revolutionary replacement of basic psychoanalytic hypotheses and traditional models (p. 105). However, it was emphasized that we must learn to differentiate between productive, enlightening changes and changes aimed at avoiding the difficult process of searching for analytic truth (p. 65).

Several participants focused on the social, economic, and political forces that are in upheaval throughout the world. These forces can push a psychoanalyst away from practicing in a classical manner in which unconsciously emerging manifestations of instinct, primary process, affects, defenses, and transference are properly handled within the analytic situation. A regressive, defensive attachment to outer world realities may keep some analysts away from the inner realities that can be understood through psychoanalysis (p. 235). It was also stressed that there are not only turbulent external forces but also strong forces within the profession that interfere with creative and scholarly activities and practice. It was felt that both the normal developmental crises of our progressive unfolding scientific process and the potentially destructive stress-strain conflicts need to be objectified, studied, and mastered (p. 205). A few speakers were concerned that if responsible, constructive changes are not made soon, our survival as a profession and science is at risk. A need for analysts to actively participate in social research and policy making, to admit and edu-

cate candidates from more diverse backgrounds, and to become more involved in treating a wider range of patients were mentioned as deserving serious consideration (p. 199).

Several presenters, in an attempt to explain the sources of the many difficulties psychoanalysis is experiencing, stated that as a scientific group we have not accepted the death of Freud, that we have not mourned his loss. Identification with a living Freud can contribute to difficulty in measuring the transience which Freud's ideas share with all other scientific work. It can contribute to psychoanalytic rigidity, dogmatism, lifelessness, and revolt. It was noted that combining discipleship with creativity and originality is a very difficult task (p. 46). It can be liberating to realize that the future of psychoanalysis has been passed on to us by Freud as a valuable gift to develop. The pioneering spirit that many analysts believe has been lost can be reclaimed once we acknowledge that the future of psychoanalysis is in our hands and appreciate that we can no longer count on Freud and the early analysts to accomplish the creative work needed to advance psychoanalysis.

At Haslemere, analysts from different backgrounds and cultures were able, because of a shared identity involving a deep commitment to and identification with psychoanalysis, to learn from one another and collectively produce a very fine piece of work. The purpose of the symposium was not to reach definitive conclusions but to call the attention of all psychoanalytic students and practitioners to significant identity issues and dilemmas that are unique to psychoanalysis at this critical time in our history. The symposium was most successful in its aim. The dialogue about ourselves, our science, and our organizations needs to be continued locally and nationally. This monograph can be profitably used to focus the *ongoing* discussions that are so necessary to advance the science and the profession of psychoanalysis.

STANLEY S. WEISS (DENVER)

THE PSYCHOTIC PROCESS. By John Frosch, M.D. New York: International Universities Press, Inc., 1983. 521 pp.

This volume was highly praised by esteemed colleagues in prepublication reviews, but it leaves this reviewer somewhat disappointed. The title is troublesome, in that the book is not devoted to psy-

chosis per se but to psychoanalytic views and concepts regarding psychosis. The extensive use of essentially historical formulations and data becomes tedious for the reader. Rare is the chapter that does not begin with some reference to what Sigmund Freud had to say about psychosis and its symptomatic expressions. While this is testimony to Freud's clinical sagacity, it is also unfortunate, since the best passages in the book are those in which Frosch critically addresses the work of other writers or discusses his own extensive and intensive experience with the treatment of psychotics. Indeed, there is all too little of the latter. It is obvious that in his actual work the author does not adhere exclusively either to psychoanalytic techniques or to psychoanalytic formulations in dealing with patients, yet he seems to find it irresistible to restate all interpersonal therapeutic experiences and events in traditional psychoanalytic terms. Thus, although Frosch does not hesitate to state his own positions and his views, he takes the reader through dozens and dozens of pages of what Freud, Hartmann, Arlow and Brenner, and many others have said before arriving at what Frosch himself believes or thinks, which he usually expresses in relatively few brief sentences.

With most of Frosch's statements I can readily agree. There are details in this extensive work with which one might cavil, but this mainly involves differences in how to formulate the psychodynamic implications of particular behaviors and symptoms. Such formulations do not explain the psychotic process (and I would prefer to speak of psychotic processes) in general, but represent conceptualizations and inferences which often are relevant for one patient (or more precisely, for one outpatient-therapist dyad), but do not necessarily fit so well with the therapeutic experiences and events encountered with the next patient. Such data lend themselves to interesting and challenging discussions among ourselves, which can lead to further elucidation or understanding of psychotic processes, not in the form of formal presentations, but rather through intimate seminar exercises examining the clinical and the therapeutic course of one patient or a few patients, as were presented, for instance, in the Gunderson and Mosher monograph.¹

¹ Gunderson, J. G. & Mosher, L. R., Editors (1975): *Psychotherapy of Schizophrenia*. New York: Aronson.

The chapter titles in Part Three—"The Psychotic Process"—could be those of a psychoanalytic textbook until, in the last seventy pages, the author gets to what he believes to be the core problem and essence of psychotic development, i.e., the faulty and defective reality testing such patients exhibit. With this there can be no argument, but it is hardly new or original, any more than is his additional emphasis on the fear of annihilation which these patients experience and with which they struggle intensely.

Frosch calls attention to parental, mostly maternal, influences on patients and their pathology, but the viewpoint here is not a truly developmental one. Much of what we find in these patients are defects and deficits in personality development and organization rather than "regressions." Frosch's emphasis on the role of regression is epitomized in his disagreement with a passage of D. P. Schwartz, who stated that, even in their allegedly regressed state, psychotic patients can exhibit organizational growth, and that fragmentation does not "seem describable as a defensive regressive return to an earlier level of developmental adaptation."² Frosch asserts that fragmentation is a characteristic of early stages of psychic development, although in other contexts he warns, correctly, against "adultomorphizing" infant development, pathological or normal.

All the same, the book on the whole conveys the message, intended or not, that analytic concepts derived from and useful in the understanding and treatment of neurotic patients must apply to schizophrenic and borderline patients, although there are important differences between these two types of psychopathology involving very different developmental experiences and very different psychic organization. In accordance with these differences, Frosch disagrees with the Arlow-Brenner³ thesis that the differences between psychosis and neurosis are only quantitative.

All this is not to say that the discovery and development of psychoanalytic techniques and concepts have not helped us to understand psychotic processes. But it seems to me to be no more correct

² Schwartz, D. P. (1978): Aspects of schizophrenic regression: defects, defense and disorganization. *Psychotherapies of Schizophrenia. Proc. 6th Int. Sym. on Psychother. Schiz.*, ed. C. Muller, Int. Conf. Series No. 464, p. 79-80.

³ Arlow, J. A. & Brenner, C. (1969): The psychopathology of the psychoses: a proposed revision. *Int. J. Psychoanal.*, 50:5-14.

to insist that we must understand schizophrenics in the same way we understand neurotics than is the insistence of some of our medical confreres that ultimately we must understand diabetes or arthritis in terms of the same model we use to understand tuberculosis. Discussion, for instance, of whether defects in reality testing are located in the ego or the superego seems to me to be spurious (I believe both are involved). More important is the fact that one's reality testing depends primarily on inputs from a parental figure or figures, and that the syntactical and symbolic inputs vary so much across the world that we can readily make the mistake of designating some *cultures* as "psychotic." Here Jung's concepts concerning the universality of some primordial symbolisms might be relevant. The faulty reality testing that psychotics exhibit, as well as their primordial fear of annihilation, seems to be rooted in ego-boundary deficits, with regard to both interpersonal and inanimate relatedness, which often are also found in at least one parent of a schizophrenic patient or are engendered by destructive parental intrusiveness.

Frosch, of course, is quite aware that, despite their internal weaknesses, psychotic patients can perform socially up to a point, especially in structured environments, such as schools, as well as within the chaotic environment of their own families. He coins the fortuitous term "sociosyntonic psychopathology," but without emphasizing that such a condition is family derived rather than being based on some given internal propulsion. It is not a question of *either* "defect" *or* "defensive regression," for psychotic processes involve both. Even Freud, hardly one to disregard regression in psychopathology, observed, as quoted by Frosch, that "ego functions (may be) damaged at such an early age that they never develop properly." However, Frosch's next chapter, on adaptation, repeats Hartmann's unfortunate reference to the "expectable direction of the average expectable environment," as though such an environment were or ever could be static, i.e., averagely expectable day in and day out throughout the life cycle.

The statement that neurotics are "reality-syntonic" and "ego-dystonic" is cogent, but the claim that psychotics are the reverse, i.e., "ego-syntonic" and "reality-dystonic," hardly fits, as is pointed out by Frosch many times in this book. Psychotics' core problems of faulty reality testing and inordinate primordial anxiety, verging on

panic at times, are hardly "ego-syntonic"; and, given the disturbed family environment in which they were forced to develop, psychotics' deviant percepts of the world may not have been "reality-dystonic" during their infancy and childhood. Panic, born of fear of destruction or of engulfment, may reflect overwhelming parental intrusions. It can be conceptualized, as I have pointed out elsewhere,⁴ as a state of (regressive?) disorganization approaching the primitive fight-flight reaction originally described by Cannon⁵ as the basic, subcortical response to danger.

There is much insight to be gained about psychotic processes from autobiographical accounts concerning the development and the subjective experience of psychosis, as exemplified in the writings of Bowers,⁶ Boisen,⁷ Beers,⁸ and, of course, Schreber,⁹ who provided the first impetus to psychoanalytic insight into psychosis. The author seems to eschew such data, except for one vignette in which he makes an excellent distinction between depression and the sadness exhibited by his patient.

In sum, this book is a very rich, erudite, painstaking historical compendium about the psychotic process as viewed by various prominent analysts over the past eighty years. It includes a useful discussion of terminology in the introduction, but it adds little to our current understanding and our current working concepts. When the author reports clinical experiences of his own, which is all too infrequent, the book comes alive and captures the reader, but otherwise the book makes for somewhat tedious reading. In his all too brief final chapter, the author quotes Waelder, who twenty-five years ago rather pessimistically pointed out, at a symposium of psychoanalysts, that they had many different views but none of

⁴ Fleck, S. (1953): Vigilance (orienting behavior), conditional reactions and adjustment patterns in schizophrenic and compulsive patients. *Annals N. Y. Acad. Sci.*, 56:342-379.

⁵ Cannon, W. B. (1929): *Bodily Changes in Pain, Hunger, Fear and Rage*. New York: Appleton-Century-Crofts.

⁶ Bowers, M. B., Jr. (1974): *Retreat from Sanity. The Structure of Emerging Psychosis*. New York: Human Sciences Press.

⁷ Boisen, A. T. (1947): Onset in acute schizophrenia. *Psychiat.*, 10:159-166.

⁸ Beers, C. W. (1908): *A Mind That Found Itself. An Autobiography*. New York: Longmans, Green & Co.

⁹ Schreber, D. P. (1903): *Memoirs of My Nervous Illness*. Translated by I. Macalpine & R. A. Hunter. London: Dawson, 1955.

them was really satisfactory. Frosch concludes with a discussion of the threads which are common to all psychotic patients: fear of dissolution, loss of self-nonsel self differentiation, and defective reality testing. I would question the use of the word "loss," since in my experience very many have *never* achieved secure self-nonsel self differentiation, growing up as they have in an environment of faulty reality testing dating back for more than one generation. Either way, Frosch's descriptions and interpretations of clinical data, while valid as such, are not sufficient to account for the core of psychotic development, even when Frosch includes attention to biological and social parameters. Both of these, especially the familial factors, may provide more helpful research leads toward elucidating psychotic processes than can our psychological insights. That is the state of the art in 1986.

STEPHEN FLECK (NEW HAVEN, CT)

RECENT DEVELOPMENTS IN PSYCHOANALYSIS. A CRITICAL EVALUATION. By Morris N. Eagle. New York: McGraw-Hill, 1984. 259 pp.

The author states that "a good deal of recent psychoanalytic work, even if not always presented in this light, in fact constitutes a radical overhaul of traditional psychoanalytic theory. . . . This work . . . is intended as a systematic overview of [these] recent ideas with the aim of providing a coherent account of the current status of psychoanalytic theory" (p. 4). In carrying out this intention, Eagle is indeed coherent, and he does give us something of an overview. Unfortunately, he does not do so in as systematic a manner as he leads us to expect. Eagle, an academic psychologist, is Chairman of the Department of Psychology at York University in Ontario. The book shows a strong bias in an academic direction. The book jacket states that Eagle maintains a part-time private practice in psychoanalytically oriented psychotherapy; it does not mention the practice of psychoanalysis. This might help to explain the academic rather than clinical emphasis. I shall elaborate further, but first let me briefly describe the book's contents.

Eagle devotes Part One of the book to a critical evaluation of recent developments in psychoanalytic theory. He begins with a comparison of object relations and "Freudian Instinct Theory,"

which he sees as distinctly different from one another. He goes on to discuss a number of contributors to psychoanalytic theory, categorizing them according to their mode of handling the clash between object relations and instinct theory. He sees Margaret Mahler, for instance, as attempting to explain object relations and the self as arising from instinctual drives. Arnold Modell is seen to present a "two-factor theory" that attempts to integrate object relations and instincts as distinct, central motivational forces. Heinz Kohut is seen as a two-factor theorist whose self psychology is meant to complement traditional theory. Eagle realizes that this view of Kohut is not compatible with the later evolution of self psychology into a theory intended not to complement but to replace traditional theory, a theory sufficient unto itself, and he discusses this later theory in some detail. He describes W. R. D. Fairbairn as a representative of those analysts who have attempted to replace instinct theory by object relations theory. Finally, he discusses three theoreticians who have attempted to reformulate psychoanalytic theory but do not fit clearly into any of the above classes: George Klein, John Gedo, and Joseph Weiss and Harold Sampson and their colleagues.

The second part of the book contains discussions of specific theoretical issues: anxiety, instincts, the id-ego model, self-organization, and the issue of developmental defects versus dynamic conflict.

In Part Three, Eagle deals with the conceptual status of psychoanalytic theory, discussing the relationship of clinical theory to metapsychology, the epistemological status of clinical data, psychoanalysis as hermeneutics, and the veridicality and effectiveness of psychoanalysis as a therapy and as a theory.

Finally, in Part Four, he attempts to seek the common themes in the various issues mentioned above, and he finds a number of them. He sees the move from complete dependence and relative lack of differentiation between self and others to individuation and increasing independence as "*the* central dimension of psychoanalytic development" for Mahler, Kohut, and Fairbairn. Another theme, one with many variations, is the motivation and development of object seeking and object relations. A third, pursued by all of the authors Eagle discusses, is the quest for "superordinate motives." Psychoanalytic theoreticians tend to look for one or two mo-

tivations (sex, aggression, narcissism, object seeking, or what have you) rather than viewing human development as consisting of a multiplicity of interlocking motivations and behaviors. Eagle closes with an eloquent plea for maintaining the concept of id and ego, not in the usual sense of id as instinctual drive and ego as control and structure, but rather in the sense of id as any set of aims which are disclaimed, unintegrated, and disassociated, and ego representing the integrated, organized, and coordinated individual.

The above summary is so condensed that it makes for somewhat difficult reading, but the original is clear, simple, and readable. At times Eagle gives the impression of being simplistic, but this impression is largely deceptive. He has picked key issues in psychoanalysis, and he has the knack of forging to the heart of them. Unfortunately, he does so under the influence of certain deep convictions, namely, that the primary human motivational system is based on object relations rather than drives, and that research in the logical positivist sense is the road to psychoanalytic truth. From this vantage point (a skewed one for this reviewer, who had hoped for a more objective presentation) he paints with a broad if somewhat uneven palette.

The first of these convictions, Eagle's bias in favor of object relations theory, is so marked as to be intrusive. "Freudian instinct theory" is very often taken from early Freud, and one feels that a straw man is being set up in order to sing paeans to object relations theory. Furthermore, Eagle is not always faithful even to the early Freud. "Primal hatred," for example, attributed several times by Eagle to Freud (p. 8), is a phrase Freud never used, although he did allude to the idea in one or two of his early papers on obsessional neurosis.

The author's bias toward experimental research probably reflects his academic background. It explains his inclusion of Weiss and Sampson's work and the general orientation of the book as a whole. This will at times tend to put off the medically trained psychoanalytic clinician, but I would suggest that for the most part it should not do so. I personally found it objectionable only in Chapter 16, where Eagle, à la Adolf Grünbaum, goes too far as he calls for verification of psychoanalytic propositions exclusively from outside the psychoanalytic situation: "... contrary to the long-cherished belief on the part of the psychoanalytic community,

the psychoanalytic situation is not the appropriate arena for testing the validity of psychoanalytic theoretical formulations" (p. 174). Eagle cites extraclinical evidence throughout the book but usually does so in conjunction with clinical formulations, rather than to the exclusion of them.

These biases are distracting, but not vital. A more important flaw is the book's unevenness, its lack of comprehensive coverage. One first notices this in looking over the table of contents, where one wonders why chapters are devoted to Modell and to Weiss and Sampson, who, while they have made significant contributions to the psychoanalytic literature, have not had nearly as much impact, as, say, Mahler and Kohut. In the Introduction, Eagle disavows an intent to be comprehensive and explains certain significant omissions. Erik Erikson's contributions, he states, have already been sufficiently absorbed into psychoanalytic theory. Otto Kernberg does not have an organized set of coherent theoretical formulations which Eagle can identify and understand well enough to present and to evaluate critically. Benjamin Rubinstein, whom Eagle admires, is to be covered by a chapter in another book. This type of selectivity, certainly the author's prerogative, would be more acceptable were it not for the implication of a more comprehensive coverage in the title and in the general tenor of the work.

Unfortunately, this same tendency recurs in the discussion of psychoanalytic developments themselves. One gets the feeling that the author is conversant with all of the recent developments, has followed the controversies as they have emerged and faded over the years, has developed certain opinions about those controversies, and is presenting those opinions rather than presenting a comprehensive review of each controversy. For example, from Chapter 11, entitled "Instincts, the Id-Ego Model and Self-Organization," one might expect a rather complete coverage of the structural theory and its problems. One finds instead a discussion of only three questions: "The first is the adequacy of a model which dichotomizes between the instinctual aims and energies on the one hand and controlling and mediating structures on the other. The second question I want to discuss is whether instinct is accurately conceptualized in Freudian theory. And the third and related question is the conflation of the two meanings of id—as instinctual wish and an impersonal 'it'" (p. 115). These are important ques-

tions, but they do not cover the range implied by the title, and they are themselves discussed only cursorily.

In spite of these objections, I found the book interesting and stimulating. For a discussion of many recent developments in psychoanalysis, with lucid and intelligent coverage of some aspects of the controversies involved, this book is well worth reading.

SYDNEY E. PULVER (PHILADELPHIA)

ADOLESCENCE AND DEVELOPMENTAL BREAKDOWN. A PSYCHOANALYTIC VIEW. By Moses Laufer and M. Eglé Laufer. New Haven/London: Yale University Press, 1984. 225 pp.

ADOLESCENCE. THE FAREWELL TO CHILDHOOD. By Louise J. Kaplan, Ph.D. New York: Simon & Schuster, 1984. 400 pp.

These two contributions to the psychoanalytic understanding of adolescence emphasize the unique aspects of adolescent development that set it apart from pre- and postadolescence. The Laufers' book centers on the adolescent period itself rather than dealing with factors from earlier development that may have contributed to adolescent pathology. The authors draw upon extensive clinical experience with severely disturbed adolescents, especially those who have made suicide attempts, in developing their ideas and approaches.

Their thesis is as follows. The resolution of oedipal conflicts is crucial to sexual identification and body image. During adolescence, the content of sexual wishes and of oedipal identifications becomes integrated into an irreversible sexual identity that takes the physically mature genitals into account. The achievement of a final sexual organization is the main developmental function of adolescence. All other tasks, such as changes in object relationships and in attitudes toward one's body, are subsumed within this organization. An important aspect of the adolescent psyche is the "central masturbation fantasy." This contains a key to understanding a given patient. The nature and fate of the fantasy, as it is revealed in analysis, is significant in the assessment of normality and pathology. The same is true about its residues in adulthood. "Developmental breakdown" occurs when adolescents unconsciously re-

ject their sexually mature body and perpetuate a relationship to a fantasied body. Male-female differentiation and its link to oedipal resolution become important in assessing the nature of adolescent disorders. This complex thesis is illustrated by a number of clinical vignettes.

Perhaps the greatest contribution of the book lies in the bold and innovative attempts the authors have made to treat adolescents, including suicidal ones, whom many would consider untreatable. They modify their psychoanalytic technique to meet the developmental idiosyncracies of their patients, at times actively intervening in their lives to protect the patient and to do what is necessary for the analysis to continue. They feel that analytic neutrality is untenable with these patients, since the analyst must challenge sexual and other patterns that are considered abnormal.

Even though they make clear that these departures from standard technique apply only to severely disturbed patients, there is a basic dilemma, in that certain aspects of adolescent psychology, such as the adolescent's need for privacy, his guarding of his autonomy, and a narcissistic orientation, militate against active intervention and a departure from neutrality. Empathic sensitivity to their patients enables the authors in many instances to successfully resolve this dilemma.

The authors' views of developmental breakdown include reference to an entity described as "developmental foreclosure." It involves patients whose development "has come to a premature end, which is signified by a structured and less reversible, even irreversible, pathology" (p. 157). They consider those whose pathology can be reversed through treatment to have developed object choices determined mainly by anxiety and regression to preoedipal object relationships. In patients with "developmental foreclosure" they view the sexual object and means of sexual gratification as being determined by the integration into the self-image of a distorted genital image, resulting in a distorted body image and a disturbed reality sense. It is not clear whether the Laufers mean that foreclosure leads to a fixed sexual pattern and unanalyzable resistances to treatment, as in certain perversions, or to a fixed sexual pattern and a sweeping foreclosure of total development. The latter would include structural disturbances that often cannot be assessed until adulthood.

Their concept of foreclosure is somewhat inconsistent with their important point that behavior that appears to be psychotic must be assessed with great caution during adolescence because the underlying developmental disruptions may signify a type of unconscious structure different from that in adults. This observation is emphasized throughout the book.

The book is highly recommended not only for the psychoanalyst who works with adolescents, but also for psychoanalysts in general. The various ideas expressed in it expand on the origins and role of unconscious fantasies, the interrelationship between body image and psychic development, the need to assess psychic formations developmentally, and the origins of sexual identity.

In contrast to the Laufers' book, which is based on psychoanalytic data throughout, Louise Kaplan's *Adolescence: A Farewell to Childhood*, while based on psychoanalytic concepts, expands into historical, philosophical, social, and moral issues. In an engaging combination of didactic and poetic style, she seems to direct her ideas to an audience that is not familiar with the theory and practice of the psychoanalytic treatment of adolescents. This review will focus mainly on the psychoanalytic aspects.

Kaplan contends that adolescence is a personal struggle reconciling "genital sexuality with the moral authority of the social order" and that adolescents are "avid seekers of moral authenticity" (p. 13). She stresses that the contributions of adolescent development to the structure of the mind have been underestimated. She is concerned about the vestiges that remain of the outmoded point of view that adolescence is essentially a recapitulation of earlier phases of development, as expressed by Ernest Jones in his 1922 paper on adolescence. Her concern about the idea that there can be revival of earlier neurotic patterns unaltered by adolescent development is well taken. One of Hartmann's contributions to ego psychology dealt with the problem of what he called a "genetic fallacy." He commented that change in function alters earlier psychic structures so that genetic continuity is affected by development. Adolescence effects major changes in and reorganization of psychic structures.

The book is divided into three parts. In the first section, Kaplan uses the lives and views of Jean Jacques Rousseau and G. Stanley Hall on adolescence as a "second birth" as a departure for a de-

scription of the unique dilemmas and innovative solutions of adolescence. She describes these men as discoverers or inventors of the modern view of adolescence, and she brings together important views on the development of the "second birth" concept. This section is the most original part of the book and is well worth reading for its historical perspectives.

Further on in the book, she contends that adolescence does not obliterate the past, but says "farewell" to parts of the past that stand in the way of the full realization of adult and sexual potentials. She feels that the most pathological "strategy" of adolescents is total emotional surrender to the parents in the quest for a last stronghold against incestuous desire. Her term "farewell" seems a bit off the mark, however, since she herself takes into account the importance of the persistence of earlier development into adolescence and into the unconscious of the adult. Infantile conflicts, although altered by development, are ever-present in the adult mind, with an ever-present potential for their reactivation.

Because Kaplan prefers resonant phrases, it becomes difficult at times for a psychoanalyst accustomed to certain useful terms to follow her. For instance, she prefers "love dialogues" in place of "object relationships." While in her preface she states that love dialogues include not only love, but also hostility, envy, etc., the term does not do justice to what she includes in her definition. For example, she states, "In the interval between giving up the love objects of infancy and finding an adult love dialogue, sexual hunger reverts to one's body" (p. 194). It is not certain whether the dialogue is intrapsychic or interpersonal.

In the last section, she describes anorexia nervosa as a feminine disorder and imposture as a masculine disorder. She uses the anorectic and the impostor as examples of adolescents whose "love dialogues of infancy are too insistent and [who] refuse to relinquish their hold on the present" (p. 21). In an otherwise well-written description of anorexia nervosa, she quickly dispenses with the oral aspects of the disorder, inferring that interpretations based on "speculations" about orality do not change the anorectic's problems. She says that these interpretations often have the opposite effect and that some patients feel invaded and penetrated by the doctor's words.

Perhaps Kaplan is struggling with the difficulties involved in in-

terpreting primitive unconscious derivatives in the analysis of adolescents. Inaccurate or wild interpretations certainly are not to be condoned, but the analysis of oral conflicts (and the ubiquitous, related pregnancy fantasies, which she does not mention) is a crucial part of the analysis of patients with anorexia nervosa. She ignores this dimension as she concentrates on the adolescent anorectic patient's struggles to come to terms with her genitality. The latter kind of conflict is stirred up in a new way in adolescence as a result of pubertal changes. Her emphasis is reminiscent of the Laufers' ideas about the importance of the psychic integration of the mature genitalia into the self-image in adolescence.

In summary, Kaplan has succeeded in writing an excellent, though somewhat idiosyncratic, presentation of the psychoanalytic understanding of adolescence and its unique developmental aspects. In a creative way, she pulls multiple facets together into a unified, overall view of adolescence.

CARL P. ADATTO (NEW ORLEANS)

PARENTHOOD: A PSYCHODYNAMIC PERSPECTIVE. Edited by Rebecca S. Cohen, Bertram J. Cohler, and Sidney H. Weissman. New York/London: Guilford Press, 1984. 426 pp.

This volume derives from a conference titled "Parenthood as an Adult Experience," sponsored by the Michael Reese Hospital Department of Psychiatry in 1980. It addresses multiple points of view: sociobiological (e.g., a review by Jeanne Altmann of parental behavior in primates); developmental (as exemplified in E. James Anthony's original and perceptive article, "Creative Parenthood"); psychosocial (ranging from parental psychopathology to parental behavior in divorce and bereavement); and psychoanalytic (covering traditional psychoanalysis, Kohut's views, and an ethological contribution by Bowlby). Each section is prefaced by an editorial introduction, and there is an editorial summary at the end of the book.

What is missing is the biological point of view. Nothing is said about differences in the reproductive functions of the two sexes and the way they influence maternal and paternal behavior. There is nothing about hormonal factors. Anthony and Benedek's *Parent-*

hood¹ is quoted throughout the book, as is Benedek's work on parenthood as a developmental phase² but nothing is said about her work on biological factors in female psychosexual functions.³ Neither is reproduction considered from a developmental point of view, except for Anthony's notion that a mother "can bring the wish for a child into close contact with the creative process of reproduction" (p. 29) and for aspects of John Ross's review of the literature on fatherhood.

Rebecca Cohen and Sidney Weissman discuss "parenting alliance," and Laura Lein addresses the timely topic of the stresses when there are two working parents, requiring negotiation between them as to their dual work and home roles. There is an interesting chapter on parents' perception of young adolescents. Some attention is paid to pubertal changes, but without mentioning the anticipation or occurrence of first ejaculations.

A timely discussion of adolescent parenthood addresses the cognitive aspects of adolescent parenting and concludes with the idea that adolescents can use parenthood as a catalyst for growth, provided that they have completed most of their own development. Jerome Grunes, discussing parenthood during aging, cautions against assuming a universal regression in old age. He focuses on the interaction between the adults and their parents, relying mainly on Kohut's self-concepts and avoiding issues of conflict in old age. In his chapter on parents, psychopathology, and child care, Bertram Kohler gives valuable advice on how to help parents. This is a good chapter for parent education classes because of its comprehensiveness and its tolerant views on the psychopathology of parenthood.

A masterpiece of description and conceptualization is J. Alexis Burland's contribution on dysfunctional parenthood. He draws our attention to the lack of synchrony in communication that permeates the relationship between deprived children, their parents, and therapists. Some of these children feel real only when they either experience gratification, are destructive, or feel grandiose,

¹ Anthony, E. J. & Benedek, T. (1970): *Parenthood. Its Psychology and Psychopathology*. Boston: Little, Brown & Co.

² Benedek, T. (1959): Parenthood as a developmental phase. A contribution to the libido theory. *J. Amer. Psychoanal. Assn.*, 7:389-417.

³ Benedek, T. (1952): *Psychosexual Functions in Women*. New York: Ronald Press.

to cover their fundamental depression. Inadequate "hatching," cognitive deficits, preoccupation with violence, and pathological narcissism result from dysfunctional early mother-child interaction. The noncommunicating mothers feel alone and unloved, and they often perceive their infant as hostile. There is a dormant readiness to respond in the deprived infants, so that a capable therapist can elicit responses where none might be expected. Burland's experience analyzing a nonresponsive child, his work as a consultant to agencies dealing with deprived populations, and his sensitive approach to the problem of miscommunication make him especially capable of reaching the seemingly unreachable.

A chapter on parents' experiences with the child's therapist describes the optimal techniques for dealing with parents. This kind of interaction with parents is a routine aspect of child analysis. Discussing early parental loss, Sol Altschul and Helen Beiser report that the early latency child overtly suffers the most when a parent is lost. Adolescents are angry about the disruption of their lives, but may not consciously feel the loss until they experience a significant new loss later on in life. This and some of the following chapters derive from the Chicago Institute's long-standing bereavement study. Benjamin Garber's contribution on divorce and bereavement is comprehensive, dynamic, and very helpful, especially with regard to his views on countertransference. In discussing the neglected topic of stepparenthood, Paul Bohannon points out that there are no ready-made images of stepparents other than cruel ones. The chapter is speculative and would profit from clinical material. Two chapters by a judge, A. Mikvah, and by Albert Solnit confirm the point of view that children need autonomous parents who are better advocates for their children than strangers can be. It would be interesting to hear from such experienced researchers as Solnit about the countertransference problems of child advocates who endeavor to be impartial and uninvolved in parents' strife. Two chapters by Sherman Feinstein and Muller Davis and by Gunhild Hagestad, Michael Smyer, and Karen Stierman deal with the effect of divorce. The latter provides interesting material on support from children and on parents in middle-age divorce.

The last section, "Clinical and Theoretical Perspectives," is largely concerned with development toward parenthood. Bowlby's

observations on the way parents nurture their babies confirm our own at the Center for Parents and Children that parents hold babies the same way they were held when they were infants.⁴ Bowlby provides the excellent advice that teaching how to parent is best done by example, with sensitive parents serving as guides to those with insufficient parenting skills. He does not seem to be acquainted with our system of retraining parents in kinesthetic sensitivity. Leo Sadow, writing about the psychological origins of parenthood, continues Bowlby's thesis, elaborating on the fact that sensorimotor memory laid down in infancy affects parental behavior in adulthood. This he considers the first stage in the development of parenthood. His second stage extends from the first formation of the "me" and the "not-me" through the oedipal period. The third stage is not all clear; it seems to encompass superego formation in latency, adolescence, and adulthood. Sadow's ideas are organized in accordance with Kohut's theory of the development of the self, and he does not consider the influence of conflict upon the development of parental behavior. Miriam Elson's chapter on the role of transformation of narcissism in parenthood is also Kohut-oriented, as is Hyman Muslin's chapter on resistance to fatherhood. In a poignant passage, Muslin postulates that a child needs to be parented without evoking fears of abandonment, "that is, without evoking fantasies of being suddenly dropped, left without sources of esteem" (p. 322). This suggests that the source of self-esteem is embedded in the sense of gravity. The wording implies a leap from the body to the mind that requires further clarification, as in the other articles applying Kohutian concepts to the development of parenthood. David Terman extends Kohut's ideas about parental affects, asserting that all shades of parental feeling "can be as shaping as pleasure or withdrawal" (p. 328). It might be profitable in this regard to differentiate between the child's attunement to changes of parental tension and mirroring of shape changes, especially in facial expressions.

An interesting chapter by James Fisch suggests that changes in ego structure that result from parenting experiences can facilitate the development of a therapeutic alliance in analysis. Focusing

⁴ Kestenberg, J. S. & Buelte, A. (1977): Prevention, infant therapy, and the treatment of adults, parts 1 and 2. *Int. J. Psychoanal. Psychother.*, 6:369-396.

mainly on parental psychopathology, Donald Schwartz agrees with Benedek's final view that parenthood is not a developmental phase.

Throughout the chapters on the precursors of parental behavior there is a major leap from the imprint of early infancy to the oedipal phase and beyond. The preoedipal phase is neglected, and the stages of early parental involvement in children's play and fantasies are ignored, despite their importance.⁵

In Ross's comments on fatherhood, he deplores the trend toward a loveless world that stresses material things and efficiency, and alienates fathers from their children. A related problem is that of women who leave their children to go to work, emulating paternal behavior in their effort to break the bonds of parenthood which they have had to carry alone for a long time.

This book contributes usefully to our understanding of parental functioning and how to improve it. Although it is uneven and is wanting in its biological and developmental perspectives, it stimulates thought and raises enough questions to make for worthwhile reading.

JUDITH S. KESTENBERG (SANDS POINTS, N.Y.)

NORMALITY AND THE LIFE CYCLE. A CRITICAL INTEGRATION. Edited by Daniel Offer and Melvin Sabshin. New York: Basic Books, Inc., 1984. 460 pp.

There are three parts to this book. The first seven chapters (Part I) contain summaries of stages of the life cycle from infancy through extreme old age. The second part comprises four chapters, each of which views normality from a different theoretical and methodological perspective. Part III, written by the editors, is entitled "Toward an Integrative Approach to Normality and the Life

⁵ Jacobson, E. (1936): Beitrag zur Entwicklung des weiblichen kindwunsches. *Int. Ztschr. Psychoanal.*, 22:371-379.

Jacobson, E. (1950): Development of the wish for a child in boys. *Psychoanal. Study Child*, 5:139-152.

Kestenberg, J. S. (1956): On the development of maternal feelings in early childhood. Observations and reflections. *Psychoanal. Study Child*, 11:257-291.

Cycle." In it, Offer and Sabshin present their own views and ideas. They also provide a preface and a chapter on adolescence, in Part I.

In their chapters, Offer and Sabshin offer a further revision of the ideas contained in their earlier work on the concept of psychological normality.¹ Normality is again examined from four aspects (as health, as utopia, as average, and as a transactional system that allows for changes through time). This latest work, subtitled "A Critical Integration," is intended to correlate a wide body of knowledge and contribute toward answering the question, "What is normal behavior really like?" They note that there is a particular impetus for making such an inquiry today, in that there is an economic atmosphere of increasing challenge to providing payment for mental health services.

Several of the life cycle chapters contain excellent summaries of details of the average expectable development and the potential crises characteristic of the various developmental phases. Nevertheless, the ambitious goal of the book is not fulfilled. The integrative section of the book does not pull together the assorted data and perspectives into a meaningful whole. Rather, it expands upon Offer and Sabshin's reflections upon culture, values, and normality; it discusses patterns of normal development; and it culminates in a proposal to establish a new field called *normatology*. The usefulness of the editors' viewpoint to psychoanalysts is limited, since their emphasis on an empirical approach leads them to disregard the realm of intrapsychic experience that is crucial to a psychoanalytically oriented reader. Contrasting approaches to the conceptualization of normality were contained in the contributions of David M. Sachs and Samuel Abrams in a 1976 American Psychoanalytic Association panel, at which Daniel Offer was also a participant.²

The chapter by Robert N. Emde and James F. Sorce on infancy is particularly valuable. It makes use of all of Offer and Sabshin's four perspectives and demonstrates the utility of employing multi-

¹ Offer, D. & Sabshin, M. (1966): *Normality. Theoretical and Clinical Concepts of Mental Health*. New York: Basic Books. Revised edition published in 1974.

² Panel (1977): Current concepts of normality. D. M. Sachs, Reporter. *J. Amer. Psychoanal. Assn.*, 25:679-692.

dimensional concepts of normality in infant studies. The chapter on middle childhood by Bennett L. Leventhal and Kenneth Dawson is based implicitly on the concept of "normality as average" in its description of a variety of developmental functions. The editors' chapter on adolescence reasserts their hypothesis that most adolescents do not go through turmoil. It describes and updates Offer's extensive empirical studies leading to conclusions about trends, differences, and similarities between the 1960's and the 1980's. In the next chapter, on young adulthood, Robert L. Arnsstein modestly disclaims the possibility of providing a "comprehensive . . . review in the scope of one chapter." Yet his contribution stands out in its thoughtfulness and its rich references to psychoanalytic literature. The discussion by Bertram J. Cohler and Andrew M. Boxer of middle adulthood uses a "life course perspective" to "complement and extend" normality as a transactional system. Being "on-time" in culturally defined roles (which are different for men and women) is viewed as crucial to progressing normally through the middle decades of life. Nancy Datan and Jeanne Thomas, developmental psychologists, present what they view as normal patterns in late adulthood, defined in terms of socially adaptive responses to that stage of life. A chapter by Nancy A. Newton, Lawrence W. Lazarus, and Jack Weinberg divides aging into young-old and old-old. It is an excellent resource for those who wish to learn more about the experiences, adaptive reactions, and cultural interests and concerns of the elderly.

In Part II of the book, Robert Michels discusses psychoanalytic perspectives on normality. He summarizes the historical origins of psychoanalytic thinking and presents psychoanalysis as a vibrant discipline with expanding theoretical applications. His ideas contrast sharply with the parts of the book in which psychoanalysis is dismissed as a rigid or obsolete theory based upon a utopian perspective. Arnold J. Mandell and Jonas Salk provide a chapter, "Developmental Fusion of Intuition and Reason: A Metabiological Ontogeny," that is incomprehensible to this reviewer, as well as to several colleagues who have looked at it. Epidemiologic views and a health systems perspective round out this section, in a more useful way.

As already noted, Offer and Sabshin conclude their integrative discussion in Part III of the book by proposing a new field of "nor-

matology." However, the various components of the volume do not build up to something that would validate such a view. As pressure mounts from policy-makers and health-care providers for criteria upon which to base decisions involving fund allocation, further work toward the critical integration of developmental data with theoretical conceptualizations of normality is of practical necessity.

SYBIL A. GINSBURG (SYRACUSE, NY)

The Annual of Psychoanalysis. XI, 1983.

James F. Bing

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ABSTRACTS

The Annual of Psychoanalysis. XI, 1983.

Abstracted by James F. Bing.

The Presence of the Past. George H. Pollock. Pp. 3-27.

Pollock offers a review of the workings and achievements of the Chicago Institute for Psychoanalysis. That Institute has sought to bring about mutual understanding among general physicians, psychiatrists, and psychoanalysts. It tries to look beyond private practice in psychoanalysis and thus relate analysis to other fields of social science. The Institute has also promoted much research. In describing how the Institute's curriculum grew, Pollock stresses the importance of Franz Alexander's teachings, his branching out as a researcher and the enormous activity of his professional life. His "background of humanistic-philosophical concerns and rigorous scientific testing and theory-building made him an early participant in a 'two-culture polarity.'" Alexander always saw to it that the Institute had an almost equal mix of men and women. Karl Menninger became the first person to be trained in psychoanalysis in Chicago, and the Topeka Institute was the first "geographical" institute sponsored by the Chicago Institute. Alexander thought it important to separate the Institute from the Society and other academic organizations. It is an interesting historical fact that five years after graduation and following the successful conclusion of the analysis of a student under supervision, every graduate could be appointed a training and supervising analyst. And the Chicago Institute was authorized to confer the degree of Doctor of Psychoanalysis, the first and only Institute to have this authorization. Pollock attempts some predictions about psychoanalysis in prevention and early intervention, and extension into other fields. He closes by quoting Marcus Aurelius' thought that one must never forget the past from which we have come, and always welcome change.

Perspectives on Dissent: Adler, Kohut, and the Idea of a Psychoanalytic Research Tradition. Paul E. Stepansky. Pp. 51-74.

Adler did not disregard the importance of the development of the child and the influence of the family, but he stressed only their adaptational aspects. He claimed that in order to be effective therapeutically, the analyst must understand the oedipus complex, but only in terms of masculine protest; he underplayed the importance of it as seen by Freud. According to Stepansky, what really jeopardized psychoanalysis, as far as Freud was concerned, was Adler's orientation to the libido theory. Stepansky believes that Freud's criticism of Adler may not be valid. Adler's viewpoint can only temporarily retard the process of psychoanalysis. Hartmann, Kris, and Loewenstein have well established this fact. Stepansky dramatically compares Kohut's ideas to those of the nineteenth century psychologist-philosopher, Wilhelm Dilthey. It was Dilthey's theory that one must go beyond self-psychology and consider various cultural sciences, "not 'scientific' psychology modeled on the natural sciences but a 'realistic' psychology, whose task was the study of the structures by which the various functions of the human mind were organized." One must

go beyond the empathic attitude in observing and collecting data. Stepansky makes the plea that analysis go beyond Kohut's self psychology and not neglect basic issues.

Supervision in French Psychoanalytic Education: Its History and Evolution. S. Lebovici. Pp. 79-89.

Lebovici's purpose is to discuss the theory of supervision in his institute and how that institute's suppression of the training analyst's report influences supervision. There were difficulties with this policy. Under the influence of Jacques Lacan and other dissenting members, a split occurred in 1953, and Lacan's duties as a teaching analyst were taken away from him by the International Psycho-Analytical Association. Lacan then formed the Freudian School at Paris. Lebovici points out that the supervisor must sometimes comment on the candidate's analysis. He hopes that the history of the development of his institute is helpful in understanding the development of dissenting groups. He also describes vividly how the supervisor can add life to the candidate's analysis of his patient.

The Perception of Reality and the Disavowal of Meaning. Michael Franz Basch. Pp. 125-153.

Freud discriminates between loss of reality in neurosis and its loss in psychosis. In neurosis, a flight occurs, whereas in psychosis a remodeling of the facts takes place. The individual may use methods of denial suggesting psychosis, but on the other hand some types of disavowal that occur in childhood are considered normal. Psychoanalysts should be very clear about the meaning of disavowal; it is a self-deception in the face of an accurate perception. Disavowal has a defensive aspect, and if it fails, there may be much adaptation in functioning. Anna Freud points out that if the disavowal persists from childhood into adulthood, it really constitutes psychosis. The use of fantasy is an important aspect of healthy development and growth; for example, fetishism may serve the purpose of defending the individual from psychosis.

On the Scientific Status of Empathy. Arnold Goldberg. Pp. 155-169.

Care must be taken when we try to understand another's inner mental life. Most of science is based on inference. Although the author discusses empathic assessment a great deal, it seems to me that he is really talking about how the unconscious can distort our observation unless we are aware of it. He adeptly differentiates psychology, which he says is based on "mentalism," from behaviorism. One must not confuse what one believes to be empathy with countertransference. Throughout the paper Goldberg seems to ignore the concept of the unconscious.

Psychoanalysis and the Two Cerebral Hemispheres. F. M. Levin and D. M. Vuckovich. Pp. 171-197.

The authors hint that anatomical changes may actually result from analysis and discuss the possibility of relating analytic concepts to anatomy and neurology. They suggest that one hemisphere may not know what is happening in the other, which may be related to disavowal and repression. Repression is the blocking of the past

from one hemisphere to the other. The authors discuss the evolutionary significance of bicamerality. Civilization and meaning can become possible only after a certain degree of development of the brain's bicameral structure. According to Lashley, "a complex organization held together by interaction of processes has no distinguishing feature other than its organization," and the authors state that this is what they have been trying to show in their own words. They believe that analyzability is definitely related to the plasticity of the brain; the analyst, they suggest, functions effectively by linking the two hemispheres. Perhaps the authors' most useful contribution is the attempt to correlate neurological and psychoanalytic data, which may enable us to further understand personality structure.

Primary-Process Cognition: A Reformulation. Irene Fast. Pp. 199-225.

The author attempts to use Piaget's formulation in understanding cognition. Consciousness is not present in primary process thinking. Although primary process may be used for various constructive purposes, it is nevertheless a primitive form of thought. Fast clearly differentiates between primary and secondary processes in some places, but in other places, she seems to fuse the two. The early signs of thought process are really those of primary process thinking. In invoking the conceptualizations of Piaget, Fast describes how first the finger is only something to be grasped, but as development proceeds, the finger becomes "seeable" as well as "graspable," and thus it becomes a discrete object. To this abstractor it seems that she is simply describing the development of object relationships. Freud believed that the secondary processes replace primary ones at about the age of two. Fast describes the developmental processes that go on in the infant's growth. (Note, however, that Piaget had no concept of the unconscious.) She goes on to discuss how the capacity for symbolic thought and reality testing leads to cognition. Cognition becomes increasingly refined as the condensations and displacements meet particular needs.

Peer Relatedness in the First Year of Life: The Birth of a New World. Richard N. Atkins. Pp. 227-244.

Junior toddlers for a variety of intrapsychic reasons seem to form fewer relationships with their peers than do infants. Whereas "Horner, Whiteside, and Busch assumed that representational constancy is a singular prerequisite for the child's entry into relatedness with peers," Atkins believes that if they had observed children under fifteen months old, their assumptions might have been different. He states that peer-related behavior is much more active than that between the child and adults. He proposes a developmental line for peer-relatedness, beginning with the first days of life. He describes graphically what would appear to be an object relationship established between two four-month-old infants. He disputes Anna Freud's contention that the peer relationship at this time involves lifeless objects. He suggests that during the second half of the first year of life sophisticated behavior such as mirroring occurs. According to Atkins, infants respond more actively to other infants than to strange adults, and peer-based mirroring helps the development of self-representation. Play group activity seems to help in the child's development.

Oedipal Object Relations and Morality. Richard V. Kaufman. Pp. 245-256.

Kaufman suggests that neurosis, rather than being the price of our becoming civilized as Freud said, is responsible for our remaining uncivilized. The destructive part of neurosis is that it precipitates "premature internalizations." Kaufman compares the *Akedah* (the biblical account of Abraham's binding of Isaac for sacrifice) and the Oedipus legends. The *Akedah* is unique in that neither child nor parent is killed. Kaufman also shows how Mahler's rapprochement stage of development is similar to the crisis over the disappointment with father imago. He emphasizes that although it is not sufficiently talked about, it is very important to be aware of the child's discovering the parent's own conscience, which helps in the differentiation of the self from the object. In his conclusion and at points throughout the article Kaufman seems to be paraphrasing some of Kohut's theories on narcissism; he seems to be saying that the best way to get along is by stronger and stronger identifications with morality and with moral figures.

Psychoanalytic Theory and Some Considerations on Punishment. Bernard Rubin. Pp. 257-276

Rubin discusses the philosophy of Montesquieu, Rousseau, and Beccaria. He defines social contract as simply "being oneself." To dispense with capital punishment would lead to a more equitable carrying out of justice. To understand an offense should be the principal goal of the law. Psychoanalysis can show that a limit to punishment can facilitate selfhood. Even though punishment may be considered to be useful in helping the child in his or her development, it is seen here more as a "disease." Furthermore, the punishment makes the individual ill. Rationalizations used to justify punishment are sadomasochistic acts. It is implied that only if one accepts punishment, can one be rehabilitated. Thus the aim of punishment should be to provide opportunities for offenders to join in their own reform.

Shoplifting: An Expression of Revenge and Restitution. Anna Ornstein; Cheryl Gropper; Janice Z. Bogner. Pp. 311-331.

The authors summarize Alexander's theories on shoplifting. They raise the question of what factors determine the formation of a cruel superego, which in some cases leads to delinquency and in others to neurosis. One of the goals in treating shoplifters is to understand the compulsiveness of the act, so alien to the individual's ego. For one patient, the shoplifting was related to pent-up tension that resulted from the poor relationship with his wife. In a second example, the patient's shoplifting was successfully resolved after only ten sessions by connecting the first offense to a reactivated childhood wish, thus relieving the patient's guilt. The therapist helped the patient to see that this was rage against the mother who never gave any recognition to the patient as a child. In the third example, the shoplifting was interpreted as a defense against loss of love and loneliness. Another, the wife of a well-to-do surgeon, recreated a childish thrill: her need for adoration and excitement, which she could not get when the local theater group had no parts for her, led to scheming and planning for shoplifting. When the therapist helped her to see that she did not need to create some kind of "high" in order to feel alive and good about herself, the problem was resolved. By keeping the purpose the shoplifting

serves uppermost in mind, the therapist can be nonjudgmental. Treatment is more successful when the present can be related to childhood activity. Revenge or rage for being made to feel unloved constitutes the motivation in many cases. Thus shoplifting is often based on a narcissistic injury and is an attempt to establish a feeling of self.

Psychoanalytic Study of the Child. XXXVII, 1982.

Abstracted by Frederick Meisel.

Rituals and Meanings. The Emergence of Mother-Child Communication. Paul M. Brinich. Pp. 3-13.

Brinich discusses the origins of communication between mother and infant in the development of rituals, initially those involving feeding interactions. Repetition and the growth of meaning as the infant (with the mother's help) integrates sensations into patterns of behavior lead to the rituals becoming linked to words. This requires that both parties feel understood and have a sense of understanding. At around nine months, the child first makes intentional use of humans for non-social goals, i.e., the manipulation of the environment and the use of symbols as precursors to language development. Words to express feelings and thought are preceded by nonverbal, ritualized communicators, which in turn organize experience. Brinich describes the mother as the child's device for the acquisition of meaning, and her use parallels the infant's search for meaning. It is when children experience their own behavior, then realize that the mother's behavior depends, in part, on their own, that communication is appreciated.

Mothers Have To Be There To Be Left. Erna Furman. Pp. 15-28.

Starting with Anna Freud's statement, "A mother's job is to be there to be left," Furman explores the *mother's* feelings and this inevitable aspect of the mother-child relationship, i.e., leaving and being left. For the child to master the developmental step of leaving (to go to nursery school), the mother must be able to miss the child, feel unneeded, and still be available when the child returns to her. Also, for the children to develop concern for the mother, they must be able to leave her and return without guilt or fear. If the mother is unable to tolerate being there to be left, and withdraws, the child will be neglectful of the mother's concerns, act out his or her anger (actively or passively), or conversely become increasingly dependent and demanding. In adolescence, these children exhibit a pseudoemancipation that overlies their anger and unmet needs. But if the mother's intolerance is expressed in her own clinging or in reproaches that make the child feel guilty, the child will have trouble cathecting the outside world and will remain unable to grow away. Weaning is an example of this separation, and the difficulty in weaning has more to do with the mother's narcissistic injury at the child's turning from her breast than with the child's depression at the loss of the breast. In fact, Furman feels the child "weans" the mother, rather than vice versa. She places weaning among the other "aggressive abandonments" and turnings away that the mother must bear in order for the child to experience the pleasure of a growing independence.

The Wished-For Self Image. David Milrod. Pp. 95-120.

The wished-for self image is distinguished from the ego ideal and the realistic self-representation. It develops after the differentiation of self and object, contains attributes of the object, and occurs after re-fusions are less available for defensive purposes. That is, it occurs after the (Kohutian) grandiose self and idealized self-objects can be attained through magical fusion with primary love objects. Early in life, there are multiple wished-for self images which coalesce and become a coherent image of the person that the child wishes to become. Milrod differentiates this self image from the ego ideal, which he sees as more related to ethical and moral values. He sees the self image as derivative of drive-related values, that is, of gratifications, possessions, strength, power, and beauty. These personal elements of an idol are less related to objects and behavior toward them than to more narcissistic, self-interested concerns. The failure to live up to the ego ideal results in guilt, whereas the failure to live up to the wished-for self image is shame, humiliation, and feelings of inferiority. Finally, identification and internalization are discussed in relation to the wished-for self image, and both normal and pathological vicissitudes are described.

The Experience of Self. Aspects of Its Formation, Expansion, and Vulnerability. Fred Pine. Pp. 143-167.

Pine's focus is the *experience* of self—that is, the “owned” sense of I or me—rather than the *concept* of self. He discusses four sets of developmental events from the point of view of the evaluation of the self-experience. The “forerunners” of self-experience in the first year of life are part of the experience of self, taking shape before the *awareness* of the self becomes stabilized (in the second year of life). These attributes are taken for granted as the way the inner world is; they are “care/continuity,” “satisfaction/joy,” “activity/effectiveness,” and “worthwhileness.” By care and continuity, Pine refers to Winnicott’s “going on being”—the underpinnings of self that derive from quiet, unintruded-upon states of being. By satisfaction/joy, Pine means a diffuse and low-keyed gratification, which comes from living in the family and is described as “bodily, receptor pleasure.” The more intense pleasure or joy comes from the mother-child interactions and mirroring which produce intense affect. Activity/effectiveness refers to the capacity to do, to have an effect, to be a producer of events, sounds, tactile sensations, etc. Finally, the sense of worthwhile-ness or self-esteem derives from feeling competent and effective, as well as from the other forerunners. The crystallization of the self allows for “ownership” of experience (a location) over time (a duration). Events in the second year of life—locomotion, the “practicing” period, the child’s intensely felt exuberance—lead to increased differentiation of self from other. This, and the child’s cognitive awareness and sense of experience as inner, all lead to object constancy. Pine goes on to describe insults to the self. Following Kohut, he discusses the failure to mirror or respond to a child, and the inherent sadness and loss in differentiation from the mother. Feelings of hopelessness, failure, or emptiness result from these experiences if they occur after the crystallization of the self. A process in which the drives are tamed, experienced as coming from the self, and “ridden”—that is, the excitement is tolerated while waiting for satisfaction—is seen as tremendously strengthening of the self if experienced within the context of a relationship. “Holding,” “repetition,” and “adaptation” or “sublimation” are all necessary mechanisms for

making drives felt as part of the self. Three examples are cited of new experiences which become "metabolized" into the self: adolescent sexuality, parenting, and work.

Developmental Perspectives on Self and Object Constancy. Albert J. Solnit. Pp. 201-218.

"The nature of the child's sense of himself cannot be traced without characterizing his relationship to his closest objects, his parents" and to the child's helplessness at birth. There are two stages of child-parent bonding: the first is a need-satisfying attachment of infant to mother; the second is the stage of object constancy, in which the child can feel the nurturant, guiding aspects of the parents, even when they are frustrating, disappointing, or absent. The former occurs around the end of the first year when the child can differentiate parents from others and self from parents. The latter occurs over the next two years. Identification with the parents and its internalization lead not only to object constancy, but also to self-constancy. Thus short separations in the early years, and longer ones for the three- or four-year-old child, can be tolerated as the child retains emotionally and cognitively the image of the nurturant and supportive parent. The empathy of the parent is crucial for the development of object constancy and object relatedness and also for the normal development of certain ego functions. Its absence impairs the child's ability to separate and individuate. The child who is emotionally deprived recovers with difficulty. The pathway may be through aggression, then to affection. That is, the aggression can be seen as a demand for limits and boundaries, an aggressive reaching out for new objects, and a reconstruction of the child's sense of himself as "connected," "whole," and "integrated."

Preoedipal Contributions to the Formation of the Superego. Alex Holder. Pp. 245-272.

Holder suggests that superego development and functioning start prior to the phallic-oedipal phase and that the resolution of the oedipus complex is not a precondition for the development of a fully structured superego. Preoedipal precursors are seen as ego mechanisms: defenses, identifications, and idealizations. Ego identifications as well as superego identifications are described, and losses, earlier than oedipal fantasies, are shown to lead to identifications that predate the oedipal period. The ego ideal is distinguished from the superego as "the self I'd like to be," rather than "the self I ought to be." The id and the superego are linked, as both reflect the past and contain archaic images that are representative of each other. The superego goes through a prolonged development, much as the ego does; there is evidence for primitive superego functioning with relatively less autonomy from primary objects. The fear of loss, the differentiation between reality and fantasy, and the capacity for delay are all aspects that allow for early superego functioning. These must be distinguished, however, from conditioning and the fear of punishment. Later, the loss of love becomes the predominating fear, and there is a developing ideal self which helps the child manage this fear in latency. Finally, in a number of cases in which the child is still caught up in active oedipal feelings and conflicts, a structured and autonomous superego nevertheless exists.

Preoedipal and Early Oedipal Components of the Superego. Robert D. Gillman. Pp. 273-281.

Gillman describes the superego, like the ego, as an organization of functions. Using Novey's concept of a "functional pattern of introjections" and Gould's "internal morality system," he views the superego in the late oedipal period as an internal and autonomous structure and regulator of behavior. The genesis and development of the superego and its functions are a "step-wise growth through identifications with innumerable bits and pieces of object experience." Aggression and restraint of instinct are related to 1) identification with the aggressor; 2) identification with the frustrator; 3) turning passive into active; 4) reaction formation; 5) turning aggression onto the self; 6) the inhibition of aggression. For loving and the beloved, Gillman lists identification with the comforter, with the provider, and with the protector. He gives examples, from the work of Spitz and Parens, of prohibitions and restraints seen in early precursors. Finally, he cites Gould's 1972 study of two groups of three- to five-year-old nursery school children: those showing predominantly primary identifications and others showing superego development. The first group was characterized by identifications with the aggressor, turning aggression onto the self, and acting out. They also showed evidence of delayed internalization, little empathy, little wish to please, global self-criticism, and decreased sublimation. The second group showed identifications with the comforter, protector, and provider. These children manifested a wish to please, increased internalization, sublimation, and empathic response, and limited self-criticism.

Mental Organization in the Phenomena of Sleep. Scott Dowling. Pp. 285-302.

Dowling describes several phenomena of sleep as they arise from three different mental states and two forms of mental organization. In dream or REM sleep, the child is attuned to "inner mental events" and is intensely physiologically responsive to these events. Night terrors, enuresis, and somnambulism do not usually take place in REM periods, but rather in disordered arousal from stage 3 or stage 4 sleep. This has led to the conclusion that these are not psychological events so much as physiological ones. Dowling questions this assumption. He discusses symbolism and meaning in dreams in terms of "universal" symbols, the patient's "field of meaning," and the individual dream and its associative meaning. Isakower phenomena (hypnagogic) are described. These are amorphous; they are predominantly vestibular and tactile sensations that accompany indistinct visual and auditory sensations, with blurred distinctions between mouth, skin, and hand. There are two levels of organization in these phenomena: the primary process, with mobile visual imagery, and earlier forms of organization, with diffuse, static, or absent imagery. Symptom formation, artistic imagination, scientific intuition, dreams, and play all derive from the former, acting-out behavior and other sensorimotor expression from the latter. Piaget's understanding of the child's development of mental operations puts these phenomena in perspective. For example, Dowling likens the mental process between eighteen and thirty-six months to the symbolic primary process, and that of the pre-eighteen-month-old sensorimotor child to the pre-representational and pre-symbolic Isakower phenomena and night terrors.

The Comparable Experience of a Child and Adult Analyst. E. James Anthony. Pp. 339-366.

Anthony first addresses the age difference between patient and analyst and the envy that can be experienced. The difference between the adult and the child analyst is marked by the adult's capacity for introspection and willingness to come to analysis. Anthony discusses his technique of "taking in the landscape" of the patient's inner world, a silent state of "being" before becoming, and urges "being together" before attempting to interpret. In discussing the child and the adult minds as they impinge upon the analysis, he starts with the analytic mind of the adult: its openness to self-analysis is characteristic. The mind of the child, however, requires that the child analyst be empathic and intuitive and deal with the child on his or her own "operational" level, using "play imitation, gesture, and symbolic sublimation." The child is unanalyzable by adult standards, yet able to be analyzed by a child analyst "analyzing defenses, working with transference, and making unconscious conscious." The child analyst is experienced as an old object, a new object, a transitional object, a surrogate object, and an externalization of different parts of the child's psychic apparatus. Anthony describes his technique with children, remaining "sessile" in his chair while the child explores and creates and he comments on what they are doing or saying. Mentioning the child's commitment to the here and now, he yet finds many similarities in how he comes to "know" both child and adult patient. Ferenczi's use of child analytic techniques with certain primitive patients is discussed. Winnicott, too, was able to use these techniques in adult analyses, emphasizing play and creativity and discouraging a cognitive approach. Anthony illustrates this with three case examples, one child and two adults. He concludes with the prescription to be in touch with our own unconscious processes in order to explore the inner landscape of the patient, whether child or adult.

A New Look at Fathers. Colette Chiland. Pp. 367-379.

Chiland cites Dorothy Burlingham's 1973 article, "The Preoedipal Infant-Father Relationship," which describes the stimulating function of the father; the father is seen as the punishing and inhibiting figure as well as the protective one. Lacan sees the father as protector of the child as he pulls it away from the mother's desire, "which would otherwise reduce the child to being her phallus." Chiland points to changes in the last ten years in which fathers have become more involved as the caretakers of infants. But what is the father's function? She concludes that there are particular, rather than general functions; that is, the functions of a particular father and mother, their relationship, and the father's role, presence, or absence. She outlines the recent discoveries of infants' capacity to imitate, to respond to human language, to discriminate smells, to respond to heartbeats and in general to search for and discover the mother. All this raises questions about the "normal autistic" aspect of infancy and also about the role of the father in this period, since he does not possess attributes that the infant responds to preferentially and innately, such as the smell of colostrum, high-pitched sounds, or the breast. Fathers who are nurturant as well as "dominant" and involved with the child predispose to "masculine" sons. But many questions remain about persons who were raised predominantly by fathers. The different effects of the father on boys and girls also remain uncertain.

The Psychoanalytic Treatment of an Adolescent with Anorexia Nervosa. Stephen E. Risen. Pp. 433-459.

Risen notes the lack of case material in the analytic literature and presents the case of Susan, a neurotic adolescent with anorexia nervosa. Early concerns with the inhibition of oral aggression included self-imposed giving up of candy at age four and becoming a vegetarian at age nine; she was "disgusted" by food. There were multiple family disharmonies. Her parents were divorced when she was three and a half, remarried soon after, and then both parents divorced a second time. Susan was a compulsive and excellent student, used no drugs, was afraid of sex, did not like her breasts, and felt very guilty about sexual feelings and "losing control." She felt under great pressure from her mother; she needed to be "perfect," "chipper," and "neat." She felt she was not allowed to feel depressed, could not express her anger directly, and had to see her family as perfect as well. She was unable to touch people or be touched by them, was haunted by an "almost" sexual experience, and found her mother's jealousy of her figure intolerable. She was ambivalent about men, having lost two fathers (for which she blamed her mother). As the analysis progressed, she became increasingly aware of herself and of her feelings, especially her anger and fear. The fear of growing up and being sexual was linked to eating, as well as to the pregenital issues of control, sadomasochism, and abandonment. Her mouth was associated to her rage at her father and her death wishes toward him. Most poignantly, she talked about her dependence on her mother and her inability to define herself or her feelings in the context of that relationship. She also became aware of the incestuous triangles she was caught up in with parents and step-parents, her forbidden wish to be pregnant, and finally her rage and death wishes toward her mother. Her guilt and self-punishment, asceticism, and self-demands all were efforts to deal with her rage. Susan also became aware that she was treated as a mother by her mother and as a wife by her step-father, and so became aware of her guilt about leaving her mother. In conclusion, Risen argues for the use of psychoanalysis in neurotic patients with anorexia and regrets the tendency to underuse this effective treatment.

Flying. Some Psychoanalytic Observations and Considerations. Emanuel C. Wolff. Pp. 461-483.

Flying is connected to leaving the constraints of earthly reality and being free. A young man who was over-controlled by his mother was phobic of flying. This embodied the issues of trust, control, separation, and incestuous closeness. It became clear that entering the airplane was like entering the mother—a fusion with the phallic mother—orally and anally incorporated, and this would leave him castrated and abandoned. In another case illustration, a woman had conflicts over her oedipal wish for father, especially his penis, but had preoedipal fears of abandonment. She wished to be Peter Pan, and for her, flying was being on top, looking down. In a third case, flying was linked to going fast, to sexual liberty, but also to the sudden loss of the mother. There follows a discussion of Freud's thoughts on flying, the underlying homosexual and passive longings in the love of flying and anti-gravity games. Balint understood flying as connected to oceanic feelings and to the thrill of learning to walk. Finally, Wolff defines the feelings of gravity as the first ego boundary for the infant and relates it to identity, separation, individuation, and body reality; he suggests that flying is a return to pre-differentiated states.

Meeting of the New York Psychoanalytic Society

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NOTES

The Sigmund Freud Archives and the New-Land Foundation are cooperatively involved in the project to establish the Freud Museum at 20 Maresfield Gardens, the beautiful London house which was Freud's residence after he moved to England from Vienna in 1938. An international fund-raising campaign has been under way for some time, in which many distinguished analysts from all over the world have been active participants. Princess Alexandra, the Queen's cousin, will open the museum in July 1986, and the founders anticipate that it will attract over 25,000 visitors annually.

As is generally known, Anna Freud continued to occupy 20 Maresfield Gardens until her death in 1982. It was her wish that the house, containing her father's library, furniture, and the artifacts he brought with him from Austria, be converted into a living museum. The collection, which includes Freud's famous couch and desk, will serve as more than a memorial to the founder of psychoanalysis, since the museum will function as an active cultural and research center for the mental health professions.

20 Maresfield Gardens is a spacious Queen Anne revival house on a quiet street in Hampstead, a residential suburb in northwest London. In the late 1970's, the Freud Archives purchased the house with funds provided by Dr. Muriel Gardiner and the New-Land Foundation, in keeping with Anna Freud's wishes to have the house and its contents preserved as a memorial to her father after her death. In 1982, an application was submitted to the London Borough of Camden for the conversion of 20 Maresfield Gardens into a museum. In the spring of 1984 these plans were officially approved.

The spirit of these plans is to keep as much of the house as possible in its original state in order to show visitors how the Freuds lived and worked. In that respect it will be quite different from the small museum at Berggasse 19, Freud's home in Vienna.

In particular, Freud's study will be preserved as he left it. Paula Fichtl, the Freuds' housekeeper who accompanied them to England, prided herself on being able to remember where each figure went on Freud's desk. She was able to replicate the exact placement when the desk and sculptures reached London. Similarly, the dining room, the impressive stair hall considered by architectural historians to be the most notable feature of the house, and the landing will remain undisturbed. The large and attractive garden, so important to the Freuds, will also adhere to the concept of a "living museum."

The museum displays will inform visitors of Freud's discoveries, theories and achievements, and review their widespread influence on our society. In addition, displays will be used to maintain a broad intellectual base for the museum, whose exhibits will include illustrations of Freud's influence on the arts and the social sciences.

Among the planned programs of the museum are: (1) the establishment of a research fellowship-in-residence to pursue Freud scholarship, (2) lecture series and seminars, (3) mounting of special exhibits from the museum collection and else-

where, (4) an outreach program of traveling exhibits, and (5) a publication. A curator, David L. Newlands, was appointed in 1985.

The Chairman of the Campaign Committee is Dr. Albert J. Solnit, and the International Campaign Director is John Harrison. Tax-deductible contributions may be made to the order of The Sigmund Freud Archives, Inc. (Freud Museum), and sent to: Robert Wolf, Suite 3014, 200 Park Avenue, New York, N.Y. 10166

MEETING OF THE NEW YORK PSYCHOANALYTIC SOCIETY

November 13, 1984. THE USE OF THE SELF: NOTES ON THE OPERATION OF THE ANALYZING INSTRUMENT. Theodore J. Jacobs, M.D.

Dr. Jacobs reviewed Isakower's concept of the analyzing instrument in light of current knowledge about the role of nonverbal behavior in the analytic situation. Whereas Isakower's model was that of a system operating primarily through the verbal-auditory spheres, it seems justified now to regard the analyzing instrument as a multichannel system containing components that register not only verbal and acoustic signals, but also movement patterns, automatic responses, and visual stimuli.

To illustrate his thesis, Dr. Jacobs cited several clinical examples. The first centered on the analysis of a patient's fleeting facial expression observed in the waiting room. Focusing on this momentary reaction opened up a flood of feelings concerning the analyst's appearance. Analysis of this strong transference reaction was instrumental in recovering material relating to the illness and deterioration of the patient's father. In the second example, the patient had observed the analyst parking his car just prior to the start of the hour and by means of gestures and motions on the couch made reference to what he had witnessed. Analysis of the experience led to a crucial memory from adolescence concerning the patient's relationship with a disappointing father. In the third case, the patient's body language provided a clue to an important, long-forgotten experience that had occurred in the preverbal years. The patient's symmetrical positioning of his legs and the stiffness with which he held them led the analyst to a memory of pediatric patients in leg braces. This in turn led to recovery of the fact that the patient had worn a leg brace between ages one and two and that this experience had had a profound effect on his development. The fourth example concerned another memory stirred in Dr. Jacobs by material of a session. For several minutes a new patient found himself unable to lie down on the couch. He seemed terrified of doing so. As Dr. Jacobs observed this painful struggle, he remembered being driven to a hospital at age four to undergo a tonsillectomy. Although this was a screen memory, it pointed to a fear of bodily injury and provided a clue to the dynamic that lay behind the patient's anxiety. When the patient was finally able to lie down on the couch, Dr. Jacobs observed two deep scars behind his ears, the result of a double mastoidectomy performed for a life-threatening illness when the patient was six years old.

As a final topic, Dr. Jacobs commented on the way the analytic instrument operates to promote and regulate meta-communications between patient and analyst. When the analyst's part of the analytic instrument is working well, the analyst will register with sensitivity the meta-communicational as well as the denotative aspects of the patient's communications. To illustrate this, Dr. Jacobs cited an interpretation he gave to an older woman patient who felt herself to be decrepit and unattractive. Although the manifest level of the interpretation concerned the patient's unconscious identification with an aged aunt, the latent communication conveyed the analyst's conviction, based on his understanding of the patient's fantasy as well as on his own observation, that in fact she was far from the unattractive woman she pictured herself to be. Dr. Jacobs pointed out that every interpretation is correct on more than one level and that when the analytic instrument is well tuned, the analyst's interventions will reflect his intuitive grasp of the multiple levels of meaning of the patient's communications.

MEETING OF THE PSYCHOANALYTIC ASSOCIATION OF NEW YORK

February 25, 1985. THE RECONSTRUCTION OF TRAUMA IN A CHILD WITH ACTUAL SEDUCTION AND PHYSICAL INJURY. (Melitta Sperling Memorial Lecture.) Robert D. Gillman, M.D.

Dr. Gillman presented material from the case of a boy who had suffered two major traumas by the time he came for analysis at six and a half years. He had been seduced into mutual fellatio by a teenage cousin at age four and a half and had been seriously burned while playing with fire at five and a half. Dr. Gillman stressed the importance of reconstruction in treating a traumatized child. Prominent fantasies from the developmental period in which the trauma occurred merge with the traumatic event and are reinforced by the reality of the trauma and the ego regression that accompanies it. Reconstruction is a valuable tool in integrating the trauma and its attendant fantasies into the maturing psyche. Attempts to master the trauma or to escape from the memory of it may lead to several pathological outcomes: object relationships that recreate or reverse the traumatic relationship; characterological defenses such as identification with the aggressor; or phobic avoidance of situations that might trigger recall of the trauma. Reconstruction, by bringing the trauma into focus, may help the child to relinquish these defenses so that healthier development can proceed.

Dr. Gillman's patient, M., was an adopted child whose mother showed some ambivalence about her ability to care for him. When he was three and a half, on an ocean voyage he became fearful that he would be thrown overboard because he was kept in a life jacket for picture-taking after a safety drill. Separation anxiety subsequently became a problem. He underwent a tonsillectomy at four years, and shortly afterward, the teenage cousin seduced him into mutual fellatio. A few days after he told his parents about the fellatio, they allowed him to take an overnight train ride with the cousin. At five and a half years he was severely burned in a fire he had started by playing with matches. He had begun playing with matches at four and a half, prompting his mother to teach him their proper use. In addition, M. had been

cared for by four different maids, all unsatisfactorily. The last one before he was burned had frightened him with frequent scoldings and had encouraged feminine behavior in him. M. had had a long and difficult hospitalization, with skin grafting for treatment of the burns. He was brought to analysis because he was disruptive and immature in school, and because he had been soiling and wetting himself since the fire. The series of reconstructions brought progress in the analysis and increased M.'s growth and strength overall.

The first reconstruction, effected through fantasy play, involved the shipboard incident. Dr. Gillman was able to show his young patient the connection between his fear of being abandoned at that time and his general anxieties about separation associated with his feelings about having been adopted. M. expressed regret that he had not been born from his mother's tummy and called himself "a man from Mars" and "like a chicken" because chickens are born from eggs, not from their mothers' tummies. Using fantasy play, Dr. Gillman was able to reconstruct the connection between M.'s fear and helplessness on the ocean voyage and his fear that because he was adopted he would be given away again. This helped the child to relax his defenses in the analysis and to speak more directly about his hospital experience.

When M. engaged in doll play with sadomasochistic themes, Dr. Gillman connected this with his hospital experience, which evoked the boy's memory of having been tied down. In a dramatic session, a father or doctor doll was wounded in the abdomen and penis and was hospitalized. His hands were tied to avoid his scratching his scars. His penis was tied to a tube and there was a hole to catch his B.M. Suddenly the boy lay supine, as if tied down, and lost control of his bladder and bowels. Laughing hysterically, he shouted: "Look! I can peepee all the way to the ceiling!" Dr. Gillman interpreted that during the hospitalization M. was afraid he would die or that his penis would be damaged, and that he was very relieved to see that his penis worked. After this reconstruction M. confessed to enuresis and became more openly aggressive and phallic in the analysis, at home, and in school. His relationships with peers began to improve. Dr. Gillman reconstructed M.'s helplessness in controlling his bowels in the hospital and his pleasure in withholding bowel movements. This led to reduced fear of aggression and passivity and to improvement in his reading and writing skills. M. displayed excited sadomasochistic fantasy play during the sessions, which led to confessions of fellatio with his cousin and sex play with a maid. Dr. Gillman made the reconstructive interpretation that M. "remembered" the excitement of these sex acts by wetting and soiling. The boy began to relinquish an interest in fire, to talk openly about his problems at school, and to discuss his sexual curiosity in the analysis. Finally, there was recall and reconstruction of M.'s theory that the fire had damaged his buttocks and his brain: he believed that his blood was boiled in the fire, damaging his brain, perhaps permanently. Following these reconstructions, he was able to do solid school work and to have reasonably good peer relationships.

Dr. Gillman concluded his talk with brief discussions of pseudostupidity and the relationship between trauma and masochism. Regarding the relationship between trauma and masochism in his patient, Dr. Gillman emphasized the convergence of the sexual trauma and the burn trauma. The resulting sadomasochistic play expressed M.'s view of sex between his parents, helped him handle his aggression, reduced his castration fears, and helped him deal with both oedipal guilt and the

need to express passive feminine sexual wishes toward his father, who was his favorite. These sado-masochistic fantasies expressed in disguised form the more terrifying traumatic memories and oedipal fantasies. The search for "fire power," Dr. Gillman stressed, suggests a search for the omnipotence lost in the sexual trauma, as well as an attempt to repair the sense of permanent deficiency and femininity.

HERBERT H. STEIN

The 13th Annual Conference of THE REGIONAL COUNCIL OF PSYCHOANALYTIC SOCIETIES OF GREATER NEW YORK will be held at the Scanticon-Princeton Conference Center, Princeton, N.J., October 24-26, 1986. The Conference title is "The Essence of the Psychoanalytic Process." For further information, contact: Nathaniel Donson, M.D., Chairman, 185 East Palisade Ave., Brinckerhoff Manor A6-A, Englewood, N.J. 07631.

The Department of Psychiatry of the ALBERT EINSTEIN COLLEGE OF MEDICINE announces a symposium honoring its former Professor Emeritus, Margaret S. Mahler, M.D. The theme is "Drive and Object Relatedness in Psychoanalytic Theory and Technique." The symposium will be held all day on Friday, January 16, 1987, at the New York Academy of Medicine. For information and registration material, contact: Mr. Jon Allen, Office of Continuing Education, Montefiore Medical Center, 3301 Bainbridge Ave., Bronx, N.Y. 10467.

The Literature Prize Committee of THE MARGARET S. MAHLER PSYCHIATRIC RESEARCH FOUNDATION is now accepting papers to be considered for the 1986 annual prize of \$500.00. Papers must be received by December 31, 1986, and should deal with clinical, theoretical, or research issues related to Dr. Mahler's concept of separation-individuation in child development. Prepublished papers may be submitted, provided that they have been published within the year in which the prize is awarded. For further information, contact: Dr. Marjorie Harley, Chairperson, Literature Prize Committee, 201 St. Martins Rd., Baltimore, MD 21218.

The INTERNATIONAL FREUDIAN FOUNDATION announces a symposium to be held in Paris, June 27-29, 1986. The symposium is titled "*Échanges cliniques spontanés*." For further information, contact: International Freudian Foundation/P.M.V., 130, rue de Clignancourt, F-75018 Paris, France.

The formation of the INTERNATIONAL ASSOCIATION FOR THE HISTORY OF PSYCHOANALYSIS has been announced. Its Provisional Organizing Committee met in Paris on November 23, 1985, under the supervision of Dr. Alain de Mijolla. The Association has been set up to permit as complete and as objective a knowledge as possible of the history of psychoanalysis and its founder. In order for the Association to become truly international, a Scientific Committee for it is now being created. It will consist of two experts in the history of psychoanalysis from each country. For further information, contact: Jacques Sedat, Association Internationale d'Histoire de la Psychanalyse, 46, rue de Grenelle, 75007 Paris, France.